MEDICAL ASSISTANCE ADVISORY COUNCIL MEETING

Via Zoom Videoconference
July 12, 2022
10:00 a.m.
FINAL MEETING SUMMARY

MEMBERS PRESENT:
Deborah Spitalnik, Ph.D., Chair
Mary Pat Angelini
Chrissy Buteas
Mary Coogan
Beverly Roberts
Wayne Vivian

MEMBERS NOT PRESENT:
Sherl Brand
Theresa Edelstein
Dorothea 'Dot' Libman

ALSO PRESENT:
Sarah Adelman, Commissioner,
NJ Department of Human Services
Lisa Asare, Deputy Commissioner,
NJ Department of Human Services
Jennifer Langer Jacobs, Assistant Commissioner,
NJ Division of Medical Assistance & Health Services
Greg Woods, Chief, Innovation Officer,
NJ Division of Medical Assistance & Health Services
Carol Grant, Deputy Director,
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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/

DR. SPITALNIK: Good morning. I'm Deborah Spitalnik, Chair of the New Jersey Medical Assistance Advisory Coucil (MAAC). It's my pleasure to welcome you to this July 12, 2022 meeting which is being conducted virtually.

This meeting has been noticed in compliance with the New Jersey Open Public Meetings Act. We're delighted that in addition to the MAAC members, we're up to over 150 members of the public. Let me explain our process in this virtual environment, very similar to our process in the day when we met in public.

After each segment, I will open the floor for the MAAC members and departmental staff to make comments or ask questions. We regret that the limits of technology make it impossible to have live questions from the public, but I urge all our stakeholders to take advantage of the question-and-answer box at the bottom of our screen. We will do our best to answer those questions that can be answered, and I want to assure everyone that the Division of Medical Assistance & Health Services (DMAHS) staff makes note of each question and forwards it appropriately in between meetings. I'll now review our agenda.

So in a moment, we will have introductions. We'll go to the approval of the minutes. I'm delighted

that Commissioner Sarah Adelman is with us today to provide comments and updates. We'll then go to NJ FamilyCare membership, policy implementation, the transition from Fee-for-Service to managed care for nursing facility (NF) residents to Cover All Kids (CAK), transportation broker accountability, the end of the Federal Public Health Emergency (PHE). And, as always, at the end of the meeting, we will identify issues and items that have come up for the next meeting, which is October 22nd of this year, and we'll begin to build the agenda.

In terms of the agenda, I just want to share with both my colleagues on the MAAC and the public how much effort goes into the planning and development of materials for the meeting, and I really want to acknowledge Assistant Commissioner Jennifer Langer Jacobs, Greg Woods, Deputy Director, and all the Medicaid staff.

So with that, typically, we would turn to the approval of the minutes from our last meeting in April. Lacking a quorum, I will defer that to the October 22nd meeting and entertain comments by e-mail in the interim.

And I'm delighted to turn to Commissioner Sarah Adelman.

Commissioner, thank you for being with us. Thank you for your leadership through these turbulent times, including the budget. Welcome, and we look forward to your remarks.

MS. ADELMAN: Good morning. Thank you, Dr. Spitalnik. It's a pleasure to join you all this morning.

I see first on the agenda here, it's my great honor and privilege to introduce our new Deputy Commissioner Lisa Asare, who is joining the meeting this morning for the first time as a Department of Human Services employee. So please join me in welcoming Deputy Commissioner Asare who will serve as Deputy Commissioner of Health Services here at the Department, overseeing the Division of Medical Assistance and Health Services as well as the Division of Mental Health and Addiction Services and will help lead our Department's work on First Lady Murphy's Nurture New Jersey Maternal Health Initiative. She will also be supporting our Catastrophic Illness in Children's Relief Fund. We are very excited to welcome Lisa from the Department of Health where she served as Assistant Commissioner for the Division of Family Health Services and oversaw public health programs, including their Maternal and Child Health, Special

Child Health, and Early Intervention services, and the Women's Infant and Children's (WIC) Program at the Department of Health. So we are very pleased to welcome Lisa, and I hope you'll join me in doing so.

Next, I believe I will be providing you all with a Fiscal Year (FY) 2023 budget overview which I'm very pleased to be sharing with you this morning.

So it is a very remarkable budget year, and I'm pleased to be talking a little bit about some of the high-level Department of Human Services initiatives in our Fiscal Year 2023 budget for the State of New Jersey. Overall, this was $50.6 billion budget signed by Governor Murphy last month that began this month on July 1st. This budget really builds on the significant progress we've made over the last four years. And this new budget reflects our values and makes meaningful affordability investment relief for New Jersey families, makes historic investments for our future, and provides significant savings and debt defeasance for the State for years to come.

The budget has a record $6.8 billion surplus, includes $5 billion into the Debt Defeasance and Prevention Fund to avoid future debt issuance, and allocates more than $2 billion in American Rescue Plan funding for critical investments across the State,

including many here at Human Services as well as making a massive investment in ANCHOR, the property tax relief program, over $2 billion in relief to over 2 million homeowners and renters statewide.

We are very excited that the budget continues to prioritize initiatives at Human Services that support New Jersey in every stage of life. New and ongoing investments in services supports and opportunities for individuals we serve across the Department, those with disabilities, older adults, families in need of affordable child care and health care, individuals with substance use and mental conditions, youth mental health initiatives and, of course, the new Americans that we serve and welcome as our neighbors.

So we are making a number of critical wage enhancements for the social service provider safety net which is really the backbone of so much of the work that we do and fund through our programs and services in the communities. We are excited to be able to continue to provide at least a dollar or more in each of these areas across our Department to help keep up with and be ahead of the increasing minimum wage year over year and to make the social services sector competitive and attractive for the workforce.

For our direct support professionals, we are investing over $83.4 million in the FY '23 budget in mental health and substance use disorder. For those staff wages, we are investing over $39 million. For personal care assistants, over $52 million; for nursing home workers for workers wages, over $30 million; for child care workers, over 12.8 million; for homeless shelter, more than 12 million; for private duty nurses, 7.8 million; and for our home health aides in our Jersey assistance for community caregiving and personal assistance programs, about half a million to increase wages for those workers.

We are very grateful to the Governor and Legislature for continuing to allow us to grow worker wages across these sectors. Our goal is to continue to be ahead of the increasing minimum wage year over year to help support the provider agencies and the staff who keep them running.

We're also very excited that the final budget signed by Governor Murphy provides more than $55 million in American Rescue Plan (ARP) funding to support youth mental health needs in New Jersey and the Department of Human Services along with our colleagues at the Department of Education, the Office of Higher Education, and Department of Children and Families will

be partnering to administer a number exciting programs. And we'll have more to share regarding these initiatives soon.

The budget also includes funding for 988. We announced yesterday -- hopefully, you saw our release -- that next Monday, June 16th, that 988 will launch. This is the new three-digit dialing code for the National Suicide Prevention Lifeline. And this number replaces the existing phone numbers in New Jersey to create an easy-to-remember number for people to call when they're experiencing mental health crisis or contemplating suicide or for someone who is concerned about a loved one who may be in crisis. So beginning next week on July 16th, the 988 line will be available for calls, texts, and chat. It will be available 24/7, seven days a week. And to support 988, our budget this year includes nearly $29 million to support the launch, including our infrastructure and services that some callers may be connected to when they dial 988.

We are also increasing rates for providers that provide diversion beds for individuals with mental health conditions at risk of hospitalization to up to $745 per day. This is a more than $1 million increase that is vital to help support and maintain the

availability of these beds.

The budget also continues to make significant investments in maternal and child health across New Jersey and in our Department. This year in our budget, with the Governor and the First Lady, we proposed increasing Medicaid reimbursement rates and Fee-for-Service to 100 percent of the Medicare rate for prenatal services, labor and delivery, and postpartum services. And we are investigating $15 million in the budget this year to raise those rates for maternity care. For many of these rates, this will be the first increase in Fee For Service in decades.

We're also very excited to continue to invest in our Cover All Kids initiative. Last year before the budget, the Governor and I announced this program to expand access through Medicaid to every income-eligible child across New Jersey. And we are very excited for the work that we've done in Fiscal Year 2022. We eliminated waiting periods and premiums in our children's health insurance programs and increased our efforts to outreach families who we knew were eligible through partnerships with other departments like Taxation and Department of Education and reached out to those families who may have not been able to sign up previously because of waiting periods

or who may have turned out because of challenges affording their premiums. So through those efforts, we have added many, many children to the Medicaid rolls this year and are excited to continue our expansion in FY 2023 with nearly $11 million to continue this work and expand it to children who are income eligible for Medicaid but may not have previously been eligible because of their immigration or documentation status. So the expansion of eligibility to this population is currently slated to go live in January.

