



# Meeting of the Medical Assistance Advisory Council

April 22, 2026

# Agenda

- ▶ Welcome, Call to Order, and Introductions – **Dr. Deborah Spitalnik**
- ▶ Remarks from DHS Commissioner – **Dr. Stephen Cha**
- ▶ H.R. 1 Updates – **Gregory Woods, Natalie Kotkin, and Kristine Byrnes**
  - Changes to Non-Citizen Eligibility
  - Community Engagement and Six-Month Eligibility Determinations
  - Member Outreach and Communications
- ▶ Rural Health Transformation Project Update – **Shin-Yi Lin, PhD**
- ▶ 1115 Comprehensive Demonstration: Upcoming Renewal – **Jon Tew**
- ▶ Status Update: 1115 Behavioral Health Integration – **Shanique McGowan**
- ▶ Community-Based Palliative Care Benefit – **Dr. Tom Lind**
- ▶ Planning for the Next Meeting – **Dr. Deborah Spitalnik**
- ▶ Public Comment Period – Facilitated by **Karen Enoch and Sam Krauss**
- ▶ Adjournment – **Dr. Deborah Spitalnik**

# Welcome Beneficiary Advisory Council (BAC) Representatives to the MAAC

## Returning MAAC Members

**Cheryl Golden:** Cumberland County Social Services

**Chrissy Buteas:** HealthCare Institute of New Jersey

**Dr. Becky Ofrane:** Montclair State University

**Dr. Deborah Spitalnik:** Retired from the Boggs Center at Rutgers

**Dr. Nicole McGrath-Barnes:** KinderSmile

**Dr. Rina Ramirez-Alexander:** Zufall Health

**Hitesh Patel:** Rapps Pharmacy

**Jamila McLean:** State Health and Values Strategies

**Jeff Carrick:** Department of Children and Families | [Ex Officio](#)

**Jon Seifried:** Division of Developmental Disabilities | [Ex Officio](#)

**Laura Waddell:** New Jersey Citizen Action

**Mary Coogan:** Advocates for Children in New Jersey

**Sam George:** United Healthcare

**Sarah Sternbach:** Lakewood Resource and Referral Center

**Theresa Edelstein:** LeadingAge

**Victor Murray:** Camden Coalition

**Wayne Vivian:** Community Mental Health Consumer Advocate

## New BAC Representatives to the MAAC

**Doreen Atkinson**

**LaTina Gaines**

**Shirley Santillán**

**Tony Pantaleo**



# Remarks from Department of Human Services Commissioner

Dr. Stephen Cha

# Key Medicaid Priorities

**Short term:** Limit enrollment losses resulting from H.R. 1

- **Modernize systems**, and improve member experience
- Hold counties, vendors, and ourselves **accountable**
- Ensure members don't lose coverage because of **red tape**



**Medium Term:** Enhance program integrity to ensure NJ FamilyCare can serve those in need

- Program integrity **is**:
  - Data-driven focus on bad actors
  - Transparency around key cost drivers
- Program integrity **is not**:
  - Disenrolling eligible members
  - Targeting critical community-based services



**Long Term:** Transform the healthcare system, to focus on value and efficiency

- Eliminate unnecessary **administrative costs** and burdens
- Incentivize providers and payers to work together and assume **accountability** for **patient outcomes**



# H.R. 1 (“One Big Beautiful Bill Act”) Topics

# Changes to Non-Citizen Eligibility

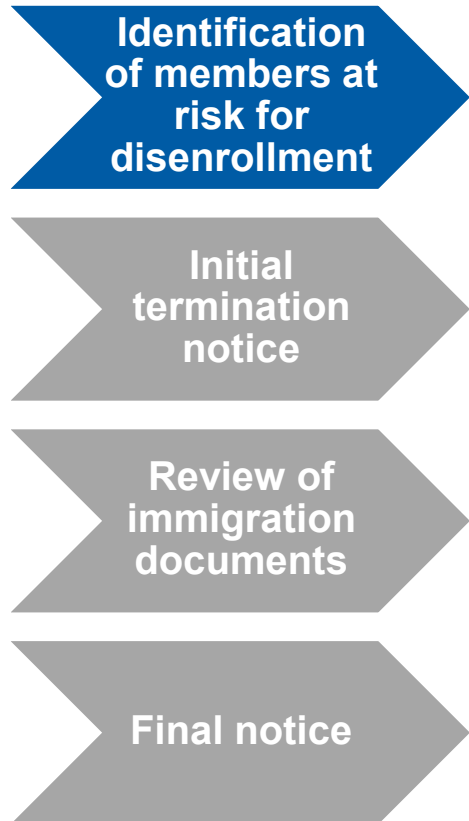
# Reminder: Elimination of Eligibility for Certain Documented Immigrants

- New restrictions on immigration eligibility for federal funding for Medicaid and CHIP go into effect October 1, 2026
- As of that date the **only groups of adults eligible for full Medicaid coverage** will be:
  - U.S. citizens and U.S. nationals
  - Lawful Permanent Residents (i.e. Green Card holders)
  - Cuban/Haitian entrants
  - Citizens of certain small Pacific island nations (“COFA migrants”)
- DMAHS previously estimated that between **15,000 and 25,000 individuals may lose Medicaid coverage** on September 30, 2026 because of this change

# What We Have Learned: Federal Guidance

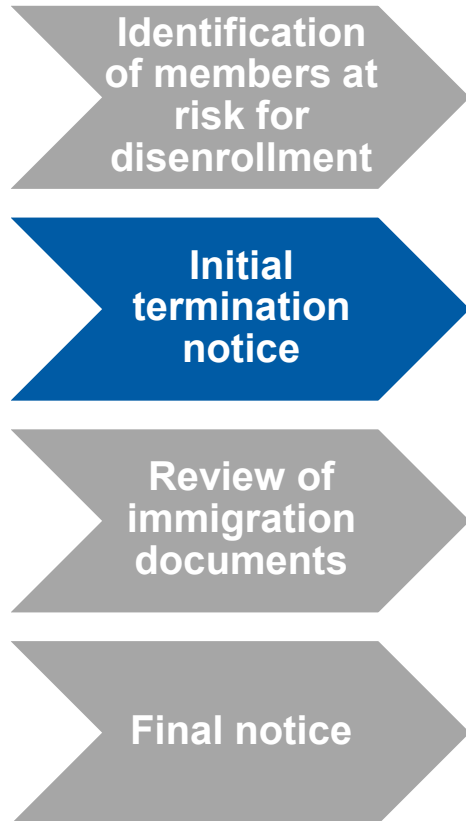
- Earlier this month, CMS released a detailed ["State Health Official" letter](#) on this policy change. Key takeaways:
  - **October 1, 2026 is absolute**: federal match cannot be claimed for ineligible non-citizens after that date
    - All operational changes must take place as of that date, including terminations
  - Certain **exceptions to 5-year waiting period** for Lawful Permanent Residents will remain in place
    - Individuals in certain immigration groups that were eligible before October 1, 2026 will not have to wait five years to qualify for Medicaid **if** they become Lawful Permanent Residents
  - Eligibility will be unchanged **for all children and pregnant people**
  - Coverage will still be provided during a 90-day **Reasonable Opportunity Period** during which applicants have the ability to provide documentation of a qualifying immigration status

