

NJ FamilyCare Medical Assistance Advisory Council

October 21, 2020

Agenda

- Welcome and call to order – Dr. Deborah Spitalnik
- Approval of Minutes – MAAC Members
- Behavioral Health Update – Valerie Mielke
- Nursing Facility Legislation – Sarah Adelman
- COVID-19 Program Impact – Greg Woods
 - Public Health Emergency – Federal Flexibilities
 - Enrollment Trend
- Current Programs – Carol Grant
 - Autism Services
- Initiatives in Planning/Implementation Stages - Jennifer Jacobs, Greg Woods
 - 1115 Demonstration Renewal
 - Maternal Child Health Initiatives
 - Electronic Visit Verification Initiative
- Discussion and planning for our next meeting – Dr. Spitalnik

BEHAVIORAL HEALTH UPDATE

Advisory, Consultative, Deliberative

New Jersey Department of Human Services



DIVISION OF MENTAL HEALTH AND ADDICTION SERVICES UPDATE

OCTOBER 21, 2020

**VALERIE MIELKE, MSW
ASSISTANT COMMISSIONER**



DMHAS Updates

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- **Non COVID-related updates**
 - Long-Term Residential (LTR) rate increase and incentive payment rollout
 - Integrated Case Management Services – Transportation and Ancillary Services
- **COVID-specific updates**
 - Monthly Emergency Payments
 - Opioid Treatment Program Flexibilities
 - Telehealth
 - Coronavirus Relief Funds
 - Hope and Healing

Long Term Residential Rates

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SUD LTR became a Medicaid benefit 7/2019

- Base Rate increase 6/2020: \$84.40 to \$130 per day
- MAT, as an evidence-based practice, is expected to be provided to individuals as clinically indicated (OUD/AUD)
- Tiered incentives have been made available
 - Agency receives \$5 rate increase for having valid DOH MAT certification on license
 - Agency receives \$10 rate increase for providing and/or arranging MAT for a minimum of 40% of individuals served with an OUD or AUD.



Integrated Case Management Services

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- Effective 6/2020 (state dollars only)
 - The goal of qualifying services must
 - ✦ Maintain continuity of care
 - ✦ Maintain community tenure, or
 - ✦ Avoid hospitalization
 - Reimbursement will be through a bundled rate of \$54.37 per month for each person that receives a minimum of 30 minutes (2 units of 15 continuous minutes) of eligible ancillary services in the month.

COVID-19 Related Changes

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- Temporary changes in contract payments to providers – Emergency Monthly Payments (3/2020 – 9/2020)
- Opioid Treatment Provider Flexibility Telehealth
 - Increase in take home
 - telehealth
- Expanded use of telehealth and telecommunications
 - Consumer is able to participate from remote location
 - Audio-only communications permitted

COVID-19 Funding

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- Federal Coronavirus Relief Fund - \$25M
 - Available to providers under contract with DMHAS to provide community-based services
 - Reimburses for COVID-related expenses including
 - ✦ COVID testing (consumers and provider staff)
 - ✦ Frontline, direct care worker COVID-related emergency rate
 - ✦ Personal Protection Equipment
 - ✦ HIPAA compliant software/hardware purchases
 - ✦ Telephone purchase for consumers
 - Reimbursement for COVID-related expenses retroactively to March 9 through December 20th.
 - Email DMHAS.CRF@dhs.nj.gov with questions

New COVID-19 Specific Initiatives

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- SAMHSA COVID-19 funding to develop central coordinating entity to connect individuals to independent private clinicians for brief treatment.
- Hope and Healing – Statewide initiative offers a continuum of services with a focus on crisis counseling and public education. These free services include psychoeducation, stress reduction, emotional support, coping skills utilization, and connection with community support resources.

Call Line Numbers

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- Hope and Healing / NJ Mental Health Cares (1-866-202-HELP) for mental health support. 8am – 8pm, 7 days a week
- Helpline for the Deaf and Hard of Hearing (973-870-0677) VP for mental health support. 9am – 5pm, Mon – Fri.
- NJ Suicide Prevention Hopeline (1-855-654-6735). 24/7
- ReachNJ for access to substance use disorder treatment (1-844-REACHNJ). 24/7

Thank you!

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Questions?