We're also continuing to invest in childcare. I talked about some of the worker wage enhancements for childcare. But in addition to that, the budget also includes $48 million in our funding to continue enrollment-based payments for childcare providers. At the beginning of the pandemic, we made a decision because of fluctuations in childcare attendance as a result of COVID, we made a decision pay childcare providers based on their enrollment prior to COVID rather than their attendance. So this funding allows us to continue those enrollment-based payments while we plan for the future.

The budget also includes $1.7 million to increase behavioral health rates for pediatric behavioral health for psychiatric evaluation,

outpatient therapy, and partial care. This is nearly a $5 million investment with federal funds and allows us to pay pediatric behavioral health providers at the same rate that adult behavioral health providers are currently reimbursed.

The budget also includes two and a half million to continue and expand our Integrated Care For Kids Program which helps improve the quality of care for children under the age of 21 by focusing on prevention, early identification, and treatment of behavioral, social, and physical health needs.

You may remember that last year, the State also released a strategic plan to end the HIV epidemic by 2025. We are excited to move forward some of the recommendations from that report in our budget for Fiscal Year '23. As part of this effort, we are expanding and increasing access to treatment for people living with HIV/AIDS, including access to PrEP, without step therapy or prior authorization for these medications. So the budget includes $3 million to cover the cost of those medications.

We also continue to make investments in the programs that serve individuals with disabilities across the State, including the creation of a new disability information hub. We will be excited to

share more information about this with you all soon. This will create a single place online for individuals with disabilities to go and search for anything that they may need across state agencies in one easy-to-access-and-navigate website. We think this will help improve access to needed services, especially as people transition between the youth and adult system and need to understand different places across the State where they can access services.

The budget also includes more than 9 million to continue our day program rate increases in our Division of Developmental Disabilities and 7 and a half million to increase residential rates for providers of individuals with intellectual/developmental disabilities (I/DD). We also bring in more than $16 million in new federal funding to support this community.

The budget also includes nearly $7 million to increase our PAAD Program. You may remember last year we increased the income limits for eligibility for both PAAD and Senior Gold by $10,000, allowing us to serve thousands more seniors through this program. So this budget includes new money to annualize the new eligibility limits. It also includes $4 million for our area agencies on aging or aging and disability

resource centers in the county to help expand the availability of staff who can sign up seniors who may be interested in services like Medicaid or food assistance through SNAP.

We also include $1.4 million to increase rates for assisted living and personal care homes. This is an increase to base rates. If you follow assisted living and personal care home issues, you may also be aware that we are increasing reimbursement for providers that serve a higher number of Medicaid residents through a new tiered rate process, and we'll have more to share with you about that soon. So in addition to the new shared rates, this 1.4 million will bolster the base rates across the board for the assisted living and personal care home providers.

And then the budget also includes, with federal match, a $50 million increase in addition to the wage increases I talked about for nursing home workers, an additional $50 million in state and federal funds for nursing homes in their base rates as well as additional investments in our quality incentive payment programs for our nursing facilities.

The budget continues to invest significantly in combatting the opioid epidemic. So in addition to maintaining our current programs, we are also receiving

an additional $640 million over the next 18 years through settlements from opioid manufacturers and wholesalers. We'll have more to share with you all soon about this work, but our Department will be announcing some funds that we're receiving over the summer and partnerships with other state agencies for the use of those funds. We also continue to work with our partners in the Legislature over how to use these funds in the future.

The budget also includes an additional one and a half million dollars to increase legal services for unaccompanied minors and youth in our Office of New Americans. We have historically invested in legal services to assist individuals facing deportation through ONA. This initiative helps expand access for these unaccompanied minors. New Jersey has seen an increase in these children over the last year, and we're excited to be able to invest in this program to better serve these children.

The budget also includes funding for the continuation of our Excluded New Jerseyans Fund, which is a program that helps support individuals who were excluded from federal stimulus related to the pandemic.

Along with wage enhancements for homeless shelters, we continue to invest in our homeless shelter

by maintaining rate increases that we initiated last year and adding more than $2.9 million to increase our hotel/motel rates to ensure that we can continue to assist those receiving and in need of temporary emergency housing. And this was an important investment and the first one that these providers have seen since 2003.

Governor Murphy also signed legislation this year raising the reimbursement rates for funeral and burial assistance by a thousand dollars, which was effective in January. So our budget includes $8 million to support these funeral and burial assistance rate increases.

Thank you very much for allowing me to join you all this morning to share some of the highlights in Human Services. In the Fiscal Year '23 budget, we are already across our Department busy at work beginning to implement these changes. And we are incredibly grateful to the Governor and Legislature for their ongoing commitment to the people that we serve through our Department and the programs that are so vital to support many New Jerseyans. We are glad to be able to continue delivering on the Governor's commitment to make New Jersey a more affordable state and a state of opportunity.

So thank you very much, Dr. Spitalnik, for the time, and I'm happy to turn back over to you.

DR. SPITALNIK: Thank you so much, Commissioner. And thank you for this very optimistic news. It's deeply appreciated.

And welcome, Deputy Commissioner. My gasp when you said you were leaving the Department of Health turned into a smile when I learned that you were coming to Human Services. So we look forward to working together.

And again, Commissioner, thank you for your leadership in all this ongoing work and this brighter future.

With this, I will ask any of the members of the MAAC if they have any questions to either raise their hand or just unmute. Apologies about not introducing earlier. I will do that after we finish with questions for the Commissioner.

Are there any questions or comments from the MAAC for the Commissioner?

MS. ROBERTS: Thank you very much, Commissioner. This was a really very, very good news report that you just gave. Very exciting.

One very quick question. Do you have any idea on the new disability information hub that's going

to be created, a target amount of time before we will have more information on that?

MS. ADELMAN: Good morning, Beverly. I don't have timing for you this morning, but I'd be happy to try to come back to you to give you a sense of that. I know that the work has already begun. So, hopefully, we'll have more to say about that soon. But I'll be happy to circle back once I have a better sense.

MS. ROBERTS: Thank you so much for this great news in your report.

MS. ADELMAN: Thank you.

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

MS. ANGELINI: Hi, Commissioner. I just want to thank you for your emphasis on youth mental health services. I know we've been working with NJAMHAA. This is such an important issue, particularly on the heels of COVID, and I just want to thank the Department and for your leadership for really paying attention to this very, very important issue. Thank you.

MS. ADELMAN: Good morning, Mary Pat. Thank you very much. This will be really a joint effort across government for all of the various departments

who can help play a role in improving and expanding youth mental health services. So thank you for your comments, and I'll share them with my colleagues as well.

DR. SPITALNIK: Thank you, Mary Pat.

Other comments or questions?

Hearing none. Again, I thank the Commissioner. I thank the Deputy Commissioner for being with us. And thank you to Assistant Commissioner Mielke who has been with us behind the scenes here and will be leading so much of this effort.

With that, let me do a few pieces of business that I neglected in my excitement about moving to the Commissioner's remarks. I want to announce that, as always, the PowerPoint slides are listed on the Division of Medical Assistance and Health Services' website. And you will find them certainly by this afternoon as well as previous ones.

I was remiss in not introducing my colleagues. The upside of that is that we now have more colleagues to introduce.

So, Sam, if you could highlight the members of the MAAC. And I will ask people to, in sequence, to unmute and introduce themselves. So I'll ask Mary Coogan, Bev Roberts, and Wayne Vivian to introduce

yourselves as members of the Medical Assistance Advisory Committee.

MS. COOGAN: Good morning. Mary Coogan, Advocate for Children of New Jersey.

And, again, Commissioner, I think the budget is great news.

Deb, I'm not sure. There were a couple questions in the Q and A.

DR. SPITALNIK: We will handle those separately, and I'll defer to Assistant Commissioner Jacobs.

MS. ROBERTS: Good morning, everyone. This is Beverly Roberts with the Arc of New Jersey.

DR. SPITALNIK: Thank you.

MR. VIVIAN: Wayne Vivian, New Jersey Coalition of Mental Health Consumer Organizations.

DR. SPITALNIK: Thank you.

Mary Pat and Chrissy.

MS. ANGELINI: Good morning. Mary Pat Angelini, CEO of Preferred Behavioral Health Group.

MS. BUTEAS: Good morning, everyone. Chrissy Buteas, Chief Government Affairs Officer at the New Jersey Business and Industry Association.

And thank you, Commissioner, for that overview and certainly highlighting the need for our

health care workforce moving forward. Thank you.

DR. SPITALNIK: Thank you. I'm Deborah Spitalnik, and my day job is Director of Boggs Center on Developmental Disabilities.

