MEDICAL ASSISTANCE ADVISORY COUNCIL MEETING
New Jersey State Police Headquarters Complex
Public Health, Environmental and Agricultural Laboratory Building
3 Schwarzkopf Drive
Ewing Township, New Jersey 08628

Monday, January 23, 2017

FINAL
MEETING SUMMARY

MEMBERS PRESENT:
Deborah Spitalnik, PhD, Chair
Theresa Edelstein
Beverly Roberts
Wayne Vivian
Sidney Whitman, DDS

MEMBERS EXCUSED:
Sherl Brand
Mary Coogan
Dorothea Libman

MEMBERS UNEXCUSED:
None.

STATE REPRESENTATIVE
Meghan Davey, Director, Division of Medical Assistance and Health Services

Transcriber, Lisa C. Bradley
THE SCRIBE
6 David Drive
Ewing, New Jersey 08638
(609) 203-1871
the1scribe@gmail.com

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

ATTENDEES IN PERSON:

Laura Kelly	Parent
Nantanee Koppstein	Member of the Public
Evelyn Liebman	AARP
Cheryl Reid	Aetna Better Health New Jersey
Cathy Chin	Alman Group, LLC
Alison Dorsey	Amerigroup
Brian Atkisson	Association of New Jersey Chiropractors
Matthew Minella	Association of New Jersey Chiropractors
Tara Montague	Bayada Home Health Care
Jennifer Black	Beaem Health Options
Kerry Hassinger	Biogen
Lucia Buffaloe	CBIZ, Inc.
Tara Porcher Smith	Centers for Medicare & Medicaid Services
Rebekah Novemsky	Community Access Unlimited of New Jersey
Cheryl Golden	Cumberland County Welfare Agency
Nicole Kumma	Devereux
Susan Saidel	Disability Rights of New Jersey
Liza Gundell	Family Resource Network
Elisa Cohen	Family Resource Network
Valery Bailey	First Children Services
Margaret Swift	Five Star Premier Living
Shanyn Ryan Muraczewski	Five Star Senior Living
John Indyk	Health Care Association of New Jersey
Chrissy Buteos	Home Care Association of New Jersey
Dana Irlbacher	Homefront
Sarah Steward	Homefront
Jeff Brown	Hospital Alliance of New Jersey
Carol Katz	Katz Government Affairs
Josh Spielberg	Legal Services of NJ
Amanda Cortez	Medical Transportation Association of New Jersey
Leuranda Koleci	Medical Transportation Association of New Jersey
Cynthia Spadola	Mental Health Association of New Jersey
Phillip Lubitz	NAMI NJ
Maureen Shea	NJ Association of Community Providers
Sarah Adelman	NJ Association of Health Plans
Mary Abrams	NJ Association of Mental Health and Addiction Agencies

Debra Wentz	NJ Association of Mental Health and Addiction Agencies
Kevin Casey	NJ Council for Developmental Disabilities
Paul Blaustein	NJ Council for Developmental Disabilities
Dennie Todd	NJ Council for Developmental Disabilities
Grace Egan	NJ Foundation for Aging
Crystal McDonald	NJ Health Care Quality Institute
Kim Higgs	NJ Psychiatric Rehabilitation Association
Margaret Roberts	Office of Legislative Services
Robin Ford	Office of Legislative Services
V. Plaza	Otsuka Pharmaceutical
Sonia Delgado	Pediatric Pharmacy Advocacy Group
Mary Kay Roberts	Riker, Danzig, Scherer, Hyland & Perretti, LLP
Stacey Callahan	Rutgers University, Boggs Center
Kristin Lloyd	Rutgers Center for State Health Policy
Ronald Poppel	Sunovion
Julie Caliwan	The Innovation Collaborative
Kim Todd	The Innvoation Collaborative
Raquel Jeffers	The Nicholson Foundation
Susan Hazen	UnitedHealthcare
Zinke McGeady	Values Into Action New Jersey
Steve Novis	ViiV Healthcare
Cort Adelman	WellCare
Sandy Thompson	Wellcare
Nancy Day	NJ Department of Aging Services
Elizabeth Manley	NJ Department of Children & Families
Jim Foley	NJ Department of Health
Loretta Kelly	NJ Department of Health
Joshua Lichtblau	NJ Medicaid Fraud Division
Kay Ehrenkrantz	NJ Medicaid Fraud Division
Michelle Andrews	NJ Division of Medical Assistance and Health Services
Renee Burawski	NJ Division of Mental Health and Addiction Services
Julie Cannariato	NJ Division of Medical Assistance and Health Services
Meghan Davey	NJ Division of Medical Assistance and Health Services
Linda Edwards	NJ Division of Medical Assistance and Health Services
Carol Grant	NJ Division of Medical Assistance and Health Services

Phyllis Melendez	NJ Division of Medical Assistance and Health Services
Roxanne Kennedy	NJ Department of Human Services
Matthew Shaw	NJ Division of Medical Assistance and Health Services
Maribeth Robenolt	NJ Division of Medical Assistance and Health Services
Heidi Smith	NJ Division of Medical Assistance and Health Services

IDENTIFIED ATTENDEES BY PHONE:

Laurie Brewer	
Kitty Lathrop	Burlington County Board of Social Services
Lauren Agoratus	Family Voices New Jersey
Karen Brodsky	Health Management Associates
Kate Clark	New Jersey Family Planning League
Representative	Ocean County Board of Social Services
Representative	Southern New Jersey Perinatal Consortium

AT&T Caller Data

Total Number of Callers: 35

Breakdown by Area Code

Area Code	# of Callers
202	1
609	17
617	1
646	3
732	6
856	1
973	6

DR. SPITALNIK: Good morning. I'm Deborah Spitalnik. I'm chair of the New Jersey Medical Assistance Advisory Council (MAAC), and I'm pleased to welcome you to this January 23rd meeting.

Pursuant to New Jersey's Open Public Meetings Act, adequate notice of the schedule of the Medical Assistance Advisory Council meetings, including today, has been published appropriately through public notice and invitation to attend.