Valerie Mielke

Assistant Commissioner

DMHAS@DHS.nj.gov

609.438.4352

<https://www.state.nj.us/humanservices/dmhas/home>

Division of Mental Health & Addiction Services
wellnessrecoveryprevention



NURSING FACILITY LEGISLATION

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PUBLIC HEALTH EMERGENCY – FEDERAL FLEXIBILITIES

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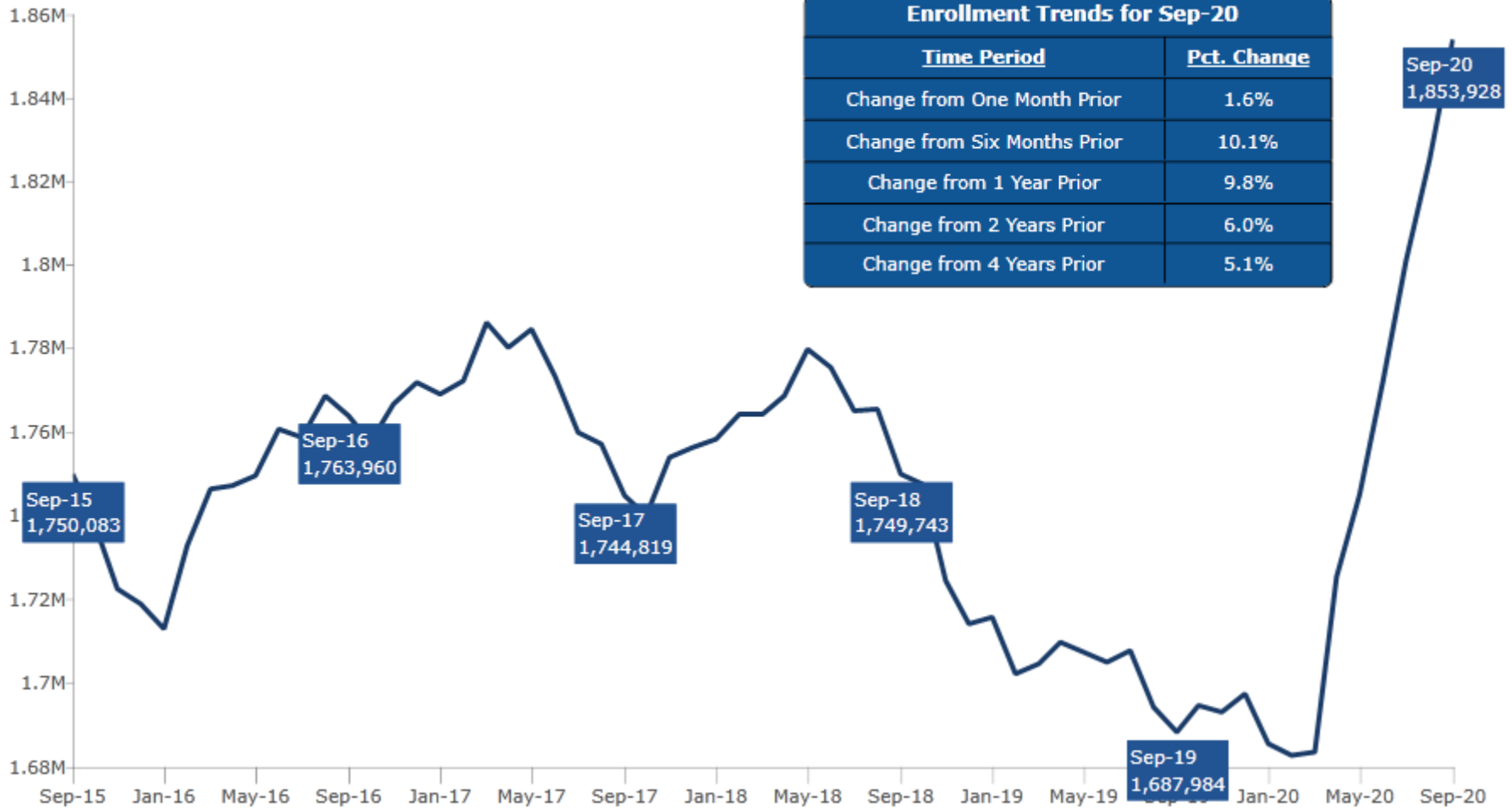
Emergency Federal Authorities - Update

- New Jersey is operating under a number of emergency federal authorities.
- Earlier this month, HHS extended public health emergency 90 days, through mid-January.
- Many (though not all) special authorities expire with the federal emergency.
- DMAHS has begun planning for eventual transition out of emergency. Key areas of focus:
 - Telehealth
 - Eligibility redeterminations

NJ FAMILYCARE ENROLLMENT UPDATE

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Overall Enrollment



Source: SDW MMX Snapshot Universe, accessed 10/2/2020.