# Non-Citizen Eligibility Approach: Step 1



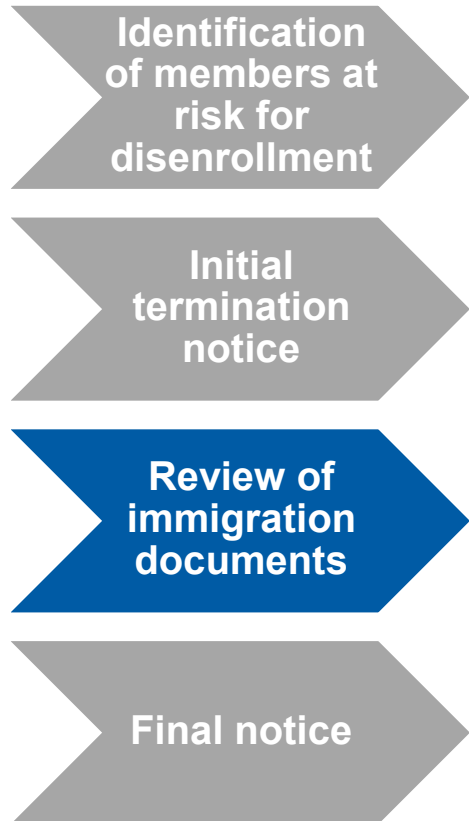
- DMAHS is currently in the process of **identifying potentially impacted non-citizen members**.
  - Members where DMAHS can **confirm a qualifying immigration status** (under new rules) will remain eligible and will not be required to take further action.
  - All other non-citizen members (except for children or pregnant people) will be **required to re-verify their immigration status**.

# Non-Citizen Eligibility Approach: Step 2



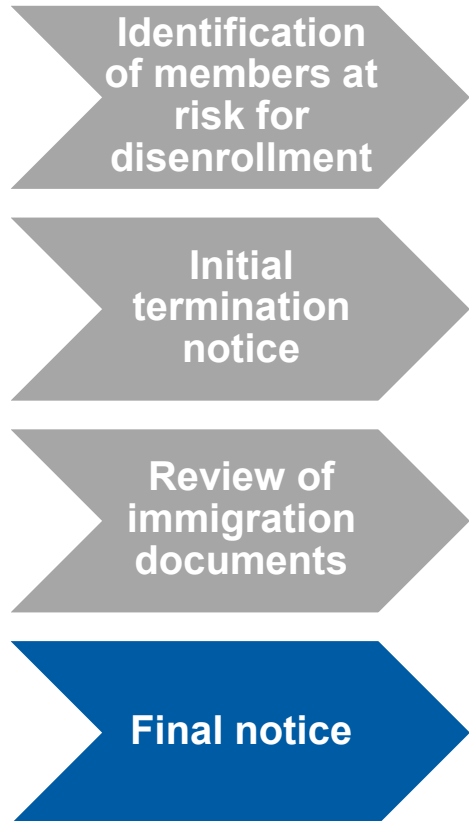
- **DMAHS will begin sending notices in May** to identified potentially impacted non-citizen members, which:
  - Explains they **may lose coverage on Oct 1** due to federal regulatory change
  - Lists still-eligible groups (e.g., Cuban entrants)
  - Directs members who believe they remain eligible **to submit documents** by a deadline
- **Member supports** (e.g., MCOs, Regional Health Hubs, Office of New Americans, Eligibility Determining Agencies) will be provided with resources to assist with outreach and assist members

# Non-Citizen Eligibility Approach: Step 3



- A **DMAHS team** will review immigration documents provided by members and validate immigration status against federal databases.
- **DMAHS will send an outcome letter** to members who submitted immigration documents, indicating if they have been found eligible, ineligible, or if DMAHS needs more information.
  - If ineligible, coverage will continue until September 30th.

# Non-Citizen Eligibility Approach: Step 4



- DMAHS will send a **final termination notice in mid-September** to members who did not respond to request to send immigration documents
- Final notice and ineligible outcome letters will explain the **appeals process**
- Members who receive the final termination notice will have eligibility terminated as of **September 30, 2026** unless member is in Reasonable Opportunity Period as a result of pending response from DHS on status

# Pending Areas of Guidance on Non-Citizen Eligibility

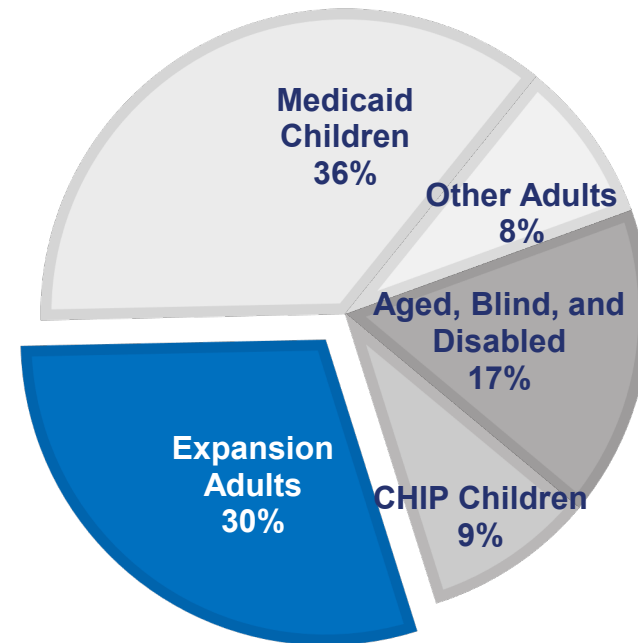
- CMS has determined that **Supplemental Security Income (SSI) recipients** are subject to new Medicaid non-citizen eligibility rules
  - Historically, SSI enrollees are **automatically** enrolled in Medicaid based on information provided by Social Security Administration, with no eligibility processing required by the State
  - OBBBA complicates this link. The bill:
    - **Changed** immigration eligibility rules for **Medicaid**
    - **Did not change** comparable eligibility rules for **SSI payments**
  - CMS has not yet offered guidance on this issue but is in conversation with the Social Security Administration
- CMS has provided guidance that **fair hearing rights** must be offered to individuals losing coverage
  - DMAHS is working through system options to support likely demand for fair hearings
  - CMS has not answered question of how **continuation of benefits** (during an appeal) should be handled
- DMAHS is working to provide as much information as possible to potentially-affected members to explain options for other possible sources of coverage (e.g. Get Covered NJ)

