1 MEDICAL ASSISTANCE ADVISORY COUNCIL MEETING 2 Via Zoom Videoconference 3 July 12, 2022 10:00 a.m. 4 FINAL MEETING SUMMARY 5 6 7 MEMBERS PRESENT: Deborah Spitalnik, Ph.D., Chair 8 Mary Pat Angelini Chrissy Buteas 9 Mary Coogan Beverly Roberts 10 Wayne Vivian MEMBERS NOT PRESENT: 11 Sherl Brand 12 Theresa Edelstein Dorothea 'Dot' Libman 13 14 ALSO PRESENT: Sarah Adelman, Commissioner, 15 NJ Department of Human Services Lisa Asare, Deputy Commissioner, 16 NJ Department of Human Services Jennifer Langer Jacobs, Assistant Commissioner, NJ Division of Medical Assistance & Health Services 17 Greg Woods, Chief, Innovation Officer, 18 NJ Division of Medical Assistance & Health Services Carol Grant, Deputy Director, NJ Division of Medical Assistance & Health Services 19 20 Transcriber, Lisa C. Bradley 21 THE SCRIBE 6 David Drive 22 Ewing, New Jersey 08638 (609) 203-1871 23 The1scribe@gmail.com 24 Slide presentations conducted at Medical Assistance Advisory Council meetings are available for viewing at 25 Http://www.state.nj.us/humanservices/dmahs/boards/maac/

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1	DR. SPITALNIK: Good morning. I'm Deborah	1	Commissioner, thank you for being with us.
2	Spitalnik, Chair of the New Jersey Medical Assistance	2	Thank you for your leadership through these turbulent
3	Advisory Coucil (MAAC). It's my pleasure to welcome	3	times, including the budget. Welcome, and we look
4	you to this July 12, 2022 meeting which is being conducted virtually.	4 5	forward to your remarks.
5 6	This meeting has been noticed in compliance	6	MS. ADELMAN: Good morning. Thank you, Dr. Spitalnik. It's a pleasure to join you all this
7	with the New Jersey Open Public Meetings Act. We're	7	
8	delighted that in addition to the MAAC members, we're	8	morning. I see first on the agenda here, it's my
9	up to over 150 members of the public. Let me explain	9	great honor and privilege to introduce our new Deputy
10	our process in this virtual environment, very similar	10	Commissioner Lisa Asare, who is joining the meeting
11	to our process in the day when we met in public.	11	this morning for the first time as a Department of
12	After each segment, I will open the floor	12	Human Services employee. So please join me in
13	for the MAAC members and departmental staff to make	13	welcoming Deputy Commissioner Asare who will serve as
14	comments or ask questions. We regret that the limits	14	Deputy Commissioner of Health Services here at the
15	of technology make it impossible to have live questions	15	Department, overseeing the Division of Medical
16	from the public, but I urge all our stakeholders to	16	Assistance and Health Services as well as the Division
17	take advantage of the question-and-answer box at the	17	of Mental Health and Addiction Services and will help
18	bottom of our screen. We will do our best to answer	18	lead our Department's work on First Lady Murphy's
19	those questions that can be answered, and I want to	19	Nurture New Jersey Maternal Health Initiative. She
20	assure everyone that the Division of Medical Assistance	20	will also be supporting our Catastrophic Illness in
21	& Health Services (DMAHS) staff makes note of each	21	Children's Relief Fund. We are very excited to welcome
22	question and forwards it appropriately in between	22	Lisa from the Department of Health where she served as
23	meetings. I'll now review our agenda.	23	Assistant Commissioner for the Division of Family
24	So in a moment, we will have introductions.	24	Health Services and oversaw public health programs,
25	We'll go to the approval of the minutes. I'm delighted	25	including their Maternal and Child Health, Special
	3		5
1	that Commissioner Sarah Adelman is with us today to	1	Child Health, and Early Intervention services, and the
1 2	that Commissioner Sarah Adelman is with us today to provide comments and updates. We'll then go to NJ	1 2	Child Health, and Early Intervention services, and the Women's Infant and Children's (WIC) Program at the
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1	including many here at Human Services as well as making	1	be partnering to administer a number exciting programs.
2	a massive investment in ANCHOR, the property tax relief	2	And we'll have more to share regarding these
3	program, over \$2 billion in relief to over 2 million	3	initiatives soon.
4	homeowners and renters statewide.	4	The budget also includes funding for 988.
5	We are very excited that the budget	5	We announced yesterday hopefully, you saw our
6	continues to prioritize initiatives at Human Services	6	release that next Monday, June 16th, that 988 will
7	that support New Jersey in every stage of life. New	7	launch. This is the new three-digit dialing code for
8	and ongoing investments in services supports and	8	the National Suicide Prevention Lifeline. And this
9	opportunities for individuals we serve across the	9	number replaces the existing phone numbers in New
10	Department, those with disabilities, older adults,	10	Jersey to create an easy-to-remember number for people
11	families in need of affordable child care and health	11	to call when they're experiencing mental health crisis
12	care, individuals with substance use and mental	12	or contemplating suicide or for someone who is
13	conditions, youth mental health initiatives and, of	13	concerned about a loved one who may be in crisis. So
14	course, the new Americans that we serve and welcome as	14	beginning next week on July 16th, the 988 line will be
15	our neighbors.	15	available for calls, texts, and chat. It will be
16	So we are making a number of critical wage	16	available 24/7, seven days a week. And to support 988,
17	enhancements for the social service provider safety net	17	our budget this year includes nearly \$29 million to
18	which is really the backbone of so much of the work	18	support the launch, including our infrastructure and
19	that we do and fund through our programs and services	19	services that some callers may be connected to when
20	in the communities. We are excited to be able to	20	they dial 988.
21	continue to provide at least a dollar or more in each	21	We are also increasing rates for providers
22	of these areas across our Department to help keep up	22	that provide diversion beds for individuals with mental
23	with and be ahead of the increasing minimum wage year	23	health conditions at risk of hospitalization to up to
24	over year and to make the social services sector	24	\$745 per day. This is a more than \$1 million increase
25	competitive and attractive for the workforce.	25	that is vital to help support and maintain the
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1	For our direct support professionals, we are	1	availability of these beds.
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	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		availability of these beds.
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	10	<u> </u>	10
	10		12
1	or who may have turned out because of challenges	1	share more information about this with you all soon.
2	affording their premiums. So through those efforts, we	2	This will create a single place online for individuals
3	have added many, many children to the Medicaid rolls	3	with disabilities to go and search for anything that
4	this year and are excited to continue our expansion in	4	they may need across state agencies in one
5	FY 2023 with nearly \$11 million to continue this work	5	easy-to-access-and-navigate website. We think this
6	and expand it to children who are income eligible for	6	will help improve access to needed services, especially
7	Medicaid but may not have previously been eligible	7	as people transition between the youth and adult system
8	because of their immigration or documentation status.	8	and need to understand different places across the
9	So the expansion of eligibility to this population is	9	State where they can access services.
10	currently slated to go live in January.	10	The budget also includes more than 9 million
11	We're also continuing to invest in	11	to continue our day program rate increases in our
12	childcare. I talked about some of the worker wage	12	Division of Developmental Disabilities and 7 and a half
13	enhancements for childcare. But in addition to that,	13	million to increase residential rates for providers of
14	the budget also includes \$48 million in our funding to	14	individuals with intellectual/developmental
15	continue enrollment-based payments for childcare	15	disabilities (I/DD). We also bring in more than \$16
16	providers. At the beginning of the pandemic, we made a	16	million in new federal funding to support this
17	decision because of fluctuations in childcare	17	community.