Notes: Includes all recipients eligible for NJ DMAHS programs at any point during the month

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AUTISM SERVICES

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Autism Benefits

- The Division of Medical Assistance and Health Services in collaboration with the Children System of Care (CSOC) launched a new program to support families with children who have been diagnosed with Autism Spectrum Disorder.
- EPSDT Benefit for All NJFamilyCare plans (for children diagnosed with Autism Spectrum Disorder under the age of 21)
- Services may be provided in the therapist's office, a community setting or in the child's home.

Autism Benefits

January 1, 2020 - EPSDT coverage of Autism benefits begins

Services included PT/OT and ST, Sensory Integration, Communication Assistive Devices and Therapies, Skill Building and Capacity Building (DCF) and Clinical Outpatient Services

April 1, 2020 - Services available in Medicaid Managed Care for Applied Behavioral Analysis (ABA)

July 1, 2020 - Added Developmental and Relationship Based Intervention Therapies

Autism Benefits

Services for members with ASD diagnosis (1/1/20-9/30/20)

- Managed Care encounter data
 - ABA - 592 recipients
 - PT/OT/ST – 1581 recipients
 - Clinical Therapy (MH) – 915 recipients
 - Includes DDD and MLTSS members only
 - Sensory Integration - 53 recipients
 - DIR - currently enrolling providers
- DCF/FFS claims
 - Skill acquisition and capacity building services - 616 recipients
 - Clinical Therapy (MH) - 1965 recipients
 - Includes all non-DDD, non-MLTSS members

Autism Benefits

Helping Members and Providers to navigate the program:

- Members
 - Develop online educational tools to assist families to identify and understand available services.
 - Provide online access to ASD organizations and resources
 - Expand available networks
- Providers
 - Educate providers regarding Coordination of Benefits requirements and Prior Authorization procedures
 - MCO sponsored targeted provider training

1115 DEMONSTRATION RENEWAL

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1115 Renewal Planning

- NJ FamilyCare Comprehensive Demonstration
 - Comprehensive demonstration under Section 1115 of the Social Security Act, negotiated between New Jersey and the federal government
 - Gives New Jersey authority for key Medicaid program elements and innovations, including:
 - Home- and Community-Based Services through MLTSS
 - Expanded coverage for treatment of Substance Use Disorder
 - Community supports for adults and children with developmental disabilities
 - Current demonstration period expires June 30, 2022.
 - DMAHS has begun to intensively plan for renewal.

1115 Renewal – Projected Timeline

Fall 2020	Spring 2021	June 2021	Summer 2021	July 2021 – June 2022	July 1, 2022
<ul style="list-style-type: none">• Informal DMAHS listening sessions / stakeholder input	<ul style="list-style-type: none">• Release of detailed concept paper and state public comment period• Public hearings	<ul style="list-style-type: none">• DMAHS submits full renewal application to CMS	<ul style="list-style-type: none">• Federal public comment period	<ul style="list-style-type: none">• DMAHS negotiates with CMS• Demonstration terms finalized	<ul style="list-style-type: none">• New demonstration period begins

1115 Renewal – Stakeholder Input

- DMAHS intends to hold informal (virtual) listening sessions on 1115 renewal during the fall:
 - November 2, 2020 from 3:30 PM – 4:30 PM
 - November 12, 2020 from 11:00 AM – 12:00 Noon
- Stakeholders can send input to:
DMAHS.CMWcomments@dhs.state.nj.us



Affordable health coverage. Quality care.

Maternal/Child Health Initiatives

Reducing Early Elective Delivery (EED)

The American College of Obstetrics and Gynecology (ACOG) has recommended against the elective delivery of an infant prior to 39 weeks gestation due to multiple studies showing increased likelihood of infant mortality, NICU admission, and serious complications compared with infants born at or after 39 weeks.

- P.L. 2019 Chapter 87 prohibits health benefits coverage for certain non-medically indicated early elective deliveries under Medicaid program, SHBP, and SEHBP
- Early Elective Delivery = induced or C-section delivery before 39 weeks of gestation
- To be reimbursable, an early elective delivery under 39 weeks must include a diagnosis code indicating a high risk pregnancy
- Denials may be appealed for medical review
- Implementation January 1, 2021

Details in Medicaid Newsletter Vol.30, No.1

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Clinical Assessment of Perinatal Risk

Early detection helps to prevent and treat conditions that could be unhealthy for the pregnant individual and baby. Identifying and treating risk factors early in pregnancy is key in improving birth outcomes. The Perinatal Risk Assessment (PRA) promotes the early and accurate identification of prenatal risk factors and special needs a pregnant member may have so that providers and MCOs can coordinate to improve the delivery of medical and community services to the member.