I also need to let you know that in the event of an unlikely emergency that if you hear an announcement or an alarm, we are to follow the directions of our host, the State Police. Absent that, we will leave the building via the nearest exit, go to Lamp Post No. 9 in the large parking lot and report to Phyllis Melendez, the organizer, and wait for designated instructions.

I want to review our procedures as a committee. I will review our agenda, including inviting new business at the end. After that, I will ask the MAAC members to introduce themselves and then the members of the public to introduce themselves.

We take great pride and appreciation that we've been able to conduct our business with interactive dialog rather than a set limited amount of

time for public comment or isolated time. Within each topic, I will ask the MAAC members if they have any questions or comments. Then I will ask the members of the public the same. To be concise, we ask you to be brief, but I would reserve the right to limit the timing of comment.

The role of the Medical Assistance Advisory Council is established for federal regulations for Medicaid as a federal program to advise the State's Medicaid program. In New Jersey, I think we've had a meaningful history of the MAAC serving as a focal point for stakeholder input and as an additional hallmark and requirement of Medicaid as a federal program.

In New Jersey, we have a strong Medicaid program that has embraced a broad array of eligible populations and benefits. We admire and appreciate Governor Christie's strong and forthright leadership in availing New Jersey of the Medicaid expansion opportunity and the significant number of people who now have access to Medicaid and health care coverage, which has also dramatically decreased the number of uninsured people in our State.

In the transition to a new Administration and new Congress, there's been very vocal pronouncements about changes to health care coverage,

including and especially Medicaid. And we know that there is significant concern among members of the MAAC and the community at-large.

I know that the leadership of the Division of Medical Assistance and Health Services (DMAHS) and the Department of Human Services (DHS) is closely monitoring this very fluid, but as yet undefined situation and is committed to providing full information and openness to input.

I also want to clearly annunciate my commitment as Chair that within the bounds of our advisory role, we will exercise our role in promoting the well-being of New Jersey's Medicaid beneficiaries and a robust and embracing Medicaid program in New Jersey.

Let's look at the agenda together. And at the end of the agenda, we will entertain new business from the MAAC members. We will have introductions, approval of minutes. We have two presentations, one on the Comprehensive Medicaid Waiver Renewal (Waiver Renewal) and then on the AARP Public Policy Institute Research Report on Family Caregivers and Managed Long Term Services. We will then have a series of informational updates, including NJ FamilyCare, Managed Long Term Services and Supports (MLTSS), and appeals and

grievances.

I will ask the members of the MAAC to now introduce themselves. We will then ask the members of the public to introduce themselves. We have people who have called in. I don't know if any of the members have called in. We will ascertain that. We will ask anyone who's called in to mute their phone unless they're asking a question at the appropriate juncture.

So I will ask the members of the MAAC to introduce themselves, starting with Dr. Whitman.

(MAAC members introduce themselves.)

(Members of the public introduce themselves.)

DR. SPITALNIK: I propose that we consider the June 15th draft meeting summary and that at the April meeting we consider the October 2016 summary and the summary of today.

So we're turning to the June 15th meeting summary. Do we have any comments?

Hearing none, do I have a motion about the minutes?

MS. ROBERTS: Motion to approve the minutes.

DR. SPITALNIK: Beverly Roberts for approval.

Ms. Edelstein: Second.
DR. SPITALNIK: Seconded by Edelstein.
All those in favor of approval minutes?
(Show of hands.)
DR. SPITALNIK: Nos? Abstentions?
The minutes of the June 15th meeting are accepted. Thank you.
We're now going to turn to a series of presentations. For the members of the public, the slide decks will be posted on the DMAHS website after this meeting, and we are now turning to a presentation on the Comprehensive Medicaid Waiver Renewal with Julie Cannariato, who is the Policy Director of DMAHS.
Julie, welcome and thank you.
MS. CANNARIATO: Thank you. I'm going to walk through the slides. Many of you who were in attendance at the June meeting may recognize the slides. I'm going to go fairly quickly through the presentation because I want to highlight where there were changes in the renewal application that was posted, and I also want to leave enough time for public comment. So if there are areas that we've changed or areas that you see that are different, we do invite you to comment. Again, I think, as we did in June, I will not take questions, per se, unless

they're clarifying questions, but we will be accepting comments. The written comment period started on January 9th, and it will go through Friday, February 10th.
(Slide presentation by Ms. Cannariato.)
(Slide presentations conducted at Medical Assistance Advisory Council meetings are available for viewing at http://www.state.nj.us/humanservices/dmahs/boards/maac/).
DR. SPITALNIK: Thank you so much, Julie.
Now, at this juncture, are you willing to entertain comments, questions, but you won't respond directly today? Is that my understanding?
MS. CANNARIATO: Yes. Unless there are clarifying questions. But we will be writing down all the comments.
DR. SPITALNIK: Thank you so much. So from the members of the MAAC, are there comments or questions?
Beverly.
MS. ROBERTS: Thank you very much, Julie. This was an excellent presentation. So this is my question: The Miller Trust, if you're familiar with that, the Miller Trust is something that is in effect

for individuals who receive MLTSS services. If they have income that comes in monthly over the $2199 -- that was the 2016 maximum amount -- we're very interested and it's important for individuals who have developmental disabilities (DD) who are not in MLTSS but who do receive Medicaid, who do have, very often, high amounts of money per month typically because of a parent who has retired, is disabled, or passed away, and then they're getting Social Security money on that parent's work record. And then if they're working themselves, it's -- I've been talking to more and more families where they have a son or daughter who is caught in this problem where they're not going to be able to get Medicaid because they're over $2199. If they were able to be in a Miller Trust the way the MLTSS beneficiaries can, then they would be Medicaid eligible.
MS. DAVEY: So Heidi can correct me if I'm wrong, but we just ran into this recently with folks that were on the the MLTSS side when they wanted DD support. So we talked to the Centers for Medicare and Medicaid Services (CMS) about it, and they said you absolutely have the authority already in your Waiver to establish a Qualified Income Trust (QIT) for somebody. As long as they need nursing home level of care, they can go in the Supports Program on the DD