# **Community Engagement and Six-Month Eligibility Determinations**

# Reminder: Who do work requirements apply to? Who has to renew coverage every six months?

- Only Medicaid Expansion Adults are subject to work / community engagement requirements.
- Only Expansion Adults have to renew coverage every six months.
- Of the approximately 1.8 million NJ FamilyCare members, around 540,000 people are in the Medicaid Expansion Adult population.
- Urban Institute has estimated that between **~150,000 and ~300,000 fewer Expansion Adults will have coverage** by 2028 because of these new requirements.

NJ FAMILYCARE ENROLLMENT –  
JANUARY 2026



# What We Have Learned: Implementation of 6-Month Renewal Cycles

- **CMS guidance** on 6-month renewals:
  - States must shift to 6-month renewal cycles for expansion adults on **January 1, 2027**.
  - Until January 2027, States have **option to maintain existing renewal dates** and timelines for all members.
  - New Jersey intends to take this option.
    - **Example:** Susan has a scheduled renewal date of November 2026. She successfully renews, and her next renewal date is November 2027.
    - **Example:** Jorge has a scheduled renewal date of February 2027. He successfully renews, and his next renewal is scheduled for August 2027.

# What We Have Learned: Implementation of 6-Month Renewal Cycles (cont.)

- For households that include expansion adults and members in other eligibility groups, New Jersey will attempt to **keep renewal cycles aligned**.
  - **Example:** Mark and his daughter Candace first apply for Medicaid in March 2027. Mark is found eligible as an expansion adult; Candace is found eligible as a child.
    - Mark must renew his coverage in 6 months (September 2027). Candace is entitled to **12 months of continuous eligibility** (through March 2028).
    - In September 2027, the entire household will be assessed.

**Scenario 1:** If Mark is found ineligible, he will be disenrolled. Candace **will remain enrolled through March 2028**, when she will be subject to renewal.

**Scenario 2:** If Mark and Candace are **both** confirmed to be eligible, then:

- Mark will remain enrolled and be subject to a new renewal in six months (March 2028).
- Candace will be entitled to **12 months of continuous eligibility**, through **September 2028**.

# Work Requirements and Increased Frequency of Eligibility Checks: IT system updates



**Key Question:** How will DMAHS upgrade eligibility IT systems to assess compliance with “community engagement” (work) requirements?

## Progress since January

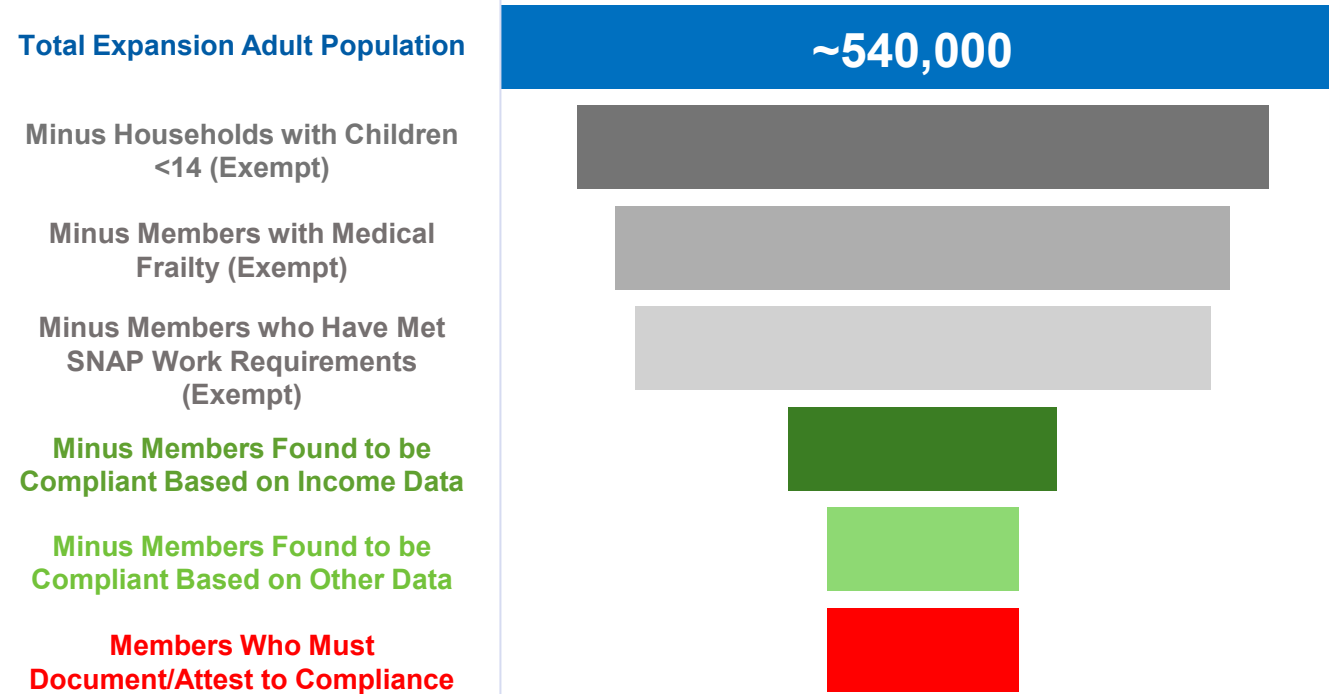
- We’re building a new system to track work requirements called the Community Engagement Compliance Engine, (“CECE”). CECE can now:
  - Check if people meet income requirements for these new federal rules
  - Access Medicaid claims data to see if health issues prevent members from working, “medical frailty”
  - Access a CMS-built tool, (Eligibility Made Easy, “Emmy”), to help us verify information about someone’s education and veteran disability status
- We’re also working to improve automatic renewal rates (“*ex parte*”) by partnering with organizations like [TechTalent](#)

