

### Meeting of the Medical Assistance Advisory Council

April 18, 2024

### Agenda

- Welcome and Call to Order Dr. Deborah Spitalnik
- SFY25 Budget Overview DHS Commissioner Sarah Adelman
- Pediatric Preventive Dental Services Dr. Tom Lind
- Policy Updates Greg Woods
- Money Follows the Person Report Jennifer Langer Jacobs
- Unwinding the Public Health Emergency Greg Woods
- NJ WorkAbility Expansion Becky Thomas
- 1115 Comprehensive Demonstration Updates Jon Tew and Shanique McGowan
- Planning for the Next Meeting Dr. Deborah Spitalnik





### Making New Jersey the Best Place to Raise a Family

Fiscal Year 2025 Budget – NJ Human Services

### **Governor's Budget Proposal**

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- Governor Murphy recently proposed the FY25 budget that helps deliver on our shared goal to make New Jersey the best place to raise a family.
- The budget plan includes new and ongoing investments in the services and supports important to those served by Human Services.



### Affordability

Governor Murphy recently proposed the FY25 budget which helps deliver on our shared goal to make NJ the best place to raise a family. The FY24 budget includes new and ongoing investments in the services and supports important to those served by Human Services.

- Maintains expansions of <u>Earned Income Tax Credit</u>, <u>Child</u> and <u>Dependent Care Tax Credit</u>, and <u>Child Tax Credit</u>.
- Provides funding for <u>RetireReady NJ</u>, a new option for retirement savings for private sector employees.
- Includes an additional \$200 million for <u>Stay NJ</u>, which is designed to cut property tax bills in half for many New Jersey older adults beginning in 2026.
- 58,000 new households will benefit from recent expansion of the <u>Senior Freeze</u> program.

5

### **Prescription Drug Savings**

Maintains commitment to making life more affordable for older adults by maintaining expanded eligibility for the <u>Pharmaceutical</u> <u>Assistance for the Aged and</u> <u>Disabled (PAAD)</u> and <u>Senior Gold</u> programs to further cut costs for prescription drugs.

Income limits for the assistance programs increased by **\$10,000** as of January.

Includes added funding to support continued enrollment growth due to new promotional initiatives and outreach grants.



Income limits for the Lifeline Utility Assistance program and the Hearing Aid Assistance to the Aged and Disabled (HAAAD) program both tied to PAAD, also increased by \$10,000.



### **Connecting Older Adults to Services**

- The <u>Division of Aging Services</u> will receive an additional \$1 million for county Area Agencies on Aging.
- Will help manage increased volume and referrals to ensure that individuals are first screened so they can be connected to appropriate services sooner, reduce admission to facility-based care and support people to age-in-place.







- The budget continues funding for 988 Suicide and Crisis Lifeline, including support for ongoing promotional campaign to raise awareness statewide.
- As part of the state's continued investment in mental health, Human Services is developing Mobile Crisis Outreach Response Teams (MCORT's) to respond to non-lifethreatening mental health, substance use or suicidal crises in the community.
- MCORT's will include mental health and peer professionals and work in coordination with 988 when a trained counselor determines an in-person visit would be helpful.
- MCORT's will respond without law enforcement whenever it is deemed safe to do so.





### **ARRIVE Together Expansion**

- The budget includes an additional \$9.5 million for <u>ARRIVE Together</u>, which pairs police officers with mental health professionals when responding to mental health crises.
- A partnership between the <u>Attorney General's Office</u> and Human Services.
- This will **nearly double funding** and allow for new municipalities and hours of availability for the program.





### **Cover All Kids**

- The FY25 budget provides more than \$6 billion in state funding for <u>NJ FamilyCare</u>.
- This includes about **\$100 million** in new funding to continue our Cover All Kids initiative.
- Over 41,000 children already enrolled through Phase II of the <u>Cover All Kids</u> initiative, launched in January 2023.
- Phase II enables children to enroll regardless of immigration status.
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10

### Serving Individuals With Intellectual and/or Developmental Disabilities

- The proposed FY25 budget provides
  \$5.25 million to increase mandatory training hours for Direct Support Professionals to improve readiness and quality of services.
- New training requirements include:
  - Additional health and safety areas
  - Effective communication
  - Cultural competency



- Trauma-informed care
- DSP professionalism
- Individual rights



### **Critical Wage Enhancements**

The FY25 budget builds upon more than \$1 billion of investments for the care sector workforce with over \$30 million in new state and federal funding for wage increases.



\$18.7 million for wage increases under <u>Personal</u> <u>Preference Program</u>.



**\$14.4 million** for nursing facility wage increases for certified nurse aides.



**\$3.6 million** for wage increases for <u>child</u> <u>care</u> workers.



Wage increases in the <u>Jersey</u> <u>Assistance for Community</u> <u>Caregiving</u> program, <u>Alzheimer's</u> <u>Adult Day Program</u>, and <u>Statewide Respite Care Program</u>.