18	attendance as a result of COVID, we made a decision pay	18	The budget also includes nearly \$7 million
19	childcare providers based on their enrollment prior to	19	to increase our PAAD Program. You may remember last
20	COVID rather than their attendance. So this funding	20	year we increased the income limits for eligibility for
21	allows us to continue those enrollment-based payments	21	both PAAD and Senior Gold by \$10,000, allowing us to
22	while we plan for the future.	22	serve thousands more seniors through this program. So
22		22	
	The budget also includes \$1.7 million to		this budget includes new money to annualize the new
24	increase behavioral health rates for pediatric	24	eligibility limits. It also includes \$4 million for
25	behavioral health for psychiatric evaluation,	25	our area agencies on aging or aging and disability
	11		13
1	outpatient therapy, and partial care. This is nearly a	1	resource centers in the county to help expand the
2	outpatient therapy, and partial care. This is nearly a \$5 million investment with federal funds and allows us	2	resource centers in the county to help expand the availability of staff who can sign up seniors who may
2 3	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	2 3	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
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	14		16
1	an additional \$640 million over the next 18 years	1	So thank you very much, Dr. Spitalnik, for
2	through settlements from opioid manufacturers and	2	the time, and I'm happy to turn back over to you.
3	wholesalers. We'll have more to share with you all	3	DR. SPITALNIK: Thank you so much,
4	soon about this work, but our Department will be	4	Commissioner. And thank you for this very optimistic
5	announcing some funds that we're receiving over the	5	news. It's deeply appreciated.
6	summer and partnerships with other state agencies for	6	And welcome, Deputy Commissioner. My gasp
7	the use of those funds. We also continue to work with	7	when you said you were leaving the Department of Health
8	our partners in the Legislature over how to use these	8	turned into a smile when I learned that you were coming
9	funds in the future.	9	to Human Services. So we look forward to working
10	The budget also includes an additional one	10	together.
11	and a half million dollars to increase legal services	11	And again, Commissioner, thank you for your
12	for unaccompanied minors and youth in our Office of New	12	leadership in all this ongoing work and this brighter
13	Americans. We have historically invested in legal	13	future.
14	services to assist individuals facing deportation	14	With this, I will ask any of the members of
15	through ONA. This initiative helps expand access for	15	the MAAC if they have any questions to either raise
16	these unaccompanied minors. New Jersey has seen an	16	their hand or just unmute. Apologies about not
17	increase in these children over the last year, and	17	introducing earlier. I will do that after we finish
18	we're excited to be able to invest in this program to	18	with questions for the Commissioner.
19	better serve these children.	19	Are there any questions or comments from the
20	The budget also includes funding for the	20	MAAC for the Commissioner?
20	continuation of our Excluded New Jerseyans Fund, which	20	MS. ROBERTS: Thank you very much,
22	is a program that helps support individuals who were	22	Commissioner. This was a really very, very good news
23	excluded from federal stimulus related to the pandemic.	23	report that you just gave. Very exciting.
23	Along with wage enhancements for homeless	23	One very quick question. Do you have any
25	shelters, we continue to invest in our homeless shelter	25	idea on the new disability information hub that's going
	15		17
1	15 by maintaining rate increases that we initiated last	1	17 to be created, a target amount of time before we will
1	by maintaining rate increases that we initiated last	1	to be created, a target amount of time before we will
2	by maintaining rate increases that we initiated last year and adding more than \$2.9 million to increase our	2	to be created, a target amount of time before we will have more information on that?
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	18		
1	who can help play a role in improving and expanding	1	health care workforce moving forward. Thank you.
2	youth mental health services. So thank you for your	2	DR. SPITALNIK: Thank you. I'm Deborah
3	comments, and I'll share them with my colleagues as	3	Spitalnik, and my day job is Director of Boggs Center
4	well.	4	on Developmental Disabilities.
5	DR. SPITALNIK: Thank you, Mary Pat.	5	Now that we have a quorum, we can move to
6	Other comments or questions?	6	approval of the minutes of our last meeting, which was
7	Hearing none. Again, I thank the	7	April 28th of this year. Do I have any comments or
8	Commissioner. I thank the Deputy Commissioner for	8	corrections to the minutes?
9	being with us. And thank you to Assistant Commissioner	9	MS. ANGELINI: Move to accept, as presented.
10	Mielke who has been with us behind the scenes here and	10	DR. SPITALNIK: Thank you so much.
11	will be leading so much of this effort.	11	Second?
12	With that, let me do a few pieces of	12	MS. ROBERTS: Second.
13	business that I neglected in my excitement about moving	13	DR. SPITALNIK: All those in favor?
14	to the Commissioner's remarks. I want to announce	14	MAAC MEMBERS: Aye.
15	that, as always, the PowerPoint slides are listed on	15	DR. SPITALNIK: Any nays? Abstentions?
16	the Division of Medical Assistance and Health Services'	16	The minutes are approved, as read. And as
17	website. And you will find them certainly by this	17	always, our thanks to Phyllis Melendez for coordinating
18	afternoon as well as previous ones.	18	this and to Lisa Bradley for her excellent
19	I was remiss in not introducing my	19	transcription.
20	colleagues. The upside of that is that we now have	20	We will now move forward on the agenda.
21	more colleagues to introduce.	21	Before I do, Assistant Commissioner, is there anything
22	So, Sam, if you could highlight the members	22	you want to respond to in terms of the questions? I
23	of the MAAC. And I will ask people to, in sequence, to	23	don't know if the Commissioner is still with us, but
24	unmute and introduce themselves. So I'll ask Mary	24	some of them are specific to Medicaid.
25	Coogan, Bev Roberts, and Wayne Vivian to introduce	25	MS. JACOBS: They are. And a little bit
	19		21
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2	yourselves as members of the Medical Assistance Advisory Committee.	2	detailed as well, Dr. Spitalnik. So we've gotten a couple of questions, for example, about traumatic brain
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	22		24
1	22	4	24
1	total enrollment had increased to about 2.5 million, as	1	a key priority for us, and that work around
2	you can see on the graph. That's quite a significant	2	implementation is well underway.
3	increase since the pandemic began in March of 2020.	3	That said, as I think I shared with this
4	That represents growth of a bit less than 500,000	4	group back in April, there is some significant
5	members or 28 percent or around 28 percent in	5	complexity related to the implementation of this
6	percentage term. And as you can see from the graph,	6	legislation. And, unfortunately, this is not a case
7	this represents a continuation of the trend that we've	7	where it's just a matter of flipping a switch and the
8	seen for some time now.	8	program is implemented. There is some significant
9	As we've discussed with this group before,	9	design and implementation work that we need to manage
10	there are numerous potential factors driving this	10	here.