- P.L. 2019 Chapter 88: Requires completion of the PRA form at the first visit, and an update in the third trimester.
- Provider reimbursement for prenatal care requires submission of the PRA form.
- Implementation January 1, 2021
- All PRA Plus forms and instructions can be found at: <https://www.praspect.org/>.

Community Doulas: 1/1/2021

- Doulas are non-clinical professionals who provide physical, emotional, and informational support before, during, and after birth.
- “Community doulas” are equipped to meet particular needs of Medicaid populations and under-served communities.
- DMAHS partnered with the First Lady and DOH on a year-long stakeholder process to build a program that includes best practice among community doulas.
- **We need partners in women’s health practices and hospitals to help make doulas part of the care team for pregnant moms and their babies.**

March of Dimes:

“Studies suggest that increased access to doula care, especially in under-resourced communities, can improve a range of health outcomes for mothers and babies, lower healthcare costs, reduce c-sections (cesarean sections), decrease maternal anxiety and depression, and help improve communication between low-income, racially/ethnically diverse pregnant women and their health care providers.”



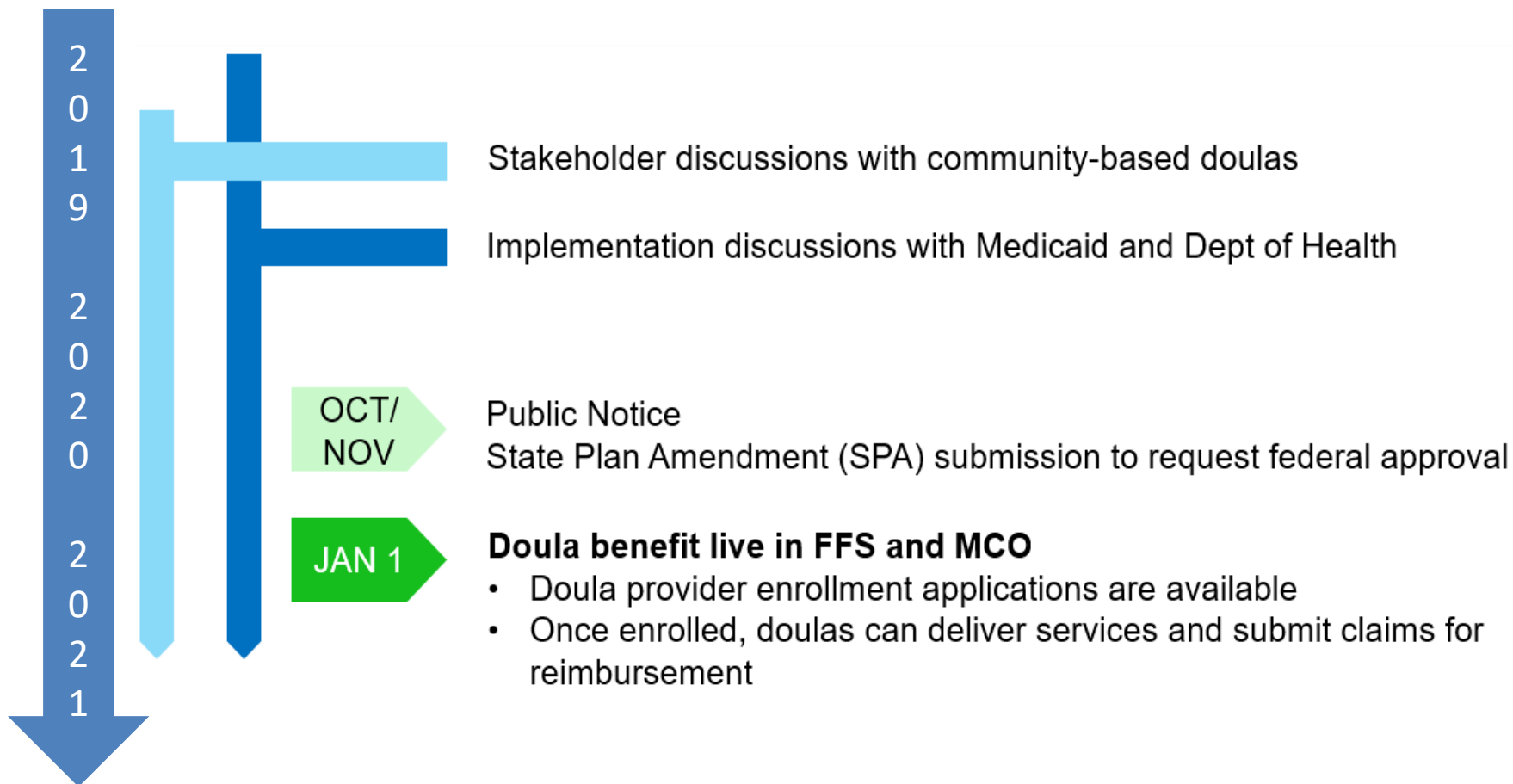
NJ Medicaid Doula Implementation Timeline

