

# NJ FamilyCare Comprehensive Demonstration

# KEY CONCEPTS IN RENEWAL

- Maintains the Managed Long Term Services and Supports (MLTSS).
- Increased access to services and supports for individuals with intellectual and developmental disabilities.
- Expanded access and services to children under the home and community-based programs.
- Continues Delivery System Reform Incentive Payment (DSRIP) funding

# New to the NJ FamilyCare Demonstration Comprehensive Waiver: Managed Long Term Services and Supports (MLTSS)

- Maintains the Managed Long Term Services and Supports (MLTSS) program.
- Expands quality and monitoring for the program

# New to the NJ FamilyCare Demonstration Comprehensive Waiver: Community Care Program(CCP)

- Under the renewal, New Jersey requested to move the authority for the Community Care Waiver (CCW) under the Comprehensive Waiver.
  - Creates an easier way to navigate between the Supports Program and the CCW.
  - Does not move the CCW services into managed care
- Transitioning the CCW into the NJFC 1115 Demonstration requires states to terminate the 1915(c) waiver before beginning to operate the program under the 1115(a) authority.
- The 30-day comment period is **OPEN**.

*Comments can be sent to [margaret.rose@dhs.state.nj.us](mailto:margaret.rose@dhs.state.nj.us).*

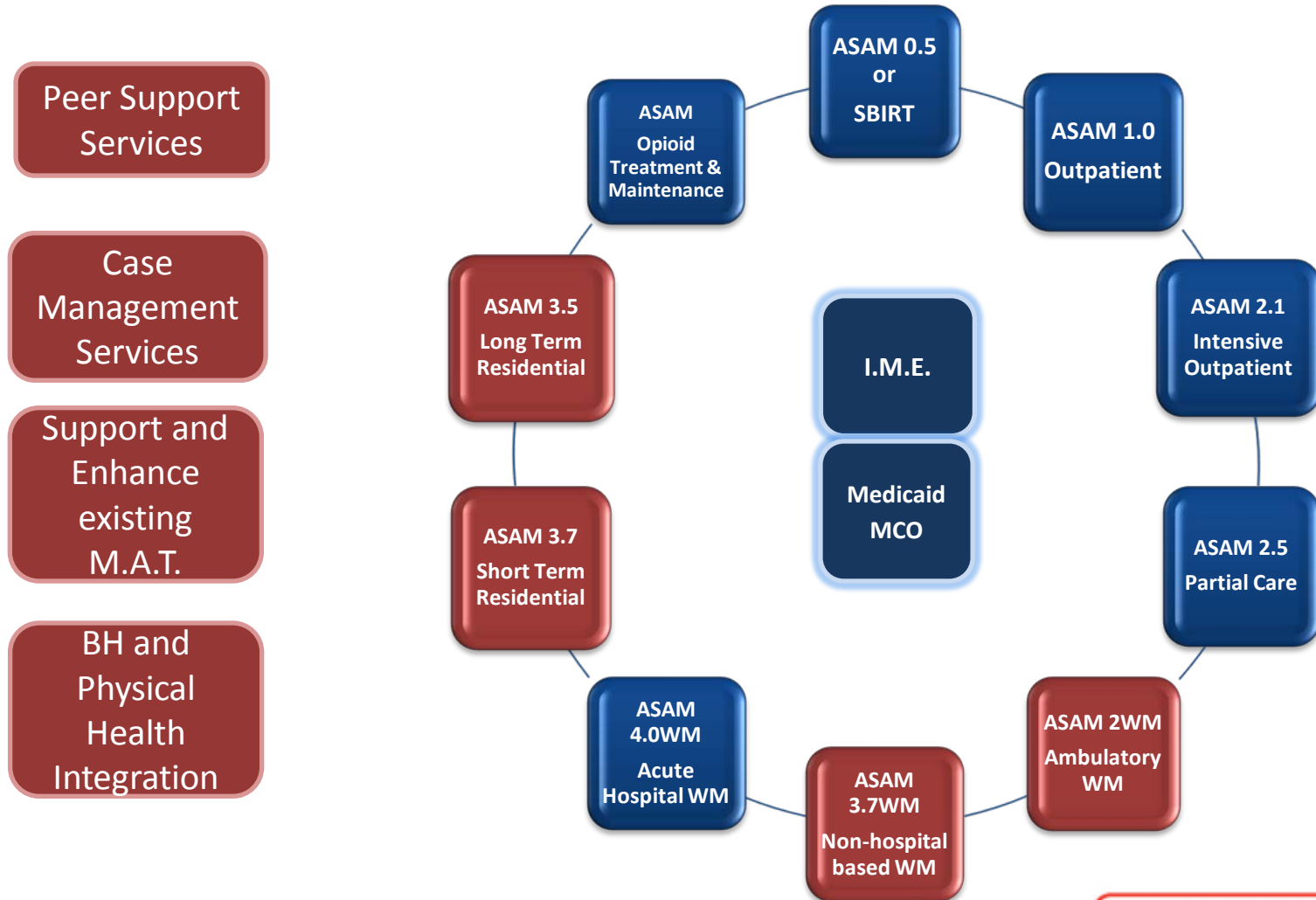
## New to the NJ FamilyCare Demonstration Comprehensive Waiver: Children's Support Services Program

- The Children's Home and Community Based programs under the Comprehensive Waiver are administered by the Department of Children and Families (DCF), Division of Children's System of Care (CSOC). These programs include:
  - *Children with Intellectual and Developmental Disabilities with Co-occurring Mental Illness (ID/DD-MI) pilot*
  - *Serious Emotional Disturbance (SED) program*
- Under the renewal, these pilots will be converted to the Children's Support Services Program (CSSP).

# Children's Support Services Program (CSSP)

- Program for individuals with Intellectual/Developmental Disabilities (I/DD).
- Provides home and community-based services and supports to individuals under the age of 21 that meet Department of Children and Families(DCF)/Children's System of Care's (CSOC) functional eligibility criteria for individuals with I/DD meeting I/DD functional eligibility. Individuals may also have a co-occurring I/DD and mental health diagnosis.
- Individuals who are not New Jersey Medicaid or CHIP-eligible with I/DD, with income up to 300% of FBR and who meet functional eligibility criteria, are eligible for services.
- Individual must meet functional eligibility for developmental disability.

# A Full Continuum of Benefits for Substance Use Disorder (SUD) Treatment



# The IMD Exclusion

- NJ has sought Waiver authority to claim expenditures for services provided in a residential facility that meets the requirements of an Institution for Mental Disease (IMD) for individuals 18 and over.
  - Non-hospital based Withdrawal Management, ASAM 3.7WM
  - Short-term Residential Treatment, ASAM 3.7
  - Long-term Residential Treatment, ASAM 3.5
- NJ must maintain a combined average length of stay of 30 days or less for these services.
- NJ FamilyCare feels these services will improve clinical outcomes, increase access, prevent delays in treatment, and promote sustained recovery.



# Delivery System Reform Incentive Payment (DSRIP)

- The Delivery System Reform Incentive Payment (DSRIP) program will continue for the first three years of the renewal period at level funding (\$166M).
- Two year continued operation, and one year to transition.
- New Jersey DMAHS and DOH is currently working with CMS on its plans to phase out the DSRIP program and transition to an alternative payment mechanism. This is due by June 30, 2020. CMS will not allow anymore supplemental payments.
- This transition will enhance the current DSRIP program by creating more accountability and improving quality associated metrics.
- To inform this transition, NJ is looking at PA, MA, and AZ's recently approved DSRIP models.
- CMS has indicated that they will not authorize any further extensions.

# Post Approval Amendments

- Substance Use Disorder Continuum
  - Includes Institutions for Mental Disease (IMDs)
  - CMS looking to develop national standards – we are awaiting CMS approval
- Adult Intellectual Developmental Disability Program
  - DDD seeks to do more stakeholdering
- Expanded authority for individuals up to 300% of the Federal Benefit Rate(FBR)
  - Still under evaluation by DMAHS

# Work is Continuing

- Justice Involved Population
- Medicaid Housing and Tenancy Supports
- Increased Access/Evidence-Based Telehealth
- Alternative Payment Methodologies

# Website

- The approved NJ FamilyCare Comprehensive Demonstration can be found on the Division's website at:

<http://www.state.nj.us/humanservices/dmahs/home/waiver.html>



Affordable health coverage. Quality care.

**Aged, Blind, Disabled  
Programs  
*Streamlining for Improved  
Efficiency***

# New Application



STATE OF NEW JERSEY  
Department of Human Services  
Division of Medical Assistance and Health Services

## NJ FamilyCare Aged, Blind, Disabled Programs

### SECTION 1 Applicant

Applicant's Name: \_\_\_\_\_  
Last First Middle Maiden Name

Home Address: \_\_\_\_\_  
Street City State Zip Code

Current Mailing Address (if different from above): \_\_\_\_\_  
Street City State Zip Code

If Applicant has not lived at the Home Address for 5 years, tell us the previous address:  
(Attach additional information if needed)

\_\_\_\_\_ City State Zip Code

Applicant's Phone Number: (\_\_\_\_) \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  Yes  No

Is the Applicant Blind or Disabled:  Yes  No If yes, as of what date: \_\_\_\_\_  Yes  No

Applicant in need of Long Term Services and Supports (see Brochure)  Yes  No

Have you ever applied for Long Term Services and Supports before?  Yes  No

Has the applicant applied for Supplemental Security Income (SSI)?  Yes  No

If yes, when \_\_\_\_\_ Month \_\_\_\_\_ Year

### SECTION 2 Demographic Information for the Applicant

Date of Birth: \_\_\_\_\_  
Month Day Year Sex:  Male  Female

Citizenship Status:  US Citizen  Refugee  Asylee  Legal Alien  Not Lawfully Admitted Date of Entry \_\_\_\_\_

Place of Birth: City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Medicare ID Number: \_\_\_\_\_

Marital Status:  Single  Married, Date \_\_\_\_\_  Divorced, Date \_\_\_\_\_  
 Widowed  Separated, Date \_\_\_\_\_  Child (under age 19)

FOR OFFICE USE ONLY

HMO choice \_\_\_\_\_  
Date Applied \_\_\_\_\_  
Registration # \_\_\_\_\_

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### MEDICAID APPLICATION

Why do you need help at this time? \_\_\_\_\_  
When disabled, what date did you become disabled? \_\_\_\_\_ CASE # \_\_\_\_\_  
What is the nature of your disability? \_\_\_\_\_  
Do you need special assistance to complete this application? \_\_\_\_\_

Have you filled out an application before?  Yes  No If yes, where and when? \_\_\_\_\_  
Based on the above information, please check all program(s) / service(s) requested:  
 Home & Community Based Services / Waiver  
 New Jersey Care...Special Medicaid Program  
 Long Term Care / Institutional  
 Community Living  
 Home Care  
 Adult Day Care  
 Respite  
 Personal Care  
 Family Care  
 Supportive Housing  
 Other \_\_\_\_\_



Application must be completed truthfully and accurately.

Personal Information

Name: \_\_\_\_\_  
First M.I. Maiden Name Phone #: \_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip \_\_\_\_\_

Birth Place: \_\_\_\_\_

Marital Status:  Single  Married  Separated  Divorced  Widowed  Child

Do you receive Social Security Income Benefits?  Yes  No Date applied for: \_\_\_\_\_  
Do you receive Social Security Disability Benefits?  Yes  No Date applied for: \_\_\_\_\_  
Do you receive Social Security Retirement Benefits?  Yes  No Date applied for: \_\_\_\_\_

If no, explain citizenship status: \_\_\_\_\_  
Alien # \_\_\_\_\_  
(if applying for a child) served in the U.S. Armed Forces?  Yes  No  
VA# (if known): \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Do you have a driver's license?  Yes  No If no, explain: \_\_\_\_\_  
(if additional space is needed, use separate paper)

From \_\_\_\_\_ To \_\_\_\_\_  
At \_\_\_\_\_ Date \_\_\_\_\_

Legal Guardian, etc. \_\_\_\_\_ Date \_\_\_\_\_  
E-mail Address \_\_\_\_\_

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# Streamlined ABD Applications and Eligibility Process

- Revised ABD and ABD Renewal application
- More online verifications: AVS and SSA HUB
- Encouraging increased utilization of the Area Agency on Aging (AAA)
- Self Attestation for income under 100% FPL
- Reinstatement of MCO within 60 days

# New ABD Application Components:

- Cover letter
- Brochure
- Application printed as a booklet with perforated pages
  - Self Select MCO
  - Supplemental forms (Authorized Rep and Spouse)
- Optional Referral form to Area Agency on Aging
- HIPAA



# County Welfare Agency Oversight

## Ongoing CWA Site Visits

- 45 days for non-disabled population and 90 days for disabled population
- No face-to-face interview required
- Maximize use of electronic verifications
- Ongoing training on: new application, MLTSS, QIT and Worker Porter
- 5 Year look-back – quarterly bank statements not always required.

# Fostering Relationships between CWA and Nursing Home Industry

- Improved dialogue; explaining role of Authorized Representative
- Implementing best practices with CWA.
- Talking with CMS and other states on additional streamlining
- Provider Newsletters sent for official communications.
- Continued meetings with Nursing Home Industry/PACE to address concerns



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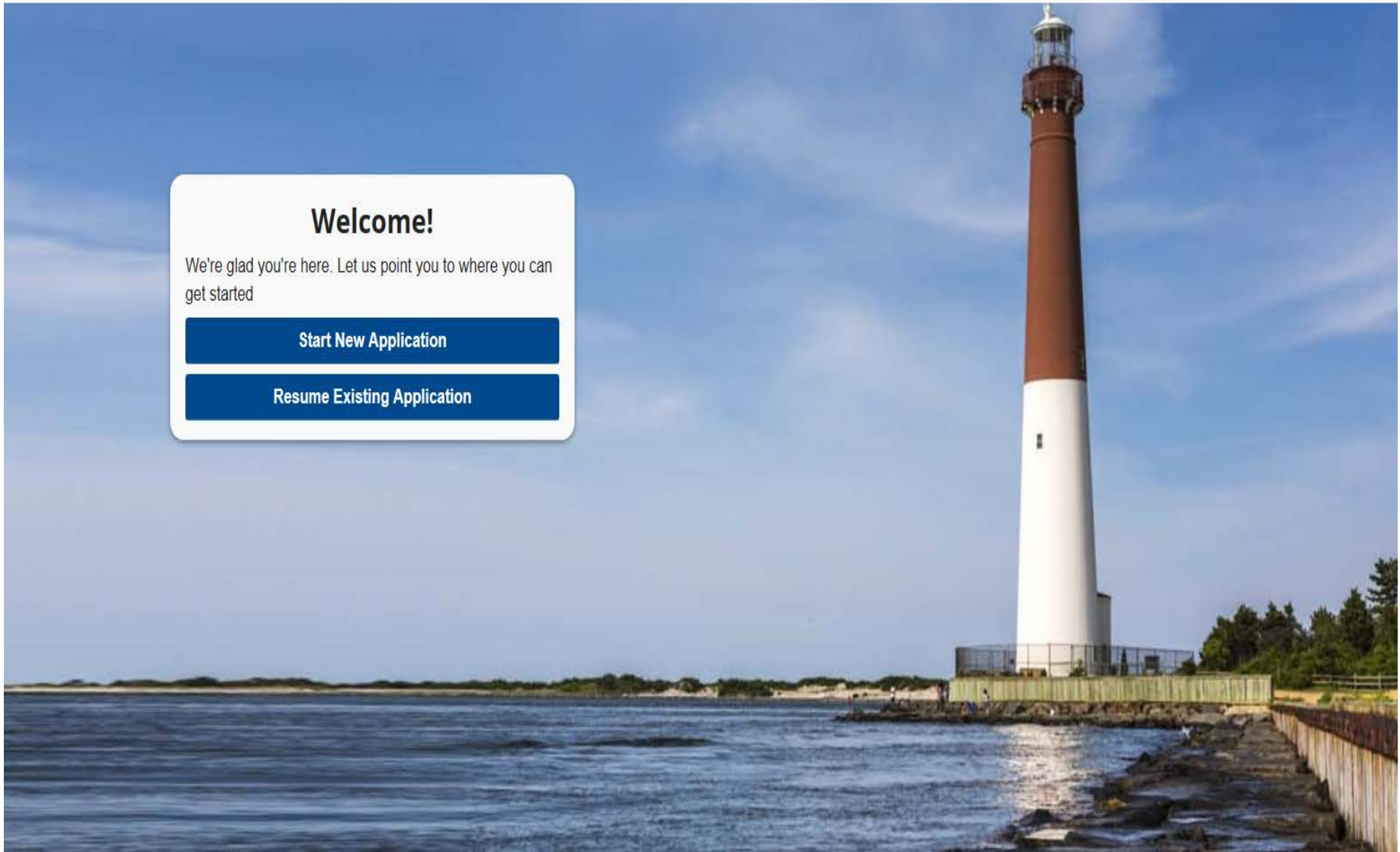
# Aged, Blind, Disabled Programs Online Application

## Welcome!

We're glad you're here. Let us point you to where you can get started

[Start New Application](#)

[Resume Existing Application](#)



**NJ FamilyCare Aged, Blind, Disabled Programs (ABD)**

## Getting Started

**NJ FamilyCare (Medicaid) can provide free or low cost health insurance for New Jersey residents who are citizens of the United States or Qualified Immigrants.**

**Before you apply, we have a few questions to help direct you to the program that is right for you.**

1. Are you a resident of New Jersey?

Yes  No

2. Are you age 65 or older?

Yes  No

3. Are you disabled as determined by the Social Security Administration or the Division of Medical Assistance and Health Services (DMAHS)?

Yes  No

4. Are you applying for in home medical support, medical day services, nursing home or assisted living coverage?

Yes  No

5. Are you eligible for or enrolled in Medicare?

Yes  No

**Warning!** This system contains U.S. Government information. By using this information system, you are consenting to system monitoring for law enforcement and other purposes. Unauthorized or improper use of, or access to, this computer system may subject you to state and federal criminal prosecution and penalties as well as civil penalties. At any time, the government may intercept, search, and seize any communication or data transiting or stored on this information system.

Continue

## Privacy Policy

### Privacy & Use Of Information

We'll keep your information private as required by law. Your answers on this application will only be used to determine eligibility for health coverage. We'll check your answers using the information in our electronic databases and the databases of other states or federal agencies. If the information doesn't match, we may ask you to send us proof.

We won't ask any questions about your medical history. Household members who don't want coverage won't be asked questions about citizenship or immigration status.

Important: As part of the application process, we may need to retrieve your information from the Internal Revenue Service (IRS), Social Security, the Department of Homeland Security (DHS), and/or a consumer reporting agency. We need this information to check your eligibility for coverage and to give you the best service possible. We may also check your information at a later time to make sure your information is up to date. We'll notify you if we find something has changed.

Learn more about the [NJ FamilyCare Privacy Policy](#) and [Notice of Privacy Practices](#).

### Privacy Attestation

I have reviewed the above "NJ FamilyCare Privacy Policy" which describes how information about me and my family may be used and disclosed, and how to get access to this information. The Notice of Privacy Practices can be accessed at any time at the [www.njfamilycare.org](http://www.njfamilycare.org) website under "Apply". You can request a paper copy of the Notice of Privacy Practices by calling 609-588-2102 and providing your mailing address.

I agree to have my information used and retrieved from data sources for this application. I have consent for all people I'll list on the application for their information to be disclosed as well as retrieved and used from data sources.

I understand that I'm required to provide true answers and that I may be asked to provide additional information, including proof of my eligibility. If I don't provide true answers, I may face penalties including losing my eligibility for coverage.

Agree

Disagree



## ESTATE RECOVERY ACKNOWLEDGEMENT

I acknowledge notice that the Division of Medical Assistance and Health Services (DMAHS) has the authority to file a claim and lien against the estate of a deceased Medicaid beneficiary, or former beneficiary, to recover all Medicaid payments for services received on or after age 55. The amount that DMAHS may recover includes, but is not limited to, all capitation payments to any managed care organization, transportation broker, PACE provider, or any other capitated provider, regardless of whether any services were received from an individual or entity that would have been reimbursed by the managed care organization, transportation broker, PACE provider, or other provider that is paid by capitation payments. DMAHS may recover these amounts when there is no surviving spouse, no surviving child(ren) under the age of 21, no surviving child(ren) of any age who are blind, and no surviving child(ren) of any age who are permanently and totally disabled as determined by the Social Security Administration.

For more information please [click here](#).

I acknowledge that my estate may be required to pay back DMAHS for those benefits received.

Agree

Disagree

## Register for NJ FamilyCare Aged, Blind, Disabled Programs Account

This will be easy. Please enter your information so we can keep in touch with you. We need to know that you have access to the email address you provide, so we will send you an email with a link that you must press before you can continue.