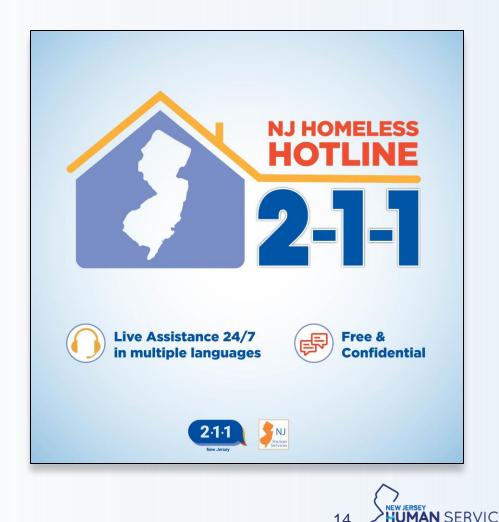
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### **Food Assistance**

- Includes \$3.2 million to provide households new cards with embedded microchips, enhancing security.
- Participating households will also continue to receive a minimum of \$95 per month, continuing New Jersey's status as the only state to extend pandemic-era benefits after federal funding expired.
- \$3.73 million to help implement summer food assistance for children through the <u>Summer Electronic</u> <u>Benefit Transfer Program</u>.
- An estimated 550,000 children will be eligible to receive a one-time \$120 benefit through this program.

# **Emergency Housing**

- Proposes important investments to assist individuals facing homelessness.
- Includes \$7.1 million to increase <u>emergency</u> <u>housing</u> rates for these placements by an additional \$10 per day, from \$62 to \$72.
- Will help address access problems that counties continue to face, especially in those counties where motels are the only option to house individuals needing emergency shelter.



# **NJ WorkAbility Expansion**

- The FY25 budget includes an additional \$48.9 million for the NJ WorkAbility program expansion.
- Allows people with disabilities to continue their Medicaid benefits as their income rises, knocking down barriers to employment and full participation in society.
- NJ WorkAbility eliminated asset limits in April 2023.
- Will soon begin to enroll people with incomes over 250 percent of the Federal Poverty Level.



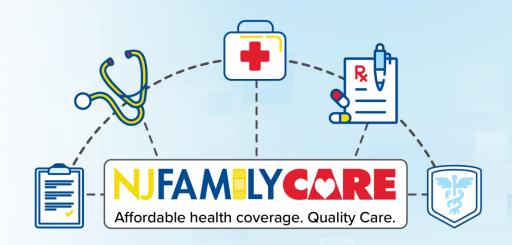


### New and Creative Ways to Provide Care

- Human Services will continue to implement several priority areas.
- This includes funding to implement new and creative approaches to providing care through:
  - Section 1115 waiver programs;

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- Integrating behavioral and physical health services;
- Ongoing roll out of \$100 million in home and community-based services to address care sector workforce development and increasing communitybased housing for individuals with mental illness and intellectual and/or developmental disabilities.



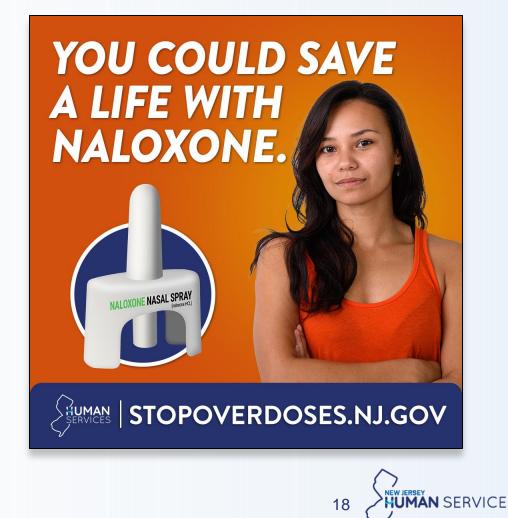
# **Combating Opioid Epidemic**

- More than <u>\$95 million</u> from <u>Opioid Recovery</u> and Remediation Fund will support critical evidence-based programs tackling the opioid crisis.
- Will support the treatment and recovery of residents with substance use disorders.
- Six programs addressing four priority areas harm reduction, prevention and recovery support, treatment, and housing – will be receiving funding over the next three years.



# **Saving Lives With Naloxone**

- Continuing Naloxone 365 to distribute the opioid overdose antidote naloxone at New Jersey pharmacies.
- In the first year, pharmacists dispensed more than 132,000 doses of naloxone at more than 660 participating New Jersey pharmacies.
- Have given away almost 28,000 doses already so far in 2024.
- Combined with other efforts, Human Services during the Murphy Administration has now provided more than 626,000 naloxone doses.
- Learn more at <u>stopoverdoses.nj.gov</u>.



### Language Access

- The FY25 budget includes
  \$1 million for the <u>Office of New</u> <u>Americans</u> to begin to implement our Language Access Plan.
- We will serve as a model for other agencies as the statewide requirement comes into effect.