side using a QIT. So we did get that modification.
MS. ROBERTS: That's in effect now?
MS. DAVEY: That is in effect now. And we're making sure the language is tightened up in the Waiver Renewal. But according to our technical director and our project officer at CMS, we already have that authority. And I think we've used it for one family. There aren't that many, but as we get them, it is now part of the options counseling of MLTSS or The Supports Program, using a QIT. You still have to the meet the eligibility for Medicaid. Then what benefit package do you qualify for are the options. Do you want to go into the MLTSS side or the DD Supports side.
MS. ROBERTS: So they can be DD. Could they be in the Community Care Waiver (CCW)?
MS. DAVEY: Not currently. Until we move the CCW into 1115. Right now, the only authority we have for QIT is under 1115. So once that moves, we will --
MS. ROBERTS: As soon as that moves, then you will?
MS. DAVEY: Yes.
MS. ROBERTS: That's very good news. Thank you.
Will there be a statement, some written

statement coming out on that so that it's clear?
MS. DAVEY: Sure. We can clarify. And then once the CCW is in, we'll be able to do so.
MS. ROBERTS: Thank you. Two other very quick points. That's excellent. I'm very pleased.
With regard to MLTSS, I know that the overwhelming majority of the people enrolled are elderly, but we do have a small number of people who receive private duty nursing (PDN), those with Traumatic Brain Injury (TBI), and they are also MLTSS. And I don't know if this needs to be a part of the Waiver Renewal, but it would be really good to sort of know what information is provided to know about this minority group, what's happening, what services, whatever it is that you are providing across the board, it would be just good to know about this subset and how they are doing on a regular basis.
DR. SPITALNIK: So is that a request, or updates in data? Or you're requesting something specific around the Waiver Renewal? Are you requesting reporting to the MAAC? Or in other ways, are you requesting something and commenting on the structure of the Waiver Renewal?
MS. ROBERTS: I think I want to know whatever anything is being done, data pertaining to

MLTSS as a whole that there's a breakout recognizing this subset and their needs and their services, et cetera.
DR. SPITALNIK: I think we requested that previously. There's been some question about the feasibility of that. But I think we can raise that again.
MS. ROBERTS: It's so easy for them to be lost.
DR. SPITALNIK: And your next question?
MS. ROBERTS: The last question is behavioral health education. I mentioned this before. What you're proposing sounds really good, but I'm very concerned about the folks with Intellectual/ Developmental Disabilities (I/DD), who have behavioral health challenges also. I just want to be on record that that's an ongoing concern.
DR. SPITALNIK: Thank you.
Other questions from the MAAC about the Waiver Renewal?
Thank you very much, Beverly.
Questions from the public that's in the room, and then we will go to the phone.
Ms. IRLBACHER: My name is Dana Irlbacher from Home Front. You referenced working

groups that are working with you on various aspects of this Waiver application. We're more particularly interested in housing for our particular purpose, but do you have working groups in that area for the High Fidelity Housing First Program and other --
UNIDENTIFIED SPEAKER: The audio has stopped working for the individuals on the phone.
MS. CANNARIATO: We're just taking comments from the public. I don't think you might have heard her. The comment was if there were working groups around the High Fidelity Housing first model and the other housing support group. And that was from Home Front.
So, yes, we do. The Division participates in -- I think they're quarterly now -- steering committee meetings with the Camden Coalition for Housing First. Other representation on that group is from the Department of Community Affairs (DCA). I'm not sure if there's other state agencies on that group. Oh, the Department is also represented, in addition to the Division.
In terms of the permanent support of housing, we just finished a nine-month technical assistance opportunity, again, through the Medicaid Innovator Accelerator Grant where we were -- our charge

was to work better to form partnerships and relationships with our other housing state offices. So we've been working with DCA, which is the Department of Community Affairs, New Jersey Housing Mortgage and Finance Agency, Division of Developmental Disabilities (DDD), the Department of Children and Families (DCF). I'm trying to think who else. The ombudsman was part of that as well. Also, Mental Health and Addiction Services (DMHAS). So we have been working internally building the partnerships and those relationships. Our coaches were selected and paired with New Jersey from CMS. We worked with the Corporation for Supportive Housing and also TAC. We had access to US Interagency Council on Homelessness, ASPI, HUD, SAMHSA, and CMS. But in terms of our local stakeholders like Home Front, we have started that. I think the kick-off and our introduction to that world was at the presentation we gave to the continuum of care at Home Front a couple weeks ago, I think two weeks ago now. So that was really Medicaid's introduction into the housing world since that isn't a world that we worked in quite so often, unlike our managed care organizations (MCOs).
DR. SPITALNIK: Dana, so are you making the comment that you would like more external participation?

DANA: Well, whenever you think it appropriate, whenever you need that, I think there's a bunch of us that would stand ready to participate if we were invited and if you need it. We would love to be involved. Let's put it that way. But in your own time.

DR. SPITALNIK: Thank you.

Other comments?

Phil. And please when you stand up, give your name for the court reporter. And if people on the phone can't hear, we'll repeat the comment.

MR. LUBITZ: Phil Lubitz from NAMI New Jersey, also the New Jersey Behavioral Health Planning Council.

So there are many good things in here. You should be commended for that. Just a couple of questions.

It appears that for the first time you're moving a new population for behavioral health services into an MCO, the population of individuals who are incarcerated from 18 to 24 months. So I have a couple of questions about that.

One, currently, the MLTSS population, as you see the Behavioral Health Services, I think you mentioned, so I wonder if there's any evaluation of the quality of the MLTSS behavior health services that those

individuals had received to begin to give the community an understanding of the capacity of our current MCO system to serve those individuals. In particular, I'd like know about the thousand people who are no longer in nursing homes, to see about their behavioral health services since they're no longer in that home.

MS. CANNARIATO: Before you go on to your second question, one of the attachments in the Waiver Renewal is Rutgers' Interim Evaluation on the Comprehensive Medicaid Waiver (CMW), on the entire CMW, so the MLTSS portion is included in that.

MR. LUBITZ: That is behavioral health services?