## Next steps

1. Finishing building the rulebook that tells the system who needs to work and who gets an exception, then test to make sure it works (May – June)
2. Connect all the important information sources so the remaining databases we need are linked (detail follows)
3. Make sure the system can automatically make accurate decisions from start to finish about whether someone meets work requirements

# Reminder: Planned steps to evaluating eligibility under new work requirements

1. Begin with **total expansion population** (**blue bar** at the top)
2. Identify **exempt members** using existing data sources (three **gray bars** under the blue bar)
3. Identify **compliant members** using existing data sources (two **green bars** under the gray bars)
4. Request that **remaining members** submit documentation/attestation of exemption or compliance (**red bar** at the bottom)



# IT system focus: Additional data sources to identify compliance with or exemption from work requirements

In addition to existing data used for eligibility (including State and third-party wage data), NJ is pursuing:

Category	New sources under exploration	Prioritization	Progress
Income / work hours	<b>Emmy</b> (CMS verification tool that provides additional data sources, some requiring member consent to share)	Targeting for Jan '27	Working with CMS product team on pilot; currently planning to focus on use of education and veteran disability data, which can be used in <i>ex parte</i> determinations
	<b>Private income verification sources</b> (e.g., Equifax, Experian), expanding income/work hours data beyond what NJ currently gets from federal sources	Potential for Jan '27	Evaluating coverage of NJFC members, including testing "hit rate" (i.e., successful data matches), and feasibility / value of procurement
Education enrollment / hours	<b>National Student Clearinghouse</b>	Targeting for Jan '27	Confirmed what data NSC provides and how it may be accessed (i.e., via CMS or direct access); testing connections to CMS source and deciding preferred path
Medical frailty	<b>Medicaid claims</b> / health plan encounter data	Targeting for Jan '27	Connecting eligibility systems to claims data storage, to enable use in eligibility determinations
SNAP / TANF compliance	<b>Division of Family Development<sup>1</sup></b>	Targeting for Jan '27	Confirmed data availability; pursuing expanded data-sharing agreement to transfer data from DFD to DMAHS
Additional data sources	NJ HIN <sup>2</sup> , NJSAMS <sup>3</sup> , State Cancer Registry, Veterans Affairs disability <sup>4</sup> , NJ OSHE <sup>5</sup>	Post Jan '27	Exploring data content, availability, and limitations

1. NJ DHS Division of Family Development, FAMIS system (Family Assistance Management Information System)  
 2. NJ Health Information Network  
 3. NJ Substance Abuse Monitoring System  
 4. Likely to access via CMS Emmy  
 5. Office of Secretary Higher Education

# Work Requirements and Increased Frequency of Eligibility Checks: Eligibility Worker Capacity



**Key Question:** How will DMAHS ensure sufficient eligibility worker capacity to handle increased workload of new eligibility provisions?

## Progress since January

- Established and started a readiness process to support counties, including monitoring key metrics, providing OBBBA-trainings/guidance and creating stronger leadership alignment with state and county leadership
- Reviewing county budgets to identify and address gaps in necessary staffing levels
- Negotiating contract updates with Conduent, including additional staffing, processes, and standards to support OBBBA requirements
  - Key element – payment incentives and penalties more closely tied to vendor performance

## Next Steps

1. Continue county readiness process, including reviewing deliverables, monitoring metrics, providing support, and determining contingency plans where needed
  - For example, shifting applications or renewals between Eligibility Determining Agencies (EDAs)
2. Finalize and execute Conduent operational contract amendment (targeting May) and provide Conduent with necessary trainings, call center scripts, and guidance

# Example CSSA Readiness Report (Subject to Change)

County	Process measures complete or on time	New App >45/90 Days	Pending Renewals	SNAP Timeliness	Escalation Flag
County 1	Green	Green	Green	Green	Green
County 2	Green	Green	Green	Green	Green
County 3	Yellow	Green	Green	Green	Green
County 4	Green	Green	Green	Green	Green
County 5	Green	Green	Green	Green	Green
County 6	Green	Green	Yellow	Green	Green
County 7	Green	Green	Green	Green	Green
County 8	Green	Green	Green	Green	Green
County 9	Green	Green	Green	Green	Green
County 10	Green	Green	Red	Yellow	Yellow
County 11	Green	Green	Green	Red	Yellow
County 12	Green	Green	Red	Green	Yellow
County 13	Green	Green	Red	Green	Yellow
County 14	Green	Green	Red	Yellow	Yellow
County 15	Green	Red	Green	Yellow	Yellow
County 16	Green	Yellow	Red	Green	Red
County 17	Green	Yellow	Red	Green	Red
County 18	Green	Yellow	Red	Yellow	Red
County 19	Green	Yellow	Yellow	Yellow	Red
County 20	Green	Red	Red	Green	Red
County 21	Green	Red	Red	Red	Red

### For OVERALL ESCALATION FLAG

**GREEN** = If ≤ 1 Yellow across Medicaid Metrics and Process Measures

**YELLOW** = If >1 Yellow across Medicaid Metrics OR 1 Red incl. SNAP (e.g., 1 R / 1 Y SNAP)

**RED** = If > 2 Yellow OR >1 Red (e.g., 2+ Red, 1 R / 1 Y, incl. SNAP)



# Work Requirements and Increased Frequency of Eligibility Checks: **Member Experience**



**Key Question:** How can the process of proving compliance with new requirements be made as user friendly as possible?

## Progress since January

- Created voluntary online screener tool developed to help members understand work requirements and if they may be affected; user testing underway
- Developing digital request for information (RFI) process so that individuals can receive RFIs by email and complete them online, improving response speed and accessibility (target June completion)
- Working toward enabling email alerts for final eligibility decisions
- Multiple initiatives underway to improve automatic (*ex parte*) renewal rates

## Next Steps

1. Incorporate user testing feedback into work requirement screener and launch on NJ FamilyCare website (target end of April)
2. Engage MCOs, Regional Health Hubs (RHHs), providers, and other stakeholder partners on outreach tactics to support member reach, understanding, and compliance
3. Continue to identify and put in priority order additional opportunities to improve renewal experience (e.g., enabling request of renewal codes online, improved Conduent-county call center handoffs)

# Work Requirements and Increased Frequency of Eligibility Checks: **Medical Frailty**



**Key Question:** How can the state identify individuals who are exempt from work requirements because they are “medically frail”?

- **Verification methods:**

- New applicants will fill out a **Medical Screener** (self-attest to medical frailty).
- For current members, the State will first try to verify medical frailty automatically (*ex parte*) using program data (such as Medicaid claims, Social Security determinations).
- If unsuccessful via *ex parte*, members may be asked to complete a Medical Screener or provide documentation.