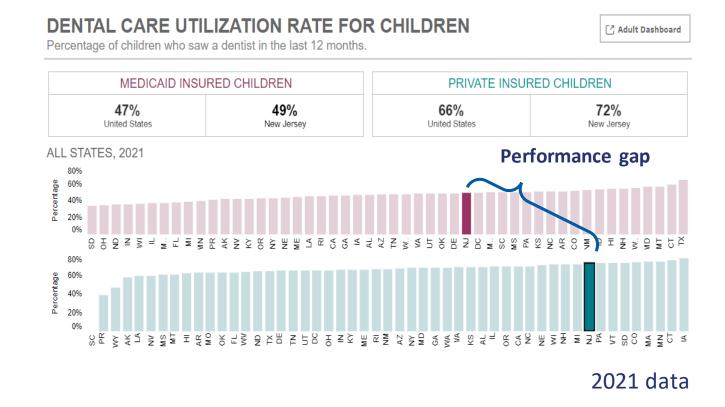




### NJ FamilyCare Pediatric Preventive Dental Services

# Mixed results for NJ FamilyCare children's dental visits

- According to the <u>American Dental</u> <u>Association</u>, New Jersey exceeds national averages for children's dental visits for both private insurance and Medicaid.
- However, there is a noticeable gap between our strong position among states for private insurance (bottom graph) and our above average but less strong position for Medicaid (top graph).





### Key Indicator: Preventive Dental Visits

- Oral health is an essential component of a child's well-being, and can impact school attendance, social development, and future success.
- Access to preventive dental care is important for all children and necessary for any needed treatment to follow.
- <u>CMS data</u> on preventive dental services has NJ FamilyCare slightly exceeding the national Medicaid average in Federal Fiscal Year (FFY) 2021.
  - 44% of NJ FamilyCare-enrolled children received preventive dental services, compared to 42% of Medicaid-enrolled children nationwide.
  - The <u>CMS Oral Health Initiative</u> sets a 52% standard for the nation. We believe New Jersey can exceed that target.



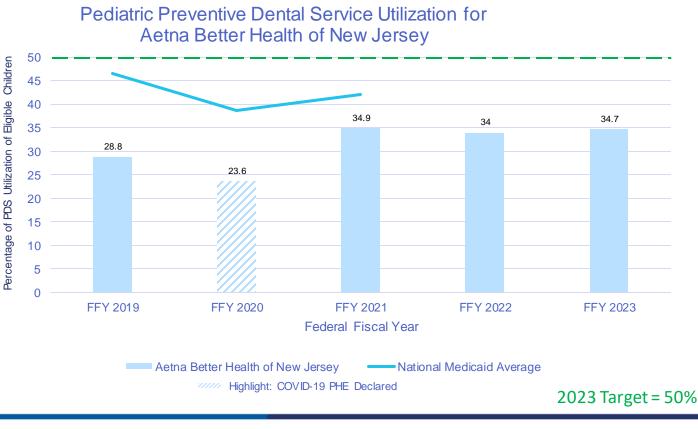
### **Preventive Dental Visits for Children: Contract Requirements and Penalties**

- NJ FamilyCare set 50% as an achievable target for children's preventive dental utilization in FFY 2023. This target will be adjusted upward each year.
- The managed care contract includes sanctions to address substandard utilization of preventive dental services for children.
- Managed care organizations that fail to meet the preventive pediatric dental target under the current contract are sanctioned as follows:
  - \$48 per child needed to reach the 45% utilization threshold
  - \$12 for each additional child needed to reach the 50% utilization threshold



### **Preventive Dental Performance: Aetna Better Health**

- Aetna is the lowest performing NJ FamilyCare managed care organization for pediatric preventive dental utilization.
- Performance has not improved for the last three fiscal years but does exceed 2019.
- Corrective action plan is in place and sanctions are being applied.

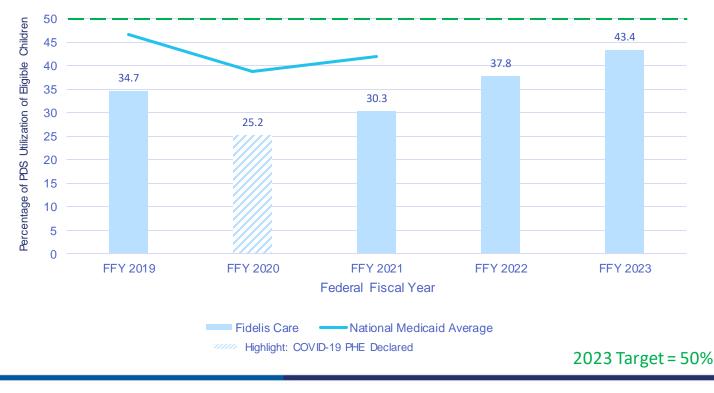




### **Preventive Dental Performance: Fidelis Care (formerly WellCare)**

- Fidelis Care is the second lowest performing NJ FamilyCare MCO for pediatric preventive dental utilization.
- Performance has noticeably improved each year since 2020 and significantly exceeds 2019.
- Corrective action plan is in place and sanctions are being applied.

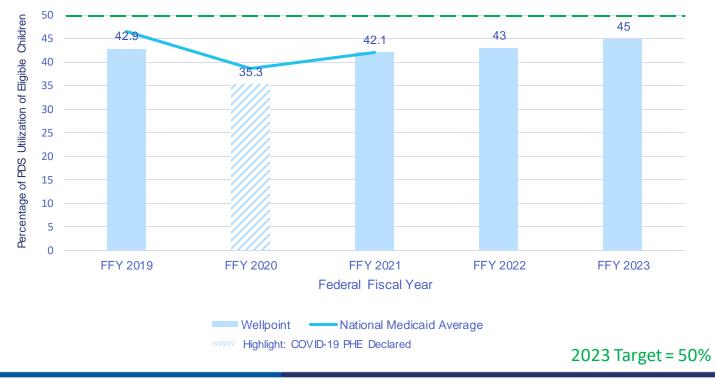
Pediatric Preventive Dental Service Utilization for Fidelis Care



### Preventive Dental Performance: Wellpoint (formerly Amerigroup)

- Wellpoint is the middle performing MCO for pediatric preventive dental service utilization.
- Performance has improved slightly each year since 2020.
- Corrective action plan is in place and sanctions are being applied.