11	trend, but we think that the most important one is the	11	So just to talk about that in a little bit
12	continuous enrollment requirement of the federal public	12	more detail. First, in particular, we believe that we
13	health emergency, which as a reminder, says that	13	are required by federal law to incorporate a premium
14	members with some very limited exceptions are not being	14	for certain higher-income groups that are newly
15	disenrolled from NJ FamilyCare coverage during the	15	eligible under the NJ WorkAbility expansion as part of
16	emergency. So we think that's the biggest driver of	16	this legislation.
17	enrollment growth. And, of course, whenever the	17	I do want to acknowledge we have received
18	Federal Public Health Emergency ends, we would expect	18	some questions very recently from certain stakeholders
19	this trend to change. And later in today's	19	about whether that is, in fact, the federal
20	presentation, we'll be discussing some of our planning	20	requirement. And I will just say that is our best
21	for that transition, so stay tuned for that.	21	understanding of what the federal rules are, but we're
22	DR. SPITALNIK: Thank you.	22	continuing to consult with our federal partners on that
23	Any comments or questions from the MAAC	23	point. But working under that assumption, coming up
24	about the enrollment data?	24	with a premium schedule that's compliant with all of
25	Hearing or seeing none, Greg, we'll continue	25	our statutory and regulatory requirements and is also
	23		25
1	to rely on you for policy implementation.	1	equitable, promotes access for all members, and is
2	to rely on you for policy implementation. MR. WOODS: Thank you.	1 2	equitable, promotes access for all members, and is operationally feasible is challenging. To be clear, we
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	26		20
4	26	4	28 some separate stakeholder meetings specifically on this
1	which I'm going to talk more about in a minute, which is something that has been in the works for several	1	
2	years and was ultimately approved by our federal	2	topic where we can really dive deeply into the weeds
4	partners last fall, we're just completing full systems	4	and bring various subject matter experts from different parts of our organization to talk to advocates and
5	implementation and testing now and will be fully in	5	stakeholders around implementation of this legislation.
6	place in the coming months. So that's one example of	6	And I probably should pause here and say thank you to
7	the timeline and challenges we see when we make changes	7	Dr. Spitalnik who made the suggestion, which we thought
8	to eligibility systems.	8	made a lot of sense, to have a separate group
9	Another example that we're also going to	9	specifically focused on implementation of this
10	talk about later today is our Cover All Kids Initiative	10	legislation.
11	which the Commissioner alluded to, which was announced	11	So please stay tuned for more information
12	as the Governor's priority more than a year ago, that	12	about when the first of those meetings will be. And I
13	also requires significant changes to our eligibility	13	will say please feel free to reach out to me or anyone
14	systems, and we're currently in development on some of	14	here who is part of our panel today if you want to make
15	those changes with targeted go-live dates around the	15	sure you or your organization is included or want to
16	beginning of next calendar year.	16	make other suggestions about who should be part of
17	So I just say this to underscore we	17	those discussions.
18	recognize the importance of NJ WorkAbility. We are	18	DR. SPITALNIK: Could I just ask if there
19	treating it as a critical priority, but sometimes these	19	are any comments from the MAAC about WorkAbility at
20	implementations, this kind of thing, setting it up, it	20	this point?
21	does take time.	21	MS. ROBERTS: So I just mainly want to thank
22	So with that said, I do want to make a	22	you very much, Greg, and also Dr. Spitalnik. The issue
23	couple of points. First, I want to just mention and	23	of having a particular workgroup that could look at and
24	I know this came up in a question, I believe, in our	24	have input into what's happening with NJ WorkAbility
25	last MAAC meeting we are currently thinking through	25	implementation, I think is an excellent idea and will
	27		29
1	in a lot of detail how to handle potential different	1	be very, very helpful. And I absolutely want to
2	timelines and overlaps between implementation of the NJ	2	participate in that workgroup.
3	WorkAbility changes and the forthcoming unwinding of	3	DR. SPITALNIK: Thank you, Bev.
4			, ,
	the Public Health Emergency. And as we're going to	4	Any other comments? Questions?
5	the Public Health Emergency. And as we're going to discuss, we don't know when exactly when the Public	4 5	
5 6	discuss, we don't know when exactly when the Public	-	Any other comments? Questions? MR. VIVIAN: Thank you, Greg. My concern is I can't see the whole screen because the faces are
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4	34	4	
1	be fully in place for all of our pregnant members by	1	multiple systems to interface with each other and for
2	the time the Public Health Emergency ends.	2	us to correctly identify the codes that indicate
3	And I'd just like to give a brief update on	3	eligibility, so it's taken a bit more time. However,
4	where we stand in that work. To dive a little bit into	4	the system's development for this group is fully
5	some of the technical weeds here, we bucketed this work	5	underway and we expect it to be fully in place by the
6	out into a couple phases which we've labeled on the	6	time the Public Health Emergency ends, whenever that
7	slide Phase 1 and Phase 2.	7	is.
8	So Phase 1, which is now largely complete	8	I will stop there and hand off to Lynda
9	and built, addresses members who are eligible as part	9	Grajeda who I think is going to talk about some of our
10	of a pregnancy eligibility category. That's to say	10	implementation around network adequacy and recent
11	they're in one of our eligibility categories that's	11	legislation around that.
12	specifically for individuals who are pregnant. I	12	DR. SPITALNIK: Let me just pause before we
13	should say members in that situation represent about	13	go to Lynda.
14	two-thirds of the members affected by this policy	14	Are there any comments or questions for Greg
15	change, so that's the majority. And for that	15	from the MAAC?
16	population, relatively speaking, it's fairly	16	MR. VIVIAN: I don't know if this is the
17	straightforward to implement this change. Previously,	17	place to ask or not, but it's my understanding that the
18	members in those pregnancy eligibility groups would	18	federal government has to approve Social Security,
19	automatically receive 60 days of continuous eligibility	19	Medicare, and Medicaid every five years. Is that true?
20	at postpartum. So in effect what we needed to do here	20	MS. JACOBS: Do you want me to take that,
21	was to change that parameter in our systems from 60	21	Greg?
22	days to 365 days. So that's relatively	22	MR. WOODS: Sure.
23	straightforward.	23	MR. VIVIAN: My question is if the Feds make
24	Phase 2, which is in active development now	24	a significant cut to Medicaid like they're always
25	and we expect to be in place in the coming months,	25	threatening to, is New Jersey's position to continue to
	35		37
1	addresses implementation for a smaller share of	1	provide the level of services that you're offering here
2	pregnant members and is considerably more complex. So	2	in this year's budget if the federal government makes
3	these are members who, while they are pregnant, are not	3	major cuts to Medicaid?
4	in a pregnancy eligibility group. So they are eligible	4	MS. JACOBS: Wayne, let me jump in there.
5	for NJ FamilyCare on some other basis, they are	5	Greg, feel free to fill in. Your question about how
6	pregnant. For instance, they might be in the	6	frequently we are doing eligibility or maybe I
7	eligibility group for parents or for childless adults.	7	misunderstood. Were you talking about the timeline on
8	And also, they may not have formally notified Medicaid	8	the waivers or the timeline on individual eligibility?
9	that they are pregnant. So for these members and ${\rm I}$	9	MR. VIVIAN: I'm talking about the waivers.