MS. CANNARIATO: Specifically, I can't recall off the top of my head, but that's the formal interim evaluation. It's not a final evaluation because the CMW is still up and running. The final evaluation won't happen until this CMW sunsets or ends. But I would say as a first place to look, that would be the best place for you to look for any evaluative data on that.

MR. LUBITZ: I would just be cautious moving an entirely new population into a service that we really don't have an understanding of how that's worked.

Along with that, I'm just wondering

about an evaluation of the network adequacy in the MLTSS services. You know, we're talking about two distinctly different populations, people who are coming out from nursing homes are not likely to have the same substance abuse problem than people who are serving a 18 to 24-month period. So I'd be interested in knowing about the network adequacy of the MCOs, specifically as it applies to substance abuse or general behavioral health would suffice as well.

So that brings up the question of contracting with providers. And since we're in a whole discussion about Fee-for-Service (FFS), and we haven't really evaluated whether or not the FFS rates are adequate, if we move to an MCO system, how does that affect the rates that providers are going to be receiving? And, again, how does that affect adequacy? Those were of the questions I would like --

DR. SPITALNIK: Thank you.

MS. WENTZ: Debra Wentz, New Jersey Association of Mental Health and Addiction Agencies. I'd also underscore and compliment you for innovative programing, such as the behavioral health homes for children and adults and Telehealth and integrated care, both with co-occurring and physical health.

While it isn't my primary comment, I

would certainly say that we also want to be sure that you would have access to care through network adequacy, both before you have the renewal and during. I would certainly underscore those concerns.

In addition, on Telehealth, currently the regulations -- and I know for a lot of years we've talked about it and Medicaid regulations came out maybe a year and a half or two years ago, and much to my surprise, I asked for why isn't anyone really using it. It is the rates. The other impediment is that it has to be kind of used from a clinic site. So I'm hoping that with the Waiver, there will be flexibility that really meets people's needs and either for reasons of stigmatization or transportation or other obstacles, they actually don't come.

And then the big question, which I know that the State, as well as the community has huge questions, we're in a major transition of, as you noted, Dr. Spitalnik, in your opening remarks, of how Medicaid's even funded. So we all have enormous concern about how we pay for the services you're currently delivering, as well as those that are proposed in the Renewal. And I'd like to know what the contingency plan is so people would not lose service.

MS. CANNARIATO: I don't want to steal

Meghan's thunder, but in her update she's going to be addressing the future of Medicaid. We do have some information to share aboiut what we're hearing.

But as for your other comments, I would say please submit them. We wrote them down here in shorthand. But thank you for your comment.

MS. WENTZ: I guess based on that, though, I've seen other states letters that were submitted to CMS with questions that were being asked in terms of the future of Medicaid. To date, I haven't seen New Jersey's. We would like to see what was proposed. It was from the Governor's Office. They had to be submitted, I think it was January 3rd or 6th.

MS. CANNARIATO: We can take that back and we can see where we are. I know that -- again, this is stealing Meghan's thunder, but the National Governors Association (NGA), they had asked each state, I think, to also comment. And I think the the NGA is putting together a summary. It may even be out on their website. So I would suggest if you're interested in what other states are thinking, check out the NGA website. They have some summaries out there from other states.

MS. WENTZ: We're especially interested in New Jersey.

DR. SPITALNIK: Thank you.

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

First of all, thank you for an excellent presentation. It's very comprehensive and well organized.

And thank you to the Division for listening to the comments on the initial waiver application that came out in June and responded to those, and specifically with the dual eligibles and the Medicare requirement.

A couple of things. Julie, during your presentation, you talked about things that were within the Waiver authority and then outside the Waiver authority. And I think our organization made these comments in written form and maybe earlier. But it would be helpful, I think, if where there is a request for Waiver authority, it could be integrated into the subject area of the proposal, because there are a lot of policy things that you're doing that do not require Waiver authority. For example, for incarcerated individuals, you're requesting 24 months for redetermination. And you kind of find that in the Waiver authority. But there's a section on incarcerated individuals, if you put it there, that would be helpful.

There's also something about for Home Community-Based Services (HCBS), allowing it to be implemented into geographical areas separately. I'm not sure if that still applies or not. But if it does, it should be specified why that still applies. And then freedom of choice may apply to several areas. And, again, if you could put that within the subject area. Maybe it's because I'm a lawyer and I like these things organized in that way, but I think it would be helpful.

And the one other thing is, again, we supported the change to allow automatic enrollment in MCOs, even if the person didn't choose, but giving 90-day period to withdraw without cause, as long as there's a letter explaining that clearly to recipients, if you could attach that letter to with the Waiver application, that would be helpful so people could comment on that.

And the last thing just on the behavioral health again, echoing some of the comments that have been made, there's a big switch now from the contract to FFS. I think you should allow that sufficient time to get that data before considering any other switch like into MCOs. Because I think what you're doing here is a very thoughtful and measured approach, and I appreciate that, and I think it needs to

be done that way with behavioral health.

DR. SPITALNIK: Thank you.

Any other comments inhouse?

SPEAKER: I'm the parent of an individual with intellectual and developmental disabilities. I'm also a member of the State Rehabilitation Council and the Statewide Independent Living Council. I would like to follow up on Beverly Roberts' questions and comments. And thank you very much for this opportunity and for the wonderful presentation and application. The devil's in the detail. When you look at the income threshold, I think, now for individuals on CCW, the Community Care Waiver, currently for 2007, it's 2,005 or 6 dollars per month. And the question is whether this amount takes into consideration any work incentives that are allowed under Social Security. Because after all the -- the 1115 Waiver is a waiver of Social Security registration, so when individuals move from one service and one compliant set Social Security to another, it's really hard to kind of manage different set of rules. And the work incentives allow individuals who might receive Social Security from their parents work record and also work to be able to receive CCW services from DDD. And I applaud the effort to move this Waiver, CCW Waiver, to the

Comprehensive Medicaid Waiver, which would take away this particular requirement and allow individuals who are with CCW to be on workability. But we cannot really count on the future outcome of this application and, therefore, I hope that you consider the language of the Social Security Administration that allows for work incentives because individuals with intellectual and developmental disabilities do require a great deal of services to enable them to function in the community and live independently and work independently, and in the long run, reduce medical cost, improve their physical and mental health. And there's been studies that expanded Medicaid programs have higher employment participation rates of such individuals with service.