Pediatric Preventive Dental Service Utilization for Wellpoint

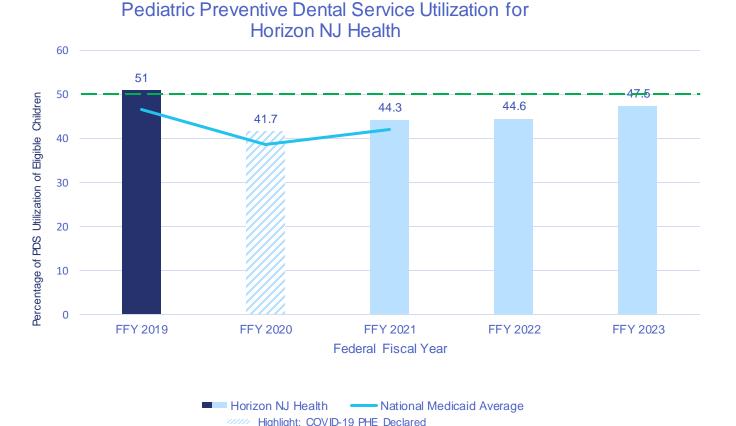




### **Preventive Dental Performance: Horizon NJ Health**

- Horizon NJ Health is the second-highest performing MCO for pediatric preventive dental service utilization.
- Horizon is exceeding the national Medicaid rate and has shown slight improvement since 2020.
- Sanctions are being applied.

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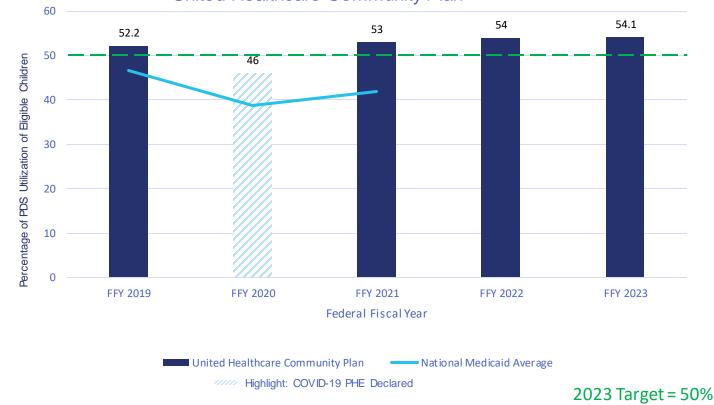
2023 Target = 50%

27

### Preventive Dental Performance: United Healthcare Community Plan

- United Healthcare Community Plan has consistently outperformed the other four NJ FamilyCare managed care plans and exceeded national averages in pediatric preventive dental service utilization.
- United's performance shows that a rate higher than 54% is achievable for NJ FamilyCare children.

Pediatric Preventive Dental Service Utilization for United Healthcare Community Plan





### Managed Care Activities to Improve Preventive Dental Visits by Children

- NJ FamilyCare required underperforming MCOs to create plans to increase preventive dental visits for children. Some of the strategies have included:
  - Provider reimbursement rate improvements
  - Incentives aimed at children who have not had a dental visit in more than 12 months intended to reduce risk of caries and provide preventive dental services
  - Interactive text messaging to members
  - Informative "check-up" letters and other personalized mailings to members
  - Personalized phone calls to members
- NJ FamilyCare now requires quarterly reporting of preventive utilization data by age cohort for all MCOs.





### **Policy Updates**

# **Federal Policy Update**

- CY 2024: CMS finalized the Medicaid and CHIP eligibility and enrollment final rule on April 2. The rule includes multiple requirements, including:
  - enrollment and renewal processes;
  - timeliness for determinations and redeterminations;
  - returned mail; and
  - recordkeeping.
- Some provisions are effective in June; others will become effective between 12-36 months later.
- In addition, the federal government is expected to finalize two additional final rules this year:
  - Managed Care (Proposed rule May 2023)
  - Access (<u>Proposed rule</u> May 2023)
- January 2025: Cover physical and behavioral health screenings and targeted case management for justice-involved youth (Section 5121 - <u>Consolidated Appropriations Act of 2023</u>)