- **Definition of qualifying conditions:** Clinical criteria (such as diagnosis codes) are being identified by DMAHS clinical experts, informed by federal guidance and approaches under development by other states and research organizations.

- **Timing of exemptions:** Some members with a permanent or long-lasting condition may qualify for a longer-term exemption due to medical frailty. These exemptions may extend beyond a single renewal period (more than 6 months).

# Pending Areas of Guidance on Work Requirements

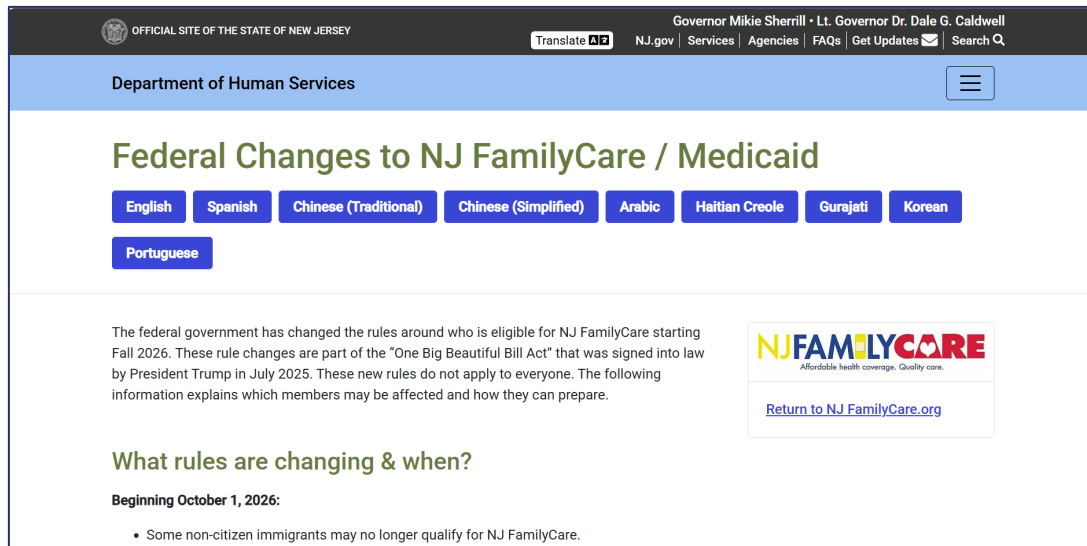
- CMS must **issue federal regulations on work requirements by June 1, 2026**
  - CMS has not yet issued this “interim final rule” (IFR)
  - CMS has given provisional guidance on some aspects of work requirements
- At this time, **many questions remain about work requirements** including:
  - Will states still be required to meet the same standards for processing applications in a timely way, when OBBBA requirements appear to mandate a longer process in some cases?
  - How will certain exemptions be defined by CMS, such as:
    - Who will qualify as a “caregiver”?
    - What does it mean to be “medically frail”?
  - What circumstances will allow a state to receive an extension to the January 1, 2027 implementation deadline?
- DMAHS is working to implement work requirements on time while managing this uncertainty.

# Member Outreach and Communication

# Communications Plan

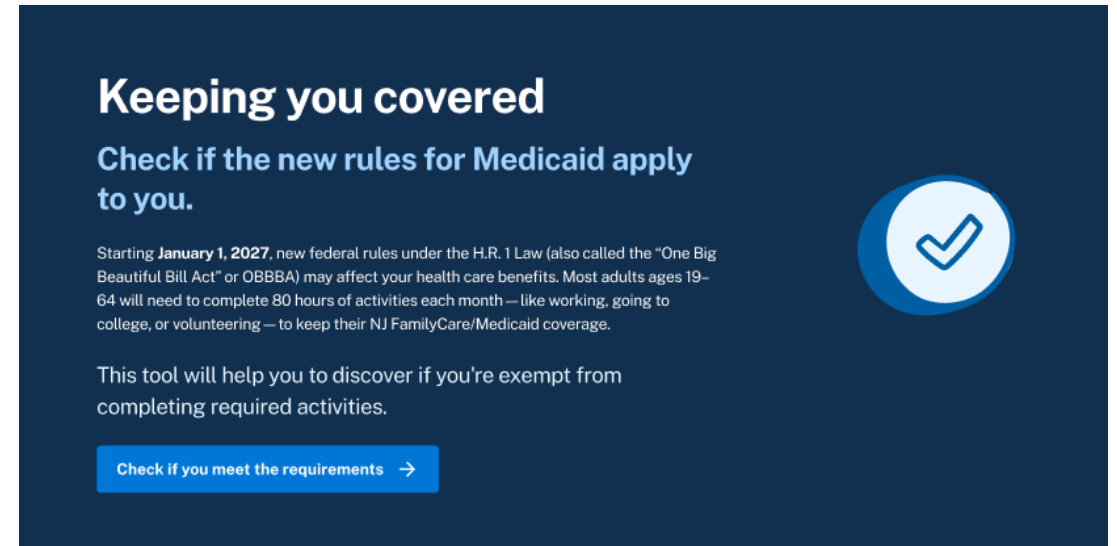
## NJFC OBBBA Webpage (live now)

A dedicated NJ FamilyCare webpage that explains upcoming federal changes (including work requirements, more frequent renewals, and non-citizen eligibility changes), who is affected, and how members can prepare.