So another comment --

SPEAKER: One more thing please. Thank you. Individuals under Section 1619B of Social Security can have income of about $35,000 a year, which is significantly higher than the 2000-and-some per month. And if you go to the language of the Social Security operating manual, there's a recognition of what is impairment related work expenses that can be deducted from this so-called income to arrive as countable income. So it's really this concept and the practice. That's all.

DR. SPITALNIK: Thank you very much.

MS. CHEN: Cathy Chen here on behalf (inaudible), but I'm speaking for the elder law attorneys. You will be receiving a written statement, but I just want to reiterate what we'll be saying in that statement.

First of all, I want to thank the Department and the Division. MLTSS is progressing, we see on the ground, toward that rebalancing the system. And the elder law attorneys are seeing that.

Also, in addition to that, your hard efforts to make eligibility more efficient, more flexible, again, on the ground, we are seeing that. We get frustrated because it's not fast enough, but we do see progress, so thank you very much.

Two important comments that you will receive in our letter to you really have to do with your goal, as far as QITs and MLTSS is concerned. You want Medicaid beneficiaries to not have to rely on the services of a lawyer, so we're putting ourselves out of business by stating these comments. But truly, we do respect that desire. We think it's a good goal.

One is you're increasing the self-attestation to 300 percent of federal poverty. That's a great idea. Our concern is many people without

access to legal services -- and there are many and they may not understand what income, et cetera, is. That form has to be crystal clear. And in our letter, we will outline that. We don't want people to get trouble for not understanding what income is and what income isn't. So that will be in our comments.

The second comment is reasonable accommodation for people who are elderly or disabled when they're applying for Qualified Income Trust or Miller Trust. Sometimes there are tragedies that occur, sudden situations where they don't have a guardian, they may not be able to get a guardian, the family member may not know what's happening and they can't apply in a certain amount of time under guidelines to offer them a reasonable accommodation. Georgia is now doing that. So that will follow up in a letter more in detail, but I wanted to just alert you to those and to thank you.

DR. SPITALNIK: Thank you.

Others? Or may I go to the people on the phone?

Thank you very much. And you can't see other hands in the pew, but we'll turn to the people on the phone. Again, asking people to raise questions that they have.

MS. DAVEY: Any questions from those on

the phone?

DR. SPITALNIK: Hearing none.

Again, we're appreciative of extending access to the meeting through the phone. And again, calling people's attention to the DMAHS website, which contains the slide deck and e-mail address and information for providing comments within the period.

Julie, thank you so much, both for the presentation and the responsiveness.

(Applause.)

DR. SPITALNIK: Our next business is a presentation from Evelyn Liebman, who is the Associate State Director of AARP New Jersey. And on a report from the AARP Public Policy Institute on Family Caregivers Managed Long Term Services and Supports.

MS. LIEBMAN: Thank you. Good morning, everyone. I, too, would like to thank Julie for that excellent presentation. Thank you so much.

Thank you to the Department, to the Division, members of the MAAC, for inviting me here today to give an overview, really just the highlights of a recent report that AARP completed on Family Caregivers and Managed Long Term Services and Supports. We will be making the slides available, along with the other presentations, where folks can go to access the report,

as well as other reports and documents that AARP has produced on caregiving in Managed Long Term Services and Supports and in our health care system in general.

(Presentation by Ms. Liebman.)

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

DR. SPITALNIK: Thank you so much for this wonderful presentation and for this report which gives us with such important issues and constructive recommendations. Unfortunately, time doesn't permit taking questions and comments here, but I know that Evelyn will be here through the rest of the meeting and is always incredibly responsive to requests. So thank you.

(Applause.)

DR. SPITALNIK: And this will also be posted.

I now turn to Meghan Davey, the Director of the Division of Medical Assistance for an update on NJ FamilyCare and also to share with us the efforts that the Division and the Department is taking to keep abreast of potential changes in policy.

MS. DAVEY: Thanks.

Thank you all for coming today in this lovely weather. I though I would be talking to an empty room. So just to give you some updates on FamilyCare.

(Presentation by Ms. Davey.)

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

DR. SPITALNIK: Meghan, thank you.

I feel comfortable reflecting the sense of the MAAC that not only that people are concerned, but appreciative of the way that the Division has rolled out programs, utilized consultation, and that we're in this together.

MS. DAVEY: We are.

DR. SPITALNIK: So I will now take comments and questions.

Wayne.

MR. VIVIAN: Thank you. I have two questions.

Have they raised the 2017 income limits for Medicaid eligibility?

MS. DAVEY: Yes, so we just got them and then we'll send that out.

MR. VIVIAN: Thank you.

And the other question I have is regarding partial care. Apparently the Office of The Inspector General is claiming an overpayment for $95 million for non-compliance with Medicaid regulations. I know the partial care providers are very concerned how this will impact the future of partial care. I assume that from what I read, the onus was on Medicaid, not the partial care providers. They're very concerned they're going to get a reduction in their reimbursement or things like that. I think overall the mental health system is very concerned that -- not to be an alarmist, but this could be the end of partial care.

MS. DAVEY: Well, we're disputing that audit finding right now. So more to come on that.

DR. SPITALNIK: Thank you.

Theresa.

MS. EDELSTEIN: Just to stay in the here and now for a moment, the transportation broker contract, what's going on with that?

MS. DAVEY: So our non-emergency transportation broker as well as our health benefits coordinator contracts are up. I don't have much to add other than they're still with Treasury. We are in an extension until the end of February for both those contracts, probably having to ask for another

three-month extension, but they're still with Treasury at this point, both contracts.

DR. SPITALNIK: Other questions from the MAAC?

Beverly.

MS. ROBERTS: Actually, this is a comment from Dr. Sid Whitman. He's a MAAC member. He had to leave. He had to teach in Newark today. So I'm just going to read this. It has to do with a comment he wanted to make with regard to credentialing.