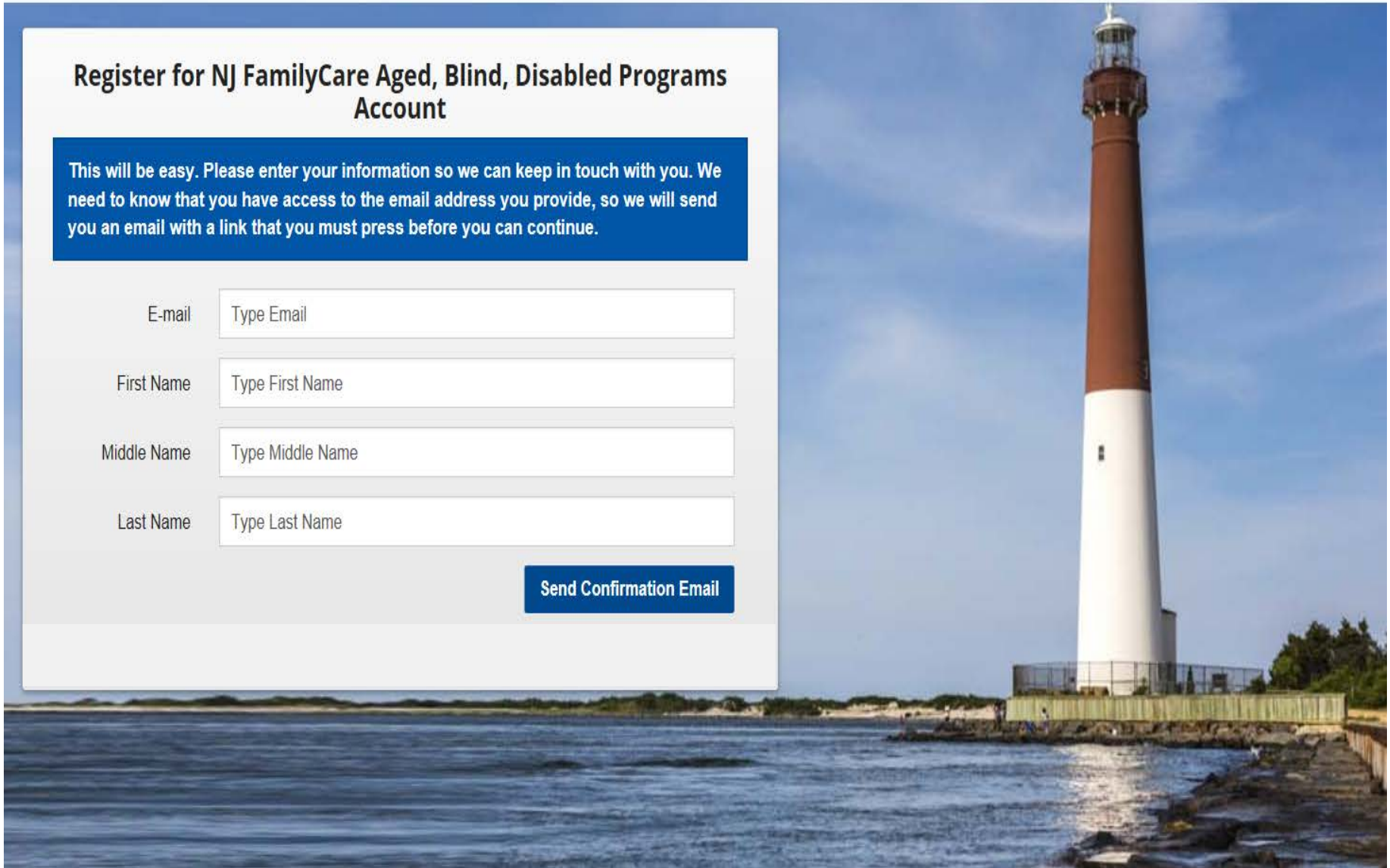
E-mail

First Name

Middle Name

Last Name

[Send Confirmation Email](#)





NJ FamilyCare Aged, Blind, Disabled Programs (ABD)

NAVIGATION:

Household

Address

Applicant Info

Income

Resource

Legal

Health Plan

Attachments

Review

Rights And Responsibilities

Confirmation

# Household

**Directions.**

Fill out the table below with the information of the person applying for NJ FamilyCare Aged, Blind, Disabled (ABD) Programs.

If the Applicant has a Spouse that lives with them, press the 'Add to Household' button. This will create a new row in the table so you can enter that person's information. Enter any other family members who live in the same household by pressing the 'Add to Household' button.

**If the Spouse or other family member also wants to apply for ABD, they will need to complete a separate application.**

First Name *	Middle Name	Last Name *	Maiden Name	Date Of Birth *	Sex *	Relationship *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="MM/DD/YYYY"/>	<input type="text" value="Select"/>	<input type="text" value="Select"/>

To enter another person who lives in the household, press the 'Add to Household' button.

[+ Add to Household](#)

Is the Spouse also applying for ABD?

[Save and Next](#)

NJ FamilyCare Aged, Blind, Disabled Programs (ABD)

NAVIGATION:

Household ✓

Address ▾

Applicant Info

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## Applicant Contact Information - A X

### Current Home Address ?

Street \*

Apt#

City \*

County \*

 ▾

Zip Code \*

 - 

State

### Mailing Address ?

If Mailing Address is the same as Current Home Address, check this box.

Street \*

Apt#

City \*

Zip Code \*

 - 

State \*

**NJ FamilyCare Aged, Blind, Disabled Programs (ABD)**

NAVIGATION:

Household ✓

Address ▾ ✓

**Applicant Info ▾**

Income

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# Information for the Applicant - A X

1. Is this Applicant Blind or Disabled ? \*

 ▾

2. Is the Applicant in need of Long Term Services and Supports \* ?

 ▾

3. Has the Applicant ever applied for Long Term Services and Supports before? \*

 ▾

4. Has the Applicant applied for Supplemental Security Income (SSI)? \*

 ▾

5. Has the Applicant received medical services within the past 3 months? \*

 ▾

6. Citizenship Status \*

 ▾

7. Place of Birth

City

State

Country

8. Social Security Number \*

Not given

Include the Social Security Number (SSN) for those family members who want NJ FamilyCare. In the event that a person applying is found to be NJ FamilyCare eligible, their SSN will be required to enroll in the NJ FamilyCare program in accordance with federal rules and regulations. You will be asked to provide it later, if it is not provided at this time. A newborn's SSN must be provided as soon as it is available. You are not required to provide a SSN if you are not applying. However, providing your SSN will speed up the application process

9. Medicare ID Number

**NJ FamilyCare Aged, Blind, Disabled Programs (ABD)**

NAVIGATION:

Household ✓

Address ✓

Applicant Info ✓

**Income** ▾

Resource

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# Income Info - A X

**Directions.**

This section talks about the income that the Applicant receives. Income is any cash or in kind support that can be used for food or shelter.

Income can be wages, tips, and commissions. Income can also be government benefits (such as Social Security Benefit), interest or dividends.

Indicating no income will delay the processing of your application if a discrepancy is found during the electronic verification process.

## Work Income

No Work Income.

**Employment Status \***

Employed ▾



**Employer**

**Name \***      **Address \***      **Address 2/Suite #**      **City \***      **Zip Code \***

**Employer**      **Work Income (before**      **Average Hours**  
**Phone Number**      **taxes, per pay period) \***      **Worked Each**  
**Payment Period \***      **Week \***

(xxx) xxx-xxxx      Select ▾           

To enter more Work Income, press the 'Add Work Income'

- Select
- Change jobs
- Stop working
- Start working fewer hours
- None of these

**Add Work Income**

In the past year did the Applicant

NJ FamilyCare Aged, Blind, Disabled Programs (ABD)

NAVIGATION:

Household ✓

Address ▾ ✓

Applicant Info ▾ ✓

Income ▾ ✓

**Resource**

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## Resources

**Directions.** Please detail all resources owned in full or in part by the Applicant and/or Applicant's Spouse.

Cash On Hand \*

**Accounts:** This includes but is not limited to, checking, savings, business checking accounts, ABLE Accounts, Certificates of Deposit (CD), Holiday/Vacation club accounts, Credit Union accounts, Burial Accounts/Funeral Trusts owned or closed by the Applicant and/or Applicant's Spouse within 60 months of application date.

If the Applicant and/or Applicant's Spouse do not have Accounts, check this box.

Account Type *	Name(s) on Account	Account or Certificate Number *
<input type="text"/>	<input type="text"/>	<input type="text"/>

Status \*

Select ▾

Bank Address

Bank Name	Street	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



NJ FamilyCare Aged, Blind, Disabled Programs (ABD)

NAVIGATION:

- Household ✓
- Address ▾ ✓
- Applicant Info ▾ ✓
- Income ▾ ✓
- Resource ✓
- Legal ✓

**Health Plan**

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## Health Plan

Choose a Health Plan from the list below. If the Applicant does not choose now, the Applicant will have an opportunity to select a Health Plan before enrollment occurs. The Applicant must be enrolled in a Health Plan to receive all of the services offered through NJ FamilyCare. The Health Plan selected only applies if the Applicant(s) is eligible for NJ FamilyCare. If the Applicant(s) needs assistance selecting the Applicant(s) Health Plan, contact a Health Benefits Coordinator at 1-800-701-0710, TTY 1-800-701-0720.

**Choose One:**

**Aetna Better Health® of New Jersey** (Available in Atlantic, Bergen, Burlington, Camden, Cumberland, Essex, Gloucester, Hudson, Mercer, Middlesex, Morris, Passaic, Salem, Somerset, Sussex and Union counties ONLY)

**Amerigroup New Jersey, Inc.** (Available in ALL counties; except Salem County)

**Horizon NJ Health** (Available in ALL Counties)

**UnitedHealthcare Community Plan** (Available in ALL counties)

**WellCare Health Plans of New Jersey** (Available in Bergen, Essex, Hudson, Mercer, Middlesex, Morris, Passaic, Somerset, Sussex and Union counties ONLY)

Select Health Plan for  County:

- Select
- Aetna Better Health of New Jersey
- Amerigroup New Jersey, Inc
- Horizon NJ Health
- UnitedHealthcare Community Plan

I understand that if I'm found eligible and because I have chosen to enroll in a Health Plan, I understand that I will be responsible for obtaining health care from the Health Plan. I understand that I will be responsible for paying for my health care. I understand that I know if there is any change in the number of people in my household, I must call the Health Benefits Coordinator to let them know. I understand that, unless I, or a family member, have a true medical emergency, I must call my personal doctor for medical advice, medical care or for a referral to a specialist. I understand that if I, or a family member, have a true medical emergency, I must call my personal doctor or the Health Plan as soon as possible after I, or the family member, go to the hospital. I understand that I must keep any medical appointment I have scheduled with a doctor and, if I cannot, I must call the doctor's office to cancel the appointment. I understand that if I go to a doctor other than my personal doctor I have selected, without a referral from my doctor or approval from the Health Plan, I may have to pay for that doctor's services because NJ FamilyCare will not pay for the unapproved service or visit. I understand that I may change to another Health Plan and that I can call the Health Benefits Coordinator to help me do that. I give permission for the

## NJ FamilyCare Aged, Blind, Disabled Programs (ABD)

### NAVIGATION:

Household ✓

Address ▾ ✓

Applicant Info ▾ ✓

Income ▾ ✓

Resource ✓

Legal ✓

Health Plan ✓

**Attachments**

Review

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**Directions:** According to the answers provided on earlier pages of this application, the Applicant and/or Applicant's Spouse may be asked for the documents listed below. You can upload attachments on this page, or you can choose to provide them at a later time.

## Attachments for A X

Please include the description for the document you are attaching.

Upload Attachment

Back

Save and Next

**NJ FamilyCare Aged, Blind, Disabled Programs (ABD)**

NAVIGATION:

Household ✓

Address ✓

Applicant Info ✓

Income ✓

Resource ✓

Legal ✓

Health Plan ✓

Attachments ✓

**Review**

Rights And Responsibilities

Confirmation

## Review

### − Household Information [Edit](#)

First Name	A
Middle Name	
Last Name	X
Maiden Name	
Date Of Birth	01/01/1950
Sex	Female
Applicant Type	Applicant
Applying For ABD ?	Yes

### + Address-A X [Edit](#)

### + Applicant Information-A X [Edit](#)

### + Income Information-A X [Edit](#)

### + Resource Information [Edit](#)

### + Legal Information [Edit](#)

### + HealthPlan Information [Edit](#)

[Back](#)

[Save and Next](#)



NJ FamilyCare Aged, Blind, Disabled Programs (ABD)

NAVIGATION:

- Household ✓
- Address ▾ ✓
- Applicant Info ▾ ✓
- Income ▾ ✓
- Resource ✓
- Legal ✓
- Health Plan ✓
- Attachments ✓
- Review ✓

**Rights And Responsibilities**

Confirmation

## Rights and Responsibilities

Before signing this document, please read the rights and responsibilities outlined below. If there is anything you do not understand or have questions about, please ask for clarification.

- The information I gave on this form is true to the best of my knowledge. I realize that if I knowingly give false information OR if I knowingly withhold information and I get health benefits for which I am not eligible, I can be criminally punished for fraud and I may have to pay Medicaid for any medical bills which are paid incorrectly.
- If I am a third party applying on behalf of another person, as evidenced by a completed Designation of Authorized Representative form, my signature below indicates that this application has been examined by or read to the applicant and, to the best of my knowledge, the facts are true and complete. I understand as a third party I may be criminally punished for knowingly providing false information.
- I understand that any information I give is subject to verification by the NJ Department of Human Services (DHS). I understand that my medical benefits may be reduced, denied, or stopped because of information received.
- I hereby give permission to DHS to contact any individual or other source who may have knowledge about my circumstances or the circumstances of a person necessary for this application (including, but not limited to, IRS, Social Security Wage and Benefit files, State Wage and Unemployment files, financial institutions and/or credit reporting services), for the sole purpose of verifying the statements I have made.
- I understand that Medicaid payments for services received on or after age 55 may be reimbursable to the State of New Jersey from the estate of an individual who received Medicaid benefits. I also understand that this reimbursement may include, but not be limited to, capitation payments made to a managed care organization (MCO) or transportation broker for health coverage, regardless of whether the beneficiary receives services from an individual provider or entity that is reimbursed by the MCO or transportation broker.

For more information about Estate Recovery, click [here](#).

NJ FamilyCare Aged, Blind, Disabled Programs (ABD)

NAVIGATION:

- Household ✓
- Address ▾ ✓
- Applicant Info ▾ ✓
- Income ▾ ✓
- Resource ✓
- Legal ✓
- Health Plan ✓
- Attachments ✓
- Review ✓
- Rights And Responsibilities ✓

Confirmation

## Confirmation

**YOUR APPLICATION HAS BEEN SUCCESSFULLY SUBMITTED.**

Thank you for submitting your application for NJFC Aged, Blind, Disabled program electronically to the Burlington County Board of Social Services, Human Services Facility, 795 Woodlane Road, Mount Holly, 08060.

**Submission of this application does not mean you have coverage.**

Please DO NOT submit another online application and DO NOT mail in hard copy. It may take up to 45 days before you hear from the County.

During this time you may receive a letter requesting verification of income or other information provided on the application. Until you receive a final determination letter, please use the confirmation number below on any correspondence or phone calls regarding this application.

If you need to make additions or corrections to your application, please allow at least 1 week before contacting the phone number above.

You may print a copy of this confirmation for your records by clicking the print button below. A copy will also be emailed to you.

New Jersey has a different application for food stamps and cash assistance. If you wish to apply for these programs, [click here](#).

Your Application Date is: 9/25/2017 12:21 PM

Your Application Confirmation number is: A03000000147.

Print this page

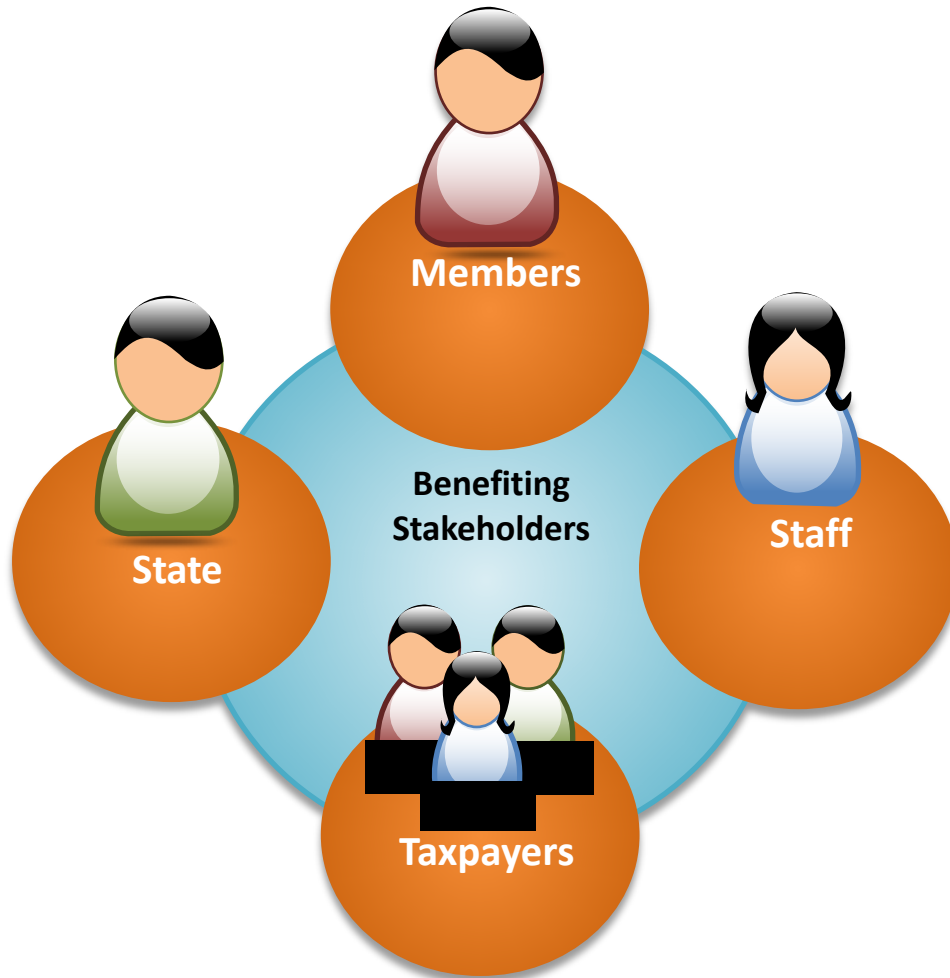
Done



Affordable health coverage. Quality care.

# Asset Verification System (AVS)

# Why AVS?



## **Program Integrity**

Assurance that only those members who are truly eligible continue to receive benefits

## **Cost Savings/Avoidance**

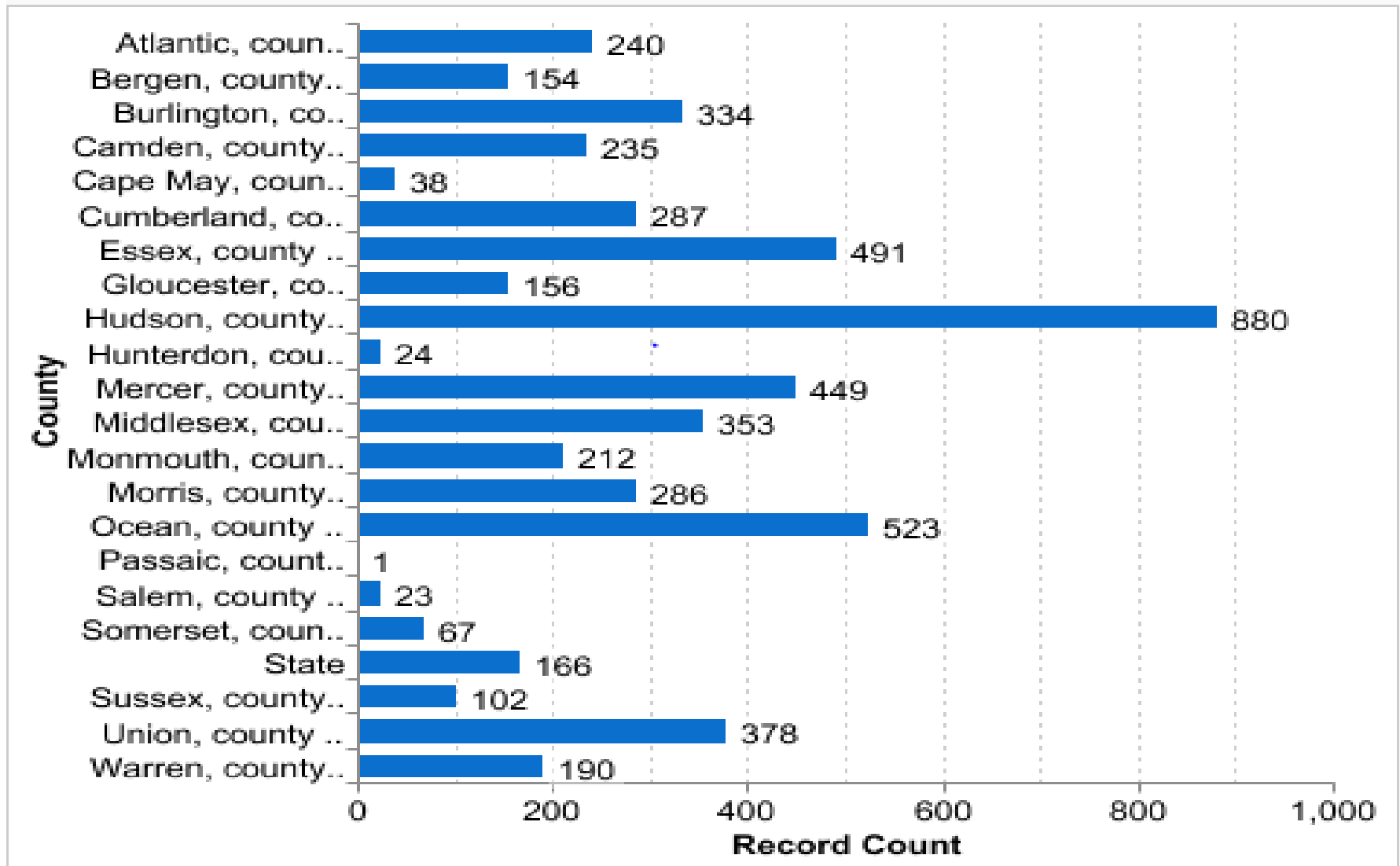
Increased eligibility determination accuracy and reduced worker errors

## **Time Savings**

Reduced staff time spent collecting and reviewing physical documents and navigating disparate data sources

# AVS Utilization by County as of September 2017

## AVS Requests by County



# Future Plans

- Online ABD application and system under development
- ABD Go Live anticipated December 2017
- All applications processed and managed online
  1. More reliance on technology to verify information
  2. Launch enhancements to the EDA current Worker Portal to track and process online NJFC and ABD applications
  3. Training is in development
  4. Train and certify Assistors such ADRC, SHIP agencies
  5. System Generated Re-enrollment

# Child Core Set

2017 Core Set of Children's Health Care  
Quality Measures for Medicaid and CHIP

# Child Core Set Measure Background



2009

HHS publishes 24 Measures including quality metrics for physical and mental health as required by CHIPRA

2010

States, including New Jersey, begin voluntary reporting



# Child Core Set Measure Background, cont.

*Child Core Set Measures updated annually*



NATIONAL  
QUALITY FORUM

Measures Application Partnership



Beginning in 2013

# Reporting to CMS

## *Details...*

- Reporting via MACPro, a standardized reporting template.
- Numerators, denominators, and rates, as well as eligible populations are required when reporting the Core Set Measures.
- Excluded populations or deviations in the calculation of the Core Set Measure must be explained.
- Measures not reported require an explanation.
- New Jersey reports on the combined Medicaid and CHIP populations.
- A question/clarification period follows initial review of the data.