10	should be clear that the policy extends to all Medicaid	10	MS. JACOBS: I think it's difficult for us
11	members who are pregnant regardless of whether they are	11	to anticipate what the future might look like, but the
12	in a pregnancy eligibility group or not. For these	12	conversations we're having with CMS right now around
13	members, what we need to do is rely on the claims data	13	our waiver proposal are very positive. So you never
14	that we received to determine if the member was	14	know which way things will go in the future. New
15	pregnant and qualifies for an additional 12 months of	15	Jersey always wants to be on the cutting edge of
16	coverage after the pregnancy ends. So for this group,	16	Medicaid and all other human services, so
17	what we will be doing is we'll be monitoring all of the	17	philosophically that's where we are. But in the
18	claims that we receive. And if, for instance, we see a	18	conversation with CMS now, we're feeling really good
19	claim if we have a member and a claim appears that	19	how about how they're hearing our various proposals and
20	shows a birth today on July 12, 2022, we would take	20	their support for what we think looks like best
21	that information, that claim, and our system would then	21	practice in the nation.
22	automatically update the mother's eligibility and	22	But, Greg, feel free to jump in there.
23	extend it through July of 2023.	23	MR. WOODS: I very much agree with that. I
24	As you might imagine, this Phase 2 group is	24	think generally our renewal proposals have been
25	considerably more complicated to implement and requires	25	positively received by our federal partners.

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1	MR. VIVIAN: I agree. You've done a great	1	that.
2	job here; there's no doubt about it. My concern is if	2	We have updated the pediatric specialty
3	the Feds do major cuts to Medicaid, is New Jersey's	3	standards so that we are fully consistent with Senate
4	position to continue your great plan here in that	4	Bill 3000. We have implemented new reporting
5	instance?	5	requirements and time frames around grievances which is
6	MR. WOODS: I would just say I think this	6	when a member has a non-clinical complaint or a
7	puts in a really solid	7	complaint about what's going on with their Managed Care
8	MR. VIVIAN: Greg, I guess what I'm asking	8	Organization and really specifically in this case with
9	you is would New Jersey kick in the extra dollars to	9	respect to the network that is available through their
10	continue with this array of services?	10	Managed Care Organization.
11	MS. JACOBS: That's tens of billions of	11	I just want to pause here and say in this
12	dollars that you talking about in a hypothetical,	12	implementation process in talking with our
13	Wayne, that I don't think is realistic. We're talking	13	stakeholders, we've been asked to provide some
14	about a different administration. We're in a different	14	refreshed materials around how somebody can submit such
15	reality. This administration has been very supportive	15	a grievance. So, for example, if you were to go out on
16	of the work that we've proposed. And I think for the	16	Google right now and search New Jersey Medicaid
17	foreseeable future, we have no major concerns about the	17	grievance, you would see the member handbooks for our
18	federal government's support of our program.	18	five Medicaid Managed Care Organizations. You could
19	MR. VIVIAN: Thank you.	19	also get through that, obviously, through our website.
20	DR. SPITALNIK: Other questions?	20	But the grievance processes are described there. A
21	Did you want to say something else, Jen?	21	little bit different wording for each of the five MCOs.
22	MS. JACOBS: Yes, Dr. Spitalnik. I was	22	What we intend to do is to work with our MCOs to update
23	going to tell you that I feel I need to do my best	23	those sections of the member handbook so it is all very
24	Lynda Grajeda impression because it seems that Lynda	24	clear and is as consistent as we can be, and then also
25	has lost her internet connection. That is going to be	25	to provide a single page, here is the program-wide
	39		41
1	challenging for me because Lynda is both smarter and	1	shortcut for how to submit a grievance if you're having
2	funnier than I am, but I'm going to do my very best	2	an issue with your Managed Care network or any other
3	with it if that's okay with you. DR. SPITALNIK: Of course. And we're	3	issue with your Managed Care. So we already have done a little bit of work around the reporting requirements
5	appreciative. We welcome Lynda back. I know how	4 5	for the MCOs. Now we will move on to that member
6	frustrating and terrifying that is in the middle of the	6	phasing material.
7	Zoom.	7	We have added to the contract sanctions for
8	Thank you for walking us through the access	8	specific new sanctions for deficiencies in Managed Care
9	to pediatric primary and specialty care.	9	networks. We recognize that there will be times when a
10	MS. JACOBS: It's my pleasure. And to my	10	Managed Care Organization is attempting to negotiate
11	colleagues on the DMAHS side, if you see Lynda jump on	11	with a provider and a good-faith negotiation is
12	while I'm talking here, please feel free to interrupt.	12	occurring, but the deal has not been sealed. And so
13	So the first thing we wanted to talk about	13	the MCOs will need an opportunity to tell us about that
14	from the Managed Care side of the house was about a new	14	good-faith negotiation, so we put some specific process
15	initiative to ensure access and availability of	15	around that.
16	pediatrician primary and specialty care providers for	16	Finally, as many of you know, it has always
17	our members who are enrolled in Managed Care	17	been the case that Managed Care Organizations are
18	Organizations, which is virtually everybody at this	18	responsible for providing specialty care that our
19	point. And really specifically, we are implementing	19	members need regardless of whether or not that care is
20	Senate Bill 3000, which codifies some existing network	20	available in their network. We refer to that as a
21	adequacy standards and enhances those standards, and	21	single case agreement or a non-participating provider
22	we're really excited about this work. It's opened up	22	agreement. Those have always existed. But what we are
23	some new opportunities around monitoring access to	23	doing in the context of this new law is being very
24	care, and we have already put some new contract	24	deliberate about clear and specific guidance on when
25	language into effect. So we wanted you to be aware of	25	and how those need to be implemented, and we'll be

	42		44
1	monitoring that as well.	1	DR. SPITALNIK: Thank you.
2	Some other actions that we've taken, for	2	Other comments or questions?
3	your awareness, also in the contract we've updated the	3	There was a question in the chat about MCO
4	certification requirements when an MCO submits their	4	quarterly network analysis. Will they be posted for
5	network to us. Their chief executive is certifying	5	public view?
6	that that submission is true and accurate. We've	6	Assistant Commissioner.
7	updated our county geographical designations to match	7	MS. JACOBS: There are some very specific
8	what was included in Senate Bill 3000. We're doing	8	requirements in Senate Bill 3000 for what will be
9	ongoing monitoring of adherence to those new standards.	9	publicly available. We have to focus there first,
10	That's going to be a process as we have been	10	obviously, for compliance with that new law. And then
11	implementing this and sort of getting new eyes on or a	11	we'll continue to expand out as we're able to. The
12	new look on the networks. And then finally, we've	12	submissions that come in on a quarterly basis are
13	enhanced our requirements for that submission of data	13	enormous. The analysis that goes with them for each
14	on a quarterly basis and the process that the MCOs use	14	MCO and this is a huge credit to Hope Merante (ph)
15	to evaluate their networks and document for us where	15	and her team inside the Managed Care operations team
16	they believe they're compliant and noncompliant.	16	the amount of analysis, just the sheer number of pages
17	Transparency was a very important part of	17	and spreadsheets that's involved is extremely
18	Senate Bill 3000. There are a number of places in the	18	voluminous. But we're committed to transparency, so we
19	legislation where specifically we stated that we will	19	will start with what you see in Senate Bill 3000 and
20	be providing transparency into MCO reporting, and so	20	then we'll continue to move on as we're able to.
21	that will happen. The first step into transparency is	21	DR. SPITALNIK: Thank you.