In Connecticut last year, 92 percent of the dentists in the state had signed up to be part of Medicaid in Connecticut. Those dentists have seen at least one patient who is on Medicaid there. What's the different between Connecticut and New Jersey, in Connecticut they have only one company that handles --

DR. SPITALNIK: Excuse me. If you're still on phone, please mute your phone.

MS. ROBERTS: It's very easy to be credentialed in Connecticut. It takes, tops, one week. All you need is a dental license, malpractice insurance, and no sanctions.

In New Jersey, at best, there are only 25 percent of the dentists enrolled in NJ FamilyCare.

Another state example that he provided

was Oklahoma, which fast tracks the applications. And to become credentialed there, it only takes two weeks.

He wanted that to be read.

DR. SPITALNIK: Thank you. Anything else from the MAAC?

From the public?

Kevin.

MR. CASEY: Kevin Casey, New Jersey Council on Developmental Disabilities (NJCDD).

One of the things you hear in theory on block granting is that one of the things you can do in block granting is cut significant dollars from the Medicaid budget because you're saving administrative dollars and that if you re-represented the prices, at least that's a pretty significant part of this theory. I don't even know how to ask this question, but I'm kind of assuming that we think any reduction in our Medicaid dollars at this point would be incredibly difficult to operationalize. Would you agree with that?

MS. DAVEY: Yes. I think our primary concern would be what would our base here that they will base the the funding off of. There are states that didn't expand. There are states that did expand. I don't know that they would take that into account. So, yes, it's a concern.

MR. CASEY: So I think that's something everybody should understand. When you're talking about block granting, you're not just talking about, quote/unquote, efficiency; you're talking about possible reductions of Medicaid dollars in terms of the state, so it's one of the real headaches.

DR. SPITALNIK: Thank you.

SPEAKER: Can you just clarify what other adults means?

MS. DAVEY: That's your Medicaid parents that were on the program prior, like, up to a hundred percent of poverty; they're not part of the expansion group because the expansion group will be 100 to 133 percent. So they're existing, basically, Medicaid categorical eligible adults.

DR. SPITALNIK: Paul.

MR. BLAUSTEIN: Paul Blaustein, NJCDD. Just a very quick question.

Is it still true that the net increase in the Medicaid population exceeds the total increase in covered people in New Jersey?

I saw the numbers a year or so ago, and it showed the net increase in people covered by Medicaid exceeded the total increase in people covered by health insurance since the Affordable Care Act (ACA) went into

effect.

MS. DAVEY: I don't know that. I can look at it.

MR. BLAUSTEIN: Because that would have a big impact on how many people would be affected if the ACA were to appeal this.

MS. DAVEY: So you're asking how many came on through the Exchange versus Medicaid?

MR. BLAUSTEIN: No. I'm wondering is it still true that total number of people with private insurance is lower than it was before the --

MS. DAVEY: I don't know that.

DR. SPITALNIK: Other comments, questions?

Thank you.

We'll try to take comments from the phone.

MS. DAVEY: Anybody on the phone have a question or comment?

DR. SPITALNIK: Hearing none.

MS. DAVEY: And I think this will be a continued agenda item for many, many years to come.

DR. SPITALNIK: That was clearly my first point for our April meeting and communication before that.

I now welcome Nancy Day, who is the Director of the Division of Aging Services in the Department of Human Services to talk to us about Managed Long Services and Supports.

MS. DAY: Hello. First of all, I think we just want to provide an overview as to how we're continuing to move MLTSS forward. And the whole concept, one of the major issues was around rebalancing. And as you can see, since we began the MLTSS in July of 2014, we are continuing to rebalance from those in institutions to those in home and community-based settings.

(Presentation by Ms. Day.)

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

DR. SPITALNIK: Any questions from the MAAC?

Any questions from the public?

Yes?

MS. HIGGS: Hi. Kimberly Higgs, New Jersey Psychiatric Rehabilitation Association.

At the last meeting, there was a question about the number of people living with

persistent mental illness who are receiving MLTSS services. For our Association, we've had some very mixed results in our provider community in folks continued access to MLTSS services and how many enrolled. It was great to see that there was a number for the DDD community. Are those numbers available for behavioral health? The percentage of folks, as we discussed earlier, who have a serious mental illness who would certainly be part of the MLTSS community, that seems to be an important data point.

MS. DAY: Let me go back to a slide and see if that answers your question.

MS. HIGGS: You had the inpatient/outpatient dollars, which is certainly helpful, but enrollment is of interest to us, as well.

MS. DAY: Here is the Behavioral Health information. So these are individuals that are identified as having claims for the utilization for Behavioral Health services. There were five Behavioral Health services that were incorporated into MLTSS, and these are the individuals, the utilization of services being provided.

MS. ROBENOLT: She wants the number of people.

MS. DAY: We will get the number for

you.

MS. ROBENOLT: I was going to say that we do have a metric that we are looking at for severe mental illness. But there's a measure that's a value set that identifies mental health diagnosis. We do have that information so I'll providing it to MCOs to look at who's within MLTSS, the number of people who have mental health diagnosis, using of that deepest value set of diagnosis folks.

MS. HIGGS: So we certainly would be interested to hear more about that. As we talked earlier, too, network adequacy, the availability of providers, particularly what's potentially coming down the line with changes to Medicaid, plus the rates, plus, plus, plus, our providers have some very significant concerns about the access of our consumers to services. And at the end of day, if they cannot access the services in the community and they land in the hospitals in the emergencies rooms, it's detrimental to everybody.

DR. SPITALNIK: Thank you. We will put that on the agenda.

Phil.

MR. LUBITZ: Nancy, I want to thank you. Very good and thorough. The core measures -- is it the intention to publicly publish the core measures,

like the Department of Health publishes their managed care?

MS. DAY: It all will be in the public domain, so yes, that's a part of our transparency to provide that information for you.

MR. LUBITZ: Public domain or published?

MS. DAY: They'll be on the web.

DR. SPITALNIK: Anything else from people in the room?

Are there questions from people on the phone?

Thank you very much.

Nancy, I want to thank you for this report.