# Categories of Child Core Set Measures



Primary Care Access & Preventive Care

Maternal and Perinatal Health

Care of Acute and Chronic Conditions

Behavioral Health Care

Dental and Oral Health Services

Experience of Care

**2017 Core Set of Children's Health Care Quality Measures for Medicaid and CHIP available at [www.Medicaid.gov](http://www.Medicaid.gov)**

**2017 Core Set of Children's Health Care Quality Measures for Medicaid and CHIP (Child Core Set)**

NQF #	Measure Steward	Measure Name
<b>Primary Care Access and Preventive Care</b>		
0024	NCQA	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – Body Mass Index Assessment for Children/Adolescents (WCC-CH)
0033	NCQA	Chlamydia Screening in Women Ages 16–20 (CHL-CH)
0038	NCQA	Childhood Immunization Status (CIS-CH)
1392	NCQA	Well-Child Visits in the First 15 Months of Life (W15-CH)
1407	NCQA	Immunizations for Adolescents (IMA-CH)*
1448	OHSU	Developmental Screening in the First Three Years of Life (DEV-CH)
1516	NCQA	Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34-CH)
NA	NCQA	Children and Adolescents' Access to Primary Care Practitioners (CAP-CH)
NA	NCQA	Adolescent Well-Care Visit (AWC-CH)
<b>Maternal and Perinatal Health</b>		
0139	CDC	Pediatric Central Line-Associated Bloodstream Infections (CLABSI-CH)
0471	TJC	PC-02: Cesarean Section (PC02-CH)
1360	CDC	Audiological Evaluation No Later Than 3 Months of Age (AUD-CH)
1382	CDC	Live Births Weighing Less Than 2,500 Grams (LBW-CH)
2902	OPA	Contraceptive Care – Postpartum Women Ages 15–20 (CCP-CH)*
NA	No current measure steward	Behavioral Health Risk Assessment (for Pregnant Women) (BHRA-CH)
NA	NCQA	Frequency of Ongoing Prenatal Care (FPC-CH)
NA	NCQA	Prenatal and Postpartum Care: Timeliness of Prenatal Care (PPC-CH)
<b>Care of Acute and Chronic Conditions</b>		
NA	NCQA	Ambulatory Care: Emergency Department (ED) Visits (AMB-CH)
NA	NCQA	Medication Management for People with Asthma (MMA-CH)
<b>Behavioral Health Care</b>		
0108	NCQA	Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication (ADD-CH)
0576	NCQA	Follow-Up After Hospitalization for Mental Illness: Ages 6–20 (FUH-CH)
1365	PCPI	Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment (SRA-CH)
2801	NCQA	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP-CH)*
NA	NCQA	Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC-CH)
<b>Dental and Oral Health Services</b>		
2508	DQA (ADA)	Dental Sealants for 6–9 Year-Old Children at Elevated Caries Risk (SEAL-CH)
NA	CMS	Percentage of Eligibles Who Received Preventive Dental Services (PDENT-CH)
<b>Experience of Care<sup>b</sup></b>		
NA	NCQA	Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey 5.0H – Child Version Including Medicaid and Children with Chronic Conditions Supplemental Items (CPC-CH)

\* This measure was added to the 2017 Child Core Set. More information on 2017 Updates to the Child and Adult Core Health Care Quality Measurement Sets is available at <https://www.medicaid.gov/federal-policy-guidance/downloads/cb120516.pdf>.

<sup>a</sup> The stand-alone HPV Vaccine for Female Adolescents measure (NQF #1959) has been retired by the measure steward, and added to the IMA-CH measure. Therefore, CMS will retire the standalone HPV-CH measure from the Child Core Set and update the IMA-CH measure accordingly.

<sup>b</sup> CMS and AHRQ will test the child version of the Hospital Consumer Assessment of Healthcare Providers and Systems (Child HCAHPS) survey (NQF #2548) to assess the extent to which this hospital-level measure can be reported at the state-level. As such, the measure will not be added to the Child Core Set at this time but CMS will continue to assess its feasibility for possible addition in future Core Sets.

CDC = Centers for Disease Control and Prevention; CHIP = Children's Health Insurance Program; CMS = Centers for Medicare & Medicaid Services; DQA (ADA) = Dental Quality Alliance (American Dental Association); NA = Measure is not NQF endorsed; NCQA = National Committee for Quality Assurance; NQF = National Quality Forum; OHSU = Oregon Health and Science University; OPA = U.S. Office of Population Affairs; PCPI = Physician Consortium for Performance Improvement; TJC = The Joint Commission.

# FFY2015 Public Data

In FFY 2015\*, there were **24** core set Measures

New Jersey reported on **15** Measures

The median number of Measures reported by States in  
FFY 2015 was **16**

Range of Measures reported by States is **1 to 22**

*\*FFY 2015 most recent year of publicly available data.*

# Median Performance Rates vs. NJ Rates

## FFY 2015 Access/Well Child Visits

Measure	New Jersey Rate	Median Performance Rates
<b>Access</b>		
Access to Primary Care (12-24 months)	<b>96.6%</b>	<b>95.2%</b>
Access to Primary Care (25 months – 6 Years)	<b>92.6%</b>	<b>88.0%</b>
Access to Primary Care (7-11 Years)	<b>94.6%</b>	<b>91.4%</b>
Access to Primary Care (12-19 Years)	<b>92.2%</b>	<b>92.2%</b>
<b>Well Child Visits</b>		
Well Child Visits: First 15 Months	<b>70.0%</b>	<b>60.1%</b>
Well Child Visits: 3-6 Years	<b>78.1%</b>	<b>66.9%</b>
Adolescent Well Child Visits	<b>63.7%</b>	<b>45.4%</b>

# Median Performance Rates vs. NJ Rates FFY 2015 Immunizations/Prenatal Care

Measure	New Jersey Rate	Median Performance Rates
<b>Immunizations</b>		
Childhood Immunization Status: Combo 3	<b>65.2%</b>	<b>67.1%</b>
Immunizations for Adolescents: Combo 1	<b>85.7%</b>	<b>67.4%</b>
Human Papillomavirus Vaccine	<b>21.2%</b>	<b>20.8%</b>

Prenatal Care		
Timeliness of Prenatal Care	<b>85.4%</b>	<b>82.0%</b>
Frequency of Ongoing Prenatal Care	<b>61.2%</b>	<b>64.4%</b>

# FFY2016 Reporting

In FFY 2016, there were **26** core set Measures

All **50** States + D.C. reported at least one Measure

States reported a median of **16** Measures

New Jersey reported on **18** Measures



# FFY2017 Reporting

**27** Measures for the FFY2017 reporting year

New Jersey anticipates reporting on **18** Measures

New Jersey has been reporting all **8** years

# Changes in FFY2017 Measures



## New

- The Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics
- Contraceptive Care-Postpartum



## Retired

The Human Papillomavirus (HPV) measure was retired as a stand-alone measure and will be included in the Immunizations for Adolescents Measure.

# FFY2018 Measures Recommended for Retirement by the Measures Application Partnership (MAP)

## Recommended for Retirement

- Frequency of Ongoing Prenatal Care
- Prenatal and Postpartum Care-Timeliness of Prenatal Care
- Medication Management for People with Asthma
- Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment
- Behavioral Health Risk Assessment for Pregnant Women

# FFY2018 Measures Recommended for Inclusion by the Measures Application Partnership (MAP)

## Recommended for Inclusion

- Contraceptive Care: Most and Moderately Effective Methods
- Asthma Medication Ratio
- Informed Coverage
- Screening for Clinical Depression and Follow-Up
- Metabolic Screening for Children and Adolescents Newly on Antipsychotics

## For more information:

<https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/child-core-set/index.html>

# NJ FamilyCare Transportation Broker Contract

# Non-Emergency Transportation

**All non-emergency transportation services for Medicaid covered services:**

- **Mass Transit**
- **Livery**
- **Ambulatory Mobility Assistance**
- **Mobility Assistance Vehicle**
- **Non-emergency Stretcher- BLS and Specialty Care Transport**

# Non-Emergency Transportation Contract

June  
2009

LogistiCare began a single, non-emergency transportation broker contract

Sept.  
2017

LogistiCare awarded a three year contract



# Services Provided by Transportation Broker

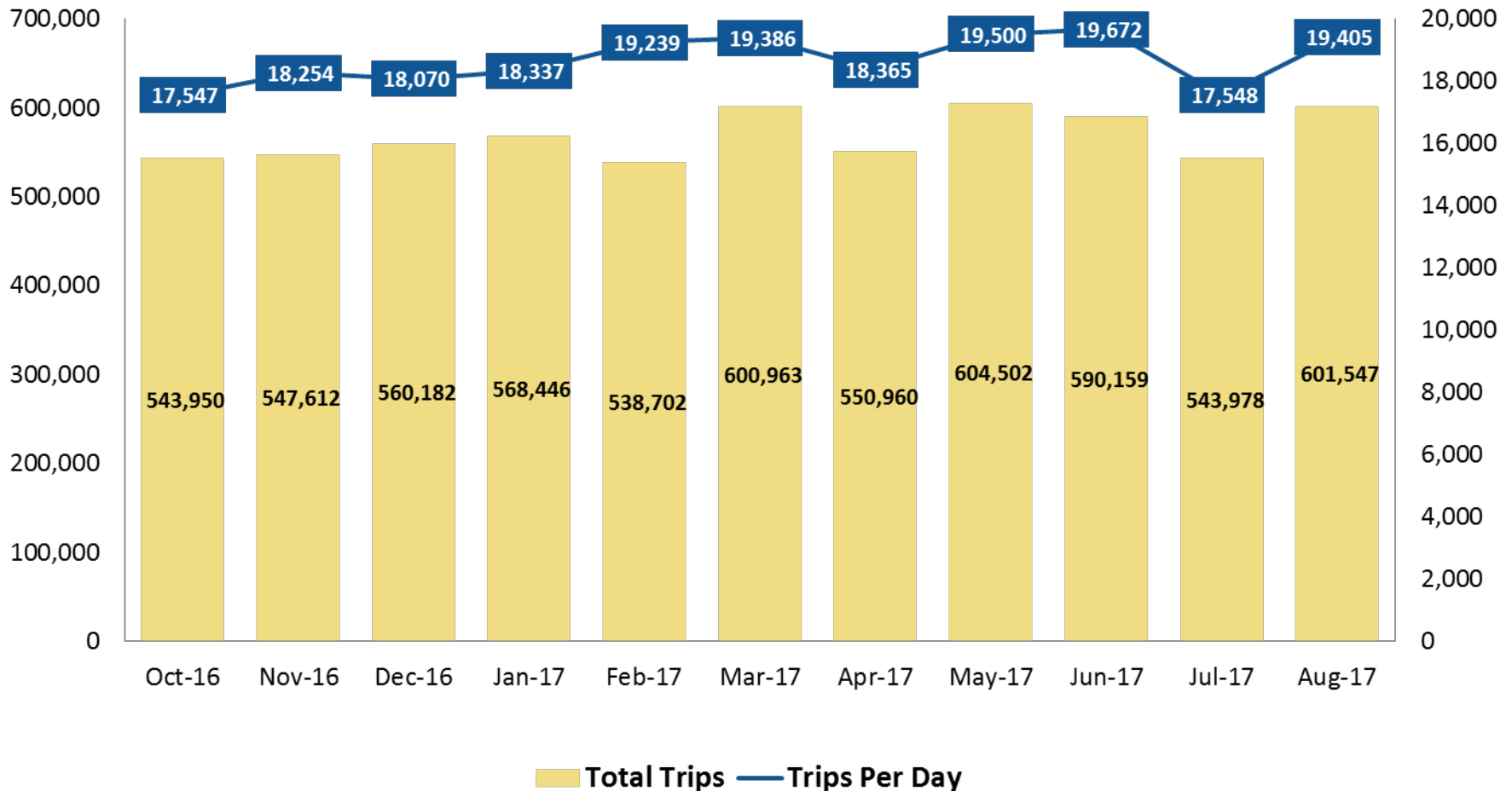
- Transportation
- Verification of insurance
- Verification of driver training
- Background, driving records and drug tests
- Vehicle inspection and re-inspection
- Trip verification

2  
0  
1  
6



Rides  
provided to  
medically  
necessary  
appointments

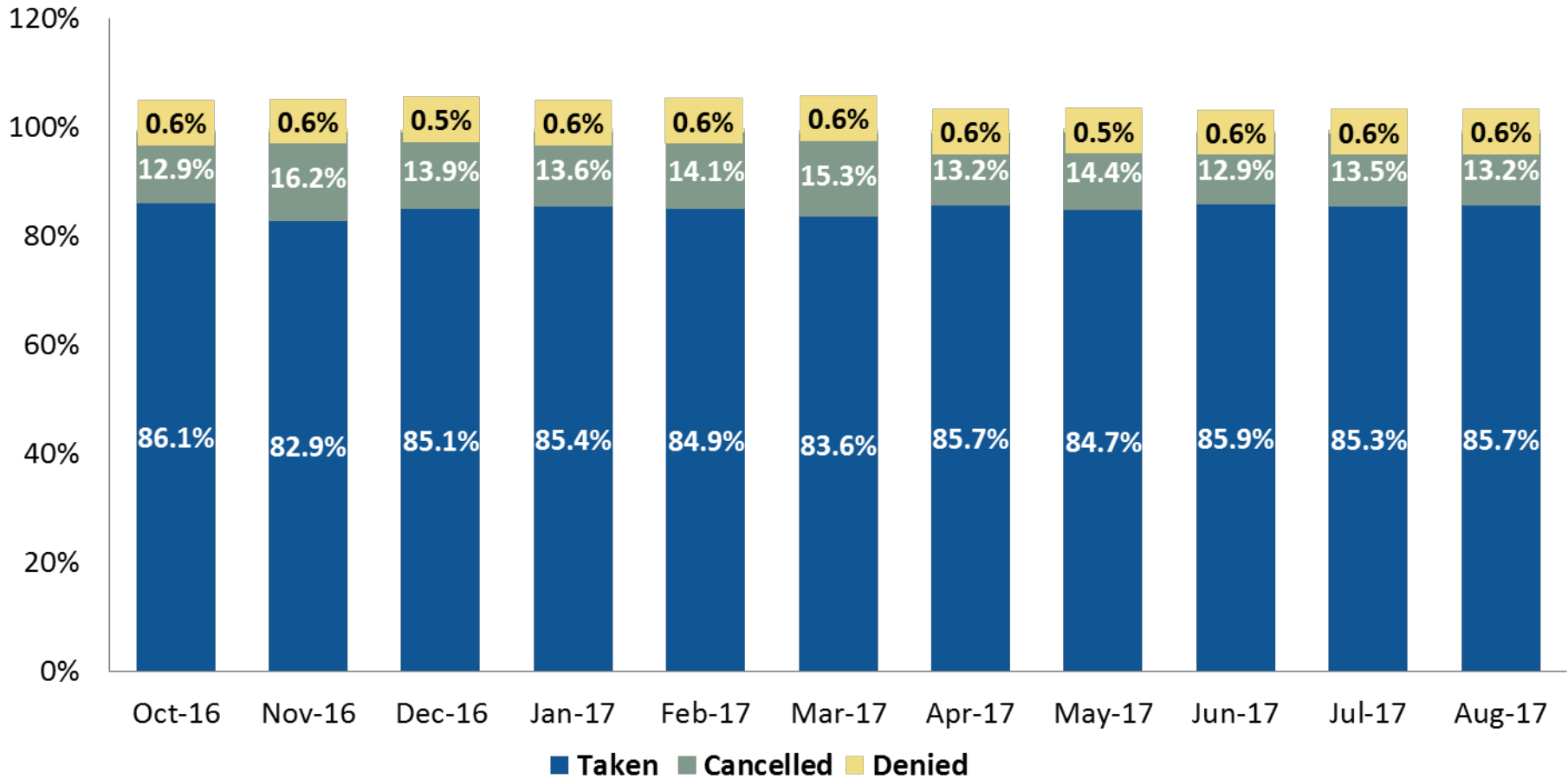
# Trips Per Month and Day (Taken Trips Only)



Source: New Jersey Shared Data Warehouse: LogistiCare Universe. Accessed: January-April-September 2017.

Notes: The trip dates for each month were converted into days. This data **only** includes trips that occurred for each month that were not cancelled or denied trips. The calculation to find the amount of trips that occurred each day was: The total raw number of taken trips/the amount of days in a month, which resulted in the trips per day counts.

# Trip Breakdown

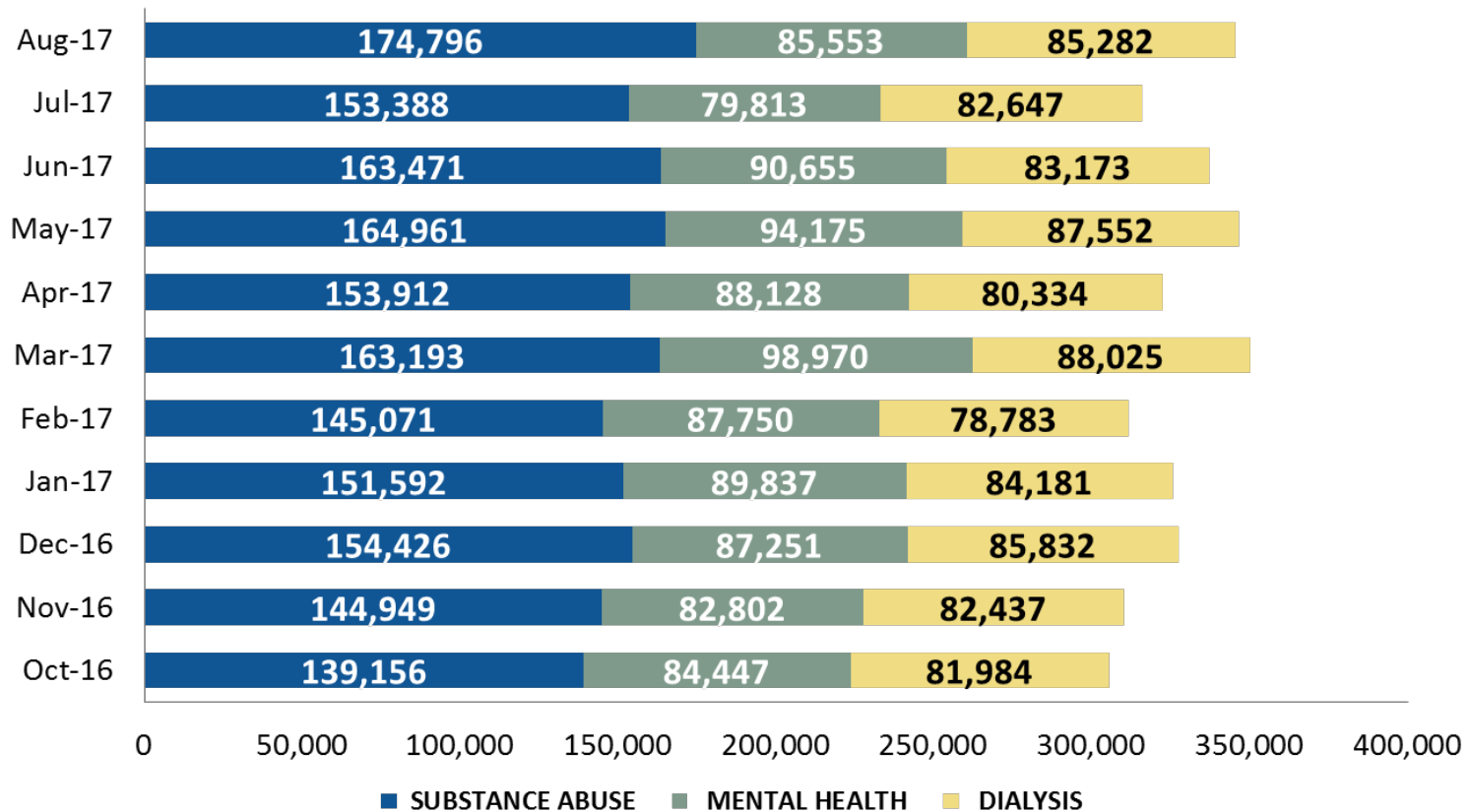


Source: New Jersey Shared Data Warehouse: LogistiCare Universe. Accessed: January-April-September 2017.

Notes: Trip Breakdown depicts the status of a trip, i.e. if the trip was Taken (if the trip occurred), Cancelled, or Denied. The percentage was calculated by the total amount of trips in each category/total trips per month.

# Top 3 Treatment Types (Taken Trips Only)

Rides for Substance Abuse/Mental Health Increased 16.4%



Source: New Jersey Shared Data Warehouse: LogistiCare Universe. Accessed: April-September 2017.

Notes: These are the top 3 Treatment types that consumers of LogistiCare receive frequently, are treated for, and are transported for.