## Medical Screener (coming soon)

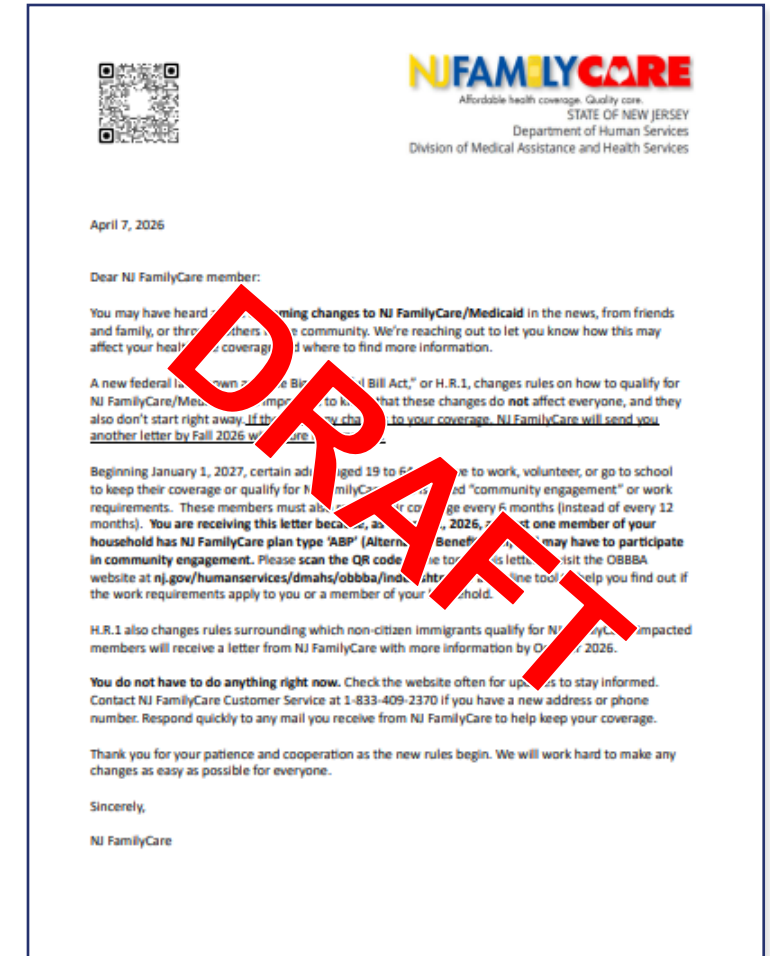
An online screener that allows members to check if they may be subject to work requirements and to access resources. Will be linked from OBBBA webpage. **Does not formally verify** eligibility status.



# Communications Plan (cont.)

## Broad member letters (coming soon)

- DMAHS will send letters to all NJ FamilyCare households in the coming months with information about upcoming requirements for Expansion Adults.
- These letters will not go to all members or all areas of the state at the same time.
- These letters will:
  - Indicate whether any household member has been identified as an Expansion Adult and is subject to these requirements
  - Include information about upcoming changes to eligibility for non-citizens
  - Include a QR code and link to the NJ FamilyCare OBBBA webpage, as well as a dedicated phone line for updating contact information if needed



# Reminder: DMAHS is planning multiple rounds of communications about coming eligibility changes

**Note:** Timing for all communications is subject to change

## Q1 2026: Jan - Mar

**Early, highest-level member communications**, targeted to broad audiences & ensuring members know if they're impacted (e.g., NJFC webpage)

**Prepared to begin engaging partners** (e.g., MCOs, RHH, providers) to develop coordinated messages across mediums and stakeholders

**Developed testing/feedback strategy** to ensure member-friendly communications



## Q2 2026: Apr - Jun

**Send letters to Expansion households** sharing upcoming changes (non-citizen eligibility, work requirements, increased frequency of eligibility checks)

**Launch multiple stakeholder workgroups** to conduct joint problem-solving and solicit feedback on OBBBA implementation, incl. member comms

Send **initial notices to impacted non-citizens** losing eligibility



## Q3 2026: Jul - Sep

**Additional direct outreach** to impacted Expansion Adults and non-citizens

**Send letters to non-Expansion households** sharing that their eligibility requirements are not currently changing

**Final member policy guidance / comms released** for 2026-27 changes

**Member forums held** (continuing through Q4)

*Note: At July MAAC, plan to share more info on stakeholder/CBO engagement*

# Rural Health Transformation Program

# Rural Health Transformation (RHT) Program

- H.R. 1 funds this national rural health effort from 2026-2030
  - Budget Period 1 (BP 1) runs from 12/29/2025-10/30/2026
- NJ RHT efforts are jointly administered between DMAHS and NJ Department of Health (DOH)
- New Jersey has been awarded **\$147M** for Budget Period 1
  - Aims to impact **1 million rural New Jerseyans**—including over 250,000 NJ FamilyCare members, and **11 rural counties**
- Contact the NJ RHT team: [mahs.njrht@dhs.nj.gov](mailto:mahs.njrht@dhs.nj.gov)
  - Sign up to the NJ RHT listserv [DMAHS\\_NJRHT@dhs.nj.gov](mailto:DMAHS_NJRHT@dhs.nj.gov) (QR code)



# NJ RHT: Budget Period 1 Funding

- Budget Period 1 (BP1) runs from 12/29/2025-10/30/2026
- NJ received final CMS approval for these BP1 activities in late March 2026

NJ RHT Initiative	Activities to benefit Rural Communities and Rural-Serving Providers	Agency	Funding
RHT 1: Workforce	Funds public health efforts to recruit, train, and retain skilled healthcare workers	DOH	\$36 million
RHT 2: Infrastructure	Supports capacity building for primary care providers, FQHCs, and hospitals	DHS, DOH	\$61 million
RHT 3: Technology	Funds public health efforts to promote telehealth and remote patient monitoring	DOH	\$10 million
RHT 4: Prevention	Funds public health efforts to promote preventive health	DOH	\$27 million
RHT 5: Chronic Disease	Funds public health efforts to address chronic disease	DOH	\$13 million

# NJ RHT: Implementation Progress

- Through **6 competitive RFAs**, DOH has received hundreds of applications to distribute almost \$100M in NJ RHT funding:

- 1. Advancing Technology, Prevention, and Workforce Capacity in Rural New Jersey**
- 2. Building Rural Hospital Capacity**
- 3. Advancing Access to Care, EMS, and Dispatch Capability in Rural New Jersey**
- 4. Improving Chronic Disease Outcomes in Rural New Jersey**
- 5. Community Health Workers in Rural New Jersey**
- 6. Integrating Community Doulas into Clinical Healthcare Teams in Rural New Jersey\***

\* This RFA is still accepting new applications until 4/27

- A list of RFA awardees is not yet available, as DOH is reviewing applications

# NJ 1115 Waiver Renewal

# 1115 Demonstration: Overview

- The [NJ FamilyCare 1115 Comprehensive Demonstration](#) grants the state **federal authority** to:
  - Test **innovative strategies** to broaden Medicaid eligibility;
  - Offer **alternative benefits**;
  - Modify **payment mechanisms**;
  - **Improve care** delivery.
- The demonstration was initiated in 2012
  - Must be renewed by the federal government **every 5 years**.
- Current five-year approval period expires on **June 30, 2028**
  - New Jersey anticipates submitting a request to CMS to renew the demonstration for an additional five-year approval.
- Due to the complexity of CMS negotiations, which historically have extended past the expiration date, renewal planning must begin multiple years in advance.
  - CMS generally requests **renewal application** be submitted **a full year in advance of expiration date** (June 2027 for New Jersey)