Now that we have a quorum, we can move to approval of the minutes of our last meeting, which was April 28th of this year. Do I have any comments or corrections to the minutes?

MS. ANGELINI: Move to accept, as presented.

DR. SPITALNIK: Thank you so much.

Second?

MS. ROBERTS: Second.

DR. SPITALNIK: All those in favor?

MAAC MEMBERS: Aye.

DR. SPITALNIK: Any nays? Abstentions?

The minutes are approved, as read. And as always, our thanks to Phyllis Melendez for coordinating this and to Lisa Bradley for her excellent transcription.

We will now move forward on the agenda. Before I do, Assistant Commissioner, is there anything you want to respond to in terms of the questions? I don't know if the Commissioner is still with us, but some of them are specific to Medicaid.

MS. JACOBS: They are. And a little bit

detailed as well, Dr. Spitalnik. So we've gotten a couple of questions, for example, about traumatic brain injury services, behavioral health services, and dental care. In each of those cases, and lots of others, the team is working on moving forward all of the different pieces that moved at the end of the legislative session there. Both pieces that were included in the Appropriations Act and also, like traumatic brain injury, stuff that moved through separate legitimate, each of these next steps includes filing for authorities with the federal government, moving the technical details within our system. But they're all pretty standard kind of budget-type activity. So each of those will move forward quickly, and we'll be able to provide more updates in the near future.

DR. SPITALNIK: Thank you so much.

We'll now turn to Greg Woods, Chief Innovations Officer, to talk with us about FamilyCare membership.

Welcome, Greg. And thank you for being here.

MR. WOODS: Thank you. This is the slide that we presented for the last several meetings. It's an updated version. It shows the total membership of our NJ FamilyCare programs. As of last month, our

total enrollment had increased to about 2.5 million, as you can see on the graph. That's quite a significant increase since the pandemic began in March of 2020. That represents growth of a bit less than 500,000 members or 28 percent or around 28 percent in percentage term. And as you can see from the graph, this represents a continuation of the trend that we've seen for some time now.

As we've discussed with this group before, there are numerous potential factors driving this trend, but we think that the most important one is the continuous enrollment requirement of the federal public health emergency, which as a reminder, says that members with some very limited exceptions are not being disenrolled from NJ FamilyCare coverage during the emergency. So we think that's the biggest driver of enrollment growth. And, of course, whenever the Federal Public Health Emergency ends, we would expect this trend to change. And later in today's presentation, we'll be discussing some of our planning for that transition, so stay tuned for that.

DR. SPITALNIK: Thank you.

Any comments or questions from the MAAC about the enrollment data?

Hearing or seeing none, Greg, we'll continue

to rely on you for policy implementation.

MR. WOODS: Thank you.

So I want to give updates on a few areas of policy implementation, and I want to start with NJ WorkAbility and give a quick status update on some of the policy implementation work we're doing there.

As we discussed during the last MAAC meet in April, NJ WorkAbility is a program that we at Medicaid co-administer with our partners at the Division of Disability Services which allows disabled adults who are working and who as a result may have relatively higher incomes to still qualify for health coverage under NJ FamilyCare. Legislation was enacted earlier this year, Senate Bill 3455, which significantly expanded access to New Jersey WorkAbility. This included incorporating individuals who have previously ineligible due to income or other financial circumstances, individuals who were previously ineligible due to age who may have been over the age 65, or in some circumstances individuals who were ineligible due to their employment status. We're very excited about these changes. We know that they will make a critical difference for many people across the State. And with that in mind, since enactment of the legislation earlier this year, implementation has been

a key priority for us, and that work around implementation is well underway.

That said, as I think I shared with this group back in April, there is some significant complexity related to the implementation of this legislation. And, unfortunately, this is not a case where it's just a matter of flipping a switch and the program is implemented. There is some significant design and implementation work that we need to manage here.

So just to talk about that in a little bit more detail. First, in particular, we believe that we are required by federal law to incorporate a premium for certain higher-income groups that are newly eligible under the NJ WorkAbility expansion as part of this legislation.

I do want to acknowledge we have received some questions very recently from certain stakeholders about whether that is, in fact, the federal requirement. And I will just say that is our best understanding of what the federal rules are, but we're continuing to consult with our federal partners on that point. But working under that assumption, coming up with a premium schedule that's compliant with all of our statutory and regulatory requirements and is also

equitable, promotes access for all members, and is operationally feasible is challenging. To be clear, we think it is doable and we've made a lot of progress over the last couple of months in thinking through what that should look like, but it's not a simple task.

And then related to that, we also need to build systems to both calculate and collect premiums for the populations for whom they would apply, which is a novel and somewhat technically challenging task. And then similarly, we need to change the system's logic and all of our eligibility and systems and all the systems that connect to those systems to reflect the inclusion what will effectively new groups of Medicaid enrollees.

And then lastly, of course, we will need federal signoff and approval on our implementation approach. And actually, we will likely need multiple approvals since different populations covered by this legislation will most likely be covered under separate sections of federal law.

I will just note that these kinds of operational hurdles are not unique NJ WorkAbility or to this legislation. I would say in general, whenever we make changes to eligibility systems, it can be a heavy lift. For instance, our postpartum extension coverage

which I'm going to talk more about in a minute, which is something that has been in the works for several years and was ultimately approved by our federal partners last fall, we're just completing full systems implementation and testing now and will be fully in place in the coming months. So that's one example of the timeline and challenges we see when we make changes to eligibility systems.

Another example that we're also going to talk about later today is our Cover All Kids Initiative which the Commissioner alluded to, which was announced as the Governor's priority more than a year ago, that also requires significant changes to our eligibility systems, and we're currently in development on some of those changes with targeted go-live dates around the beginning of next calendar year.

So I just say this to underscore we recognize the importance of NJ WorkAbility. We are treating it as a critical priority, but sometimes these implementations, this kind of thing, setting it up, it does take time.

So with that said, I do want to make a couple of points. First, I want to just mention -- and I know this came up in a question, I believe, in our last MAAC meeting -- we are currently thinking through

in a lot of detail how to handle potential different timelines and overlaps between implementation of the NJ WorkAbility changes and the forthcoming unwinding of the Public Health Emergency. And as we're going to discuss, we don't know when exactly when the Public Health Emergency is going to end, but we're trying to plan for different potential scenarios there. And to the extent possible, we will attempt to make special allowances around populations covered by NJ WorkAbility to minimize any disruptions in coverage as we move into the Public Health Emergency unwind.

Second, I want to just mention, we are looking at the possibility of a phased-in enrollment. As I said at the beginning, there are several different changes that are included in the legislation. And if some of them are ready to go before others, if we're able to partially implement before the full systems build is in place, our intention would be to do so and phase this in as quickly as we possibly can.

The last thing I wanted to say, we recognize that this is an area of understandably intense interest from various stakeholders and advocates and members of the public. And it's also an area we acknowledge the details and logistics of implementation will matter a lot. And with that in mind, we're planning to set up

some separate stakeholder meetings specifically on this topic where we can really dive deeply into the weeds and bring various subject matter experts from different parts of our organization to talk to advocates and stakeholders around implementation of this legislation. And I probably should pause here and say thank you to Dr. Spitalnik who made the suggestion, which we thought made a lot of sense, to have a separate group specifically focused on implementation of this legislation.

So please stay tuned for more information about when the first of those meetings will be. And I will say please feel free to reach out to me or anyone here who is part of our panel today if you want to make sure you or your organization is included or want to make other suggestions about who should be part of those discussions.

DR. SPITALNIK: Could I just ask if there are any comments from the MAAC about WorkAbility at this point?

MS. ROBERTS: So I just mainly want to thank you very much, Greg, and also Dr. Spitalnik. The issue of having a particular workgroup that could look at and have input into what's happening with NJ WorkAbility implementation, I think is an excellent idea and will

be very, very helpful. And I absolutely want to participate in that workgroup.

DR. SPITALNIK: Thank you, Bev.

Any other comments? Questions?

MR. VIVIAN: Thank you, Greg. My concern is -- I can't see the whole screen because the faces are covering the last word in the sentence. So are they going to start charging premiums to participate in the WorkAbility?

MR. WOODS: Our understanding of the relevant federal rules is that we believe we're required to charge premiums for certain higher-income groups who will be newly eligible under the expansion. So we're talking about some of the newly eligible groups. And that's part of what we're working through right now, is to come up with a schedule based on income that complies with those federal requirements that is equitable, that promotes access for everyone, and also avoids cliffs. We don't want a situation where a certain income threshold premiums jump up too abruptly. So that's what we're working through now.

MR. VIVIAN: You don't have any idea how much those premiums will be, though?