# October 2016-August 2017 LogistiCare New Jersey Transportation Broker Headlines

**84.0% of All Trip Requests occurred**

**99.6% of All Taken Trips had no validated complaint**

**99.5% of All Trips had no complaint**

# Keywords

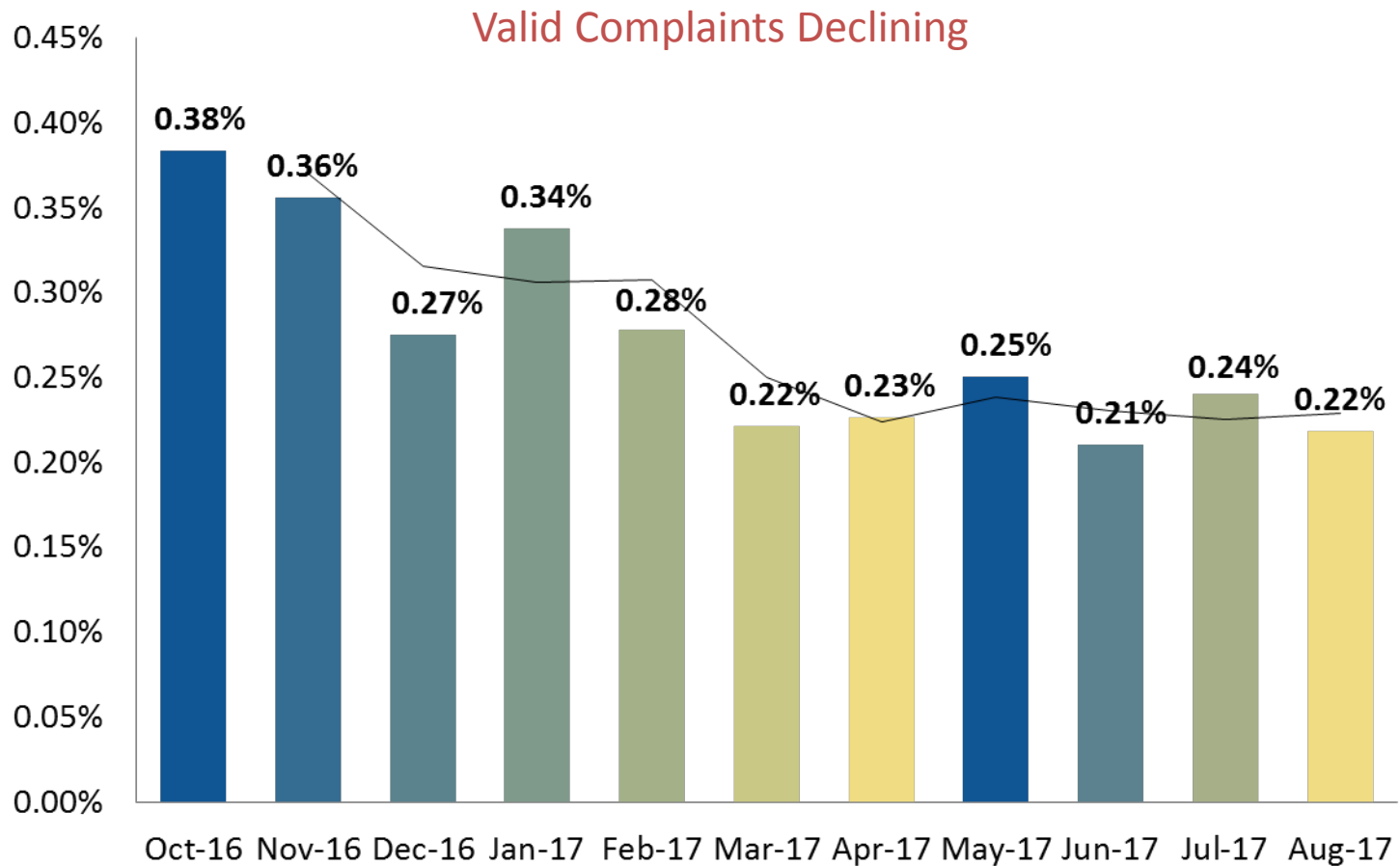
**Valid Complaints** = Complaints that were “substantiated by evidence” and validated by LogistiCare.

**Total Complaints** = Valid, substantiated complaints plus invalid and non-substantiated complaints.

**Taken Trips** = Trips that occurred (not cancelled or denied).

**Total Trips** = *Taken Trips + Cancelled Trips + Denied Trips.*

# Valid Complaints (Taken Trips Only)



Source: New Jersey Shared Data Warehouse:LogistiCare Universe. Accessed: January-February 2017, April-September 2017.

Notes: This chart depicts valid complaints only for Taken Trips (Trips that occurred).The valid complaint rate was calculated by the raw number of all valid complaints/total taken trips each month x 100.

# Top Cancellation Reasons (Cancelled Trips Only)

Majority of Cancellation Reasons NOT due to Transportation Broker  
(LogistiCare reasons circled in red)

Cancellation Reasons	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17
RIDER NO LONGER GOES TO THE HEALTHCARE FACILITY	20,403	21,305	20,870	21,101	18,905	24,654	22,856	24,478	23,894	20,180	25,086
RIDER CANCEL WITH SUFFICIENT NOTICE	8,981	9,253	9,717	9,262	9,538	11,515	9,892	11,537	11,098	10,558	12,751
APPOINTMENT WAS RESCHEDULED	8,044	8,390	7,637	8,316	8,555	11,202	9,305	10,348	10,033	8,593	9,797
LATE CANCELLATION	7,638	8,124	7,961	8,459	7,118	8,218	6,627	7,203	6,844	6,523	7,650
RIDER NO SHOW	6,098	6,201	6,824	6,379	5,249	6,150	5,763	6,547	5,960	5,813	6,085
OTHER	5,517	28,242	12,507	10,775	15,378	19,239	6,520	14,746	5,774	12,496	7,138
CANCELLED BY ENROLLEE OR PRACTITIONER	5,065	5,093	6,778	6,272	5,699	6,202	5,058	5,033	4,544	3,850	3,710
RIDER IS SICK	4,639	4,532	4,921	5,170	4,339	4,551	4,192	4,934	4,088	3,282	4,065
RIDER TRANSPORTED BY OTHER MEANS	2,498	2,594	2,278	1,980	2,160	2,664	2,306	2,647	2,503	2,281	2,545
LOGISTICARE MISTAKE	2,171	2,393	2,135	2,025	2,083	2,446	2,181	2,538	2,285	2,266	3,952
RIDER IS IN THE HOSPITAL	2,083	2,300	1,934	2,350	2,115	2,587	2,390	2,340	2,469	2,226	2,532
RIDER TRANSPORTED BY FAMILY MEMBER OR FRIEND	1,518	1,737	1,629	1,594	1,310	1,863	1,554	1,835	1,886	1,680	1,634
RE-ROUTED 24+ HOURS NOTICE	1,431	1,119	1,078	1,029	1,420	1,624	1,169	1,008	854	329	294
TRANSPORTATION PROVIDER NO SHOW	1,362	1,233	1,403	1,513	1,326	1,649	1,313	1,795	1,527	1,374	1,258
RE-ROUTED LESS THAN 24 HOURS NOTICE	1,163	1,369	1,080	1,291	1,193	1,579	866	1,084	1,212	1,314	840
RIDER REFUSED TRANSPORTATION	1,039	1,489	1,295	1,332	1,400	1,543	1,165	1,611	1,298	1,158	1,510
DUPLICATE CALL	1,030	930	1,068	1,034	987	1,217	1,074	1,582	1,239	1,104	980
TRANSPORTATION PROVIDER LATE	866	857	664	919	923	1,109	966	1,263	1,119	843	771
<b>Total</b>	<b>81,546</b>	<b>107,161</b>	<b>91,779</b>	<b>90,801</b>	<b>89,698</b>	<b>110,012</b>	<b>85,197</b>	<b>102,529</b>	<b>88,627</b>	<b>85,870</b>	<b>92,598</b>

Source: New Jersey Shared Data Warehouse: LogistiCare Universe. Accessed: January-February 2017, April-September 2017.

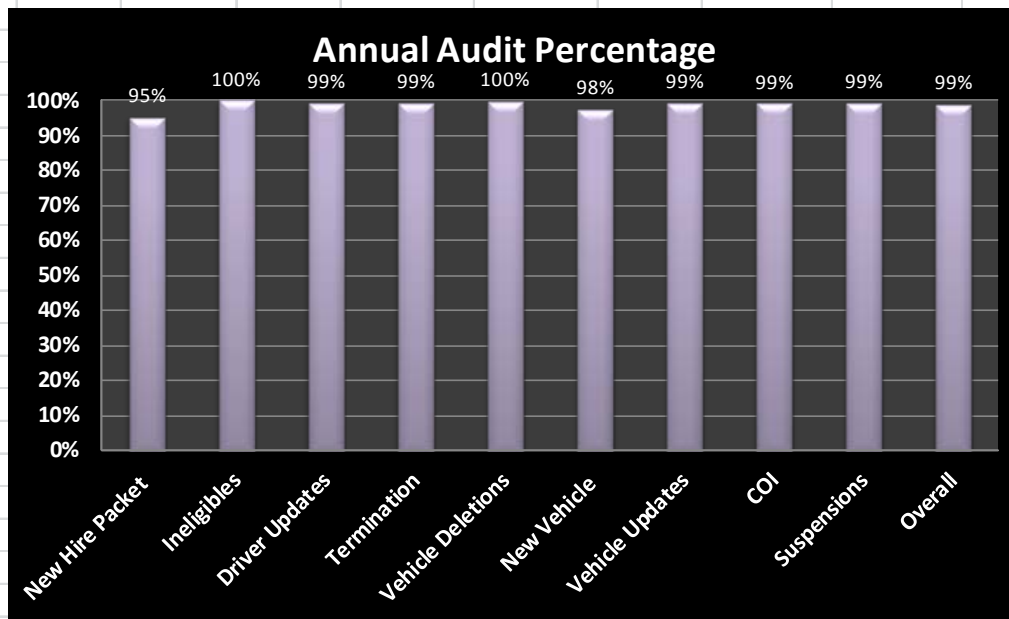
Notes: Cancellations are initiated by LogistiCare. To obtain an accurate picture of cancellations, the cancellation reason of Trip Denied was removed from this data set. Rider no longer goes to the HealthCare Facility would result in a trip cancellation because "Trips are scheduled 14 days prior and if a Rider no longer goes to Healthcare Facility, the remaining trips are cancelled." Rider No Show-"Anyone who cancels less than 3 hours prior to appointment or does not show up when Provider comes to pick them up." **The cancellation reason of Holiday is why November's Other category is much larger than some of the other months. The total for March 2017 is due to the weather conditions that resulted in cancelled trips. For May 2017, Due to Holiday, there were many cancellations. Other signifies the less common Cancellation Reasons grouped together.**



# Responding to Issues Raised by NJ FamilyCare

## Increased vehicle inspections

	New Hire Packet	Ineligibles	Driver Updates	Termination	Vehicle Deletions	New Vehicle	Vehicle Updates	COI	Suspensions	Overall
Total Amount Entered	2782	175	17407	1566	419	419	3483	441	138	26830
Entered Correctly	2648	175	17298	1557	418	409	3456	437	137	26535
Correct Percentage	95%	100%	99%	99%	100%	98%	99%	99%	99%	99%



# Contract Changes

## Live GPS Tracking of Non-Public Vehicles

- System will utilize electronic signatures to track beneficiaries entering and exiting the vehicle
- Monthly reports to SMU indicating “on time” and “no show” performance data
- Phase out of self reported back up tracking log once system reliability is verified
- Begins 120 days after commencement of the contract (12/30/17)

# Contract Changes

## Classroom and Behind the Wheel Training

- New Hires have 45 days to complete training
- Refresher training every two years
- Minimum of 20 hours to allow billing for driver
  - ✓ defensive driving techniques
  - ✓ wheelchair securement
  - ✓ lift operation
  - ✓ cultural and disability sensitivity training
  - ✓ passenger assistance techniques
  - ✓ first aid
  - ✓ State child safety laws
  - ✓ How to handle disruptive behavior
  - ✓ General customer service techniques

# Contract Changes

## Miscellaneous

- Pick up times for “will call” reduced to 60 minutes
- Monthly audit of 30% of network provider maintenance and related vehicle reports
- Trips may not be denied secondary to providers not submitting an MNF
- Shared trips limited to 4 adults or 9 children
  - ✓ 90% of shared trips must be less than 30 minutes more than required to accomplish a single trip
- Complaint response
  - ✓ Verbal complaints are given a “complaint” number
  - ✓ Complaints taken by all staff, no wrong door
  - ✓ Written complaints shall receive written confirmation within 3 business days

# Non-Contract Changes

- At off peak hours the call center staff place outbound calls to clients who would normally call the center 10 times or more a month to schedule reservations.
- To help streamline the reservation process for Members, Logisticare has expanded the Member website and online options. The system will now allow calling members to schedule their Mass Transit trips 30 days in advance and provide courtesy calls to inform them the status of their bus pass and tracking numbers.
- Logisticare has increased the staffing numbers in the facilities department. In addition, they have initiated monthly live audits of representatives' calls by the supervisors and team leads to provide an immediate coaching/training experience for the agent.
- Includes access to the client portal from smartphones and tablets.
- Increased the number of calls monitored from 4 per agent to 12.
- Additional staff was added to the verification team, utilization review team and the discharge team.
- LYFT services were added. These trips represented a very small part of the overall volume of trips (less than 5%) and are typically same day/urgent trips, hospital discharge, and "will call" when contracted providers are unable to complete the trip.

# Non-Contract Changes

- Improved and modernized IVR system allowing Members to pre-verify their identity, cancel reservations as well as obtain detailed information for all upcoming trips without speaking to an agent.
  - The cancellation request also sends the Members a text message confirming their request for security purposes.
  - This new IVR populates a web-based screen for CSRs with the Member's information (Medicaid ID, Trip Date and Number) as well as the reason for the call. This allows agents to provide a faster and targeted service.

# State Monitoring Unit

- Currently 2 full time onsite staff
  - One Supervising Program Support staff
  - One Social Worker
  - Call number is 1-866-527-9834 x2425, or x2454
- Expanding to 5 full time staff and adding dedicated field staff
  - Addition of 2 full time program specialists (onsite at Logisticare)
  - Addition of 1 full time RN (onsite at Logisticare)
  - 5 dedicated MACC staff for field monitoring

# State Monitoring Unit

## Addition of 2 Full Time Program Specialists

- Responsible for answering the phones to address complaints/issues that are received directly
- assisting in addressing client issues
- following up on reasons for no shows
- obtaining details regarding cancellations
- investigating lateness for appointments
- verifying vehicle and driver documentation
- listening to calls to monitor quality (as time allows)
- conducting post-trip member satisfaction survey calls



# State Monitoring Unit

## Addition of 1 Full Time RSN

- Review closest Provider Certifications (CPCs) and denials based on distance and requests for ineligible services
- Makes determinations on unanswered LMN requests to ensure continuity of care and follows up with appropriate providers as required
- Works with the MCO/care managers when referrals are received by OQA and MLTSS OQA

# State Monitoring Unit

## Dedicated Field Staff

One dedicated staff member from each MACC office will continue to provide onsite observation of trips provided in the community monitoring:

- Valid inspection sticker on vehicle
- Driver properly dressed and with identification/uniform
- Driver provided required assistance as needed
- Was trip on time
- Quick visual inspection of vehicle if indicated
- Completion of field observation review form

# NJ FamilyCare Update

# September 2017 Enrollment Headlines

1,744,819 Overall Enrollment

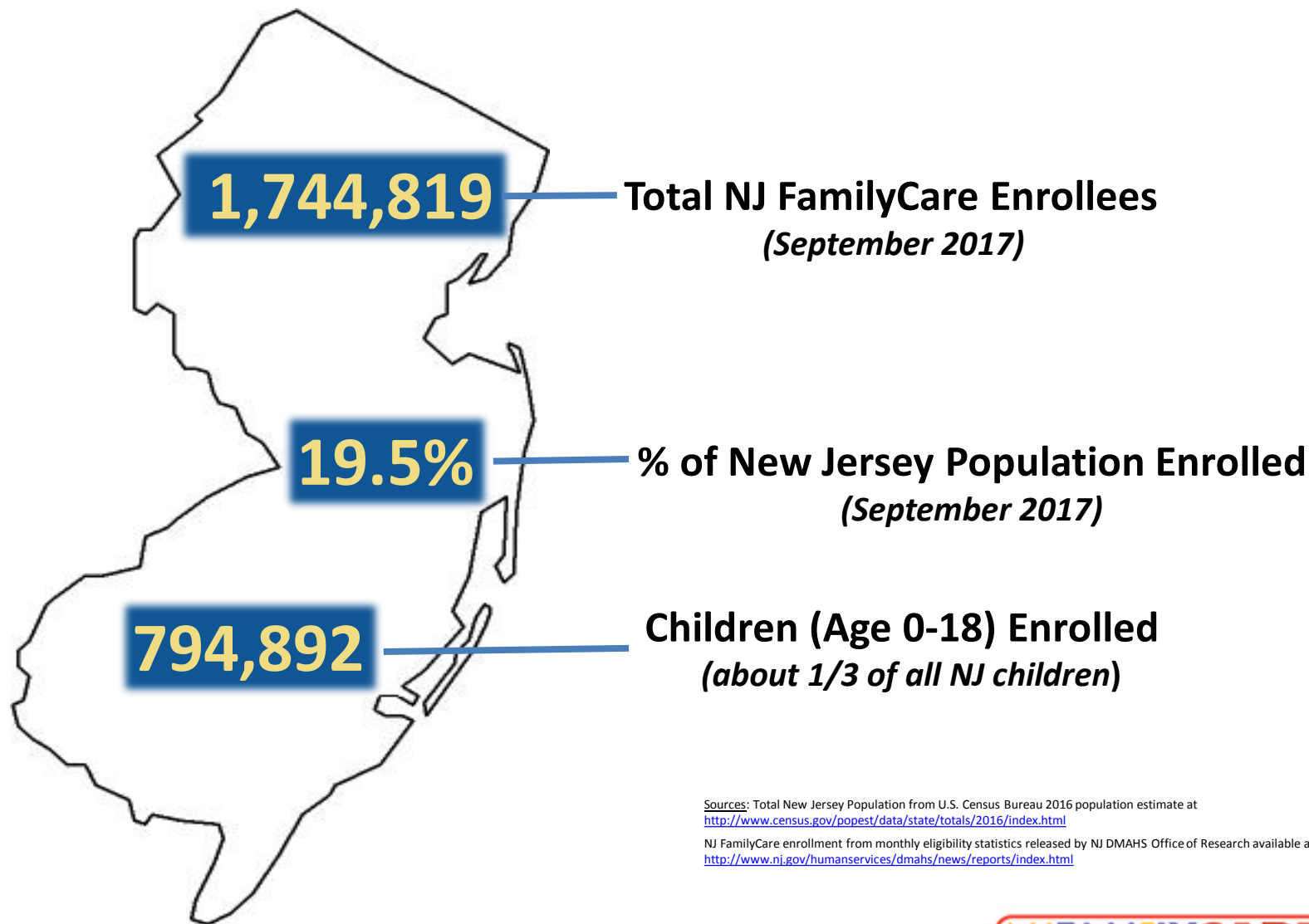
12,040 (0.7%) Net Decrease Over August 2017  
19,141 (1.1%) Net Decrease Over September 2016

95.3% are Enrolled in Managed Care  
2<sup>nd</sup> Highest Managed Care Penetration Rate

Source: Monthly eligibility statistics released by NJ DMAHS Office of Research available at <http://www.nj.gov/humanservices/dmahs/news/reports/index.html>;  
Dec. eligibility recast to reflect new public statistical report categories established in January 2014

Notes: Net change since Dec. 2013; includes individuals enrolling and leaving NJFamilyCare.

# NJ Total Population: 8,935,421



Sources: Total New Jersey Population from U.S. Census Bureau 2016 population estimate at <http://www.census.gov/popest/data/state/totals/2016/index.html>

NJ FamilyCare enrollment from monthly eligibility statistics released by NJ DMAHS Office of Research available at <http://www.nj.gov/humanservices/dmahs/news/reports/index.html>

# September 2017 Eligibility Summary

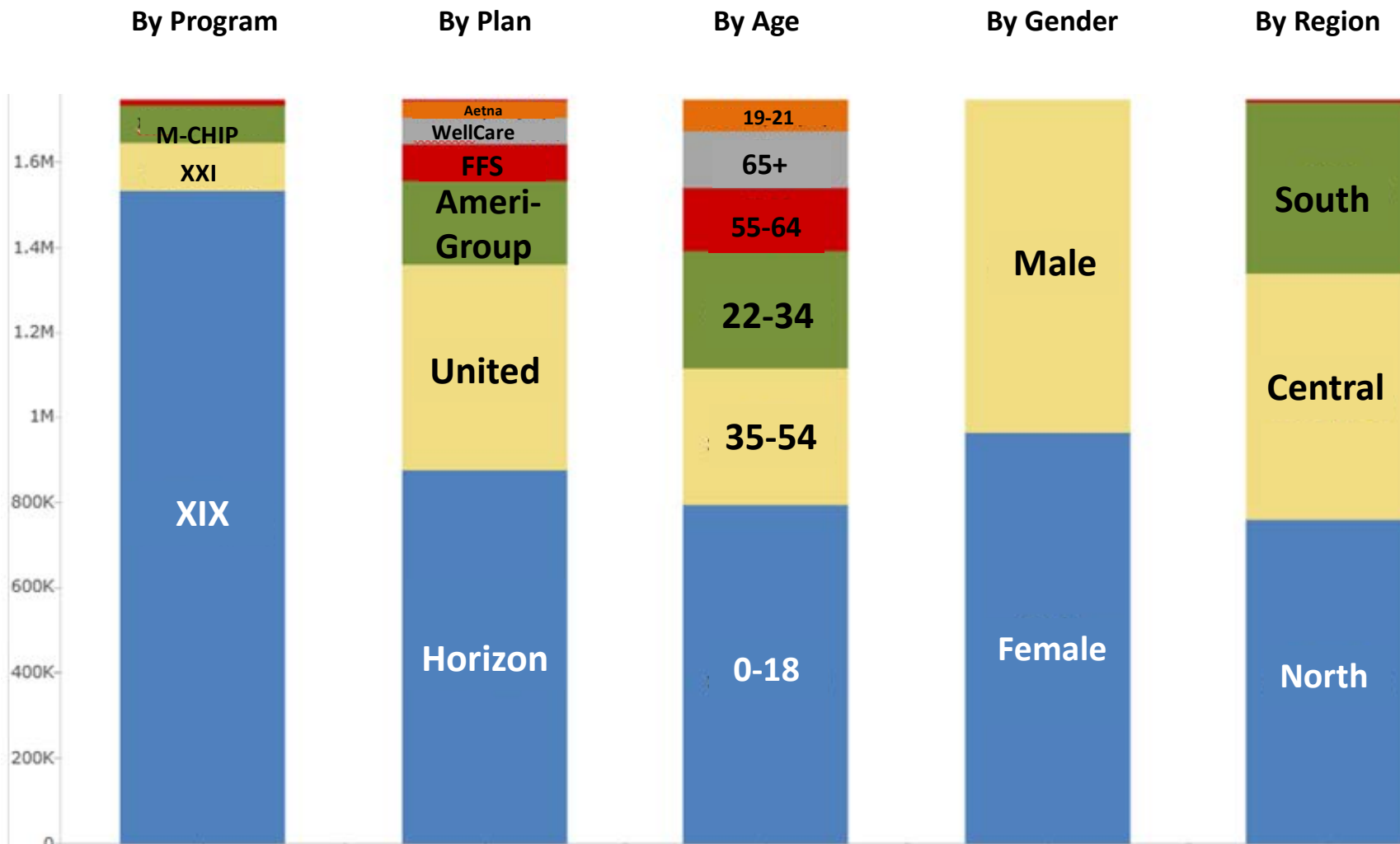
Total Enrollment: 1,744,819

Expansion Adults	536,851	30.8%
Other Adults	108,266	6.2%
Medicaid Children	598,849	34.3%
M-CHIP Children	89,108	5.1%
CHIP Children	111,820	6.4%
Aged/Blind/Disabled	299,925	17.2%

Source: Monthly eligibility statistics released by NJ DMAHS Office of Research available at <http://www.nj.gov/humanservices/dmahs/news/reports/index.html>;

Notes: Expansion Adults consists of 'ABP Parents' and 'ABP Other Adults'; Other Adults consists of 'Medicaid Adults'; Medicaid Children consists of 'Medicaid Children', 'M-CHIP' and 'Childrens Services'; CHIP Children consists of all CHIP eligibility categories; ABD consists of 'Aged', 'Blind' and 'Disabled'.