But, friends, I need to share with you a more enduring thanks to Nancy, who has announced her retirement, effective March 30th.

And, Nancy, as you can hear from the audible gasp in the room, how deeply appreciated all your efforts are on behalf of older New Jerseyans and how much you will be missed. So thank you. Thank you for all your service.

(Applause.)

DR. SPITALNIK: We have a quick update

from Carol Grant, the Deputy Director of the Division of Medical Assistance on appeals and grievances.

MS. GRANT: Maribeth and I will do our usual double-teaming. I will do the acute side of the house, and she will do MLTSS.

On the acute side, what we're presenting is the second quarter of 2016 complaints, grievances, and appeals that is a report prepared for our Office of Quality Assurance by our health plans. We had a total of 3,801 utilization management complaints for the first quarter. The top three of those complaints are services considered dental and not medically necessary. That total number is 1,055.

I think I've explained when we've done this report at other MAAC meetings that many dental procedures have multiple parts, so you could have appeals at any given point in time during that. Perhaps you do the first tooth and then you have another tooth. It's not like you go to doctor and you're sort of getting treated for one tooth. With dental, you're getting treated for multiple things and multiple teeth. So that's why these numbers are higher than one might expect.

The second of the top three is pharmacy. That's 421. And those would include things

like use of non-formulary drugs, off-label use, brand verus generic, and other kinds of things.

And then, again, there's another one that would be a denial of dental services. That one is 1,336. While the specifics would require a case-by-case review, it would include things like not a covered benefit, not medically necessary, replacement dentures, for example, that exceed the frequency permitted by the contract. That's sort of the level of issue that is raised in those complaints.

And actually, for the utilization management complaints, we actually provide -- I'm going to give you some information on the next three sort of top. The denial of home health care, which is 233; the denial of outpatient medical treatment or diagnostic testing, 173; and the denial of medical day care, usually because a person may not meet the eligibility requirement, and that's 140.

And then we have a number of member reported complaints to our Office of Quality Assurance. The total is 303. The first being pharmacy or formulary issues, that's 21. Enrollment related issues, things like dissatisfaction with auto assignment, enrolled in the wrong health plan, pregnant and want to use sort of a preferred specialist and wants things backdated. I

mean, there's all kinds of issues that fall into the enrollment category. There are 29 of those. And then difficulty in accessing a non-MLTSS provider, usually a preferred provider that may or may not be in the plan's network. And that number is 20. They're relatively small.

Regarding fair hearings, from August 1, 2016 to 12/31/2016, the total number of cases sent to the Office of Administrative Law is 1,934. Of those numbers, approximately 370 were MCO-related matters. Aetna had 2 of them; WellCare had 3 of them; AmeriGroup had 37; United, 126; and Horizon, 202. And you can see that this varies based on the size of the plan. 14 of that 370 has resulted in an initial decision or a final agency decision; 175 were withdrawn, usually because the problem may have got to resolved before it went to hearing; and 28 involved failures to appear for the hearing.

And now Maribeth is going to give you a little update on the MLTSS.

DR. SPITALNIK: May I, again, ask the people on phone to make sure they're muted. Thank you.

MS. ROBENOLT: Good afternoon. Just to give you an overview of the MLTSS, I'm looking at a slightly larger time period. We're looking at year two

of MLTSS. So the statistics I'm going to be talking about cover from the period from July 1, 2015 through June 30th of 2016. There were 458 appeals that were reported by the MCOs. And again, as Carol had mentioned, the appeal can be for Level 1 or Level 2, so this could be one member who -- it could be duplicates of appeals for duplicated member accounts. Of those 458 appeals, 185 were one of the tops for denial of home care. This is primarily your Personal Care Assistance (PCA) services. This was followed by denial of dental services at 97, followed by denial for pharmacy-related concerns. Private duty nursing (PDN) was 36, and denial of skilled nursing facility was 31. That was the total of those denials.

Of those denials, the appeals, 2 were overturned for health care. Out of the 185 for health care, 177 were upheld. And 6 were mixed outcomes. So it was not a full complete denial. It was usually something that was negotiated.

For the private duty nursing, the 36 private duty nursings that were appealed for denial of service, 2 were overturned and 34 were upheld.

The number of grievances that were received in that time period, there was a total of 302; 105 were top ones regarding total reimbursement problems

or unpaid claims, followed by dissatisfaction with ancillary services, which include your home health, medical equipment, therapies, et cetera. And the third one in the top three was dissatisfaction of provider office administration.

Questions?

DR. SPITALNIK: Beverly. And then Meghan is going to make a comment.

MS. ROBERTS: So on the PDN, you said 36 were appealed. Were there fair hearing results on those 36?

MS. ROBENOLT: Carol gave the overall.

MS. GRANT: If there was a decision, it would be posted on the web, which apparently we do. I can actually give the web address but I'm going to have to look through the papers that I have. Otherwise, they are posted, either if they're adopted by the Director, then they're listed as adopted; and if not, they're listed reversed.

MS. ROBERTS: Do you have data on whether the 175 of 370 were withdrawn?

MS. GRANT: Correct.

MS. ROBERTS: Do you have any information on that?

MS. GRANT: The folks in our office

that actually compile fair hearing data say that would require quite a bit of research to get to the detail of those cases. Fair hearings, unlike the rest of the complaints in grievance process, going through the courts get adjourned, they get negotiated. And we'd have to look at every one of those cases.

MS. ROBERTS: Thank you.

MS. GRANT: I know people have wanted that information. We're not at this point able to do it.

MS. ROBERTS: The feeling of advocates is that there's a really good possibility but we don't know for sure that these are cases where, let's say, it's PDN or from our population, home health services, that withdrawn means that it was a settlement and the consumer got what they had wanted to begin with after a tremendous amount of aggravation and anxiety. So that's where --

MS. DAVEY: So I think our issue right now is really it's hard to marry these numbers up in a lot of instances because you don't know where it went in the Office of Administrative Law process. So, by us reading out numbers to you, I don't know if that's helpful at this point. We're trying to get there.