MR. WOODS: I don't have that information yet. And I think that's the kind of detail that we

would look to work through in more targeted stakeholder --
MR. VIVIAN: I mean, because in the past, it was like -- the last I heard, you could earn up to $55,000 a year and still be eligible for WorkAbility. Is that the group that you're looking to possibly charge premiums to, people like 40,000, 50,000, and above, like, that group?
What about like consumers -- not just consumers, but any disabled person who is on Medicaid and if they're working and they're earning that high of an income and they can get employer insurance? If employee insurance is available to them, would that exclude them? Would they have a choice whether to stay on Medicaid and possibly go to -- or would they have a choice to go to employment insurance or staying on WorkAbility?
MR. WOODS: To the first set of questions, I'm not sure about specific income levels that would be associated with premiums. I'm not quite prepared at this point to give specific thresholds, but I would say in general we're looking at relatively higher income populations, and the legislation expands access to those higher income populations. That's where our focus is in terms of potential premiums.
In terms of the question about the

interaction between Medicaid for the NJ WorkAbility population and potential access to employer-sponsored coverage, I think there's some complexity there, and that might be a good topic to delve into deeper in one of those targeted stakeholder meetings. But acknowledging that question, I think that's part of what we need to think through.
MR. VIVIAN: Okay. Thank you.
DR. SPITALNIK: If there are no other points, Greg, I'll let you go on with your considerable agenda. And thank you for responding to those questions.
MR. WOODS: Thank you, Dr. Spitalnik.
Next, I wanted to give just a very quick update on where we are with the renewal of our 1115 Demonstration. As a reminder, as we've discussed previously with the MAAC, the 1115 Demonstration is the way that we get legal permission from the federal government to operate large swaths of our NJ FamilyCare program. The Demonstration was created ten years ago. It was approved initially for a five-year period. We renewed it for an additional five years back in 2017. As we discussed with this group before, we are now up for renewal again.
As we had discussed during the last MAAC

meeting, we had submitted our full and final renewal application which reflected public comments on the draft application that we had posted online. We had submitted that to our federal partners at CMS back in February. And that proposal, which I should say is available online, covered a whole bunch of different policy areas and really did reflect a lot of input from various stakeholders.
The main update I want to give since the last MAAC meeting is that we've been in discussion with our federal partners at CMS. And as part of those discussions, CMS has recently granted us a temporary six-month extension. So essentially, our current Demonstration was extended for an additional six months to allow negotiations over our renewal proposal to continue. And this is something that we had anticipated previously and I may have mentioned that we expecting at the last MAAC, but it was formally confirmed last month. So our Demonstration authority had been slated to run through the end of June. It has now been extended an additional six months to the end of this calendar year. And we are anticipating that our negotiation with CMS will continue over the next several months and that we will have final approval for our renewal towards the end of this calendar year and

an official start date of that renewal in January of 2023. So that's the status update there.
I will say in general, we are continuing to have active and constructive conversations with CMS about that and we're feeling hopeful about most or all of our proposal being approved.
Unless there are any questions on that, I'll move on to give an update on our implementation of the 12 months of coverage for postpartum members after the end of pregnancy.
As I think MAAC members will remember, this was a change that we have been looking to implement for a number of years now. It was approved by CMS, by our federal partners, back in October of last year. So, again, this change, what it says is that all members who are pregnant, once their pregnancy ends, they have continuous eligibility, effectively guaranteed coverage for 12 months after the end of their pregnancy.
Now, of course, because we are currently still in the Federal Public Health Emergency which, as alluded to earlier, had meant that nearly all of our members are retaining coverage regardless of changes in circumstances. This particular policy change has had a limited immediate direct impact, but we have been actively at work on ensuring that this protection will

be fully in place for all of our pregnant members by the time the Public Health Emergency ends.

And I'd just like to give a brief update on where we stand in that work. To dive a little bit into some of the technical weeds here, we bucketed this work out into a couple phases which we've labeled on the slide Phase 1 and Phase 2.

So Phase 1, which is now largely complete and built, addresses members who are eligible as part of a pregnancy eligibility category. That's to say they're in one of our eligibility categories that's specifically for individuals who are pregnant. I should say members in that situation represent about two-thirds of the members affected by this policy change, so that's the majority. And for that population, relatively speaking, it's fairly straightforward to implement this change. Previously, members in those pregnancy eligibility groups would automatically receive 60 days of continuous eligibility at postpartum. So in effect what we needed to do here was to change that parameter in our systems from 60 days to 365 days. So that's relatively straightforward.

Phase 2, which is in active development now and we expect to be in place in the coming months,

addresses implementation for a smaller share of pregnant members and is considerably more complex. So these are members who, while they are pregnant, are not in a pregnancy eligibility group. So they are eligible for NJ FamilyCare on some other basis, they are pregnant. For instance, they might be in the eligibility group for parents or for childless adults. And also, they may not have formally notified Medicaid that they are pregnant. So for these members -- and I should be clear that the policy extends to all Medicaid members who are pregnant regardless of whether they are in a pregnancy eligibility group or not. For these members, what we need to do is rely on the claims data that we received to determine if the member was pregnant and qualifies for an additional 12 months of coverage after the pregnancy ends. So for this group, what we will be doing is we'll be monitoring all of the claims that we receive. And if, for instance, we see a claim -- if we have a member and a claim appears that shows a birth today on July 12, 2022, we would take that information, that claim, and our system would then automatically update the mother's eligibility and extend it through July of 2023.

As you might imagine, this Phase 2 group is considerably more complicated to implement and requires

multiple systems to interface with each other and for us to correctly identify the codes that indicate eligibility, so it's taken a bit more time. However, the system's development for this group is fully underway and we expect it to be fully in place by the time the Public Health Emergency ends, whenever that is.

I will stop there and hand off to Lynda Grajeda who I think is going to talk about some of our implementation around network adequacy and recent legislation around that.

DR. SPITALNIK: Let me just pause before we go to Lynda.

Are there any comments or questions for Greg from the MAAC?

MR. VIVIAN: I don't know if this is the place to ask or not, but it's my understanding that the federal government has to approve Social Security, Medicare, and Medicaid every five years. Is that true?

MS. JACOBS: Do you want me to take that, Greg?

MR. WOODS: Sure.

MR. VIVIAN: My question is if the Feds make a significant cut to Medicaid like they're always threatening to, is New Jersey's position to continue to

provide the level of services that you're offering here in this year's budget if the federal government makes major cuts to Medicaid?

MS. JACOBS: Wayne, let me jump in there. Greg, feel free to fill in. Your question about how frequently we are doing eligibility -- or maybe I misunderstood. Were you talking about the timeline on the waivers or the timeline on individual eligibility?

MR. VIVIAN: I'm talking about the waivers.

MS. JACOBS: I think it's difficult for us to anticipate what the future might look like, but the conversations we're having with CMS right now around our waiver proposal are very positive. So you never know which way things will go in the future. New Jersey always wants to be on the cutting edge of Medicaid and all other human services, so philosophically that's where we are. But in the conversation with CMS now, we're feeling really good how about how they're hearing our various proposals and their support for what we think looks like best practice in the nation.

But, Greg, feel free to jump in there.

MR. WOODS: I very much agree with that. I think generally our renewal proposals have been positively received by our federal partners.

MR. VIVIAN: I agree. You've done a great job here; there's no doubt about it. My concern is if the Feds do major cuts to Medicaid, is New Jersey's position to continue your great plan here in that instance?

MR. WOODS: I would just say I think this puts in a really solid --

MR. VIVIAN: Greg, I guess what I'm asking you is would New Jersey kick in the extra dollars to continue with this array of services?

MS. JACOBS: That's tens of billions of dollars that you talking about in a hypothetical, Wayne, that I don't think is realistic. We're talking about a different administration. We're in a different reality. This administration has been very supportive of the work that we've proposed. And I think for the foreseeable future, we have no major concerns about the federal government's support of our program.

MR. VIVIAN: Thank you.

DR. SPITALNIK: Other questions?

Did you want to say something else, Jen?

MS. JACOBS: Yes, Dr. Spitalnik. I was going to tell you that I feel I need to do my best Lynda Grajeda impression because it seems that Lynda has lost her internet connection. That is going to be

challenging for me because Lynda is both smarter and funnier than I am, but I'm going to do my very best with it if that's okay with you.

DR. SPITALNIK: Of course. And we're appreciative. We welcome Lynda back. I know how frustrating and terrifying that is in the middle of the Zoom.

Thank you for walking us through the access to pediatric primary and specialty care.

MS. JACOBS: It's my pleasure. And to my colleagues on the DMAHS side, if you see Lynda jump on while I'm talking here, please feel free to interrupt.