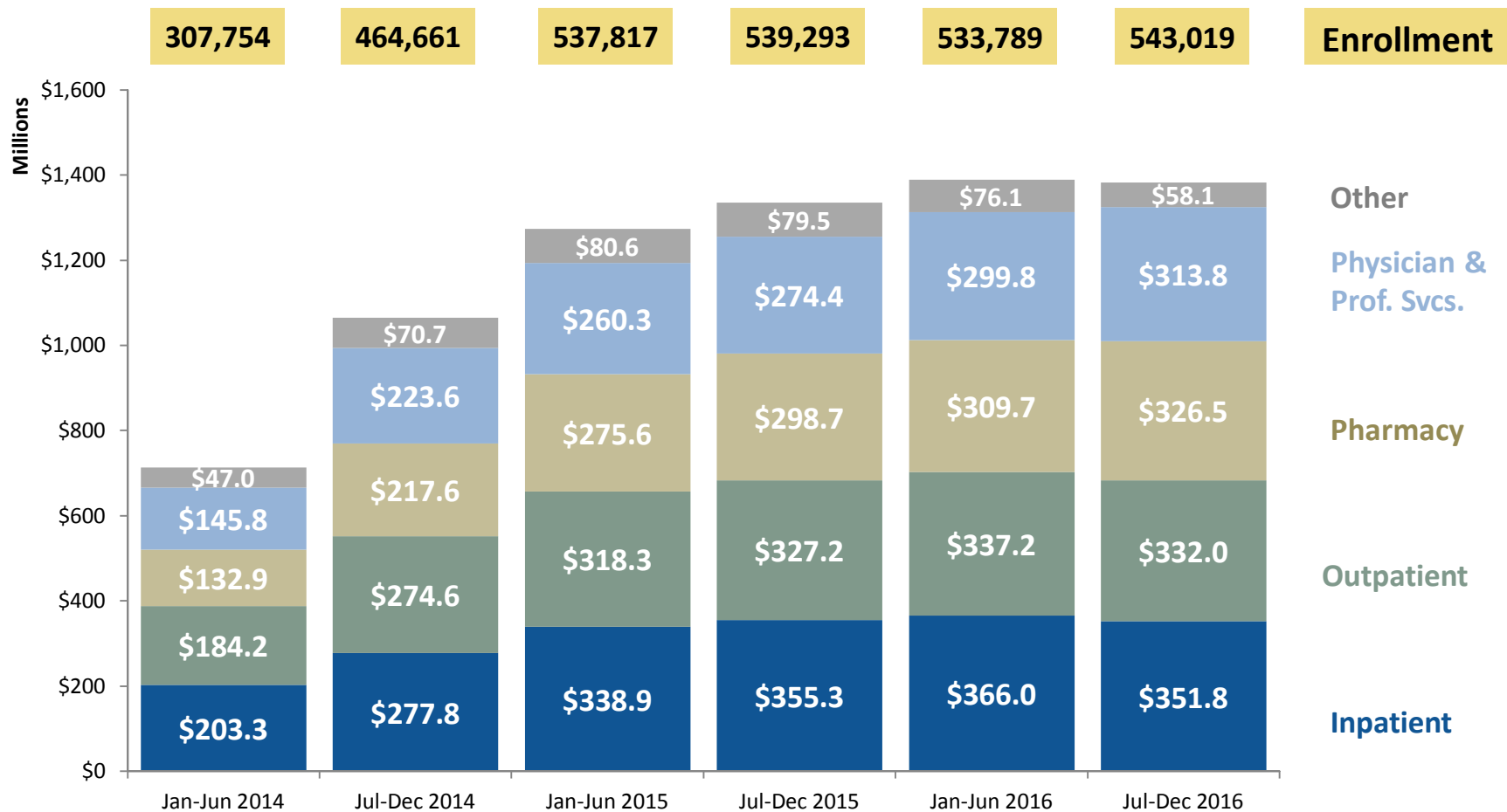
# NJ FamilyCare Enrollment "Breakdowns"



Source: NJ DMAHS Shared Data Warehouse Snapshot Eligibility Summary Universe, run for September, 2017.

Notes: By Region: North= Bergen, Essex, Hudson, Morris, Passaic, Sussex & Warren. Central= Hunterdon, Mercer, Middlesex, Monmouth, Ocean, Somerset & Union. South= Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester & Salem. Region does not add up to total enrollment due to small "unknown" category that is not displayed. \*M-CHIP: Individuals eligible under Title XIX, but paid with CHIP (Title XXI) federal funds.

# Expansion Population Service Cost Detail



Source: NJ DMAHS Share Data Warehouse fee-for-service claim and managed care encounter information accessed 10/4/2017

Notes: Amounts shown are dollars paid by NJ FamilyCare MCOs to providers for services supplied to NJ FamilyCare members – capitation payments made by NJ FamilyCare to its managed care organizations are not included. Amounts shown include all claims paid through 7/10/17 for services provided in the time period shown. Additional service claims may have been received after this date. Subcapitations are not included in this data. In addition to traditional "physician services" claims, "Professional Services" includes orthotics, prosthetics, independent clinics, supplies, durable medical equipment, hearing aids and EPSDT, laboratory, chiropractor, podiatry, optometry, psychology, nurse practitioner, and nurse midwifery services. "Other" includes dental, transportation, home health, long term care, vision and crossover claims for duals.



# Long Term Care (LTC) and Managed Long Term Services & Supports (MLTSS)



# Long Term Care Recipients Summary – August 2017

**Total Long Term Care Recipients\***

**52,344**

## Managed Long Term Support & Services (MLTSS)

**37,586**

MLTSS HCBS	20,328
MLTSS Assisted Living	3,067
MLTSS HCBS/AL (unable to differentiate)	21
MLTSS NF	13,928
MLTSS Upper SCNF	146
MLTSS Lower SCNF	96

## Fee For Service (FFS/Managed Care Exemption)

**13,809**

FFS pending MLTSS (SPC 60-64)	706
FFS Nursing Facility (SPC 65)	9,611
FFS SCNF Upper (SPC 66)	167
FFS SCNF Lower (SPC 67)	112
FFS NF – Other (June 2017)**	3,213

## PACE

**949**

Source: NJ DMAHS Shared Data Warehouse Regular MMX Eligibility Summary Universe, accessed 9/11/2017.

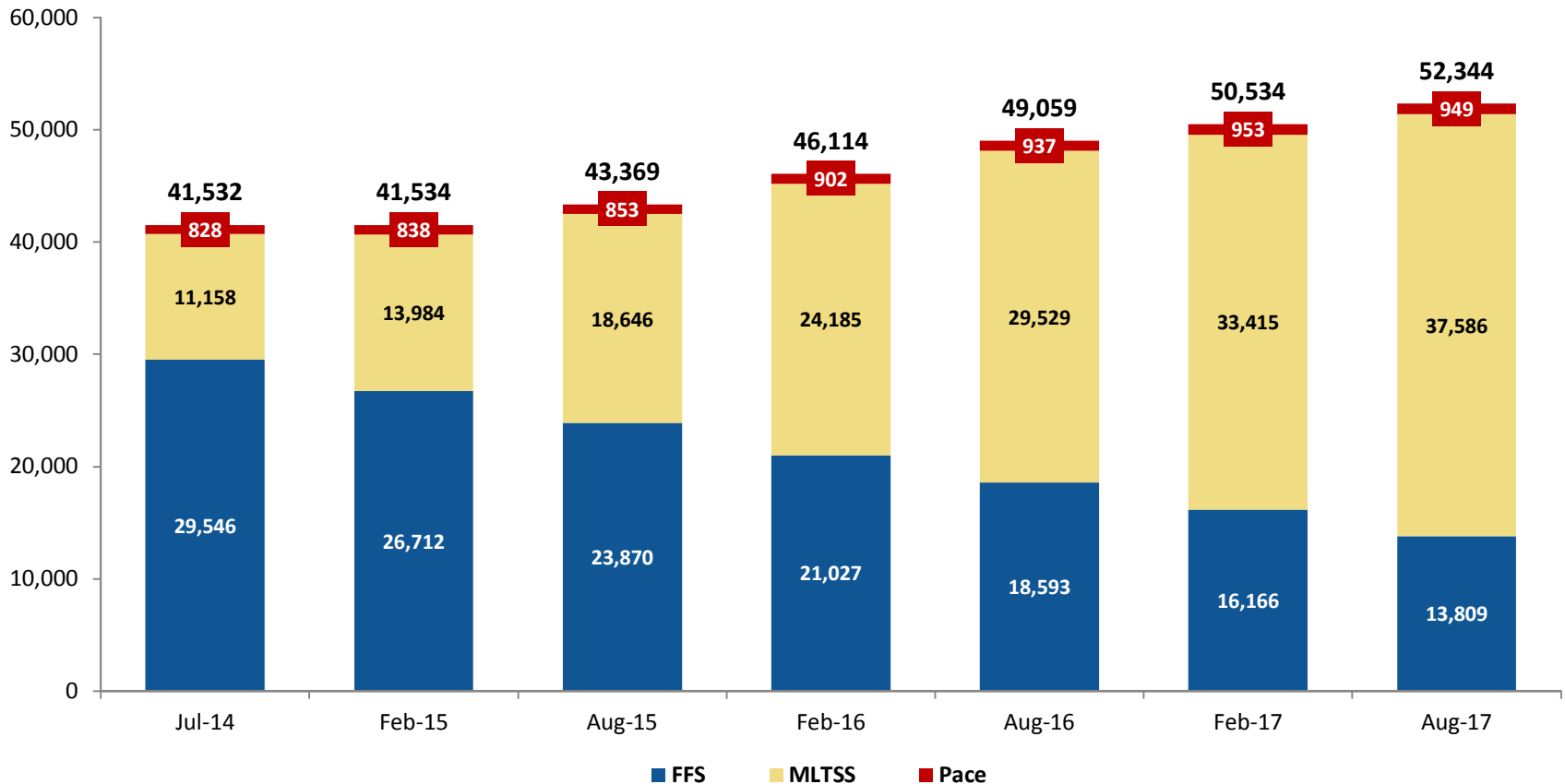
Notes: Information shown includes any person who was considered LTC at any point in a given month and includes individuals with Capitation Codes 79399, 89399, 78199, 88199, 78399, 88399, 78499 & 88499, Special Program Codes 03, 05, 06, 17, 32, 60-67, Category of Service Code 07, or MC Plan Codes 220-223 (PACE).

\* 'FFS NF – Other is derived based on the prior month's population with a completion factor (CF) included to estimate the impact of nursing facility claims not yet received. Historically, 90.76% of long term care nursing facility claims and encounters are received one month after the end of a given service month.

\*\* Includes Medically Needy (PSC 170,180,270,280,340-370,570&580) recipients residing in nursing facilities and individuals in all other program status codes that are not within special program codes 60-67 or capitation codes 79399, 89399, 78199, 88199, 78399, 88399, 78499 & 88499.

# Long Term Care Population: FFS-MLTSS Breakdown

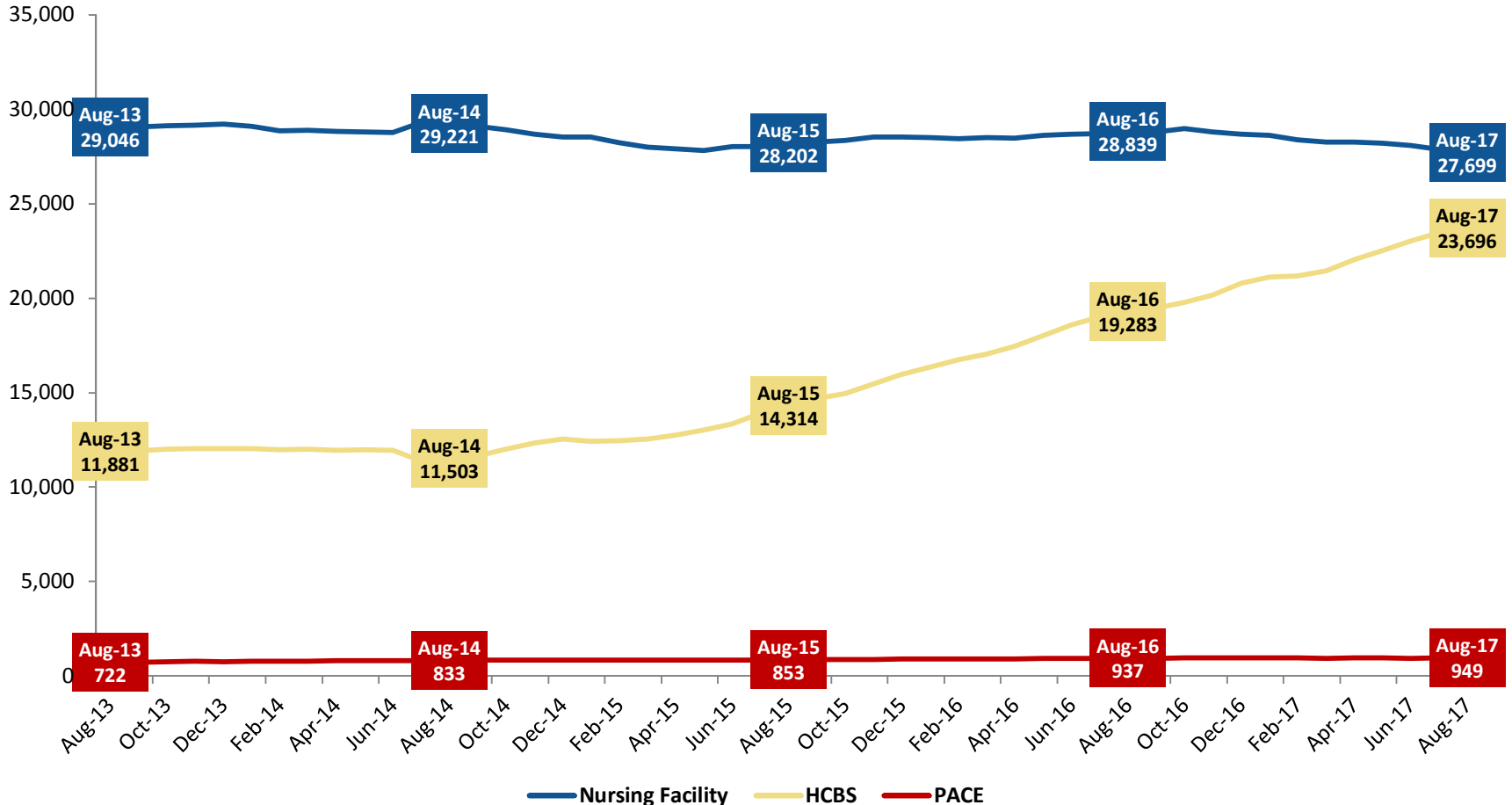
## 6-Month Intervals



Source: Monthly Eligibility Universe (MMX) in Shared Data Warehouse (SDW), accessed on 9/11/2017.

Notes: Information shown includes any person who was considered LTC at any point in a given month based on: Capitation Codes 79399, 89399, 78199, 88199, 78399, 88399, 78499 & 88499, Special Program Codes 03, 05, 06, 17, 32, 60-67, Category of Service Code 07, or MC Plan Codes 220-223 (PACE). All recipients with PACE plan codes (220-229) are categorized as PACE regardless of SPC, Capitation Code, or COS. MLTSS includes all recipients with the cap codes listed above. FFS includes SPC 65-67 and all other COS 07, which is derived using the prior month's COS 07 population with a completion factor (CF) included to estimate the impact of nursing facility claims not yet received. Historically, 90.76% of long term care nursing facility claims and encounters are received one month after the end of a given service month.

# Long Term Care Population by Setting



Source: Monthly Eligibility Universe (MMX) in Shared Data Warehouse (SDW), accessed on 9/11/2017.

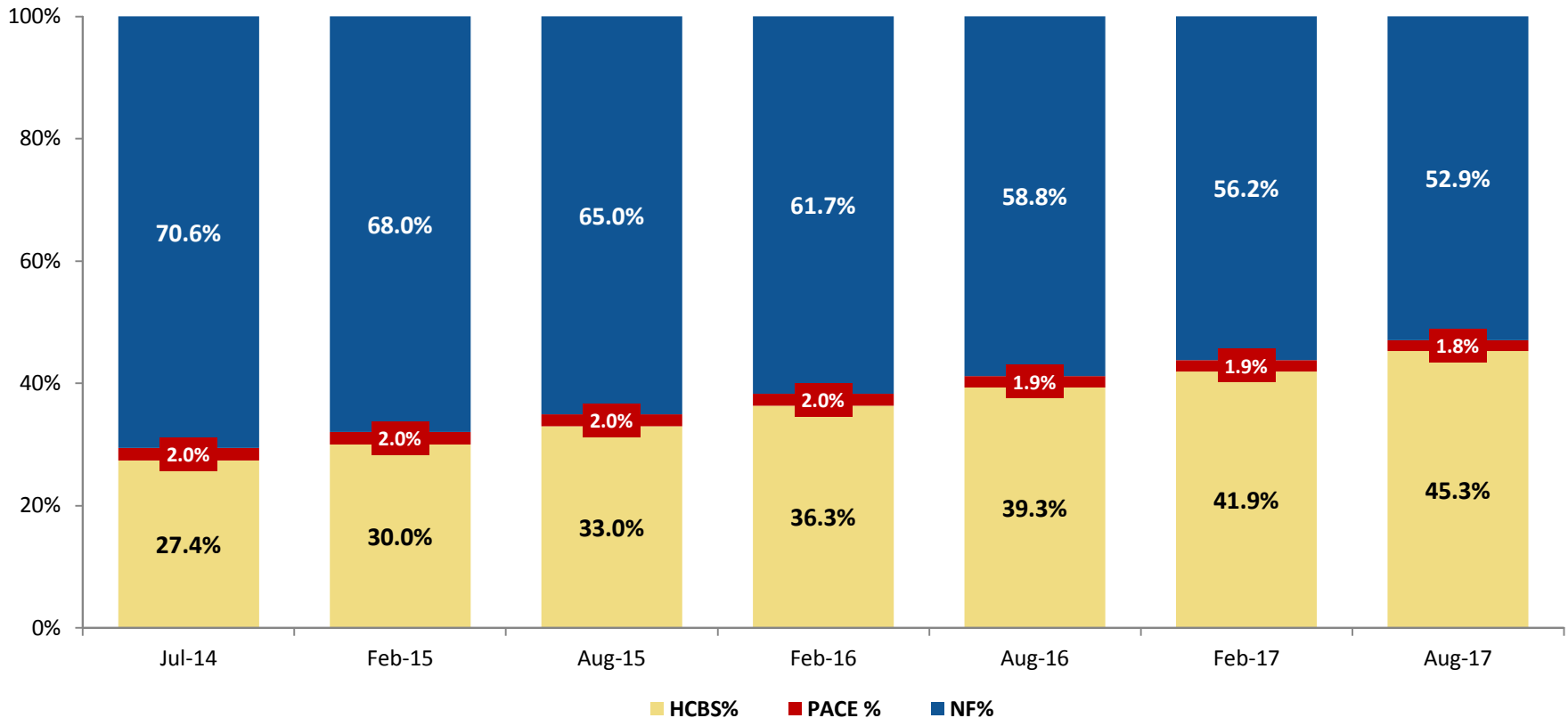
Notes: All recipients with PACE plan codes (220-229) are categorized as PACE regardless of SPC, Capitation Code, or COS.

Home & Community Based Services (HCBS) Population is defined as recipients with a special program code (SPC) of 60 (HCBS) or 62 (HCBS – Assisted Living) OR Capitation Code 79399,89399 (MLTSS HCBS) with no fee-for-service nursing facility claims in the measured month.

Nursing Facility (NF) Population is defined as recipients with a SPC 61,63,64,65,66,67 OR CAP Code 78199,88199,78399,88399,78499,88499 OR a SPC 60,62 with a COS code 07 OR a Cap Code 79399,89399 with a COS code 07 OR a COS 07 without a SPC 60-67 (Medically Needy). COS 07 count w/out a SPC 6x or one of the specified cap codes uses count for the prior month and applies a completion factor (CF) due to claims lag (majority are medically needy recipients).

# MLTSS Rebalancing

## 6 Month Intervals



Source: Monthly Eligibility Universe (MMX) in Shared Data Warehouse (SDW), accessed on 9/11/2017.