# 1115 Demonstration: History

## 2012 - Demonstration initially approved

- Consolidated Authority for managed care delivery system
- Enhanced HCBS Services for aged and disabled populations
  - MLTSS
  - I/DD Adults (Supports)
  - SED and I/DD Children (CSOC)
  - DSRIP

## 2017 – 1st Renewal

- Converted Community Care Program for I/DD Adults to 1115 status
- Consolidated SED/IDD children's program into Children's Support Services Program
- Set timeline for DSRIP Phase-out

## 2017-2020 – Demonstration Amendments

- Introduction of SUD demonstration elements (2017)
- Authority for Home Visiting and OPG eligibility pilots (2019)
- Temporary COVID-19 Flexibilities (2020)

## 2023 – 2nd Renewal (current Demonstration)

- Addressed Health-Related Social Needs
- Integrated Physical and Behavioral Health
- Piloted new approaches to care such as the Community Health Worker Pilot

# 1115 Demonstration: Elements

The 1115 Demonstration includes authority for a wide array of programs and pilots that contribute to NJ FamilyCare. They include:

Authorization	Programs	Programs (cont.)	Pilots
<ul style="list-style-type: none"><li>• Managed Care Authorization</li><li>• Post-Partum Eligibility Extension</li><li>• Quality Improvement Strategy (QIS)</li></ul>	<ul style="list-style-type: none"><li>• Managed Long Term Services and Supports (MLTSS)<ul style="list-style-type: none"><li>• Nutrition Services</li><li>• Caregiver Supports</li></ul></li><li>• DDD Programs:<ul style="list-style-type: none"><li>• Community Care Program (CCP)</li><li>• Supports</li></ul></li><li>• SUD/ODD Services</li><li>• SUD HIT</li></ul>	<ul style="list-style-type: none"><li>• Integration of BH into Managed Care</li><li>• BH Promoting Interoperability Program (PIP)</li><li>• Children' Support Services Program (CSSP) I/DD and SED</li><li>• Premium Support Program (PSP)</li><li>• Housing Support Services</li></ul>	<ul style="list-style-type: none"><li>• NJ Home Visitation (NJHV)</li><li>• Community Health Worker (CHW)</li><li>• Medically Indicated Meals (MIM)</li><li>• Adjunct Services Autism Spectrum Disorder (ASD)</li></ul>

# 1115 Demonstration: Objectives

NJ's **key objectives** for the current demonstration period include:

- » Improve care quality and efficiency through managed care
- » Enhance access to community services through MTLSS and other HCBS Programs
- » Implement innovative service delivery and payment models
- » Address health-related social needs (HRSN) to tackle social determinants of health
- » Enhance maternal healthcare quality and reduce existing disparities
- » More effectively integrate physical and behavioral health services
- » Ensure predictability, stability, and transparency for all involved stakeholders

**We plan to revisit these objectives during the renewal stakeholder process.**

# 1115 Renewal Planning



DMAHS is proactively preparing for renewal and plans to start reaching out to stakeholders, other government agencies, and conduct several listening sessions beginning later this year.

Specific dates will be published on our website and announced at future MAAC meetings.

In 2026, our focus will be on stakeholder engagement as we build a proposed application.



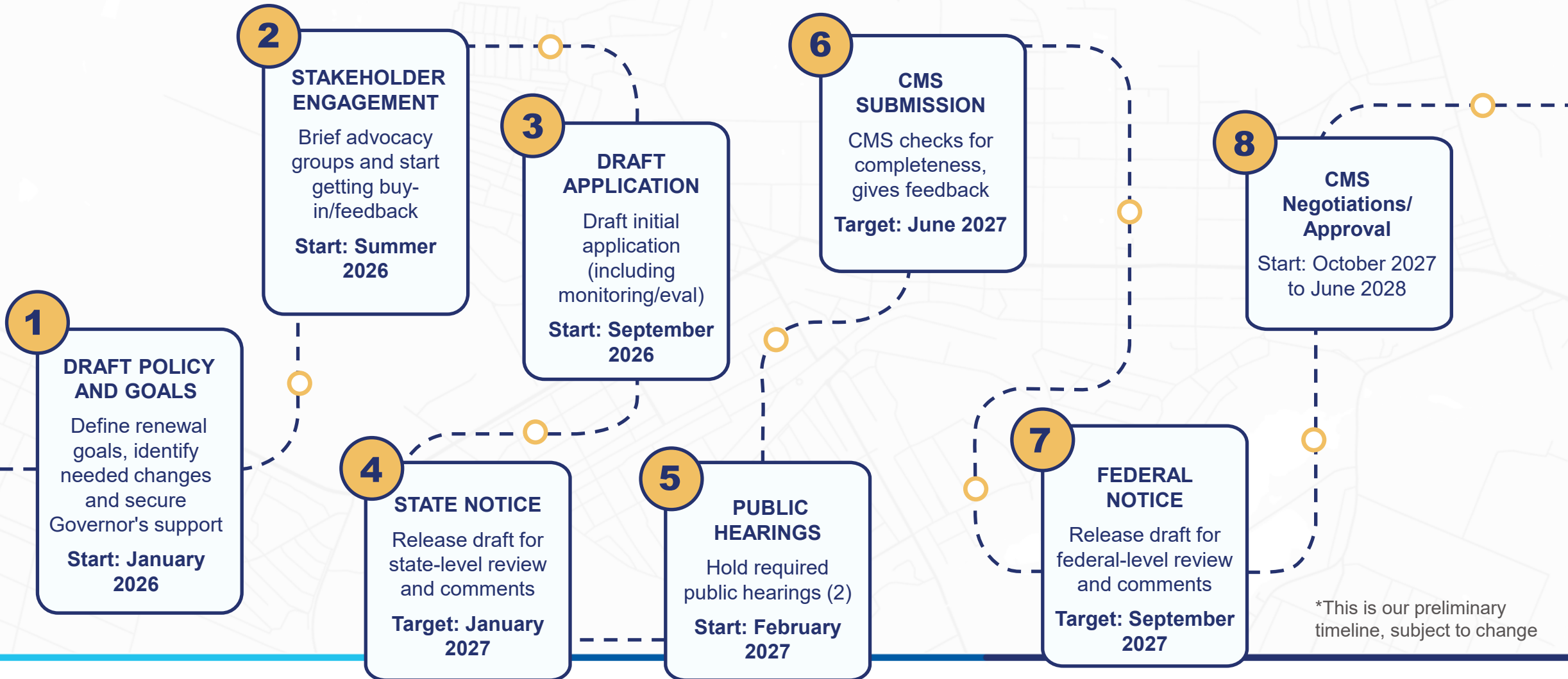
We encourage all stakeholders to provide input or suggestions regarding the renewal process and content.