MS. GRANT: Right now, we don't have

that. And we do know that there is a back and forth. Somebody might have filed an appeal, perhaps they didn't submit every piece of information that they needed or they didn't have every provider that weighed in. And this does happen along the process. I just don't know that we can connect it, as Meghan said, to individual cases.

MS. ROBERTS: I hear anecdotally things.

MS. GRANT: As you see red flags, you're welcome to certainly share with them with us, we can take a look at it. But I just don't know that we can get to that level of detail today.

MS. ROBERTS: Thank you.

DR. SPITALNIK: Thank you. Thank you, both. And we're appreciative of the information. And I know you're continually challenged by how the information is connected.

There have been an interest in the MAAC formally raising some concerns about the portended changes in federal Medicaid. We no longer have a quorum to make any formal proposal or anything. But I do want to allow the opportunity for raising those concerns at this point.

MS. ROBERTS: May I comment?

We were all very pleased, I think, when Governor Christie decided to move ahead with Medicaid expansion in New Jersey. I think there was probably some of the people in this room had the feeling that this was a wonderful thing, we were really pleased with that decision. And we are now maybe very, very concerned that they may not be able to continue in the new Administration. And so I had given a rough draft of a resolution to Deborah to be discussed in which we would perhaps decide to ask Governor Christie, recognizing his excellent decision to do this to begin this in New Jersey, to make that view known to the Administration in Washington, D.C., but we don't have a quorum here right now, so that was my thought.

DR. SPITALNIK: I would think that it could be within the purview of my role to reflect to the Governor that there is concern about preserving the gains that we have achieved. So it would not be a formal resolution, but rather a communication. So I think that would be a way of annunciating the issue.

MS. ROBERTS: Recognizing his excellent leadership in this, yes.

DR. SPITALNIK: And we will certainly have an opportunity, I believe, to re-visit this issue. So if that comports with, I would say the sense of the

meeting rather than a formal action, that I would undertake that.

At this time, what we tend to do is to review the agenda items for the next meeting, which is April 13th here. I can certainly say that continuing to monitor information about the federal changes in Medicaid is at the top of our agenda. There was a specific request for data on people with persistent mental illness, if that can be extracted from the data. And as we continually receive updates about the program by then, we will also add, hopefully, a decision on the Comprehensive Medicaid Waiver Renewal, but certainly an update on the process and a reminder of the due date for comments, CMS.

Other things to add to our agenda that people are aware of?

MS. ROBERTS: I'm always interested in what's happening with behavioral health challenges for individuals with intellectual developmental disabilities.

DR. SPITALNIK: So maybe an update on the pilot that's envisioned within the renewal, what the structure of that is, even though it's not been formally passed.

Anything else from the MAAC?

Other things? Yes?

UNIDENTIFIED SPEAKER: An update on the transition of the mental health services, the FFS, a small group that went January 1. We're going to be that much closer to the July 1 group going over by the April meeting.

DR. SPITALNIK: Kevin.

MR. CASEY: Deborah, would you mind if went back to the appeals and grievance report for just a second?

I just want to stress again it appears to us -- I know this is anecdotal, but it appears to us that there's a significant lack of knowledge in the community among consumers and families that they have a right to an appeal. And I've advocated in the past and I'm going advocate again for an aggressive program to inform, across the board, consumers and families about the right to appeal, how they file an appeal and where -- and this is really critical in a very complex system -- where they get some assistance for filing the appeal, which is a complex, difficult system to go through, and a lot consumers don't have significant knowledge and they need some help in getting through it.

And last, in terms of the question you asked, I really would like the MAAC to take a look at

what has become a workforce crisis, in particular in the developmental disabilities (DD) system, but I suspect the mental health system, too, and maybe in other systems. The fact is that in New Jersey we are paying direct care staff in the DD system an average about $10 an hour. The DD system has had a problem with turnover for as long as it existed. Providers can't get staff literally because of the salaries they are paying. I think the MAAC ought to take a very serious look at that.

DR. SPITALNIK: Thank you. I can't guarantee you we'll do that at the April meeting.

By the way, The President's Committee For People With Intellectual Disabilities is working on this issue, and that report should come out by May. Thank you.

Josh.

MR. SPIELBERG: Yes. Two things. One is there it seems -- I know Carol and Maribeth probably don't like getting up talking about appeals and grievances, but I think there's a continuing interest in that area, as evidenced by the comments. If you could continue your efforts, I think that would be great.

The other thing is it came up through that report that dental is an area where there are --

seemed like there were two dental reports, but I think at some point if the MAAC can just have a report on dental services, that might be helpful to everyone.

DR. SPITALNIK: Thank you.

MS. GRANT: I missed the first comment, which I think was around appeals and grievances and sort of educating to make sure everyone understands the process.

Under the managed care rule, that process could, in fact, be changing. I think we will factor in some of that education as we roll that out rather than just talk about the old system and new system, which I think could be very confusing.

DR. SPITALNIK: And it may also be that the focus of that falls within the divisions that provide Medicaid funded services. We will keep track of that.

Anything else?

Theresa.

MS. EDELSTEIN: Carol's comments reminded me that we probably could use an update on the implementation of the rule and expected changes for the contracts with the MCOs. I know timing is always an issue because we're always concerned about CMS approval of the contract. But even at a very high level, discuss

what the category of changes look like, whether they're rule related or not rule related.

DR. SPITALNIK: Again, our good wishes and gratitude to Nancy Day. And I want to reiterate our appreciation for the way that the Department and the Division are keeping abreast of the policy changes and working to ensure that the anxiety and concerns that we all have is scaffolded with information. So thank you.

Do I have a motion to adjourn?

MS. ROBERTS: Motion to adjourn.

MS. EDELSTEIN: Second.

DR. SPITALNIK: Thank you all very much. Take care in this windy weather. We will see you here April 13th.

(Proceeding concluded at 1:00 p.m.)

CERTIFICATION

I, Lisa C. Bradley, the assigned transcriber, do hereby certify the foregoing transcript of the proceedings is prepared in full compliance with the current Transcript Format for Judicial Proceedings and is a true and accurate compressed transcript of the proceedings as recorded.

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