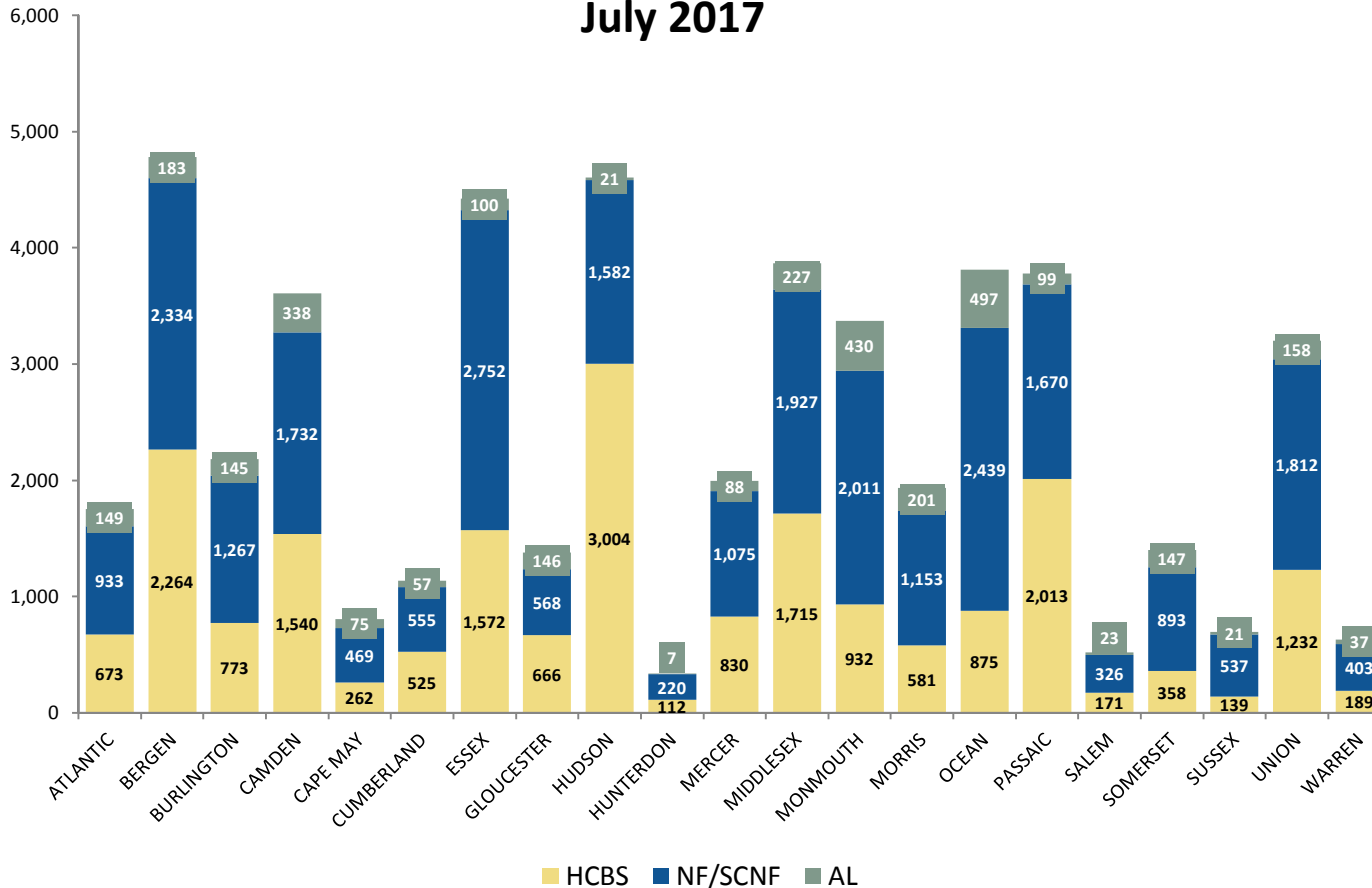
Notes: All recipients with PACE plan codes (220-229) are categorized as PACE regardless of SPC, Capitation Code, or COS.

Home & Community Based Services (HCBS) Population is defined as recipients with a special program code (SPC) of 60 (HCBS) or 62 (HCBS – Assisted Living) OR Capitation Code 79399,89399 (MLTSS HCBS) with no fee-for-service nursing facility claims in the measured month.

Nursing Facility (NF) Population is defined as recipients with a SPC 61,63,64,65,66,67 OR CAP Code 78199,88199,78399,88399,78499,88499 OR a SPC 60,62 with a COS code 07 OR a Cap Code 79399,89399 with a COS code 07 OR a COS 07 without a SPC 60-67 (Medically Needy &/or Rehab). COS 07 count w/out a SPC 6x or one of the specified cap codes uses count for the prior month and applies a completion factor (CF) due to claims lag (majority are medically needy recipients).

# Long Term Care Population by County

## County Long Term Care Population, by Setting July 2017



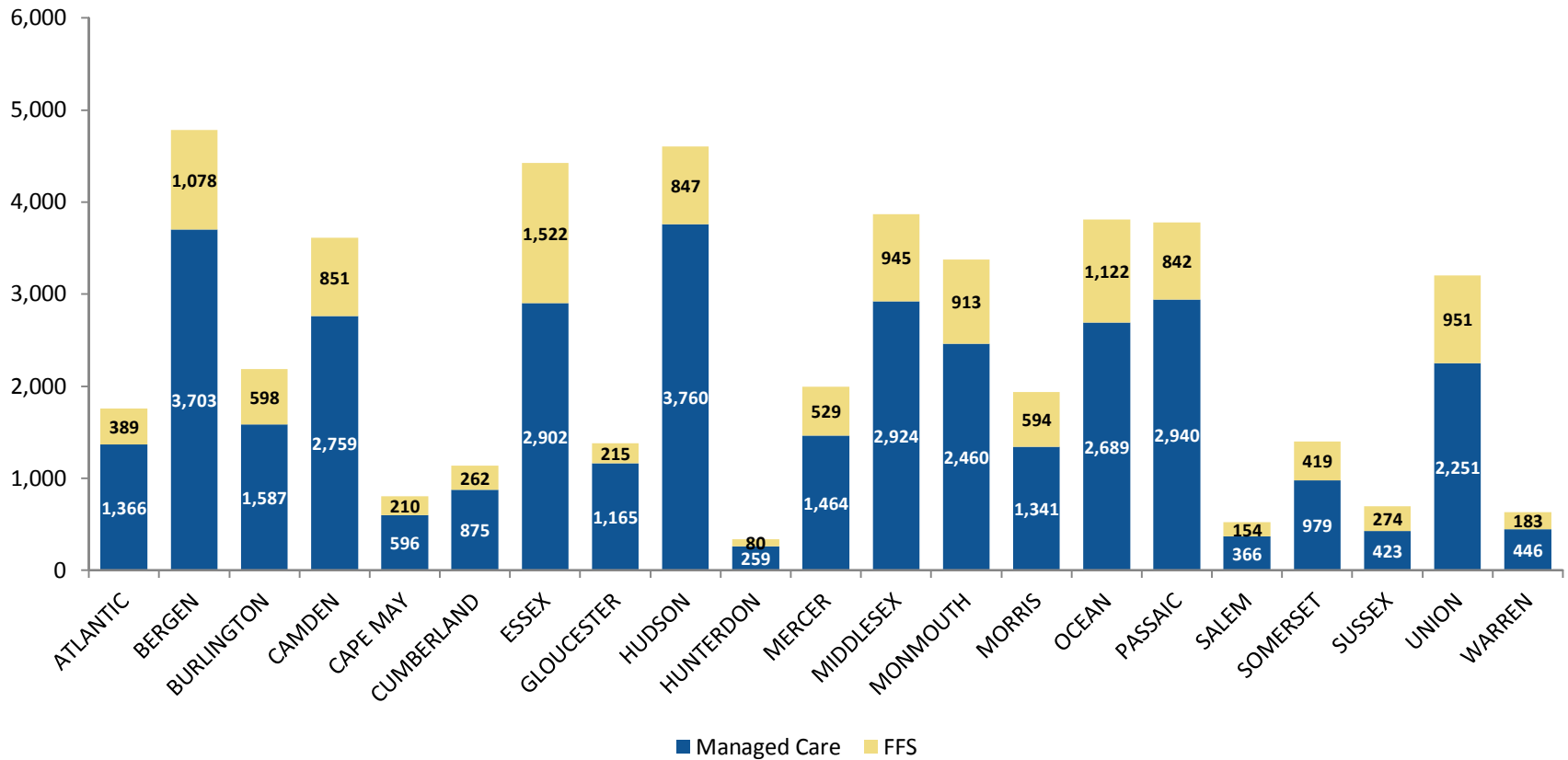
COUNTY	NJ FamilyCare	LTC
ATLANTIC	4.1%	3.5%
BERGEN	6.6%	9.5%
BURLINGTON	3.6%	4.3%
CAMDEN	8.1%	7.2%
CAPE MAY	1.1%	1.6%
CUMBERLAND	2.8%	2.3%
ESSEX	13.3%	8.8%
GLOUCESTER	2.8%	2.7%
HUDSON	10.4%	9.2%
HUNTERDON	0.6%	0.7%
MERCER	4.1%	4.0%
MIDDLESEX	7.7%	7.7%
MONMOUTH	4.7%	6.7%
MORRIS	2.5%	3.9%
OCEAN	7.5%	7.6%
PASSAIC	8.9%	7.5%
SALEM	0.9%	1.0%
SOMERSET	1.9%	2.8%
SUSSEX	0.9%	1.4%
UNION	6.6%	6.4%
WARREN	0.9%	1.3%

Source: DMAHS Shared Data Warehouse Monthly Eligibility Universe, accessed 9/11/17.

Notes: Information shown includes any person who was considered LTC at any point in a given month, based on CAP Codes 79399, 89399, 78199, 88199, 78399, 88399, 78499 & 88499, Special Program Codes 60-67, Category of Service Code 07, or MC Plan Codes 220-223 (PACE). \* Uses count for the prior month due to claims lag in identifying medically needy (PSC 170,180,270,280,340-370,570&580) and other non-exempt fee-for-service nursing facility recipients.

# Long Term Care Recipients per County, MC vs FFS

## County Long Term Care Population, by MC vs. FFS July 2017

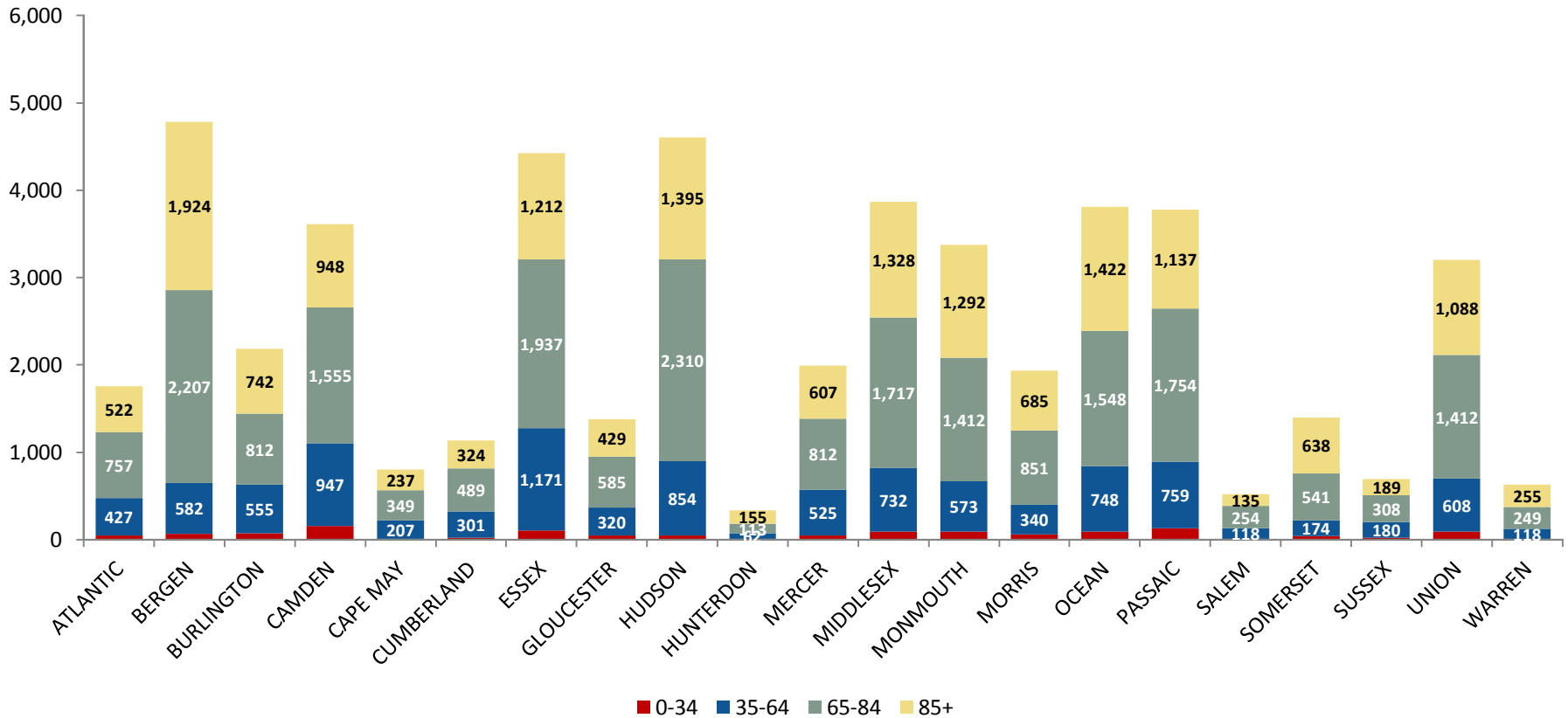


Source: NJ DMAHS Shared Data Warehouse Regular MMX Eligibility Summary Universe, accessed 9/2017.

Notes: Information shown includes any person who was considered LTC at any point in a given month and includes individuals with Capitation Codes 79399, 89399, 78199, 88199, 78399, 88399, 78499 & 88499, Special Program Codes 03, 05, 06, 17, 32 (prior to 7/1/14) or SPC 60-67 (post 7/1/14), Category of Service Code 07, or MC Plan Codes 220-223 (PACE). County distinction is based on recipient's county of residence in the given month.

# Long Term Care Recipients per County, by Age Grouping

## County Long Term Care Population, by Age Grouping July 2017

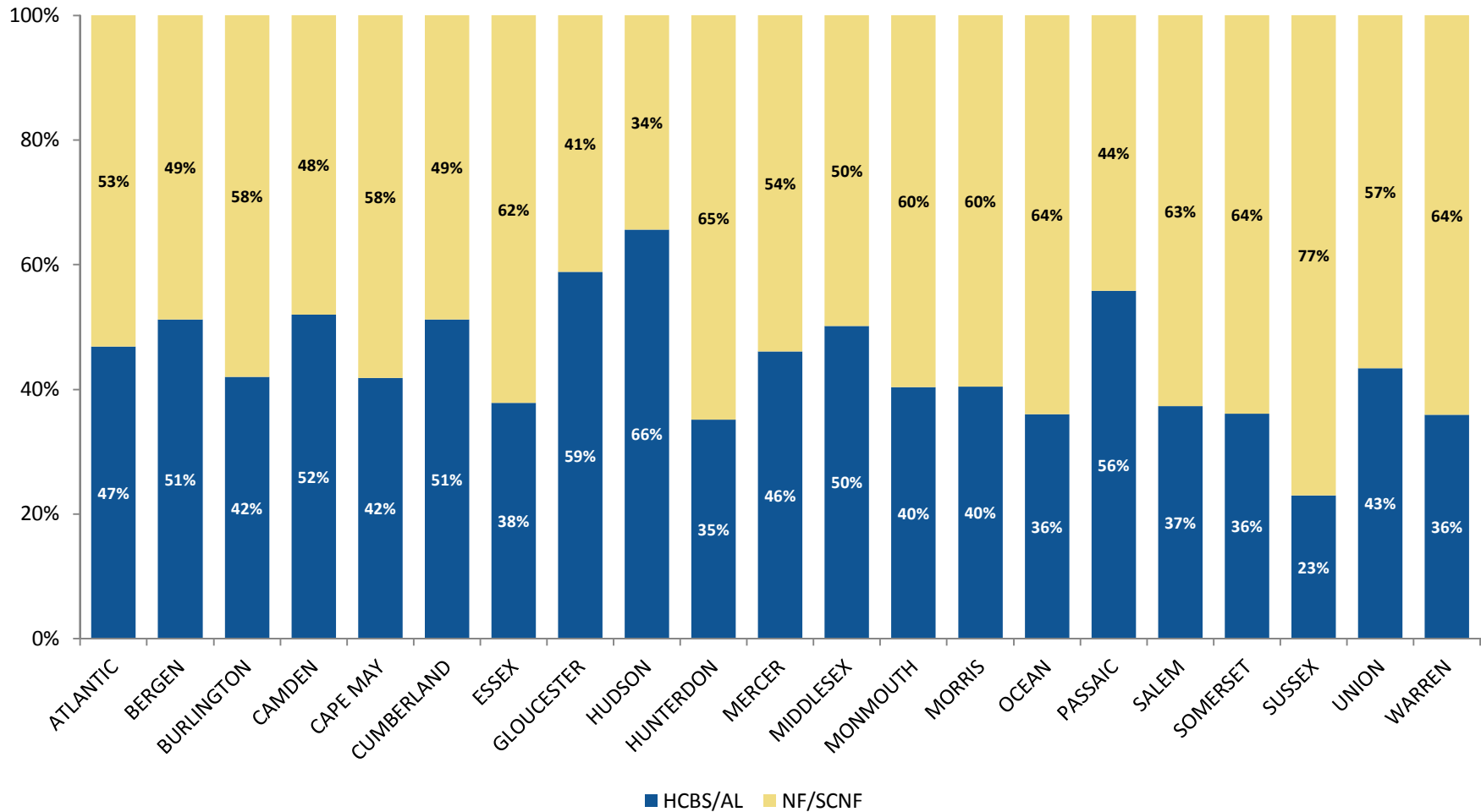


Source: NJ DMAHS Shared Data Warehouse Regular MMX Eligibility Summary Universe, accessed 9/2017.

Notes: Information shown includes any person who was considered LTC at any point in a given month and includes individuals with Capitation Codes 79399, 89399, 78199, 88199, 78399, 88399, 78499 & 88499, Special Program Codes 03, 05, 06, 17, 32 (prior to 7/1/14) or SPC 60-67 (post 7/1/14), Category of Service Code 07, or MC Plan Codes 220-223 (PACE). County distinction is based on recipient's county of residence in the given month.



# Long Term Care Recipients per County, by Setting

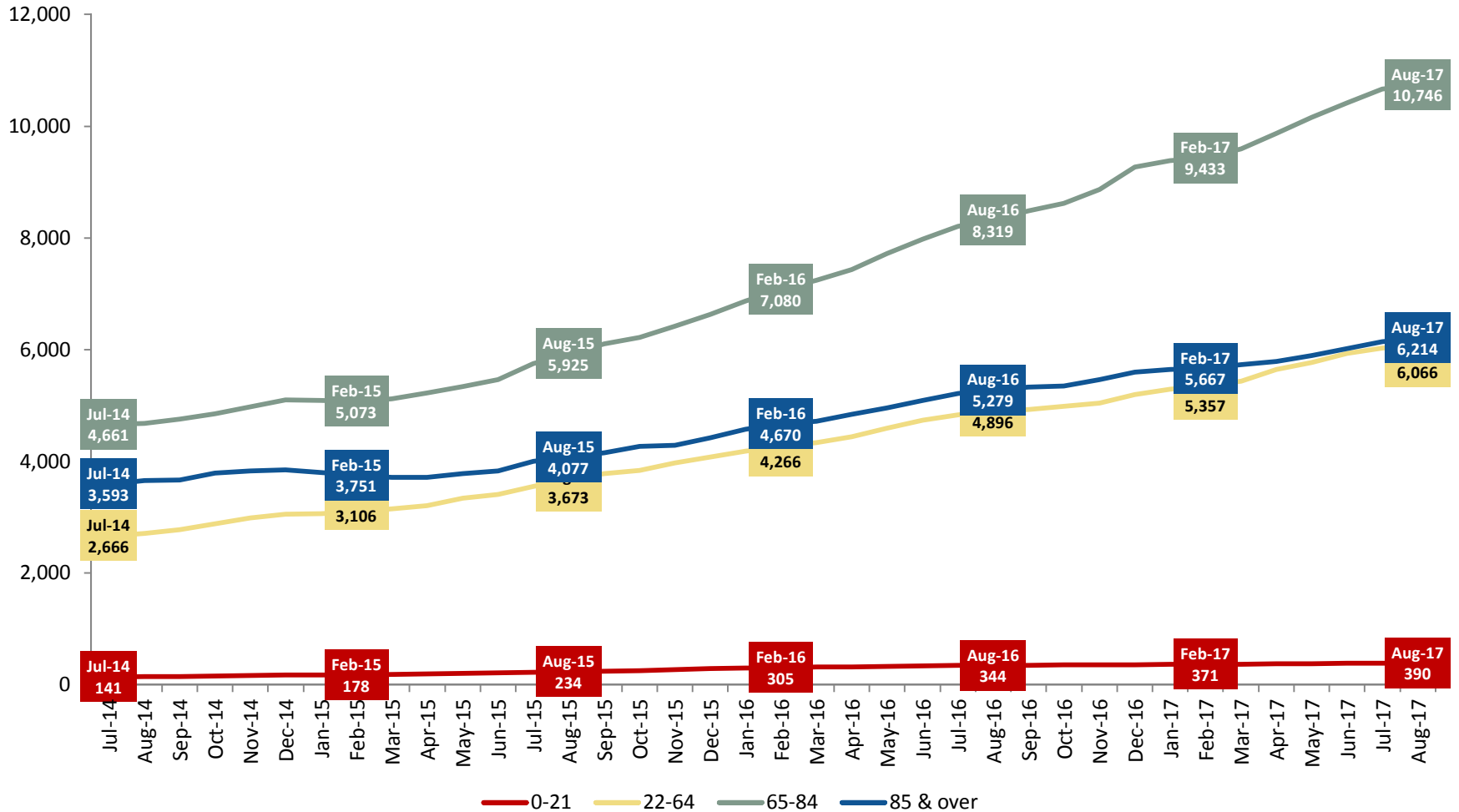


Source: NJ DMAHS Shared Data Warehouse Regular MMX Eligibility Summary Universe, accessed 9/2017.