So the first thing we wanted to talk about from the Managed Care side of the house was about a new initiative to ensure access and availability of pediatrician primary and specialty care providers for our members who are enrolled in Managed Care Organizations, which is virtually everybody at this point. And really specifically, we are implementing Senate Bill 3000, which codifies some existing network adequacy standards and enhances those standards, and we're really excited about this work. It's opened up some new opportunities around monitoring access to care, and we have already put some new contract language into effect. So we wanted you to be aware of

that.

We have updated the pediatric specialty standards so that we are fully consistent with Senate Bill 3000. We have implemented new reporting requirements and time frames around grievances which is when a member has a non-clinical complaint or a complaint about what's going on with their Managed Care Organization and really specifically in this case with respect to the network that is available through their Managed Care Organization.

I just want to pause here and say in this implementation process in talking with our stakeholders, we've been asked to provide some refreshed materials around how somebody can submit such a grievance. So, for example, if you were to go out on Google right now and search New Jersey Medicaid grievance, you would see the member handbooks for our five Medicaid Managed Care Organizations. You could also get through that, obviously, through our website. But the grievance processes are described there. A little bit different wording for each of the five MCOs. What we intend to do is to work with our MCOs to update those sections of the member handbook so it is all very clear and is as consistent as we can be, and then also to provide a single page, here is the program-wide

shortcut for how to submit a grievance if you're having an issue with your Managed Care network or any other issue with your Managed Care. So we already have done a little bit of work around the reporting requirements for the MCOs. Now we will move on to that member phasing material.

We have added to the contract sanctions for specific new sanctions for deficiencies in Managed Care networks. We recognize that there will be times when a Managed Care Organization is attempting to negotiate with a provider and a good-faith negotiation is occurring, but the deal has not been sealed. And so the MCOs will need an opportunity to tell us about that good-faith negotiation, so we put some specific process around that.

Finally, as many of you know, it has always been the case that Managed Care Organizations are responsible for providing specialty care that our members need regardless of whether or not that care is available in their network. We refer to that as a single case agreement or a non-participating provider agreement. Those have always existed. But what we are doing in the context of this new law is being very deliberate about clear and specific guidance on when and how those need to be implemented, and we'll be

monitoring that as well.

Some other actions that we've taken, for your awareness, also in the contract we've updated the certification requirements when an MCO submits their network to us. Their chief executive is certifying that that submission is true and accurate. We've updated our county geographical designations to match what was included in Senate Bill 3000. We're doing ongoing monitoring of adherence to those new standards. That's going to be a process as we have been implementing this and sort of getting new eyes on or a new look on the networks. And then finally, we've enhanced our requirements for that submission of data on a quarterly basis and the process that the MCOs use to evaluate their networks and document for us where they believe they're compliant and noncompliant.

Transparency was a very important part of Senate Bill 3000. There are a number of places in the legislation where specifically we stated that we will be providing transparency into MCO reporting, and so that will happen. The first step into transparency is sharing with you the contrast with the amendments that reflect Senate Bill 3000, and that will be posted online as soon as we have final approval from CMS.

So that's where it is right now. And we'll

be happy to answer any questions on that subject. In fact, let me pause here, Dr. Spitalnik, and see if you wanted to have a discussion with the MAAC.

DR. SPITALNIK: Thank you so much for stepping in, of course.

Are there questions from members of the MAAC? Please either raise your hand or unmute.

MS. ROBERTS: First of all, thank you so much for all of the work that's been done from you and your staff on implementing the provisions of Senate Bill 3000. It's very, very much appreciated. I'm sure this was a very intensive effort from your team, so I wanted to be on the record thanking you and also say we're looking forward to that one-page document that you said is going to be developed that would be easy for families to understand what the grievance procedures would be. So thank you.

MS. JACOBS: Thank you, Bev.

DR. SPITALNIK: Thank you.

Other comments or questions at this point?

MS. COOGAN: I just want to ditto and emphatically say thank you to everybody at Medicaid who worked on this and also to MCOs. We can move forward on this issue because I know it's been problematic for a while.

DR. SPITALNIK: Thank you.

Other comments or questions?

There was a question in the chat about MCO quarterly network analysis. Will they be posted for public view?

Assistant Commissioner.

MS. JACOBS: There are some very specific requirements in Senate Bill 3000 for what will be publicly available. We have to focus there first, obviously, for compliance with that new law. And then we'll continue to expand out as we're able to. The submissions that come in on a quarterly basis are enormous. The analysis that goes with them for each MCO -- and this is a huge credit to Hope Merante (ph) and her team inside the Managed Care operations team -- the amount of analysis, just the sheer number of pages and spreadsheets that's involved is extremely voluminous. But we're committed to transparency, so we will start with what you see in Senate Bill 3000 and then we'll continue to move on as we're able to.

DR. SPITALNIK: Thank you.

Other comments or questions?

Thank you so much. And I would add my thanks and appreciation.

As we move to the item of transition from

Fee For Service for Managed Care for nursing residents, will the role of Lynda be played by either Jen or Greg?

MS. JACOBS: I think that will be me again. I don't see Lynda yet.

So just a quick update for you. When we met in April, we talked to you about how we had a small number of nursing facility residents who remained in Fee For Service in 2014 when we began enrolling everybody else in MLTSS. And those nursing facility residents have now been enrolled. Effective July 1st, they've been enrolled in MLTSS, and they will receive their Medicaid benefits through the MCO of their choice. So we described to you in April that that would be happening. It is happening. And so beneficiaries were asked to choose an MCO. If they didn't make a choice, as always, we went ahead and assigned an MCO. But MLTSS members can change their MCO at any time. So they always have choice here. This change will allow for better coordination of their health care services, including behavioral health care and integration of behavioral health with our MLTSS population feels very important to us. So we're glad for that opportunity.

Having a care manager is part of enrollment in MLTSS. And we really feel that care managers are

best positioned to help us, make sure that we can coordinate services effectively for people. So those care managers will be reaching out to members and their caregivers to schedule an in-person visit to do person-centered care planning. That's how MLTSS works. The care manager comes to you and has a conversation about what your personal goals are and your preferences and your needs and what kind of support you have or don't have wherever it is you're living. So, for example, a nursing facility resident may have family coming to visit who they consider caregiver support. They may not. So each person's person-centered care plan will reflect their own personal reality, the needs they might need, the services they're looking for, and what their preferences are around that. So we just wanted to follow up because we had this conversation in April, make sure you were aware that this has occurred and everybody moved over now to Managed Care. I think we have July 1 and August 1 effective dates. But we're now in the new chapter where everybody is enrolled in Managed Care.

Any questions about that?

DR. SPITALNIK: Hearing or seeing none, thank you so much Assistant Commissioner.

We now turn to Carol Grant, Deputy Director

of the Division of Medical Assistance and Health Services, with an update on Cover All Kids.

Carol, good morning and welcome.

MS. GRANT: Good morning. I'm very pleased to be able to give you a bit of an update on our Cover All Kids activities. We continue to have momentum and growth in members under 21 years of age who are enrolling in New Jersey FamilyCare. Our numbers have gotten to the 42,489 member enrollment since enactment in July of 2021. And we've actually seen an increase of 4,830 children since last month. It's sort of the second highest since enactment, and we're very proud of it. I have to credit the outreach efforts, individual efforts, of Cover All Kids working group members and all of you who continue to engage eligible but not enrolled children to come in and to apply and get enrolled in New Jersey FamilyCare if they are eligible.

We want to keep you updated on all of the activities under Cover All Kids, so we're going to have a few brief updates here. You heard Greg talk about what it takes to actually implement a new benefit or a benefit for a new eligibility group. It's quite an undertaking to develop the design and then to actually implement to support the program going forward.

So the system's requirements for Phase 2

have now been fully vetted internally and approved and the technical build is underway. We're keeping an eye on the future, as has been indicated, early in next year.

The fifth meeting of the Cover All Kids working group was held on June 23rd and included a discussion of best practice outreach and enrollment efforts from other states led by the Center For Health Care Strategies. The featured presentation was a review of Oregon's communication toolkit as a possible model for New Jersey.

We've done a remarkable job, I think, of enrolling kids in New Jersey FamilyCare over the years. We're sort of down to making sure that we have systems and process that enables us to identify kids going forward, not just now, but ongoing. How do we best reach reluctant families, families who are unable to follow through? How do we look at this? So we're using all of the subject matter expertise we have in the working group to help us do that. And we are in the process of developing a communications toolkit that can be used for this purpose now and in the future.

While the working group will be on hiatus over the summer, they have been meeting monthly since earlier, but we're not going to be idle. We are

establishing two smaller task groups that are going to continue to meet on the development of New Jersey's communication toolkit and stepped up efforts for outreach in the fall.