22	sharing with you the contrast with the amendments that	22	Other comments or questions?
23	reflect Senate Bill 3000, and that will be posted	23	Thank you so much. And I would add my
24	online as soon as we have final approval from CMS.	24	thanks and appreciation.
25	So that's where it is right now. And we'll	25	As we move to the item of transition from
	43		45
1	be happy to answer any questions on that subject. In fact, let me pause here, Dr. Spitalnik, and see if you	1	Fee For Service for Managed Care for nursing residents, will the role of Lynda be played by either Jen or Greg?
3	wanted to have a discussion with the MAAC.	3	MS. JACOBS: I think that will be me again.
4	DR. SPITALNIK: Thank you so much for	_	I don't see Lynda yet.
5		-	
-	stepping in, of course.	5	
6	stepping in, of course. Are there questions from members of the	5 6	So just a quick update for you. When we met
6 7	Are there questions from members of the	_	So just a quick update for you. When we met in April, we talked to you about how we had a small
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7	Are there questions from members of the MAAC? Please either raise your hand or unmute.	6 7	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
7 8	Are there questions from members of the MAAC? Please either raise your hand or unmute. MS. ROBERTS: First of all, thank you so	6 7 8	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
7 8 9	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	6 7 8 9	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
7 8 9 10	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	6 7 8 9 10	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,
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	40		40
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1	best positioned to help us, make sure that we can	1	have now been fully vetted internally and approved and
2	coordinate services effectively for people. So those	2	the technical build is underway. We're keeping an eye
3	care managers will be reaching out to members and their	3	on the future, as has been indicated, early in next
4	caregivers to schedule an in-person visit to do	4	year.
5	person-centered care planning. That's how MLTSS works.	5	The fifth meeting of the Cover All Kids
6	The care manager comes to you and has a conversation	6	working group was held on June 23rd and included a
7	about what your personal goals are and your preferences	7	discussion of best practice outreach and enrollment
8	and your needs and what kind of support you have or	8	efforts from other states led by the Center For Health
9	don't have wherever it is you're living. So, for	9	Care Strategies. The featured presentation was a
10	example, a nursing facility resident may have family	10	review of Oregon's communication toolkit as a possible
11	coming to visit who they consider caregiver support.	11	model for New Jersey.
12	They may not. So each person's person-centered care	12	We've done a remarkable job, I think, of
13	plan will reflect their own personal reality, the needs	13	enrolling kids in New Jersey FamilyCare over the years.
14	they might need, the services they're looking for, and	14	We're sort of down to making sure that we have systems
15	what their preferences are around that. So we just	15	and process that enables us to identify kids going
16	wanted to follow up because we had this conversation in	16	forward, not just now, but ongoing. How do we best
17	April, make sure you were aware that this has occurred	17	reach reluctant families, families who are unable to
18	and everybody moved over now to Managed Care. I think	18	follow through? How do we look at this? So we're
19	we have July 1 and August 1 effective dates. But we're	19	using all of the subject matter expertise we have in
20	now in the new chapter where everybody is enrolled in	20	the working group to help us do that. And we are in
21	Managed Care.	21	the process of developing a communications toolkit that
22	Any questions about that?	22	can be used for this purpose now and in the future.
23	DR. SPITALNIK: Hearing or seeing none,	23	While the working group will be on hiatus
24	thank you so much Assistant Commissioner.	24	over the summer, they have been meeting monthly since
25	We now turn to Carol Grant, Deputy Director	25	earlier, but we're not going to be idle. We are
	47		49
1	of the Division of Medical Assistance and Health	1	establishing two smaller task groups that are going to
1 2	of the Division of Medical Assistance and Health Services, with an update on Cover All Kids.	1 2	establishing two smaller task groups that are going to continue to meet on the development of New Jersey's
	of the Division of Medical Assistance and Health Services, with an update on Cover All Kids. Carol, good morning and welcome.		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
2	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	2	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.
2 3	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	2 3	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,
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1	MS. JACOBS: Dr. Spitalnik, I just want to	1	they address the concerns that our members raise in
2	thank Carol and this team because they've really been	2	real time. And those concerns from our members, which
3	very creative about this. We've been working closely	3	concern us, they vary over time and by region. And,
4	with the Center Health Care Strategies in a stakeholder	4	obviously, the pandemic has sort of thrown everything
5	group to make sure that we're thinking about this from	5	up in the air. It came down in different order. But
6	every angle. And I do love the summer fairs because	6	even now, complaints have consistently included late
7	whenever you go to one of those, you look around and	7	pickups, missed rides and canceled rides, and it's
8	you see all the diversity of that crowd and you think	8	really it's problematically timeliness of transport to
9	this is New Jersey. Everybody is here. And so I'm	9	dialysis for those beneficiaries. So this is something
10	glad that we're out at the fairs. And we're open to	10	that we've been monitoring over time and having
11	lots of events. So if there are ideas that folks have	11	operational discussions with our contractor Modivcare.
12	for where else we can be, of course we're always happy	12	And we wanted to share with you some recent updates in
13	to take those. But I did want to shout out Carol and	13	that regard. This is very important to us.
14	the team for all of the work that they're doing to make	14	We've just amended the Modivcare contract.
15	sure this is as successful as it can be.	15	This was jointly agreed upon amendments between
16	DR. SPITALNIK: Thank you. And we echo that	16	Modivcare and us. We add conversations about serving
17	thanks.	17	people the best way possible in this challenging space.
18	I'll stay with you, Assistant Commissioner,	18	We knew that we needed to raise our expectations. They
19	as we turn to transportation broker accountability.	19	understood that. So we've agreed to new provisions.
20	MS. JACOBS: Thank you. This is a really	20	We raised our standards for timeliness expectations for
21	important topic to us. We have a nonemergency medical	21	those 500,000 rides every month, and we've strengthened
22	transportation benefit which I think most folks are	22	the penalties that go with noncompliance in order to
23	familiar with. You may not know that it's about	23	improve overall performance and address some of our
24	500,000 rides a month, ballpark; sometimes more,	24	root cause issues.
25	sometimes a little less, but that's a lot of rides. We	25	So we have focused on making the system work
_	51	_	53
1	see that as an important social driver of health.	1	better for the people we serve, but we're not done yet.
2	Having that effective benefit really matters. It	2	And we'll be continuing to explore best practices in
3	impacts health equity and health outcomes. And really	3	other states as we've been doing and innovations that
4	at the bottom line, it's just incredibly important for	4	we're seeing in this phase. It's very much a live
5	our members to be able to get their preventative and	5	conversation for us, but we wanted you to be aware that
6	specialty care visits on time and to get home again	6	the contract has been amended. We will be holding this
7	reliably. If you have been hanging around Medicaid for	7	vendor to a higher standard. We agreed to that,
8	a little while, you know that this is a very	8	understood that. Penalties will be stronger if they
9	complicated benefit to administer. In fact, it's one	9	don't hit that standard. And that contract fully
10	of the most challenging benefits that State Medicaid	10	executed is now available on the Treasury website.