Notes: Information shown includes any person who was considered LTC at any point in a given month and includes individuals with Capitation Codes 79399, 89399, 78199, 88199, 78399, 88399, 78499 & 88499, Special Program Codes 03, 05, 06, 17, 32 (prior to 7/1/14) or SPC 60-67 (post 7/1/14), Category of Service Code 07, or MC Plan Codes 220-223 (PACE). County distinction is based on recipient's county of residence in the given month.

# MLTSS HCBS/AL Population by Age Group

MLTSS HCBS & AL

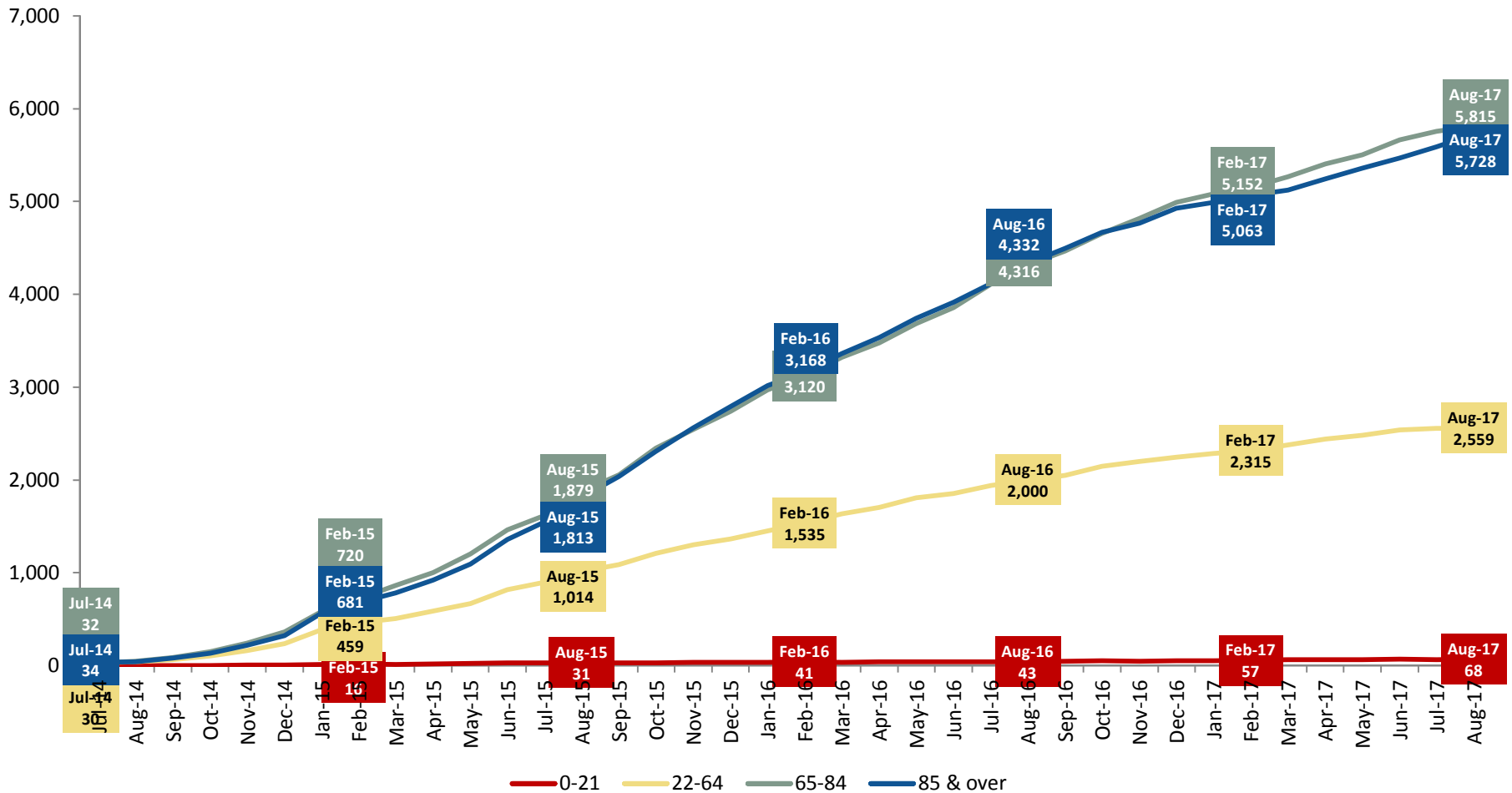


Source: DMAHS Shared Data Warehouse Monthly Eligibility Universe, accessed 9/11/17.

Notes: Includes all recipients in Capitation Codes 79399, 89399, 78199, 88199, 78399, 88399, 78499, 88499 at any point in the given month and categorizes them by age.

# MLTSS NF/SCNF Population by Age Group

## MLTSS NF & SCNF

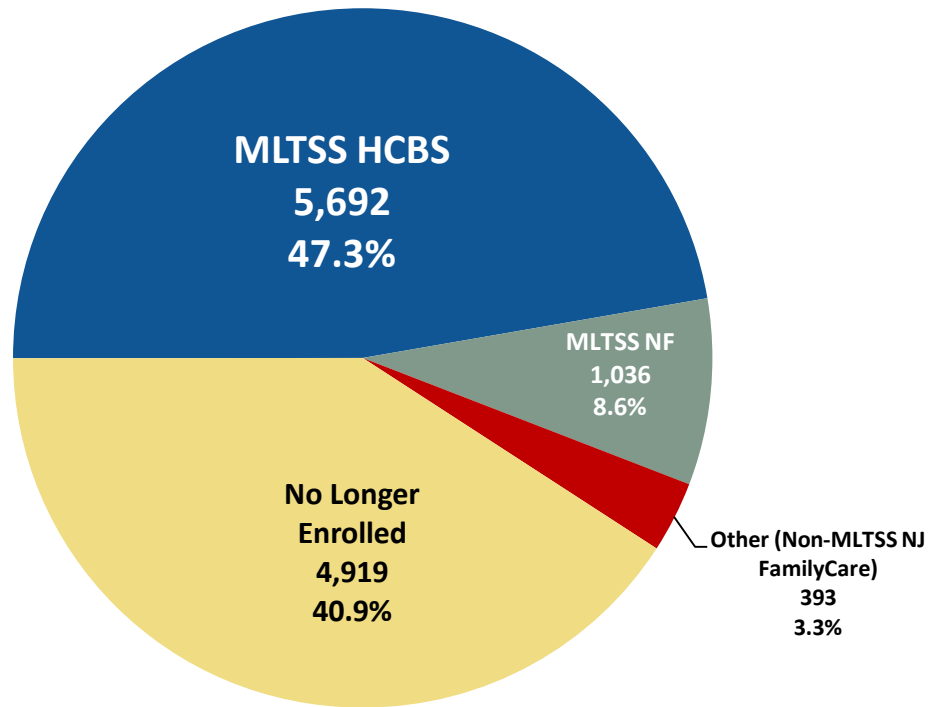


Source: DMAHS Shared Data Warehouse Monthly Eligibility Universe, accessed 9/11/17.

Notes: Includes all recipients in Capitation Codes 79399, 89399, 78199, 88199, 78399, 88399, 78499, 88499 at any point in the given month and categorizes them by age.

# A Look at the June 30, 2014 Waiver Population Today

**All Waivers**  
(6/30/14 = 12,040)

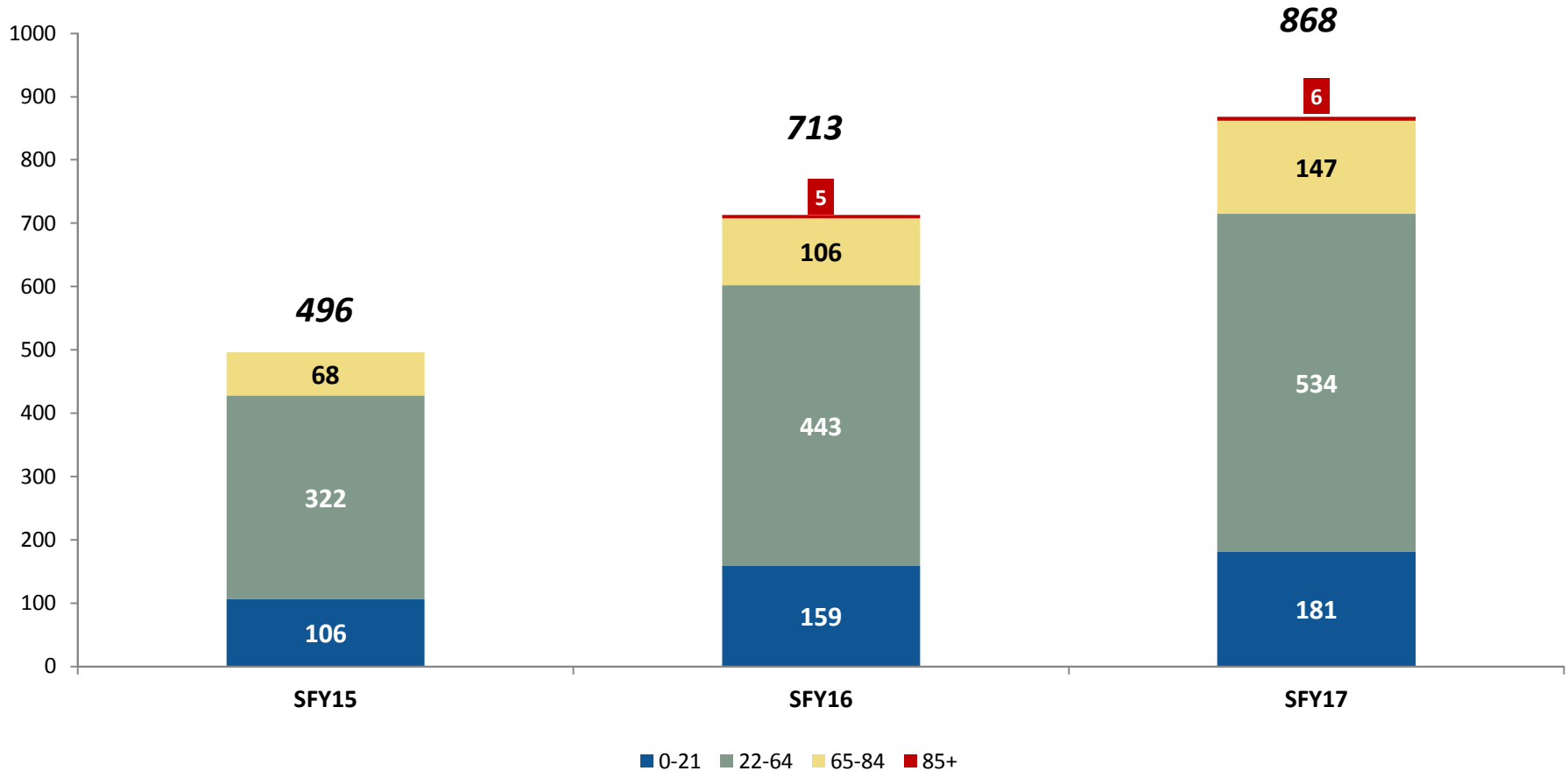


Source: DMAHS Shared Data Warehouse Monthly Eligibility Universe, accessed 9/13/17.

Notes: Includes all recipients who were in a waiver SPC (03, 05, 06, 17 or 32) on 6/30/14. Where they are now is based on capitation code or PSC. Those without a current capitation code or PSC are determined to be "No Longer Enrolled". Of the total number no longer enrolled, 93.8% (3,102) have a date of death in the system (current through 7-11-16).

# MLTSS DDD Recipients

## MLTSS Recipients (by Age Group) with a DDD Claim



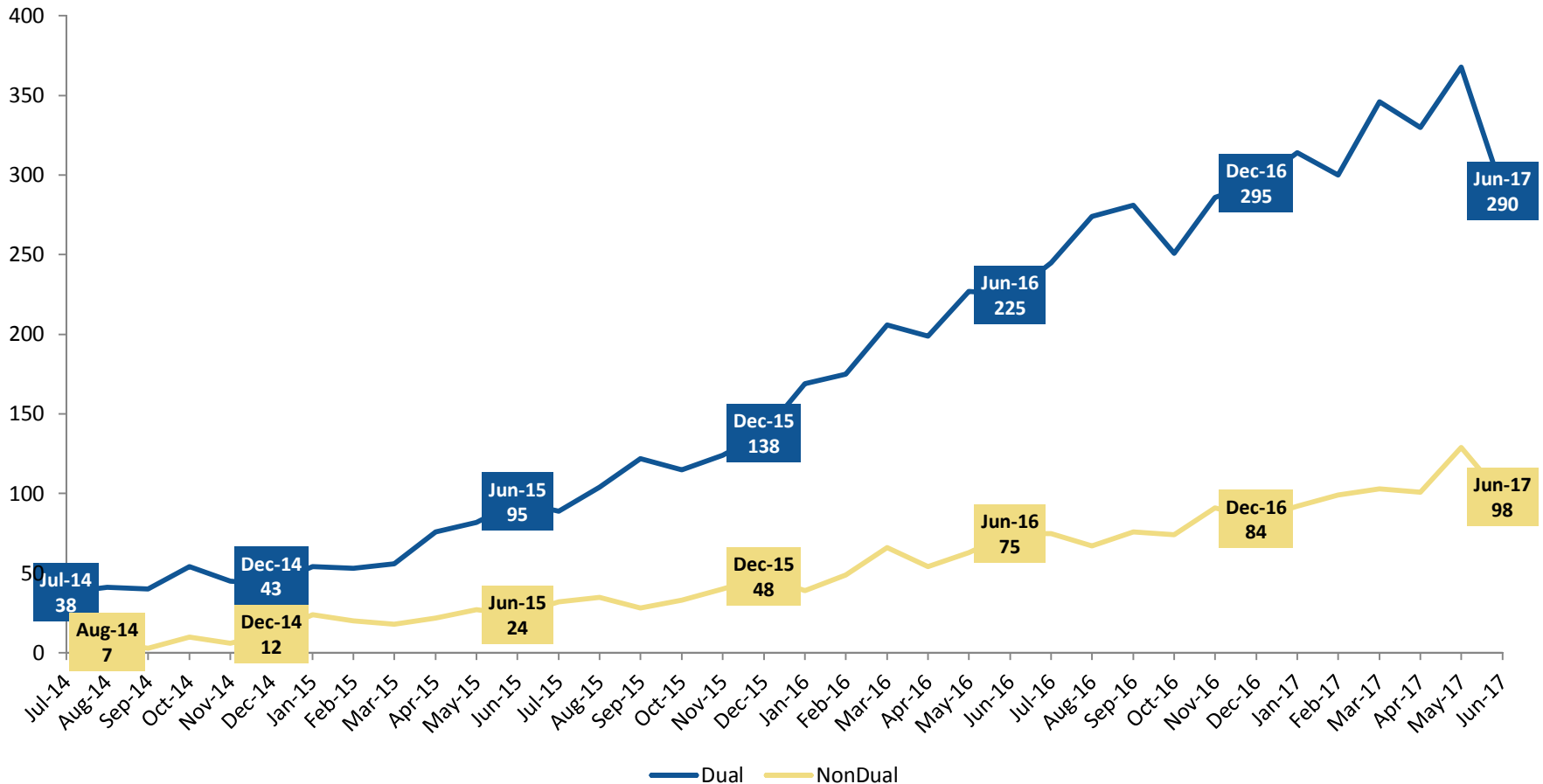
Source: NJ DMAHS Share Data Warehouse MLTSS Table and Claims Universe, accessed 9/18/17.

Notes: Includes all MLTSS recipients, as defined by capitation codes 79399;89399;78199;88199;78399;88399;78499;88499 with a DDD paycode designation on the RHMf. Includes the following paycodes: 4, 6, B, C, D, S (respectively: High Cost Drugs & DDD; Cystic Fibrosis & DDD; AIDS & DDD; HIV+ & DDD; DDD; DYFS and ABD and DDD). Note that the same recipient may appear in multiple month's counts. Recipients are grouped according to their age on the last day of each state fiscal year.

# MLTSS Recipients Receiving Behavioral Health Services

## Monthly Counts, By Dual Status

MLTSS BH Recipients, by Dual Status



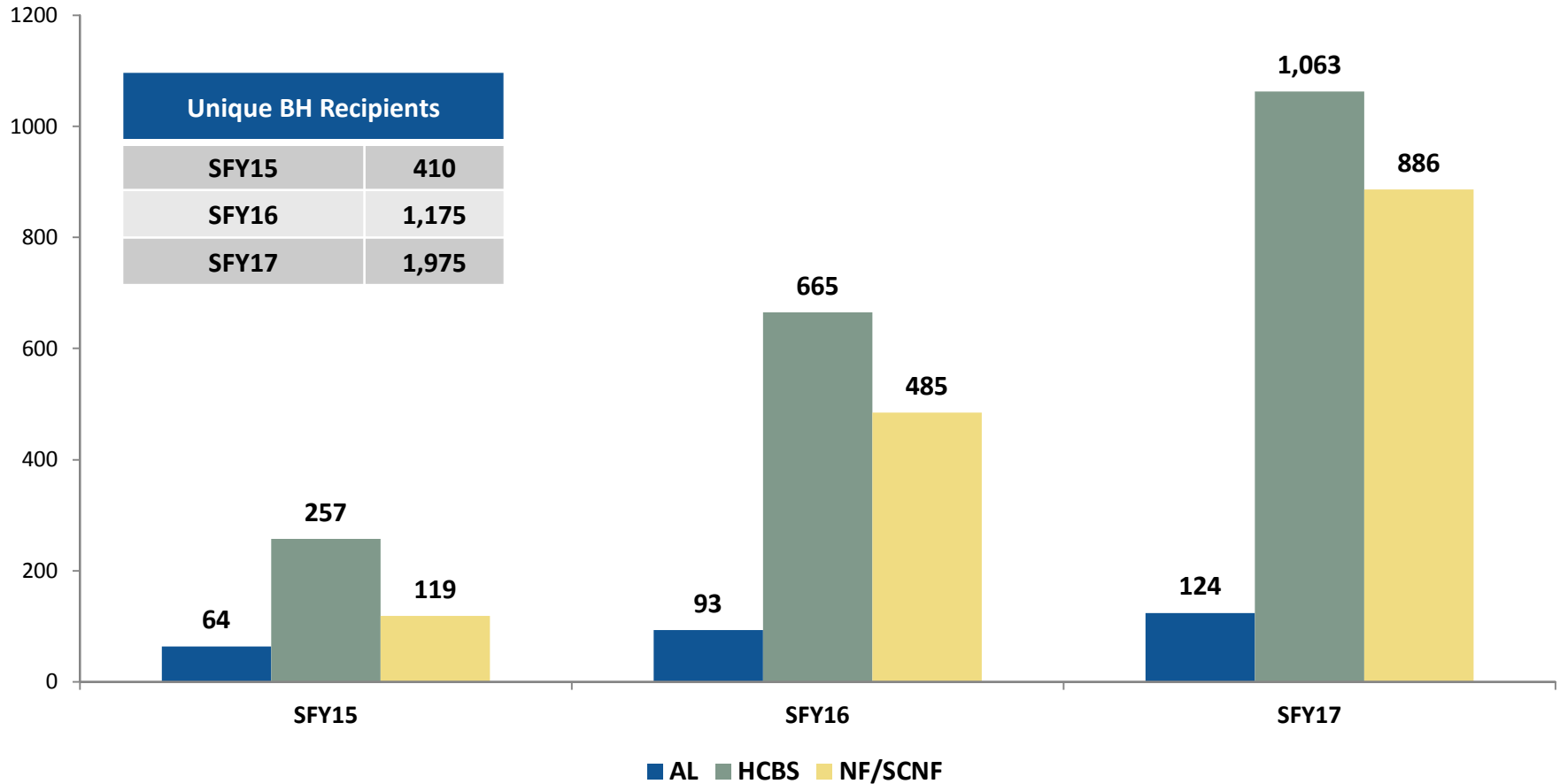
Source: NJ DMAHS Share Data Warehouse MLTSS Services Dictionary, accessed on 9/13/2017.

Notes: All recipients counted above are defined as MLTSS based on capitation code (79399;89399;78199;88199;78399;88399;78499;88499) and defined as BH based on receipt of services classified as BH based on procedure code or revenue code as defined in the MLTSS BH Services Dictionary. Does not include services meeting the definition of MLTSS Waiver, Medical Day Care or PCA as defined in the MLTSS Services Dictionary. Individual recipients may be counted more than once in a state fiscal year if they transitioned between settings (HCBS,AL,NF).