We move, as the Commissioner has indicated, to implement the part of Cover All Kids that will ensure that we really are enrolling all kids regardless of any status issues that they might have.

We're providing this kind of information on outreach events to indicate really that we are identifying and tracking every possible venue where we can reach families and enroll children. So this is additional information that we're keeping track of it and keeping track of every good idea that comes out of the Cover All Kids working group and really beginning to do a deep dive to make sure not only are their ideas presented but also operationalized and implemented to enable us to achieve success here.

So that's all we have for now. We'll continue to keep people updated as we go along.

DR. SPITALNIK: Carol, thank you. And it's rare that you get to hear outreach that might include funnel cake.

Are there questions or comments on Cover All Kids?

MS. JACOBS: Dr. Spitalnik, I just want to thank Carol and this team because they've really been very creative about this. We've been working closely with the Center Health Care Strategies in a stakeholder group to make sure that we're thinking about this from every angle. And I do love the summer fairs because whenever you go to one of those, you look around and you see all the diversity of that crowd and you think this is New Jersey. Everybody is here. And so I'm glad that we're out at the fairs. And we're open to lots of events. So if there are ideas that folks have for where else we can be, of course we're always happy to take those. But I did want to shout out Carol and the team for all of the work that they're doing to make sure this is as successful as it can be.

DR. SPITALNIK: Thank you. And we echo that thanks.

I'll stay with you, Assistant Commissioner, as we turn to transportation broker accountability.

MS. JACOBS: Thank you. This is a really important topic to us. We have a nonemergency medical transportation benefit which I think most folks are familiar with. You may not know that it's about 500,000 rides a month, ballpark; sometimes more, sometimes a little less, but that's a lot of rides. We

see that as an important social driver of health. Having that effective benefit really matters. It impacts health equity and health outcomes. And really at the bottom line, it's just incredibly important for our members to be able to get their preventative and specialty care visits on time and to get home again reliably. If you have been hanging around Medicaid for a little while, you know that this is a very complicated benefit to administer. In fact, it's one of the most challenging benefits that State Medicaid programs are working on. So we've had a lot of conversations with our counterparts in other states about how to improve our benefits as they are trying to do the same with theirs. It's complicated because the transportation industry has its own very complex economic dynamics. And we, obviously, have to sort of deal with those as a consumer of transportation services.

Like many states, we have a contractor. Ours is Modivcare, formerly LogistiCare. Modivcare is responsible for building a network of transportation providers for us. So they don't actually provide the transportation themselves, but they contract transportation providers. Modivcare arranges rides for our members to and from their appointments. And then

they address the concerns that our members raise in real time. And those concerns from our members, which concern us, they vary over time and by region. And, obviously, the pandemic has sort of thrown everything up in the air. It came down in different order. But even now, complaints have consistently included late pickups, missed rides and canceled rides, and it's really it's problematically timeliness of transport to dialysis for those beneficiaries. So this is something that we've been monitoring over time and having operational discussions with our contractor Modivcare. And we wanted to share with you some recent updates in that regard. This is very important to us.

We've just amended the Modivcare contract. This was jointly agreed upon amendments between Modivcare and us. We add conversations about serving people the best way possible in this challenging space. We knew that we needed to raise our expectations. They understood that. So we've agreed to new provisions. We raised our standards for timeliness expectations for those 500,000 rides every month, and we've strengthened the penalties that go with noncompliance in order to improve overall performance and address some of our root cause issues.

So we have focused on making the system work

better for the people we serve, but we're not done yet. And we'll be continuing to explore best practices in other states as we've been doing and innovations that we're seeing in this phase. It's very much a live conversation for us, but we wanted you to be aware that the contract has been amended. We will be holding this vendor to a higher standard. We agreed to that, understood that. Penalties will be stronger if they don't hit that standard. And that contract fully executed is now available on the Treasury website.

Most importantly, because we know many community organizations are represented here at the MAAC, we wanted to remind you of the three phone numbers that are really most important if you are helping our NJ FamilyCare members or if you are an NJ FamilyCare member. So we've given you those three numbers here. These sides are always available online. But we've given you these three in numbers here. One is to schedule the ride. The next is what we call the "where's my ride line," which is if your ride is late, this is the number to call in the moment and you can also call that number for a will-call ride. And then finally, if you do need to file a complaint, that third number is there. Each of these numbers, really important, right? A step in the process. Let's

schedule the ride. If it's late, let's do something about it right now. And if there needs to be a complaint, obviously, we need to get that information so that we can act on it. So if you are a FamilyCare member or you're interacting with FamilyCare members, these are three really important numbers that we hope you will use.

DR. SPITALNIK: Thank you so much. Any comments or questions from members of the MAAC?

MS. ROBERTS: Thank you. I know that this is a challenging issue to be addressed. This 1-866 number, this is a Modivcare number or not?

MS. JACOBS: Yes.

MS. ROBERTS: So if they call Modivcare and they call to file a complaint, but nothing changes because of calling that number, what would the next step be after that?

MS. JACOBS: Often we have after that somebody would call their medical assistance customer center. That's typically where we will get an escalation from Modivcare. We get them from other sources, too. But that's what we would ask folks to use. We have the four medical assistance customer centers around the State that are regionally based. That's typically how it comes to us, to Carol and me,

as we are escalating. But I do want to point out it's Modivcare's responsibility to address these issues in real time. And so it's really important that people start with these Modivcare numbers because all we can do is route it back to them. But then to your point, sometimes people don't feel like they got appropriate resolutions and they come to us through the customer centers.

MS. ROBERTS: Great. Thank you very much.

DR. SPITALNIK: Any other questions or comments?

There was a question about -- which speaks to the structure, I think of the Medicaid program -- is Medicaid open to other providers in terms of transportation?

MS. JACOBS: I'm sorry. I wasn't able to look at the questions as I was talking.

So there's providers and there's brokers. Modivcare has contracted with providers, and they are always contracting with providers. We're asking them, for example, look at the specific geographies where you are having a hard time with rides, either not on time or having difficulty finding drivers, and their work is to make sure that they have the right providers contracted in that area. And if they need more, they

need to go get more. So providers are always having contracting discussions with Modivcare.

Then when you get to brokers, Modivcare is our broker; they are our contractor. That is a State procurement process that occurs on a particular time frame. So Modivcare is currently the broker. And then the next time we re-procure, there would be an open process and lots of different brokers could apply.

So I've sort of answered two questions not knowing exactly which one they were asking about.

DR. SPITALNIK: Thank you. I think that spoke to both of them.

If there are no further questions about transportation broker accountability, we'll move to discussion or presentation of the end of the Federal Public Health Emergency, a thread that's run through many of our considerations today. And we'll continue with Assistant Commissioner, with Jennifer Langer, and with Greg Woods. Thank you.

MR. WOODS: I think I'm going to start off this section and then I will hand the baton back to the Assistant Commissioner to bring us home.

As Dr. Spitalnik said, we are going to turn to the topic of unwinding from the federal COVID-19-related Public Health Emergency. This is a

topic we've discussed with this group previously at length. So just to level set as a reminder, the Public Health Emergency was declared by the Federal Secretary of Health and Human Services back in early 2020. That declaration has been renewed a number of times since then across multiple federal administrations and secretaries and remains in place today. The declaration of a Federal Public Health Emergency is a legal step. Essentially, what it does is it gives the federal government legal authority to take various emergency steps to respond to the pandemic.

So for our purposes, I think what we really want to focus on, as I mentioned before, I think the most critical fact is that during the Public Health Emergency, nearly all members, with certain very limited exceptions, have remained enrolled in NJ FamilyCare during the Public Health Emergency. So nobody is losing coverage because their income has increased or because they've had other changes in their personal circumstances that might affect their Medicaid eligibility.

I will also note -- and we'll talk about this a bit more a little later -- there are also some emergency flexibilities that we've had during the Public Health Emergency, things that have allowed us to

operate our program differently in a more agile way during the pandemic to adapt to the changing situation as the pandemic has progressed over the two-plus years now.

However, once the federal government ends the Public Health Emergency, we will face quite a significant amount of work related to what we're calling unwinding. That is, returning from the Public Health Emergency to our normal operations. The greatest challenge we're going to face as part of that process will be reviewing the eligibility of all of our now 2 million-plus members and confirming whether they continue to qualify for coverage through NJ FamilyCare; and if not, helping them to transition to a different source of coverage. As this slide says, this represents our largest renewal or redetermination effort ever, and we are very focused on executing this as seamlessly as possible.

I will just note that as we speak today, it's July 12th, formally, the Public Health Emergency is scheduled to expire on July 15th, which is to say Friday. We are confident, however, that will be extended once again. The federal government has committed to states to give at least 60 days notice before the Public Health Emergency ends, which it has

not yet done. So while it's on paper at this moment slated to end on Friday, we're confident at some point this week the federal government will extend it again. And we would think that at a minimum it will continue until into the fall.