**Have ideas or questions? Send them to:**

[DMAHS.CMWcomments@dhs.nj.gov](mailto:DMAHS.CMWcomments@dhs.nj.gov)

# 1115 Renewal Preliminary Roadmap



\*This is our preliminary timeline, subject to change

# Navigating a New Landscape: Our 1115 Renewal Under Shifting Federal Priorities

The current federal administration is implementing significant policy shifts that will shape Section 1115 Medicaid demonstration renewals in new ways. Key policy shifts include:

- **Health-Related Social Needs (HRSN):** Federal guidance that previously offered a framework for leveraging waivers to address essential HRSNs like housing and nutrition has been rescinded - as of yet, there is no clear replacement framework.
- **Budget Neutrality:** Revised budget neutrality policies resulting from OBBBA are expected to restrict the ways in which states construct their demonstrations.
  - New more stringent approach to measuring and carrying over savings under 1115 demonstrations.
    - **Likely result:** More limited funding available for investments in new programs.
  - CMS will likely encourage states to move programs **out** of their 1115s if another authority is available.

# Shifting Federal Priorities: What This Means for Stakeholders



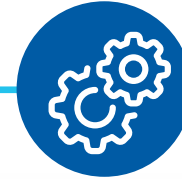
## Proactive Engagement

We need your input to design effective and compliant programs.



## Strategic Demonstration Design

Balancing state priorities with federal expectations. New budget neutrality rules will significantly limit savings that can be applied to new or innovative programs.



## Opportunity for Innovation

Leveraging remaining flexibility within new frameworks to test innovative approaches.

# Stakeholder Engagement Opportunities

DMAHS wants to ensure robust, transparent stakeholder input to inform the 1115 Renewal design and priorities.

- This includes stakeholder input on current demonstration elements as well as desired new additions during renewal.

## Upcoming Public Engagement Opportunities:

- **Stakeholder survey is coming soon!** DMAHS is working to release a survey on priorities, gaps, and new ideas.
- **Annual Post-Award Forum** (July 2026) - traditionally held concurrent to the summer MAAC.
- **Open Public Forums** (June 2026 – Feb. 2027) - several structured, topic-specific forums to be held periodically over the summer, fall, and winter.
- **Individual Stakeholder Engagement Sessions** (June 2026-February 2027) - targeted outreach to beneficiaries & community-based organizations.
- **Public Hearings on the Draft Application** (January 2027 to March 2027) - at least two (2) formal opportunities for public comments on the draft application prior to federal submission.

DMAHS welcomes ongoing feedback throughout the renewal process. To request a meeting or submit comments and suggestions, please contact the 1115 Demonstration inbox: [DMAHS.CMWcomments@dhs.nj.gov](mailto:DMAHS.CMWcomments@dhs.nj.gov).

# **Behavioral Health Integration in the 1115**

# Behavioral Health Integration Updates

**BH services are being integrated into managed care using a phased approach**

**Phase 1** includes most outpatient mental health and substance use disorder (SUD) services

- Implemented **January 1, 2025**, with a transition period to ensure guardrail policies for members and providers
  - The policy flexibilities are related to prior authorizations and payment rates for out-of-network providers
  - DMAHS has begun the process of ending the transition period for each MCO as they are deemed ready, based on their performance on key metrics:
    - Aetna – November 1, 2025
    - Horizon – April 1, 2026
    - United Healthcare – May 1, 2026
    - Fidelis Care – TBD
    - Wellpoint – TBD
  - MCOs who have ended their transition periods are making medical necessity determinations for Phase 1 services when reviewing prior authorization requests

# Behavioral Health Integration Updates

**BH services are being integrated into managed care using a phased approach**

**Phase 2** is expected to include SUD residential services and opioid treatment programs

- Adult mental health residential programs will now be included in Phase 3 and reviewed alongside other services that have not yet been integrated
- Current target for implementation of **Phase 2** is **January 2027**
- DMAHS has begun program planning and design while incorporating feedback from managed care organizations, providers, and other stakeholders
- Implementation is expected to include a transition period with significant additional protections for providers and members, to encourage access and continuity of care for members
  - As with Phase 1, the decision to remove transitional policies will be deliberate and data-driven, based on MCO performance demonstrating readiness
- Additional stakeholder engagement opportunities will be announced in the near future

# Community-Based Palliative Care Benefit

# Community-Based Palliative Care Benefit

- NJ FamilyCare’s new Community-Based Palliative Care benefit launched on **April 1, 2026**.
  - Delayed from previously scheduled launch date (January 1, 2026) to support full systems readiness.
- Eligible providers will include **existing hospice** and **home health, physician**, and **clinic** providers who meet additional eligibility criteria.
  - More information is available on njmmis.com and on each managed care organization’s website.
  - Provider enrollment process began in **February 2026**.
- DMAHS hosts biweekly provider office hours. Recorded training sessions are also available. Providers can email [MAHS.CBPC@dhs.nj.gov](mailto:MAHS.CBPC@dhs.nj.gov) with questions.



## Community Based Palliative Care:

- Person- and family-centered care that optimizes quality of life
- Anticipates, prevents, and treats suffering caused by serious illness
- Addresses physical, intellectual, emotional, social, and spiritual needs
- Delivered by an interdisciplinary team working together
- Can be provided along with curative treatment

# Planning for the Next Meeting

*July 22, 2026*



# Public Comment Period

# If you signed up for public comment before this meeting:

- We will add numbers to people's Zoom names to show their order in the comment queue, based on the order in which they registered for the meeting.
- To allow time for others, please limit your statement to **two (2) minutes** or less.
- You are welcome to **email comments to [dmahs.maac@dhs.nj.gov](mailto:dmahs.maac@dhs.nj.gov)** by the end of the day on **Monday, April 27**, and they will be published alongside the verbal comments.

# If you would like to sign up for public comment now:

- If you have a comment to share with MAAC members, Medicaid staff, and your fellow attendees, please place your **name** (and **organization**, if applicable) in the **Q&A**.
- We will take people off mute in the order in which their names are received.
- To allow time for others, please limit your statement to **two (2) minutes** or less.
- You are welcome to **email comments to [dmahs.maac@dhs.nj.gov](mailto:dmahs.maac@dhs.nj.gov)** by the end of the day on **Monday, April 27**, and they will be published alongside the verbal comments.

Thank  
You