# MLTSS Recipients Receiving Behavioral Health Services

## Annual Counts, By Setting

### MLTSS Recipients Receiving BH Services

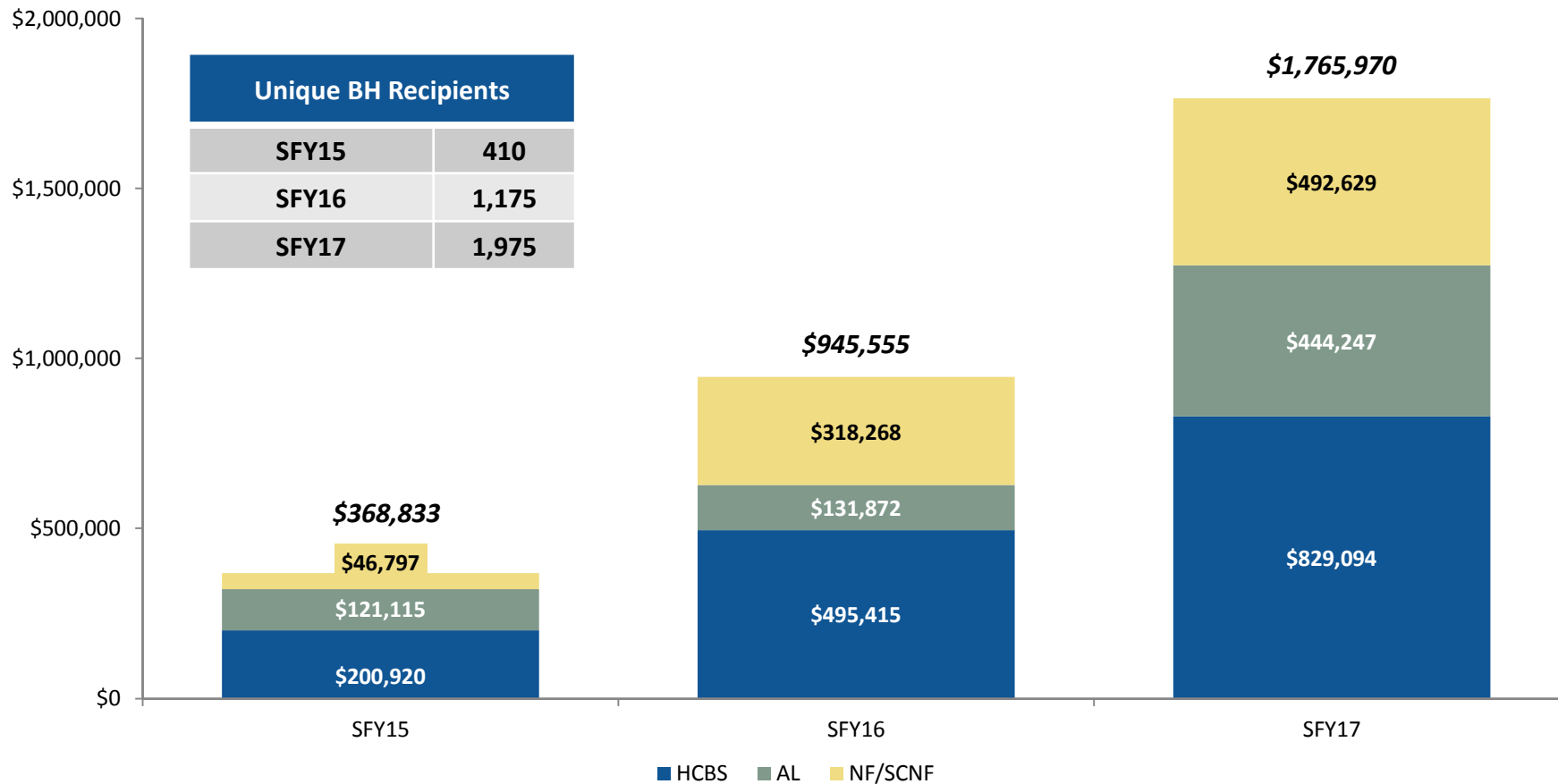


Source: NJ DMAHS Share Data Warehouse MLTSS Services Dictionary, accessed on 9/13/2017.

Notes: All recipients counted above are defined as MLTSS based on capitation code (79399;89399;78199;88199;78399;88399;78499;88499) and defined as BH based on receipt of services classified as BH based on procedure code or revenue code as defined in the MLTSS BH Services Dictionary. Does not include services meeting the definition of MLTSS Waiver, Medical Day Care or PCA as defined in the MLTSS Services Dictionary. Individual recipients may be counted more than once in a state fiscal year if they transitioned between settings (HCBS,AL,NF).

# MLTSS Behavioral Health Services Utilization, by Setting

## MLTSS Recipients' BH Service Utilization (ENC)



Unique BH Recipients	
SFY15	410
SFY16	1,175
SFY17	1,975

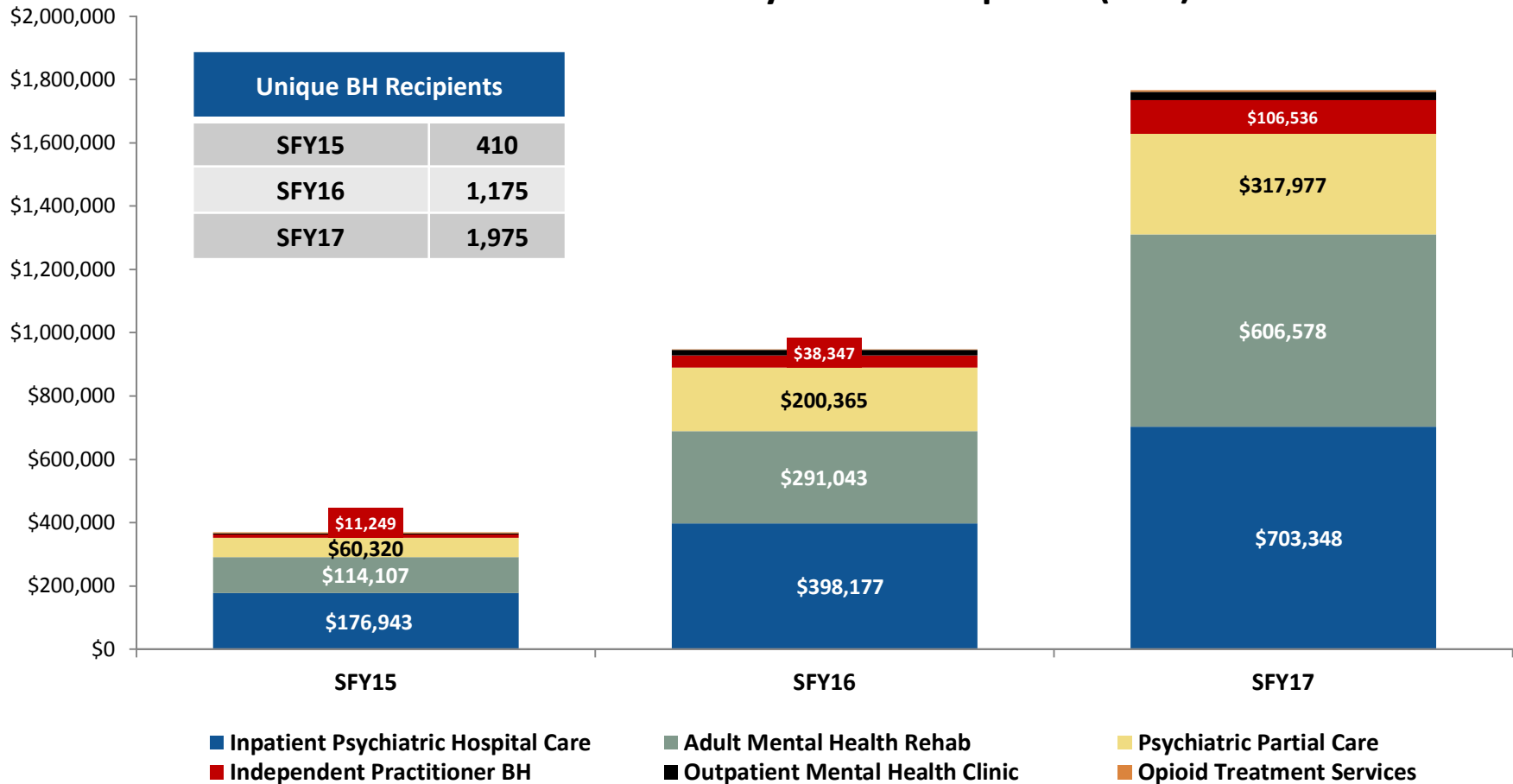
Source: NJ DMAHS Share Data Warehouse MLTSS Services Dictionary, accessed on 9/13/2017.

Notes: Amounts shown by service dates. Services are classified as BH based on procedure code or revenue code as defined in the MLTSS BH Services Dictionary. Does not include services meeting the definition of MLTSS Waiver, Medical Day Care or PCA as defined in the MLTSS Services Dictionary. Amounts shown are dollars paid by NJ FamilyCare MCOs to providers for services supplied to NJ FamilyCare members – capitation payments made by NJ FamilyCare to its managed care organizations are not included. Amounts shown include all claims paid through 2/8/17 for services provided in the time period shown. Additional service claims may have been received after this date. Subcapitations are not included in this data.



# MLTSS Behavioral Health Services Utilization, by Service

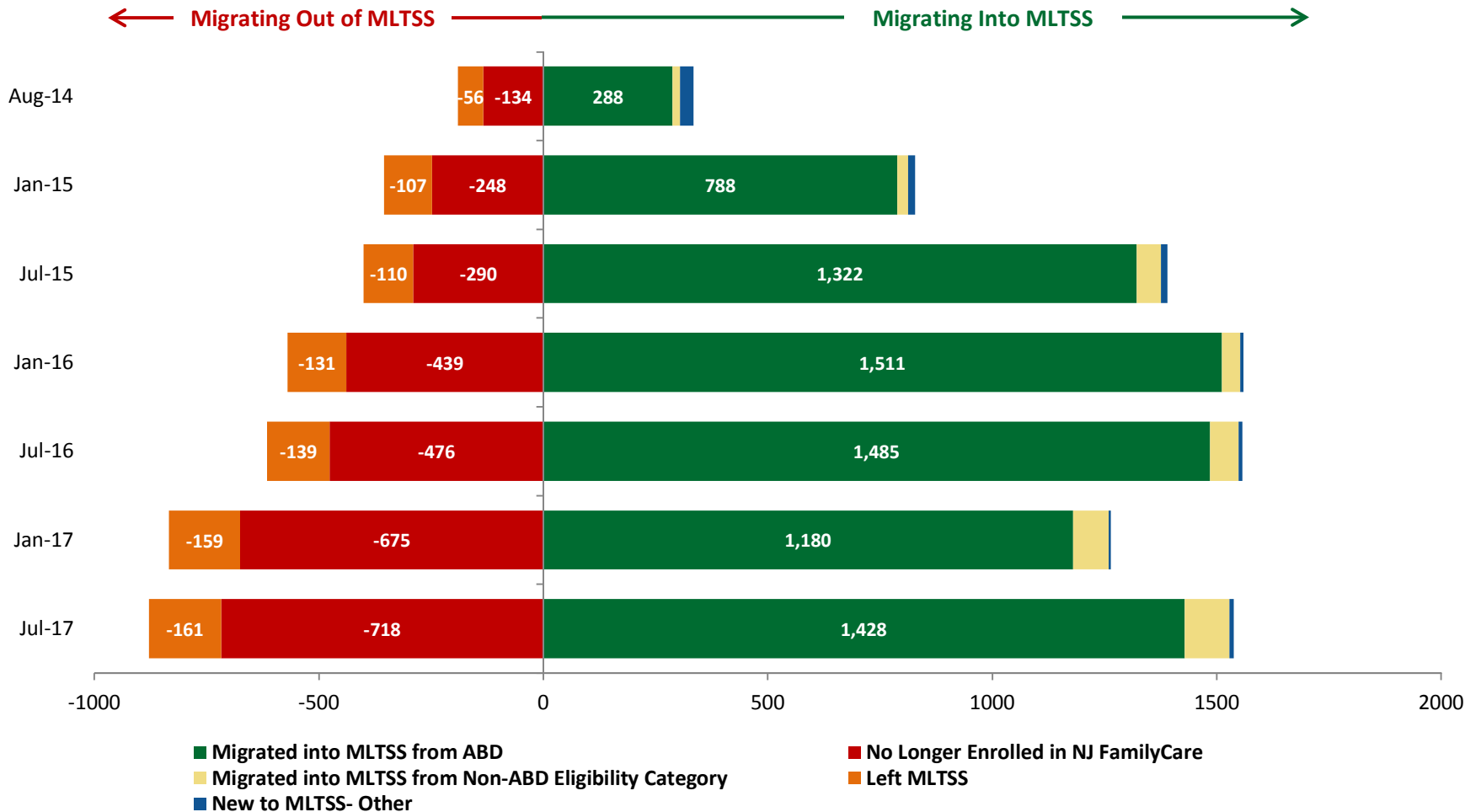
## BH Services Received by MLTSS Recipients (ENC)



Source: NJ DMAHS Share Data Warehouse MLTSS Services Dictionary, accessed on 9/13/2017.

Notes: Amounts shown by service dates. Services are classified as BH based on procedure code or revenue code as defined in the MLTSS BH Services Dictionary. Does not include services meeting the definition of MLTSS Waiver, Medical Day Care or PCA as defined in the MLTSS Services Dictionary. Amounts shown are dollars paid by NJ FamilyCare MCOs to providers for services supplied to NJ FamilyCare members – capitation payments made by NJ FamilyCare to its managed care organizations are not included. Amounts shown include all claims paid through 2/8/17 for services provided in the time period shown. Additional service claims may have been received after this date. Subcapitations are not included in this data. \*Psychiatric Partial Care includes both inpatient & outpatient partial care.

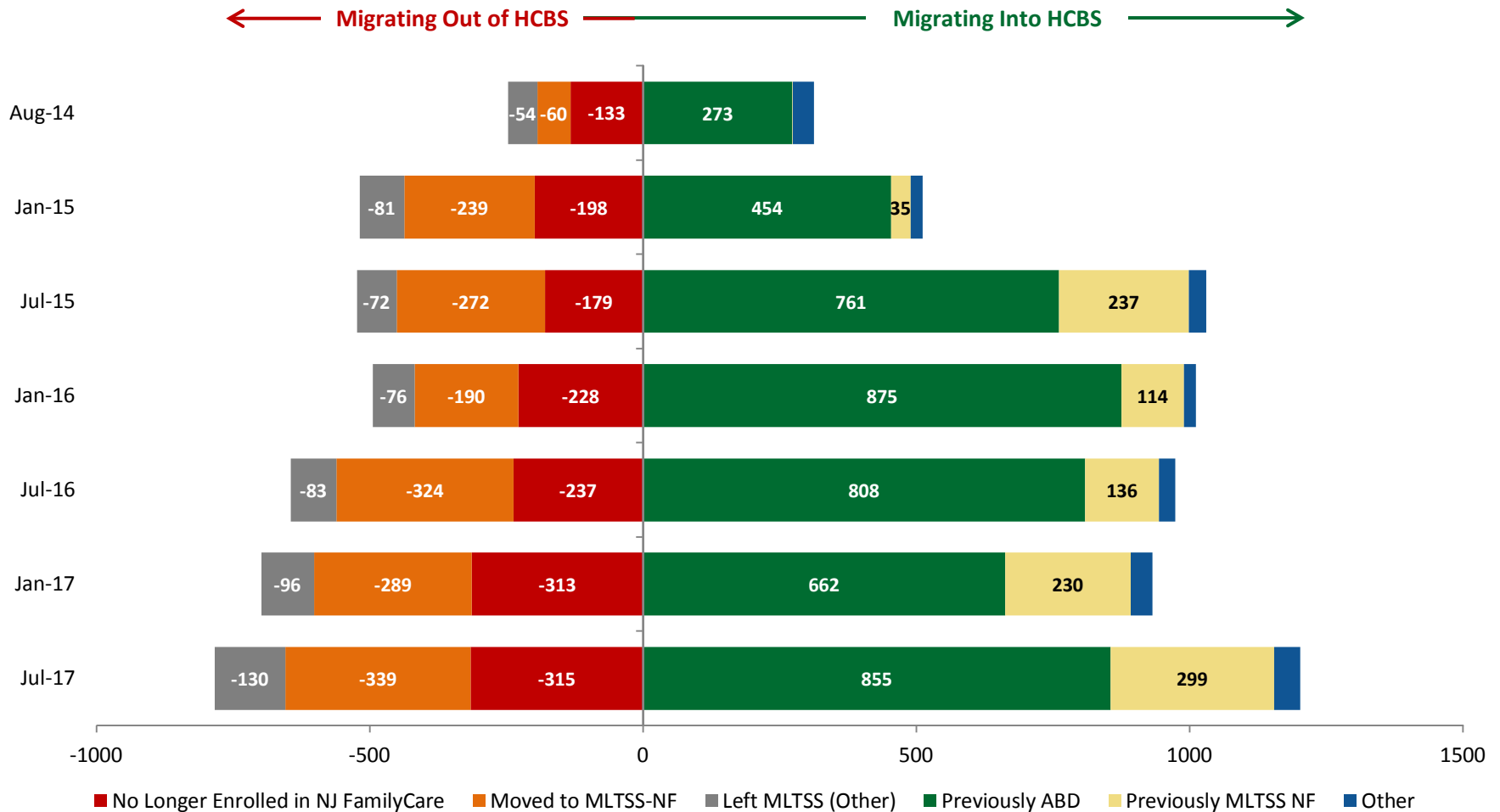
# Overall MLTSS Migration (All Settings)



Source: NJ DMAHS Shared Data Warehouse MLTSS Summary Table, accessed 9/13/17.

Notes: Base numbers include any person who was considered MLTSS at any point in a given month, based on cap codes 79399, 89399, 78199, 88199, 78399, 88399, 78499 and 88499. ABD defined as PSC 1xx, 2xx, or 5xx or cap codes 77399, 79599, 87399 or 89599. 'New to MLTSS - Other' consists of 'New to NJ FamilyCare' and 'Migrated into MLTSS from FFS NF'

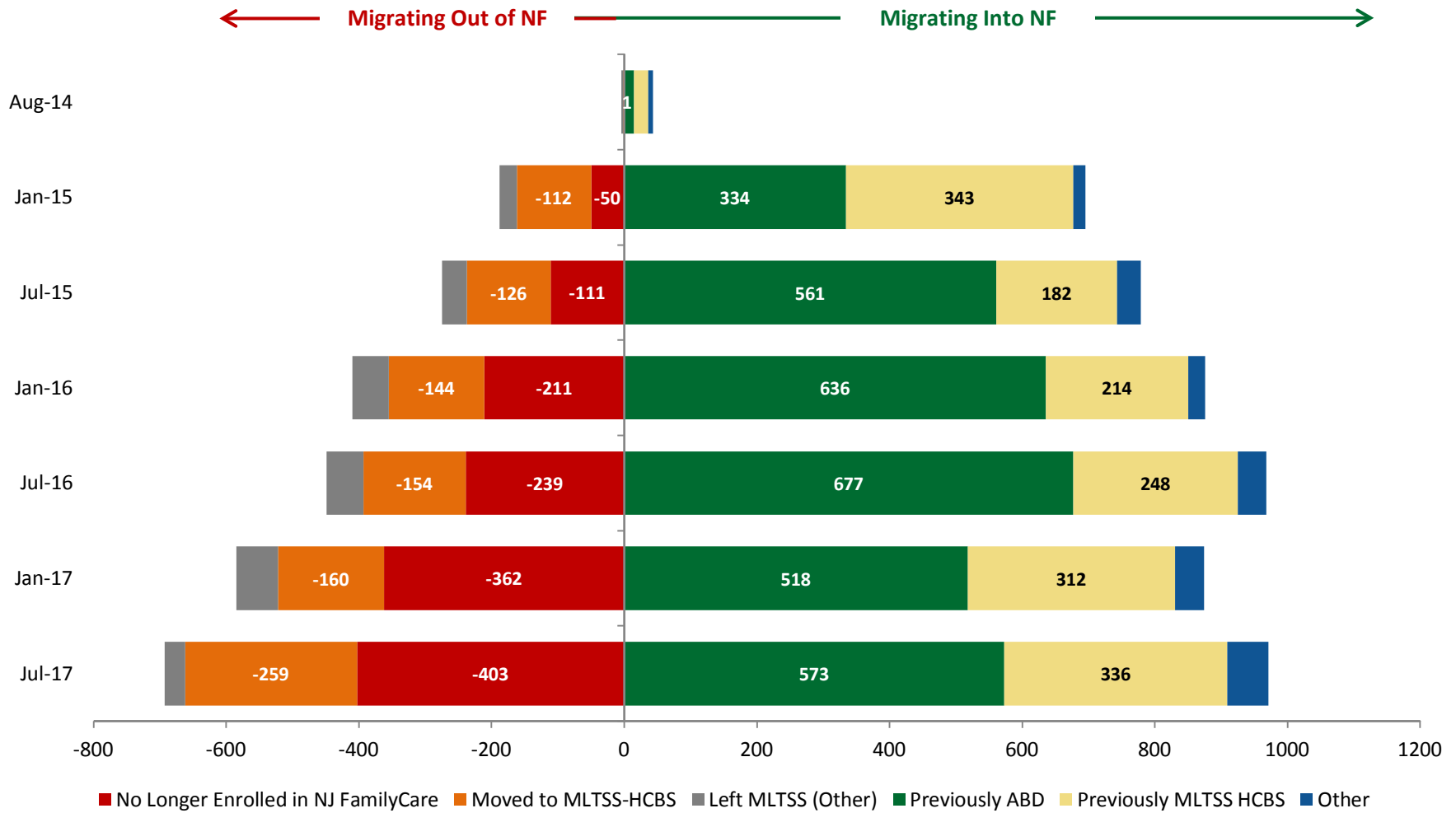
# MLTSS HCBS Migration



Source: NJ DMAHS Shared Data Warehouse MLTSS Summary Table, accessed 9/13/17.

Notes: Base numbers include any person who was considered MLTSS HCBS at any point in a given month, based on cap codes 79399 and 89399. ABD defined as PSC 1xx, 2xx, or 5xx or cap codes 77399, 79599, 87399 or 89599. \*Other is any MLTSS HCBS recipient who does not fit into any of the other categories listed above in the month prior to their MLTSS HCBS classification.

# MLTSS Nursing Facility Migration



Source: NJ DMAHS Shared Data Warehouse MLTSS Summary Table, accessed 9/13/17.

Notes: Base numbers include any person who was considered MLTSS NF at any point in a given month, based on cap codes 78199, 88199, 78399, 88399, 78499 and 88499. ABD defined as PSC 1xx, 2xx, or 5xx or cap codes 77399, 79599, 87399 or 89599. \*Other is any MLTSS NF recipient who does not fit into any of the other categories listed above in the month prior to their MLTSS NF classification.

# PACE News

- A sixth PACE program, AtlantiCare LIFE Connection, opening in Atlantic City and serving Atlantic and Cape May Counties, plans to open in November 2017.
- PACE growth efforts are underway:
  - Zip code expansion: Beacon of LIFE in Monmouth County; Lutheran Social Ministries in Union County, and Life at Lourdes in in southern Burlington County.
  - A “Request for Applications for New PACE Programs,” soliciting Letters of Intent (LOI) for new PACE programs was published in Sept. 5, 2017 New Jersey Register.

# PACE Request for Application

- DoAS identified a need for PACE in specific areas that have high concentration of older adults and health care infrastructure to support PACE.
  - **First targeted area is Ocean County and Essex County.**
  - Next targeted area is Bergen, Passaic and Middlesex Counties.
- An internal panel at DoAS will review all Letters of Intent (LOI) and award the State-designated service areas to the entities achieving highest scores.
- Applicants needs to submit a Letter of Intent for only one of the State-designated service areas by 12/18/17.