11	programs are working on. So we've had a lot of	11	Most importantly, because we know many
12	conversations with our counterparts in other states	12	community organizations are represented here at the
13	about how to improve our benefits as they are trying to	13	MAAC, we wanted to remind you of the three phone
14	do the same with theirs. It's complicated because the	14	numbers that are really most important if you are
15	transportation industry has its own very complex	15	helping our NJ FamilyCare members or if you are an NJ
16	economic dynamics. And we, obviously, have to sort of	16	FamilyCare member. So we've given you those three
17	deal with those as a consumer of transportation	17	numbers here. These sides are always available online.
18	services.	18	But we've given you these three in numbers here. One
19	Like many states, we have a contractor.	19	is to schedule the ride. The next is what we call the
20	Ours is Modivcare, formerly LogistiCare. Modivcare is	20	"where's my ride line," which is if your ride is late,
21	responsible for building a network of transportation	21	this is the number to call in the moment and you can
22	providers for us. So they don't actually provide the	22	also call that number for a will-call ride. And then
23	transportation themselves, but they contract	23	finally, if you do need to file a complaint, that third
24	transportation providers. Modivcare arranges rides for	24	number is there. Each of these numbers, really
25	our members to and from their appointments. And then	25	important, right? A step in the process. Let's

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1	schedule the ride. If it's late, let's do something	1	need to go get more. So providers are always having
2	about it right now. And if there needs to be a	2	contracting discussions with Modivcare.
3	complaint, obviously, we need to get that information	3	Then when you get to brokers, Modivcare is
4	so that we can act on it. So if you are a FamilyCare	4	our broker; they are our contractor. That is a State
5	member or you're interacting with FamilyCare members,	5	procurement process that occurs on a particular time
6	these are three really important numbers that we hope	6	frame. So Modivcare is currently the broker. And then
7	you will use.	7	the next time we re-procure, there would be an open
8	DR. SPITALNIK: Thank you so much. Any	8	process and lots of different brokers could apply.
9	comments or questions from members of the MAAC?	9	So I've sort of answered two questions not
10	MS. ROBERTS: Thank you. I know that this	10	knowing exactly which one they were asking about.
11	is a challenging issue to be addressed. This 1-866	11	DR. SPITALNIK: Thank you. I think that
12	number, this is a Modivcare number or not?	12	spoke to both of them.
13	MS. JACOBS: Yes.	13	If there are no further questions about
14	MS. ROBERTS: So if they call Modivcare and	14	transportation broker accountability, we'll move to
15	they call to file a complaint, but nothing changes	15	discussion or presentation of the end of the Federal
16	because of calling that number, what would the next	16	Public Health Emergency, a thread that's run through
17	step be after that?	17	many of our considerations today. And we'll continue
18	MS. JACOBS: Often we have after that	18	with Assistant Commissioner, with Jennifer Langer, and
19	somebody would call their medical assistance customer	19	with Greg Woods. Thank you.
20	center. That's typically where we will get an	20	MR. WOODS: I think I'm going to start off
21	escalation from Modivcare. We get them from other	21	this section and then I will hand the baton back to the
22	sources, too. But that's what we would ask folks to	22	Assistant Commissioner to bring us home.
23	use. We have the four medical assistance customer	23	As Dr. Spitalnik said, we are going to turn
24	centers around the State that are regionally based.	24	to the topic of unwinding from the federal
25	That's typically how it comes to us, to Carol and me,	25	COVID-19-related Public Health Emergency. This is a
	55		57
1	as we are escalating. But I do want to point out it's	1	topic welve discussed with this group provided by at
			topic we've discussed with this group previously at
2	Modivcare's responsibility to address these issues in	2	length. So just to level set as a reminder, the Public
2 3	Modivcare's responsibility to address these issues in real time. And so it's really important that people	2 3	length. So just to level set as a reminder, the Public Health Emergency was declared by the Federal Secretary
2 3 4	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	2 3 4	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
2 3 4 5	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,	2 3 4 5	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
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	58		60
1	operate our program differently in a more agile way	1	So with that said, one thing I want to
2	during the pandemic to adapt to the changing situation	2	briefly discuss is when thinking about that period
3	as the pandemic has progressed over the two-plus years	3	after the end of the Public Health Emergency, that
4	now.	4	12-month period in which we need to initiate
5	However, once the federal government ends	5	redeterminations for all of our members, is talk just a
6	the Public Health Emergency, we will face quite a	6	little bit about how we're thinking about that period
7	significant amount of work related to what we're	7	and how we will spread those redeterminations across
8	calling unwinding. That is, returning from the Public	8	the 12 months. And I will just say we are currently
9	Health Emergency to our normal operations. The	9	very focused on this problem. We're working through
10	greatest challenge we're going to face as part of that	10	technical details. I would expect that before the
11	process will be reviewing the eligibility of all of our	11	Public Health Emergency ends, we would issue more
12	now 2 million-plus members and confirming whether they	12	details and specific guidance about this. But for the
13	continue to qualify for coverage through NJ FamilyCare;	13	moment, I did just want to lay out some of the
14	and if not, helping them to transition to a different	14	principles that we're using to guide that work and that
15	source of coverage. As this slide says, this	15	we're thinking about.
16	represents our largest renewal or redetermination	16	So first, I want to acknowledge that many of
17	effort ever, and we are very focused on executing this	17	our members have managed to stay on schedule with our
18	as seamlessly as possible.	18	normal pre-COVID redetermination process. So over the
19	I will just note that as we speak today,	19	past year, we have continued to reverify and
20	it's July 12th, formally, the Public Health Emergency	20	redetermine members' eligibility. If they don't
21	is scheduled to expire on July 15th, which is to say	21	redetermine, as I mentioned, no one is losing coverage
22	Friday. We are confident, however, that will be	22	as a result of that, but we have been actively engaged
23	extended once again. The federal government has	23	in the work of determination. And many members have
24	committed to states to give at least 60 days notice	24	successfully completed that redetermination process and
25	before the Public Health Emergency ends, which it has	25	have demonstrated that they remain eligible for NJ
	59		61
1	not yet done. So while it's on paper at this moment	1	FamilyCare. And, of course, there have been other
2	slated to end on Friday, we're confident at some point	2	members who have newly enrolled over that period and as
3	this week the federal government will extend it again.	3	part of the new enrollment process have demonstrated
4	And we would think that at a minimum it will continue	4	their eligibility for NJ FamilyCare.
5	until into the fall.	5	Our first principle is that if a member has
6	So with that said, I want to talk a little	6	stayed on schedule, which is to say whenever the Public
7 8	bit about timeline. We show here an updated version of a slide we shared before which gives a high-level	7 8	Health Emergency ends, if in the 12 months before that they have successfully completed a redetermination or
9	hypothetical timeline for what the unwinding might look	9	have been initially enrolled in the program, then in
10	like. I really do want to emphasize the word	10	the vast majority of cases, we are planning to keep
11	hypothetical here. This particular timeline that we're	11	them on schedule. And in particular, we do not intend
12	displaying assumes that the Public Health Emergency	12	to require that anyone complete a redetermination less
13	will end in October, which is one possible scenario,	13	than 12 months after the completion of their previous
14	but it is far from certain. The key point that I would	14	redetermination. In essence, if a member has
15	want to take away here is that whenever the Public	15	successfully completed a redetermination, then we're
16	Health Emergency ends, we will have one year to begin	16	not going to ask them to do it again for another 12
17	redeterminations for all of our members from that	17	months, at least, regardless of when the Public Health
18	period. We have a 12-month period. And then we'll	18	Emergency ends.