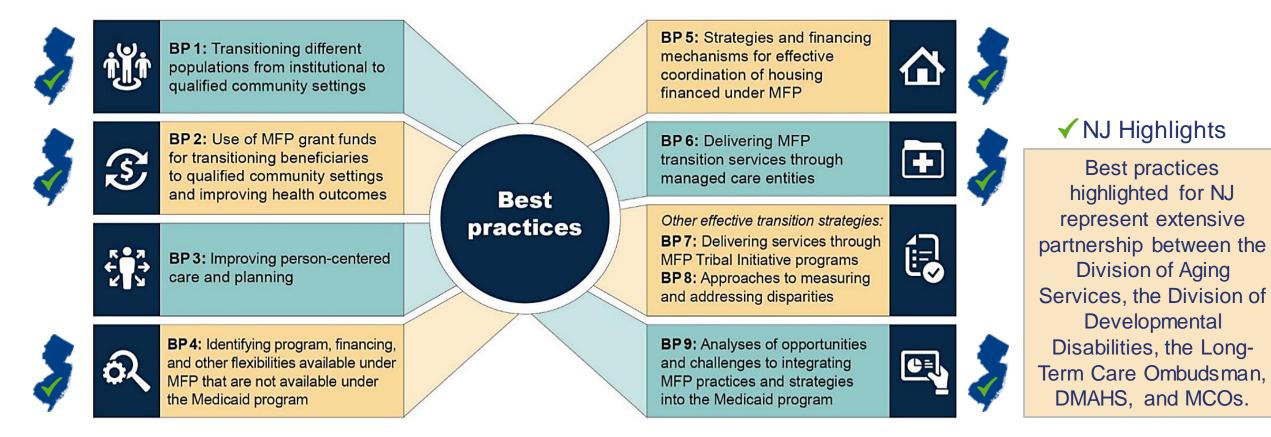
### **Money Follows the Person Report**

### **Money Follows the Person Best Practices**

- The Money Follows the Person (MFP) program supports independence for older adults and people with disabilities. The program aims to increase availability of home- and community-based services (HCBS), reduce reliance on institutional services, provide for choice of community settings, and ensure continuous quality improvement.
- In February 2024, CMS submitted a <u>report to Congress</u> on best practices for MFP. The report highlighted New Jersey as one of the states showing best practices in administering this program, out of the 34 states and territories currently receiving MFP grants.



### New Jersey Highlighted in 6 of 9 Best Practices





# **Spotlight on State Strategy**

#### New Jersey's Managed Care Plan Accountability Reviews

New Jersey's Medicaid agency monitored managed care plan performance through extensive accountability reviews. Once a month, state Medicaid program managers assembled data on a comprehensive set of performance metrics for each managed care plan, including MLTSS-specific metrics. After examining trends over several performance periods, the Medicaid agency can identify the managed care plan's strengths and weaknesses, how each plan performs relative to other plans, and the extent to which the plan meets contract requirements. The process created a structure for holding plans accountable for their performance which, according to Medicaid agency staff, did not exist previously. Staff noted that nursing facility transitions have been a re-occurring topic in accountability reviews, leading to improved managed care plan performance in the number and success of transitions.

Page 37, https://www.medicaid.gov/sites/default/files/2024-03/mfp-best-practices-rtc-feb2024.pdf





### Unwinding the Public Health Emergency

# North Star Principles for Returning to Regular Renewals

Serve people the best way possible.	We will <b>resume Medicaid eligibility renewals</b> as required by federal rules, with a focus on the quality of our work and support for our members.						
Communicate with clarity and concern.	We will emphasize <b>shared understanding</b> as we manage broad technical systems and very unique individual circumstances.						
Experiment with new ways to solve problems.	We will collaborate in new ways with our <b>operational partners</b> – and we will consider how we can use those new approaches to improve our program for the long-term.						
Work closely with our stakeholders.	We will collaborate with our <b>community stakeholders</b> to raise awareness and provide support, with a shared commitment to equity, inclusion, and synergy.						
Show people we care.	We will make <b>empathy, positive energy, and collaborative focus</b> our hallmark, internally and externally.						



# **Emerging from the Unwinding Year**

As we emerge from our unwinding year, certain activities remain high priority:

- Continuing to process high volumes of renewals and fair hearings
- Continuing outreach to members through RHHs, MCOs and other community-based organizations
- Resuming normal operation of certain eligibility checks (e.g., crossstate eligibility references)
- Assessing the impact of (e)(14) waivers



# **Unwinding Flexibilities Granted by CMS**

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 \$0 income strategy – Automatically renew Medicaid eligibility for certain individuals with no previously reported income.

• **Stable income strategy** – Automatically renew Medicaid eligibility for certain individuals whose sources of income are Social Security and/or pension payments that do not typically change.

### Update on the second sec

• NCOA and/or USPS Contact Update Strategy - Partner with National Change of Address Database and/or United States Postal Service forwarding address to update in-state beneficiary contact info.

• Fair hearings timeframe extension strategy – Extend timeframe to take final administrative action on fair hearing requests.

CMS has provided guidance that these flexibilities may remain in effect through December 2024.