Stakeholder Discussions	We met monthly between September and May (virtual for April and May)
<i>Informing design of NJ Medicaid provider enrollment and reimbursement</i>	<ul style="list-style-type: none"> • Doula qualifications, including unique features of community-based doula training • Care delivery model: benefits and limitations of currently funded programs • Medicaid provider enrollment/claims submission: description of general process
<i>Engaging doulas and MCOs in conversation (since January 2020)</i>	<ul style="list-style-type: none"> • Doula providers' case studies • MCO programs in maternal health, education, and care management
<i>COVID-19 response (since April 2020)</i>	<ul style="list-style-type: none"> • Sharing of COVID-related resources offered by DOH, DHS, and Medicaid MCOs • Doula providers' description of challenges during COVID • Telehealth supports for obstetric maternity care during COVID

2019
2020
2021

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NJ Medicaid Doula Benefit Timeline



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NJ Medicaid Doula Benefit

- All pregnant, birthing, and postpartum individuals can benefit from doula care.
 - Technical exception: Not available for individuals in the NJ Supplemental Prenatal Care Program (NJSPCP).
- Benefit will include eight visits, in addition to labor and delivery. Enhanced care available for certain cases.
 - Doula services can be provided in the community, in clinicians' offices (if a doula is accompanying the member to a clinician's visit), and in the hospital.
- Services will be available throughout the perinatal period, up to 180 days post-partum when the individual remains eligible for Medicaid coverage.
 - For some individuals, coverage will end at 60 days post-partum due to federal rules.

ELECTRONIC VISIT VERIFICATION

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The Federal EVV Mandate

Section 12006 of the Twenty First Century Cures Act (Cures Act) and The Centers for Medicare & Medicaid Services (CMS) has mandated that Electronic Visit Verification (EVV) will be required for all Personal Care Services by January 1, 2020 and all Home Health Care Services by January 1, 2023.

NJ DMAHS received approval from CMS for a good faith effort exemption to the January 2020 implementation mandate. The new implementation deadline is **January 1, 2021**.

Mandate Requirements:

1. Type of service performed;
2. Individual receiving the service;
3. Date of the service;
4. Location of service delivery;
5. Individual providing the service;
6. Time the service begins and ends.

Future focus to include program integrity, CM/missed visits.

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NJ EVV Implementation: Vision & North Star Principles

Vision: To implement an EVV system that meets state and federal requirements with broad public support and a strong/enthusiastic stakeholder process.

We will serve people the best way possible.

We will create an electronic visit verification system that ensures New Jersey FamilyCare members receive the home care services authorized in their care plans.

We will keep communication clear and simple.

We will communicate to build understanding as we respond to the federal mandate and roll out this new technology.

We will support accurate and efficient data exchange.

The new system will support data exchange between providers and MCOs to promote strong collaboration, timely claims processing, and accurate payment.

We will use data to solve real-life problems

We will work with health plans and providers to use EVV data to reduce missed visits, address trends, and improve our program in measurable ways.

We will support our community through this change.

Empathy, positive energy, and collaborative focus will be our hallmark, internally and externally.

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New Jersey and EVV

- New Jersey providers must implement EVV by **January 1st, 2021**
- HHAeXchange has been selected as the State Aggregator through a competitive process.
- The State has adopted a “No Wrong Door ” approach: HHAeXchange will be consolidating all visit data, regardless of the EVV system being used.
- Providers have 3 options for their solution:
 - **Option 1** – Use Free EVV tools provided by each Health Plan
 - **Option 2** – Use an existing EVV system to collect and report to each Health Plan
 - **Option 3** – Use the Free EVV tools from HHAeXchange

New Jersey and EVV

- DMAHS has convened a steering committee with diverse representation of stakeholders and technical workgroups to support successful implementation.
- HHAX in partnership with DMAHS and MCOs will be hosting trainings on how to use EVV
 - HHAX will also provide technical assistance post go-live to ensure smooth operation of EVV with members and by providers.
- DMAHS has set up a general email box for EVV-related questions, issues or concerns:

mahs.evv@dhs.state.nj.us