19	have 14 months from that period to complete those	19	The second principle, for other members who
20	redeterminations. So whenever the Public Health	20	haven't been able to stay on schedule for one reason or
21	Emergency ends, that's what we're planning towards.	21	another, maybe they haven't responded to redetermination
22	This timeline is, again, hypothetical because we don't	22	for some reason, maybe they didn't receive one, or
23	know when the Public Health Emergency will end, but it	23	maybe they did respond but weren't able to demonstrate
24	gives a sense of what it's going to be once that	24	that they remained eligible for the program, all of
25	happens.	25	those members will have another opportunity to

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1	redetermine their eligibility. As I said earlier, we	1	going to work which we would expect to release before
2	know there's going to be an unprecedented workload	2	the end of the Public Health Emergency.
3	around this. It's the largest redetermination exercise	2	Next, I want to shift gears slightly away
4	we've ever done, and it's very much our goal to space	4	from the redetermination process and towards some of
4 5	out the work as evenly as possible. That's to ensure	4 5	the general programmatic flexibilities that we have had
6	that we can really do a thorough and accurate job for	6	access to during the Public Health Emergency. And I
7	every single member, that we can ensure that everyone	7	will apologize in advance. This is a topic that can
8	who remains eligible for NJ FamilyCare can retain	8	get very technical and very weedsy very fast. I am
9	coverage; and as I said earlier, if members are not	9	going to do my best to steer clear of some of those
10	eligible, make sure that we're offering support to	10	weeds. For those of you who have more specific
11	transition them to other potential sources of coverage.	11	questions, I am always happy to follow up afterwards
12	So our goal here is going to be to spread	12	and answer those as best we can.
12	out those cases as evenly as possible over the 12-month	13	So in the spring of 2020 and a couple of
14	period. I will say when we spread the cases out, we're	14	instances since then, we requested from our federal
15	going to be a little bit nuanced about that. We're	15	partners at CMS and received certain waivers or
16	mindful that different entities are responsible for	16	sometimes flexibilities that have temporarily modified
17	redetermining eligibility for different populations.	17	some of the normal program rules that we operate under
18	So in some cases, it's our county boards social	18	and have really allowed us to ensure that members
19	services are partners; in some cases, it's our health	19	continue to receive the services they need during the
20	benefits coordinate contractor. So we're going to try	20	pandemic. These flexibilities were granted under
21	and spread out evenly among those entities so they each	21	several different authorities, several different
22	have even workloads over the 12 months.	22	provisions of federal law. They had different terms
23	We also are mindful that some categories of	23	and conditions attached. There is a lot of complexity
24	beneficiaries may be more complex, on average, to	24	here. Some examples of the kinds of flexibilities we
25	complete the redetermination process. There may be	25	received are shown here on the slide, things like
	63		65
1	more information required. And so we're also looking	1	additional flexibility around delivering services via
2	at whether there are ways that make sense to spread	2	telehealth, loosening certain prior authorization
3	out, to differentiate, so that we're not only spreading	3	requirements, allowing for alternative settings of care
4	out all of our cases evenly across the 12 months, but	4	in some instances. And to be clear, those are
5	within certain more complex or more complex typically	5	examples. That's not the exhaustive list. The
6	categories, that those cases are also spread out evenly	6	exhaustive list is much longer. And all of the
7	to make sure that we're able, again, to thoroughly and	7	information about the various flexibilities is
8	accurately review every member's eligibility and ensure	8	available both on our website and the federal
9	that every member who remains eligible for NJ	9	government's website.
10	FamilyCare continues with their coverage.	10	I would just note we requested these
11	The last thing I would just note which is	11	flexibilities back in the spring of 2020, for the most
12	not on the slide, there may be certain limited	12	part, when the pandemic was just beginning. Once we
13	eligibility groups so I talked earlier about NJ	13	received those flexibilities, there has been a spectrum
14	WorkAbility as one potential example of this where	14	of how they have been used. So some of the things we
15	we make some special allowances because of unique	15	asked for were things that we requested essentially as
16	circumstances. So in the case of NJ WorkAbility, as	16	a precaution early in the pandemic when we weren't sure
17	we're implementing the legislation that we discussed	17	what we were going to be facing but never ended up
18	earlier, we may make some specific allowances for	18	needing to use those. As events moved forward, certain
19	certain limited groups where there's just a special set	19	flexibilities just ended up not being relevant.
20	of circumstances. So that's something we're looking at	20	Other things we requested, we requested the
21	right now.	21	ability to use certain flexibilities, and we may have
22	As I said, these are general principles. We	22	used them briefly or temporarily and then at some point
23	are very actively working through the details of what	23	they outlived their usefulness and are no longer active
24	this will look like. I would stay tuned for some more	24	or relevant.
25	details and technical information about how this is	25	Then there are other measures that are still

	66		68
1	in place today but that we think we can unwind in the	1	member address changes from our MCOs. This is not
2	coming months.	2	something we've been able to do in the past. If we
3	Lastly, there are certain things that we	3	wanted to confirm an address change that a member had
4	implemented, for instance, some of our telehealth	4	provided to their MCO, we would have to call the member
5	flexibilities for certain types of services where it	5	and confirm that ourselves. We couldn't just use the
6	was implemented as an emergency flexibility, but we	6	information they had provided to the MCO. So as you
7	actually think it may make sense to keep it after of	7	can imagine, with 2 million members, that is
8	the Public Health Emergency ends and build it into our	8	complicated/impossible. And so CMS said, "We're going
9	program in a long-term or permanent basis.	9	to give you some flexibility here. Under these
10	So there's really a broad range, and you	10	circumstances, you can accept the address changes that
11	have to look case by case to see where we have been on	11	the MCOs have been given by the members."
12	each of these special authorities. So that's one way	12	That's a special authority. And we have
13	to look at this.	13	begun implementing it. And there's real credit due
14	Meanwhile, as we approach the end of the	14	here, Dr. Spitalnik, to our operational teams at DMAHS
15	Public Health Emergency, our federal partners at CMS	15	and at the MCOs for getting all over something that was
16	have issued a series of increasing detailed guidance	16	completely unprecedented and really largely
17	documents about their expectations around how states	17	unpredictable. But they made it real. So between
18	should be unwinding this kind of programmatic	18	January and May of this year, we have address updates
19	flexibility. And I will just say, again, there were	19	for about 58,000 members who called their MCO or were
20	different provisions and authority we used when we	20	called by their MCO and said, "I have a new address."
21	stood these things. There are different rules about	21	That's 58,000 members who are more likely to get their
22	unwinding depending nature of the flexibility and what	22	mail from us because of this data exchange. It is not
23	authority it was under. There's some more detail on	23	a small accomplishment, and truly credit is due to
24	the right-hand side of the slide in the table. I'm not	24	technical wizards who made it happen.