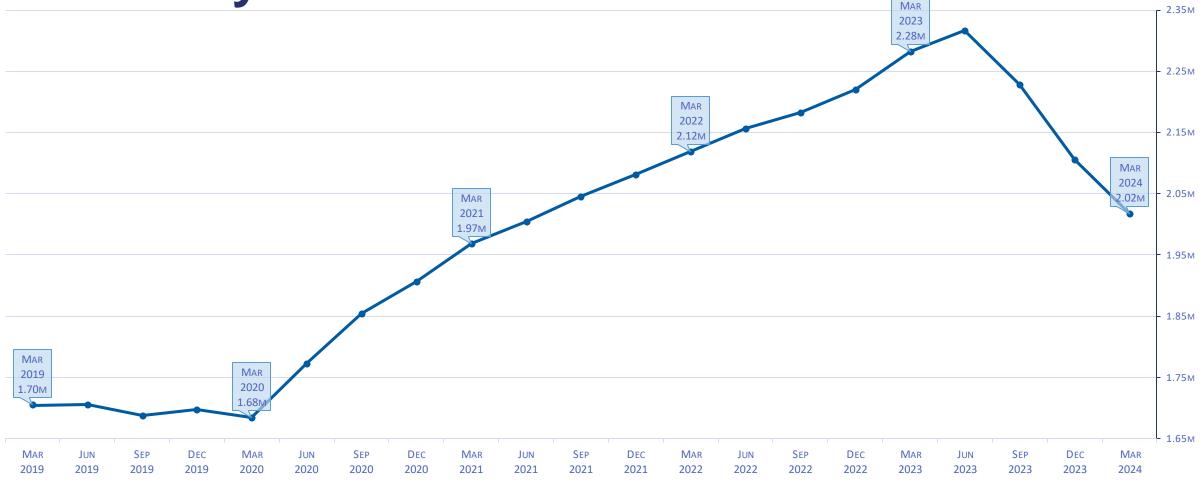


renewals



### **Unwinding Metrics**

## NJ FamilyCare Enrollment



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41

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New Jersey Human Services

# NJ FamilyCare started Medicaid eligibility checks in April 2023 with the goal of supporting our members

The federal government gave states **12 months to redetermine** all members' eligibility for Medicaid, which means that around **one-twelfth of our 2 million members** start going through the renewal process each month.

NJ FamilyCare wants to share information with the public throughout this process. We will provide monthly updates on data and reports to show our progress. We are focused on ensuring equitable outcomes across geography, racial and ethnic backgrounds, income, and disability status. **AS OF 2/29/2024** 





٦	WE ARE REACHING OUT	For members whose renewals have begun, we have:								
با ک	TO MEMBERS THROUGH MULTIPLE CHANNELS	Mailed <b>1,342,649</b> postcards	Placed <b>1,107,287</b> calls	Sent 911,088 texts	Sent 371,409 emails					

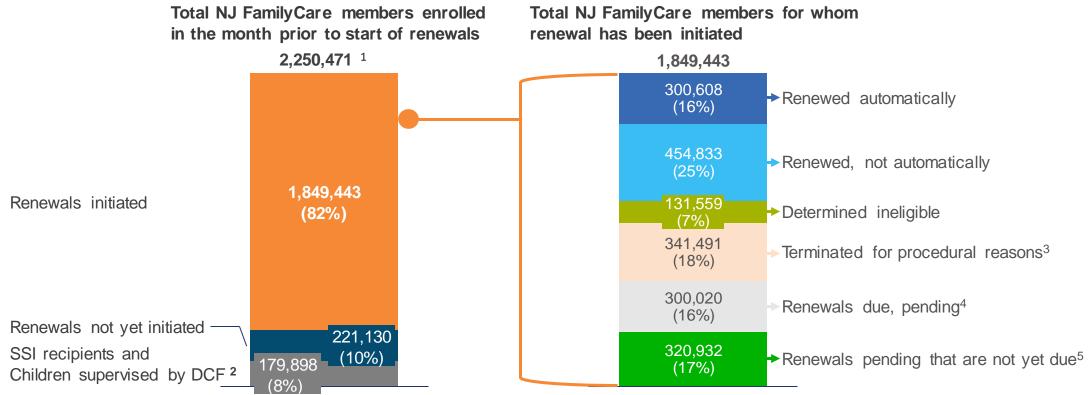
WE HAVE AUTOMATICALLY RENEWED 300,608 (16%) MEMBERS



35,374 INDIVIDUALS WHO WERE ENROLLED IN NJ FAMILYCARE AT THE START OF UNWINDING HAVE ENROLLED IN A QUALIFIED HEALTH PLAN THROUGH GetCoveredNJ



### **Renewal status snapshot**



1. This enrollment count excludes members who were in reasonable opportunity to confirm their immigration status in the month pior to the start of Unw inding and new enrollees after the start of PHE Unw inding

2. New Jersey residents who receive Supplemental Security Income (SSI) from the federal Social Security Administration (SSA) and children supervised by the Department of Children and Families (DCF) are automatically eligible for Medicaid and not included in the PHE Unw inding renew al schedule

- 3. Reasons for procedural terminations include non-response or insufficient response to renew al
- 4. This includes members whose renewals are due and who have not responded or responded or responded with insufficient information and will be given a grace period, members whose renewals are pending a final eligibility decision, members who requested a good cause extension or have been granted a good cause extension due to operational reasons, and members who havean open / active request for information case. These member segments are not broken out in this report due to limitations of the source data systems
- 5. This includes members whose renewals have been initiated but not yet due

Source: DMAHS Office of Business Intelligence. NJ FamilyCare Unwinding Data Files, April 2023 - February 2024