So with that said, I want to talk a little bit about timeline. We show here an updated version of a slide we shared before which gives a high-level hypothetical timeline for what the unwinding might look like. I really do want to emphasize the word hypothetical here. This particular timeline that we're displaying assumes that the Public Health Emergency will end in October, which is one possible scenario, but it is far from certain. The key point that I would want to take away here is that whenever the Public Health Emergency ends, we will have one year to begin redeterminations for all of our members from that period. We have a 12-month period. And then we'll have 14 months from that period to complete those redeterminations. So whenever the Public Health Emergency ends, that's what we're planning towards. This timeline is, again, hypothetical because we don't know when the Public Health Emergency will end, but it gives a sense of what it's going to be once that happens.

So with that said, one thing I want to briefly discuss is when thinking about that period after the end of the Public Health Emergency, that 12-month period in which we need to initiate redeterminations for all of our members, is talk just a little bit about how we're thinking about that period and how we will spread those redeterminations across the 12 months. And I will just say we are currently very focused on this problem. We're working through technical details. I would expect that before the Public Health Emergency ends, we would issue more details and specific guidance about this. But for the moment, I did just want to lay out some of the principles that we're using to guide that work and that we're thinking about.

So first, I want to acknowledge that many of our members have managed to stay on schedule with our normal pre-COVID redetermination process. So over the past year, we have continued to reverify and redetermine members' eligibility. If they don't redetermine, as I mentioned, no one is losing coverage as a result of that, but we have been actively engaged in the work of determination. And many members have successfully completed that redetermination process and have demonstrated that they remain eligible for NJ

FamilyCare. And, of course, there have been other members who have newly enrolled over that period and as part of the new enrollment process have demonstrated their eligibility for NJ FamilyCare.

Our first principle is that if a member has stayed on schedule, which is to say whenever the Public Health Emergency ends, if in the 12 months before that they have successfully completed a redetermination or have been initially enrolled in the program, then in the vast majority of cases, we are planning to keep them on schedule. And in particular, we do not intend to require that anyone complete a redetermination less than 12 months after the completion of their previous redetermination. In essence, if a member has successfully completed a redetermination, then we're not going to ask them to do it again for another 12 months, at least, regardless of when the Public Health Emergency ends.

The second principle, for other members who haven't been able to stay on schedule for one reason or another, maybe they haven't responded to redetermination for some reason, maybe they didn't receive one, or maybe they did respond but weren't able to demonstrate that they remained eligible for the program, all of those members will have another opportunity to

redetermine their eligibility. As I said earlier, we know there's going to be an unprecedented workload around this. It's the largest redetermination exercise we've ever done, and it's very much our goal to space out the work as evenly as possible. That's to ensure that we can really do a thorough and accurate job for every single member, that we can ensure that everyone who remains eligible for NJ FamilyCare can retain coverage; and as I said earlier, if members are not eligible, make sure that we're offering support to transition them to other potential sources of coverage.

So our goal here is going to be to spread out those cases as evenly as possible over the 12-month period. I will say when we spread the cases out, we're going to be a little bit nuanced about that. We're mindful that different entities are responsible for redetermining eligibility for different populations. So in some cases, it's our county boards social services are partners; in some cases, it's our health benefits coordinate contractor. So we're going to try and spread out evenly among those entities so they each have even workloads over the 12 months.

We also are mindful that some categories of beneficiaries may be more complex, on average, to complete the redetermination process. There may be

more information required. And so we're also looking at whether there are ways that make sense to spread out, to differentiate, so that we're not only spreading out all of our cases evenly across the 12 months, but within certain more complex or more complex typically categories, that those cases are also spread out evenly to make sure that we're able, again, to thoroughly and accurately review every member's eligibility and ensure that every member who remains eligible for NJ FamilyCare continues with their coverage.

The last thing I would just note which is not on the slide, there may be certain limited eligibility groups -- so I talked earlier about NJ WorkAbility as one potential example of this -- where we make some special allowances because of unique circumstances. So in the case of NJ WorkAbility, as we're implementing the legislation that we discussed earlier, we may make some specific allowances for certain limited groups where there's just a special set of circumstances. So that's something we're looking at right now.

As I said, these are general principles. We are very actively working through the details of what this will look like. I would stay tuned for some more details and technical information about how this is

going to work which we would expect to release before the end of the Public Health Emergency.

Next, I want to shift gears slightly away from the redetermination process and towards some of the general programmatic flexibilities that we have had access to during the Public Health Emergency. And I will apologize in advance. This is a topic that can get very technical and very weedsy very fast. I am going to do my best to steer clear of some of those weeds. For those of you who have more specific questions, I am always happy to follow up afterwards and answer those as best we can.

So in the spring of 2020 and a couple of instances since then, we requested from our federal partners at CMS and received certain waivers or sometimes flexibilities that have temporarily modified some of the normal program rules that we operate under and have really allowed us to ensure that members continue to receive the services they need during the pandemic. These flexibilities were granted under several different authorities, several different provisions of federal law. They had different terms and conditions attached. There is a lot of complexity here. Some examples of the kinds of flexibilities we received are shown here on the slide, things like

additional flexibility around delivering services via telehealth, loosening certain prior authorization requirements, allowing for alternative settings of care in some instances. And to be clear, those are examples. That's not the exhaustive list. The exhaustive list is much longer. And all of the information about the various flexibilities is available both on our website and the federal government's website.

I would just note we requested these flexibilities back in the spring of 2020, for the most part, when the pandemic was just beginning. Once we received those flexibilities, there has been a spectrum of how they have been used. So some of the things we asked for were things that we requested essentially as a precaution early in the pandemic when we weren't sure what we were going to be facing but never ended up needing to use those. As events moved forward, certain flexibilities just ended up not being relevant.

Other things we requested, we requested the ability to use certain flexibilities, and we may have used them briefly or temporarily and then at some point they outlived their usefulness and are no longer active or relevant.

Then there are other measures that are still

in place today but that we think we can unwind in the coming months.

Lastly, there are certain things that we implemented, for instance, some of our telehealth flexibilities for certain types of services where it was implemented as an emergency flexibility, but we actually think it may make sense to keep it after of the Public Health Emergency ends and build it into our program in a long-term or permanent basis.

So there's really a broad range, and you have to look case by case to see where we have been on each of these special authorities. So that's one way to look at this.

Meanwhile, as we approach the end of the Public Health Emergency, our federal partners at CMS have issued a series of increasing detailed guidance documents about their expectations around how states should be unwinding this kind of programmatic flexibility. And I will just say, again, there were different provisions and authority we used when we stood these things. There are different rules about unwinding depending nature of the flexibility and what authority it was under. There's some more detail on the right-hand side of the slide in the table. I'm not going to go into that detail right now, but if you do

have specific questions, we're really happy to engage with those off line and address them so please do feel free to follow up.

I think the main bottom line, though, that I would share for this group today is that we are doing a multidimensional analysis of all our emergency protocols. We're asking both is this still needed, what federal requirements exist around the unwinding period, and then we're consulting both with our internal subject matter experts and with affected stakeholders and moving forward with a plan on a case-by-case basis to figure out how to transition out of the Public Health Emergency. And it really is very painstaking specific work. There just isn't one blanket approach that we can take to all of these different emergency conditions.

So we will continue with that work. We'll continue to communicate with relevant stakeholders and the public and provide notice where appropriate.

So with that, I think I'm going to hand it back to Assistant Commissioner Jacobs who is going to talk about some other aspects of our unwind work.

MS. JACOBS: So next up, we talked to you in April about our intention to take advantage of some new flexibility that CMS has offered us where we can accept

member address changes from our MCOs. This is not something we've been able to do in the past. If we wanted to confirm an address change that a member had provided to their MCO, we would have to call the member and confirm that ourselves. We couldn't just use the information they had provided to the MCO. So as you can imagine, with 2 million members, that is complicated/impossible. And so CMS said, "We're going to give you some flexibility here. Under these circumstances, you can accept the address changes that the MCOs have been given by the members."

That's a special authority. And we have begun implementing it. And there's real credit due here, Dr. Spitalnik, to our operational teams at DMAHS and at the MCOs for getting all over something that was completely unprecedented and really largely unpredictable. But they made it real. So between January and May of this year, we have address updates for about 58,000 members who called their MCO or were called by their MCO and said, "I have a new address." That's 58,000 members who are more likely to get their mail from us because of this data exchange. It is not a small accomplishment, and truly credit is due to technical wizards who made it happen.