25	going to go into that detail right now, but if you do	25	As we talk through this, we feel like it's
	67		69
1	have specific questions, we're really happy to engage	1	important to say to you once and maybe twice that our
2	with those off line and address them so please do feel	2	members who are dually eligible for Medicaid and
3	free to follow up.	3	Medicare must also update their contact information
4	I think the main bottom line, though, that I	4	with the Social Security Administration. That is
5			
5	would share for this group today is that we are doing a	5	really important because the Social Security
6	would share for this group today is that we are doing a multidimensional analysis of all our emergency	5 6	
		_	really important because the Social Security
6	multidimensional analysis of all our emergency	6	really important because the Social Security Administration is the source of record for that
6 7	multidimensional analysis of all our emergency protocols. We're asking both is this still needed,	6 7	really important because the Social Security Administration is the source of record for that person's contact information. So we can take it, but
6 7 8	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	6 7 8	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
6 7 8 9 10 11	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	6 7 8 9 10 11	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
6 7 8 9 10 11 12	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	6 7 8 9 10 11 12	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
6 7 9 10 11 12 13	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	6 7 8 9 10 11 12 13	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
6 7 8 9 10 11 12 13 14	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	6 7 8 9 10 11 12 13 14	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
6 7 9 10 11 12 13 14 15	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	6 7 8 9 10 11 12 13 14 15	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
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6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	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.	6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	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
6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	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	6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	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
6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	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.	6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	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

	70		72
1		1	
1	address. He said, "Oh, my family moved. Here's our	1	through social media. So you'll see some of these
2	new address."	2	posts coming from with us, really with the intention of
3	Same situation, the MCO updates their	3	just sharing that key message to make sure that folks
4	system. They'll notify us that the address has changed	4	are updating their contact information with us and
5	for Byron and his two sons.	5	reading their mail from us.
6	It's with CMS permission that we're now able	6	So that's the bottom line here on unwinding.
7	to accept both of those address updates and all the others so that we can make sure we have the right	7	A lot of work, Dr. Spitalnik and MAAC members, a lot of
8	5	8	work must continue behind the scene here as we prepare
9 10	address for these members in our system. And just	9 10	for the end of the Public Health Emergency, whenever
11	reminding you again, those members who are Medicare	11	that is. But we're committed to keeping you updated on all of that behind-of-scenes work and some of this more
12	eligible, they have to contact Social Security	12	visible stuff as we go.
13	Administration to update their address. That's going	12	So, Dr. Spitalnik, let me hand it back to
14	to be part of our communications with our members. The other thing and this really is the	14	you now.
14	last thing, Dr. Spitalnik, before we hand it back to	14	DR. SPITALNIK: Thank you both so much. And
16	you. The other thing we really wanted you to be aware	16	while I ask for questions from the MAAC, I would ask,
17	of is we talked in April a little bit about our plans	17	Assistant Commission, you look at the Q and A questions
18	for getting the message out about the unwinding. So	18	or Greg about the timeline.
19	we've made a bunch of progress there since the last	19	Are there questions or comments from the
20	time we spoke. We've prepared materials that will help	20	MAAC about the unwinding?
21	inform members and providers about the unwinding.	21	MS. ROBERTS: Just a comment to say thank
22	We've got two key messages. This has not changed since	22	you for all the great work that you're doing. There's
23	we spoke to you before. Number one, call us to update	23	so much that we don't know. And just one and I know
24	your contact information; and number two, watch for	24	it's important to get information out there, for sure,
25	mail from New Jersey FamilyCare and make sure to reply	25	and the stuff that you just put on the screen looks
		1	
	71		73
1	on time to that mail.	1	73 really good. I just wonder for some of the families
1 2		1	
	on time to that mail.		really good. I just wonder for some of the families
2	on time to that mail. As Greg mentioned, when the Public Health	2	really good. I just wonder for some of the families that we deal with, since the Public Health Emergency
23	on time to that mail. As Greg mentioned, when the Public Health Emergency ends, we will have 12 months to do that	2 3	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
2 3 4	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	2 3 4	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
2 3 4 5	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	2 3 4 5	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
2 3 4 5 6	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	2 3 4 5 6	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
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	74		76
1	will not be ending in July. But thank you for your	1	MS. COOGAN: This might be part of the
2	help all along here in helping folks understand what's	2	general updates in October, but there were some
3	really going on. As we get the sense of when it will	3	questions about salary increases for providers. And I
4	end, we can sort of shift into a higher gear where	4	know, Jennifer, you said there are certain paperwork
5	we're saying we're thinking about a Phase 2	5	that has to be done, certain processes, so maybe we can
6	communications, "Hey, we really need you to pay	6	just get an update on where those rollouts are in
7	attention now." Right?	7	October. Thank you.
8	And just to answer a question that popped up	8	DR. SPITALNIK: Thank you.
9	in the Q and A here thanks for pointing me in that	9	Bev Roberts.
10	direction, Dr. Spitalnik. The question was really	10	MS. ROBERTS: It would be great if we could
11	about when people will receive the mailing based on	11	get an update on the new disability information hub
12	where they fall in the 12-month project we have to do.	12	across agencies that the Commissioner mentioned, which
13	Maggie Roth is asking the question. And Maggie said,	13	I'm very excited about.
14	"Is it typically about two months before the end of	14	DR. SPITALNIK: Thank you.
15	their eligibility period?" And that's about right.	15	Wayne.
16	There is a process that goes on where sometimes we have	16	MR. VIVIAN: Abortion. I know that New
17	some information but not all the information that we	17	Jersey has access codified abortion. Access is one
18	need. And there's a little bit of back-and-forth	18	thing, but who pays for it is another. I don't know.
19	between that person and the county. Ideally, that	19	Does the Supreme Court's decision affect New Jersey's
20	takes around two months. So that's when folks would	20	FamilyCare's ability to pay for abortions in the
21	see it, but they don't always know when the end of	21	future?
22	their eligibility is. So that's really only helpful	22	MS. JACOBS: I think we're going to have to
23	for those who are paying the most attention and know	23	come back to that topic, if you don't mind. There's a
24	when they were last determined eligible. But that's	24	lot of moving parts there right now. And I would like
25	what that timeline looks like.	25	to make sure that we cover the topic completely and
	75		77
	75		77
1	And then there was also a question about	1	accurately for you.
1 2		1 2	
_	And then there was also a question about		accurately for you.
2	And then there was also a question about when posters would be available. We're getting that	2	accurately for you. MR. VIVIAN: That's fine. Thank you.
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1	breath and let you know that the address for that is
2	https://www.state.nj.us/humanservices/dmahs/boards/maac
3	And having exhausted my respiratory capacity
4	with that, do I have a motion to adjourn?
5	
-	MS. COOGAN: Motion to adjourn. MS.
6	ANGELINI: Second.
7	DR. SPITALNIK: I'm going to assume there
8	are no abstentions. We give you back five more minutes
9	to your summer or your workday.
10	Thank you to DMAHS, the Department. Again,
11	welcome Deputy Commissioner Asare. And thank you to
12	everyone on the MAAC, and particularly to the over 200
13	stakeholders who participated in this meeting today.
14	Wishing everybody good health, a safe
15	
_	summer, and we look forward to seeing you again on
16	October 27, 2022. Good summer, everyone. And, again,
17	thank you.
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	1 CERTIFICATION
	2 3 I, Lisa C. Bradley, the assigned
	 I, Lisa C. Bradley, the assigned transcriber, do hereby certify the foregoing transcript
	of the proceedings is prepared in full compliance with
	6 the current Transcript Format for Judicial Proceedings
	7 and is a true and accurate transcript of the
	8 proceedings as recorded.
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	13 Lisa C. Bradley, CCR
	14 The Scribe
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