### Renewal outcomes, June – January: MAGI and non-disability related

	June	July	August	September	October	November	December	January	
Total number of members with renewals due <sup>1</sup>	146,418	157,807	151,677	149,615	153,487	140,856	140,448	140,400	
Renewed <sup>2</sup>	91,238	96,785	90,007	78,623	72,479	60,752	51,407	42,965	
	<i>62%</i>	61%	<i>59%</i>	53%	47%	<i>4</i> 3%	37%	31%	
Determined ineligible <sup>3</sup>	15,017	17,093	16,548	15,704	15,024	11,544	9,194	12,468	
	<i>10%</i>	<i>11%</i>	<i>11%</i>	<i>10%</i>	<i>10%</i>	<i>8%</i>	7%	<i>9%</i>	
Terminated for procedural reasons <sup>4</sup>	37,133	39,564	38,263	42,768	45,768	41,885	42,246	36,128	
	25%	25%	25%	29%	<i>30%</i>	<i>30%</i>	<i>30%</i>	26%	
Pending <sup>5</sup>	3,030	4,365	6,859	12,520	20,216	26,675	37,601	48,839	
	<i>2%</i>	<i>3%</i>	<i>5%</i>	8%	13%	19%	27%	<i>35%</i>	

MAGI and non-disability related

1. This represents activity between 4/1/23 – 2/29/24. Renewals due include only outcomes for members whose renewals were initiated in April through November 2023 and due in June 2023 through January 2024 respectively

2. This includes 82,748 (MAGI and ABD) members who were due for renewal in June 2023 through January 2024 respectively, and whowere reinstated or reenrolled in NJ Family Care. Reasons for reinstatements include responding to renewal during the 90-day reconsideration period, automatic renewal following a previous termination, or reinstatement due to a pending or finalized fair hearing case

3. Members whose renewals were due and who were determined ineligible for Medicaid after review

4. Members whose renewals were due and who did not respond or who responded with insufficient information for an eligibility decision

5. Members who were granted a good cause extension or who returned their renewal application and pending processing by a Medicail eligibility determining agency

Source: DMAHS Office of Business Intelligence. NJ FamilyCare Unwinding Data Files, April 2023 – February 2024

### Renewal outcomes, June – January: Age and disability-related

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	June	July	August	September	October	November	December	January
Total number of members with renewals due <sup>1</sup>	16,708	15,844	15,376	15,867	15,451	14,741	15,799	15,767
Renewed <sup>2</sup>	11,120	10,555	10,005	9,079	9,025	7,905	7,590	5,951
	67%	67%	<i>65%</i>	<i>57%</i>	<i>5</i> 8%	<i>54%</i>	<i>48%</i>	38%
Determined ineligible <sup>3</sup>	1,604	1,516	1,502	1,607	1,400	1,329	965	1,002
	<i>10%</i>	<i>10%</i>	<i>10%</i>	<i>10%</i>	<i>9%</i>	<i>9%</i>	6%	<i>6%</i>
Terminated for procedural reasons <sup>4</sup>	3,028	2,691	2,316	2,329	1,864	1,297	1,574	1,587
	<i>18%</i>	<i>17%</i>	<i>15%</i>	<i>15%</i>	<i>12%</i>	<i>9%</i>	<i>10%</i>	<i>10%</i>
Pending <sup>5</sup>	956	1,082	1,553	2,852	3,162	4,210	5,670	7,227
	6%	7%	<i>10%</i>	18%	<i>20%</i>	29%	36%	46%

Age and disability-related

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Source: DMAHS Office of Business Intelligence. NJ FamilyCare Unwinding Data Files, April 2023 – February 2024

### NJ FamilyCare Call Center Data – January 2023 through March 2024 1-800-701-0710

	Jan '23	Feb '23	Mar '23	Apr '23	May '23	Jun '23	Jul '23	Aug '23	Sep '23	Oct '23	Nov '23	Dec '23	Jan '24	Feb '24	Mar '24
Income calls received <sup>1</sup>	76,084	69,838	78,853	65,587	77,189	83,574	109,732	137,995	126,141	168,417	151,287	136,831	224,996	212,256	198,651
Average speed to answer (ASA) (minutes) <sup>2</sup>	0.9	0.8	0.8	0.8	0.9	0.6	9.0	16.0	4.8	25.4	17.6	18.3	11.9	7.2	3.2
Average hold time in queue (minutes) <sup>3</sup>	1.7	1.4	1.3	1.6	1.3	1.6	7.9	1.8	2.0	2.9	3.6	3.8	3.5	3.3	3.4

1. This incudes all incoming calls received by the NJ FamilyCare hotline during business hours including voicemails

2. This represents the time from when a caller chooses to speak to a live agent within the interactive voice response (IVR) system until it is answered by a live agent. Time spent by callers waiting for a call back from a live call center agent is included in the average speed to answer

3. This represents the time a caller remains in a queue after their call has been answ ered. This is the metric historically included in federal reports

Source: DMAHS Office of Business Intelligence. NJ FamilyCare Unwinding Data Files, April 2023 - February 2024





### **NJ WorkAbility Expansion**

# NJ WorkAbility Expansion

NJ WorkAbility offers people with disabilities who are working, and whose income would otherwise make them ineligible for Medicaid, the opportunity to receive full Medicaid coverage. Recently enacted <u>legislation</u> expanded who can qualify for NJ Workability.