As we talk through this, we feel like it's

important to say to you once and maybe twice that our members who are dually eligible for Medicaid and Medicare must also update their contact information with the Social Security Administration. That is really important because the Social Security Administration is the source of record for that person's contact information. So we can take it, but we're not the source of record. So we wanted to give you a couple of examples here, so Jo-Jo and Byron.

Jo-Jo, just as an example, we said she became an NJ FamilyCare member in 2019. So at that time, obviously, we would have had a current address with her. But she moved in with a friend during the pandemic and then recently received a text message from her MCO -- the MCOs have begun texting their members -- asking her to update her address with them. So she called the MCO to provide her new address. The MCO made the change in their system and notified NJ FamilyCare so Jo-Jo could be included in that group I just described to you where we have address updates.

Similarly, but slightly different, Byron and his family are eligible for NJ FamilyCare. Byron called his MCO unrelated to this to request a new member ID card. And, of course, while he's on the phone, the MCO call center asked him to verify his

address. He said, "Oh, my family moved. Here's our new address."

Same situation, the MCO updates their system. They'll notify us that the address has changed for Byron and his two sons.

It's with CMS permission that we're now able to accept both of those address updates and all the others so that we can make sure we have the right address for these members in our system. And just reminding you again, those members who are Medicare eligible, they have to contact Social Security Administration to update their address. That's going to be part of our communications with our members.

The other thing -- and this really is the last thing, Dr. Spitalnik, before we hand it back to you. The other thing we really wanted you to be aware of is we talked in April a little bit about our plans for getting the message out about the unwinding. So we've made a bunch of progress there since the last time we spoke. We've prepared materials that will help inform members and providers about the unwinding. We've got two key messages. This has not changed since we spoke to you before. Number one, call us to update your contact information; and number two, watch for mail from New Jersey FamilyCare and make sure to reply

on time to that mail.

As Greg mentioned, when the Public Health Emergency ends, we will have 12 months to do that outreach work, so not everybody is going to get a renewal packet right away. But we do need folks to keep an eye out for when it is coming. So we've got some paper posters and fliers that we're going to be able to provide and offer that same information digitally to share with members directly through our MCO partners and then through other community partners, including providers and community-based organizations who are represented here.

We've got a landing page which is coming very soon to the DMAHS website. You'll see that go live in coming days, and it will appear as a hot topic on our front page. And here is a little bit of a sneak preview. A lot of credit goes to Nadia Glenn and Sam Krause, the FamilyCare outreach team; and Tom Hestor and his team at DHS for helping us get these materials together. This is the general look and feel of the materials. We hope that you'll be able to use them in your organization. We've given you an example here of where we would love to see posters up in provider offices, just as an example. But we also want you to help us spread the word here in a modern way, which is

through social media. So you'll see some of these posts coming from with us, really with the intention of just sharing that key message to make sure that folks are updating their contact information with us and reading their mail from us.

So that's the bottom line here on unwinding. A lot of work, Dr. Spitalnik and MAAC members, a lot of work must continue behind the scene here as we prepare for the end of the Public Health Emergency, whenever that is. But we're committed to keeping you updated on all of that behind-of-scenes work and some of this more visible stuff as we go.

So, Dr. Spitalnik, let me hand it back to you now.

DR. SPITALNIK: Thank you both so much. And while I ask for questions from the MAAC, I would ask, Assistant Commission, you look at the Q and A questions or Greg about the timeline.

Are there questions or comments from the MAAC about the unwinding?

MS. ROBERTS: Just a comment to say thank you for all the great work that you're doing. There's so much that we don't know. And just one -- and I know it's important to get information out there, for sure, and the stuff that you just put on the screen looks

really good. I just wonder for some of the families that we deal with, since the Public Health Emergency isn't ending soon. We don't know when it will end, but it's not going to be ending next week. Some of them may think about renewal packets, "Oh, I should be getting it next week. Where is it? I didn't get it yet." So I don't know if there's a way to add something to indicate that for the people who are overly concerned, very conscientious, that they shouldn't worry that they didn't get a packet right away.

MS. JACOBS: Yes. This has been a challenge I've been talking with the team about and also we've been talking with other Medicaid agencies about, our counterparts in other states. Everybody feels like you want everyone paying attention to this high alert, then the PHE doesn't end. But you still want everybody paying attention to it but you don't want them worrying. And it's a little bit tricky. So that's why we've really just tried to focus our message on make sure we have your updated contact information, answer our mail. We hope that you'll help us sort of continue to communicate with folks that there's nothing to worry about right now. And we really tried to be a little bit low-key about this since we determined that the PHE

will not be ending in July. But thank you for your help all along here in helping folks understand what's really going on. As we get the sense of when it will end, we can sort of shift into a higher gear where we're saying we're thinking about a Phase 2 communications, "Hey, we really need you to pay attention now." Right?

And just to answer a question that popped up in the Q and A here -- thanks for pointing me in that direction, Dr. Spitalnik. The question was really about when people will receive the mailing based on where they fall in the 12-month project we have to do. Maggie Roth is asking the question. And Maggie said, "Is it typically about two months before the end of their eligibility period?" And that's about right. There is a process that goes on where sometimes we have some information but not all the information that we need. And there's a little bit of back-and-forth between that person and the county. Ideally, that takes around two months. So that's when folks would see it, but they don't always know when the end of their eligibility is. So that's really only helpful for those who are paying the most attention and know when they were last determined eligible. But that's what that timeline looks like.

And then there was also a question about when posters would be available. We're getting that site online very shortly, so then we will look for your help getting the word out.

DR. SPITALNIK: Let me echo that about the help. I think all of us on the MAAC feel a responsibility to be ambassadors of information and share that with our constituencies.

Are there other questions or comments about the unwinding of the Public Health Emergency?

Hearing or seeing none, our final agenda item is planning for our next meeting, which is October 27th. I think I may have misspoken and wanted to spend a Saturday with all of you in the fall, but it's October 27th.

And from my notes, at a minimum, a follow-up for our next agenda on the implementation WorkAbility and stakeholder input, the member phasing materials on access to pediatric care, and any of the detailed guidance around the Public Health Emergency. As we have said in a variety of time frames, we hope we will know by then when the emergency is lifted.

From members of the MAAC, are there other things that we should add to our agenda for our October 27th meeting?

MS. COOGAN: This might be part of the general updates in October, but there were some questions about salary increases for providers. And I know, Jennifer, you said there are certain paperwork that has to be done, certain processes, so maybe we can just get an update on where those rollouts are in October. Thank you.

DR. SPITALNIK: Thank you.

Bev Roberts.

MS. ROBERTS: It would be great if we could get an update on the new disability information hub across agencies that the Commissioner mentioned, which I'm very excited about.

DR. SPITALNIK: Thank you.

Wayne.

MR. VIVIAN: Abortion. I know that New Jersey has access codified abortion. Access is one thing, but who pays for it is another. I don't know. Does the Supreme Court's decision affect New Jersey's FamilyCare's ability to pay for abortions in the future?

MS. JACOBS: I think we're going to have to come back to that topic, if you don't mind. There's a lot of moving parts there right now. And I would like to make sure that we cover the topic completely and

accurately for you.

MR. VIVIAN: That's fine. Thank you.

DR. SPITALNIK: We'll keep track and make sure.

Are there other suggestions?

MS. ANGELINI: By that date, by October 27th, I'd love to see just how the 988 rolled out.

DR. SPITALNIK: Thank you, Mary Pat.

Others?

This is a good preliminary list as things will emerge. Of course, we'll take input as we get to that point.

I just want to acknowledge the incredible effort on so many fronts that the Division of Medical Assistance and Health Services puts into all of the huge aspects of the program on behalf of our 2 million fellow citizens who are beneficiaries. And also thank you and acknowledge your focus on key principles and North Star principles. It could be very easy to get lost in the crush of detail that you need to attend to. So I really, on behalf of the MAAC, want to express our appreciation.

As we mentioned earlier, the PowerPoint presentation for this meeting and prior meetings are available on the DMAHS website. And I'll take a big

breath and let you know that the address for that is https://www.state.nj.us/humanservices/dmahs/boards/maac.

And having exhausted my respiratory capacity with that, do I have a motion to adjourn?

MS. COOGAN: Motion to adjourn. MS. ANGELINI: Second.

DR. SPITALNIK: I'm going to assume there are no abstentions. We give you back five more minutes to your summer or your workday.

Thank you to DMAHS, the Department. Again, welcome Deputy Commissioner Asare. And thank you to everyone on the MAAC, and particularly to the over 200 stakeholders who participated in this meeting today.

Wishing everybody good health, a safe summer, and we look forward to seeing you again on October 27, 2022. Good summer, everyone. And, again, thank you.

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 transcript of the proceedings as recorded.

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