### Phase 1

- Since going live on April 1, 2023, NJ WorkAbility enrollment has increased by ~20% to about 8,000 members.
- Notably, enrollment data shows that individuals aged 65+ are ~10% of the current NJ WorkAbility population.

### Phase 2

- Phase 2 removes income limits.
- Public comment period was held December 18, 2023 January 18, 2024.
- Phase 2 SPA was submitted to CMS for an effective date of February 1, 2024.
- Operational pieces are being implemented, process is being checked, and eligibility workers are trained.





### **1115 Comprehensive Demonstration Updates**

# 1115 Demonstration Renewal: April 1, 2023 through June 30, 2028

- On March 30th, 2023, the Centers for Medicare and Medicaid Services (CMS) approved a renewal of New Jersey's 1115 Demonstration.
- This renewal includes innovative NJ FamilyCare projects designed to address priorities such as:
  - addressing members' housing physical-related needs;
  - integrating behavioral and health services; and
  - providing new and creative approaches to care.
- The renewal extends federal authority for the state to operate large parts of the NJ FamilyCare program. The renewal is effective from April 1, 2023 through June 30, 2028.



# **Housing Supports**

### What is it?

- Medicaid coverage of housing transition and tenancy sustaining services
- New infrastructure to support community-based providers offering housing-related services to Medicaid members
- New processes and MCO accountability to assess member need and connect members to services

#### Updates

- Meetings in February of Administrative Structure and Infrastructure Workgroups
- Submission to CMS of Health-Related Social Needs (HRSN) infrastructure protocols
- Active ongoing work on defining key model elements, including services, eligibility, and structure

#### Next Steps

- Continued stakeholder consultation and development on key model elements: service definition, member outreach and eligibility, payment rates
- Submission to CMS of HRSN Services Protocol



# **Community Health Worker Pilot**

### What is it?

- Pilot program to test new ways of using Community Health Workers to support Medicaid members with chronic illness
- Developed and administered in partnership with MCOs
- Budget of \$5 million / year

### Updates

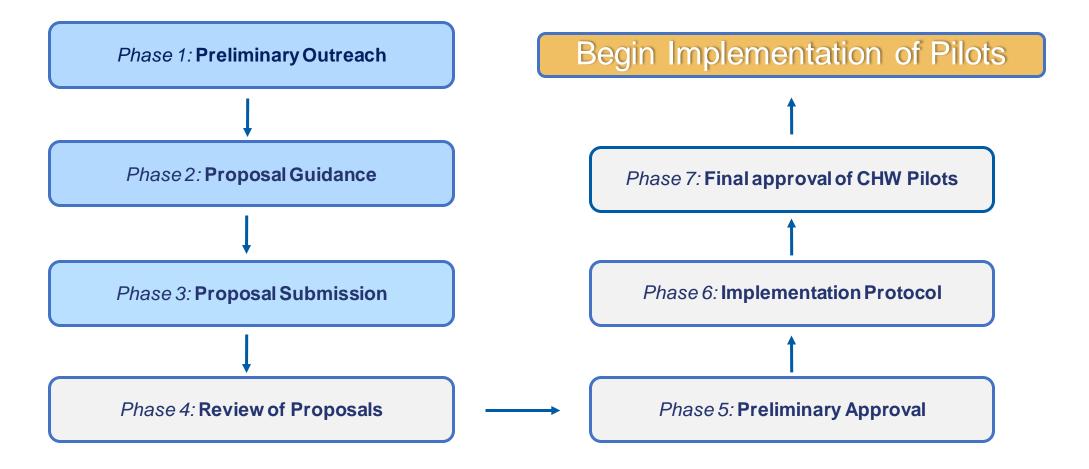
- MCO proposals were due to DMAHS on February 29th
- All 5 MCOs submitted proposals

### Next Steps

- DMAHS to review MCO applications with key state partners (Department of Health, Rutgers Center for State Health Policy)
- Submit state-approved MCO proposals to CMS for review (Summer 2024)



### **Pre-Implementation Timeline**





## **Behavioral Health Integration**

#### What is it?

- Currently, provision of care for many NJ FamilyCare members with both behavioral and physical health needs is divided: physical health is provided through managed care organizations, while most behavioral health is provided through a separate fee-forservice delivery system.
- Under this initiative, NJ FamilyCare intends to gradually integrate many additional types of behavioral health services into our managed care benefit package.

#### Updates

- Met with the BH Integration Advisory Hub and facilitated two Provider Forum meetings with all five MCOs to discuss provider enrollment and utilization management processes for specific provider types.
- Conducted review of other states' BH policies to identify best practices for standards related to credentialing, access, and care management.
- Developed workgroups with DMHAS to dedicate planning time for BH provider network adequacy and directory requirements, quality reporting metrics, and health equity standards.

#### Next Steps

- Continue analysis of current MCO policies to further explore opportunities to standardize and streamline when possible.
- Finalize planning and initiate NJ FamilyCare member focus groups with community partners.
- Complete MCO contract proposals to address various changes, including care management and prior authorizations.





### **Planning for the Next Meeting**

July 18, 2024