

NJ FamilyCare Medical Assistance Advisory Council

April 22, 2020

Agenda

- Welcome, call to order, new format – Dr. Deborah Spitalnik
- Remarks – Commissioner Carole Johnson
- Initiatives in planning/implementation stages
 - Autism services launch on 4/1/20 – Carol Grant
 - Electronic Visit Verification mandate for 1/1/21 – Jennifer Jacobs
- **Focus on COVID-19** – Jennifer Langer Jacobs
 - Protect and extend access to Medicaid
 - Help our members get the care they need
 - Work creatively with our providers
- Discussion and planning for our next meeting – Dr. Spitalnik

Voices on our call today...



Deborah
Spitalnik,
Chair



Cmr.
Carole
Johnson



Jennifer
Langer
Jacobs



Carol
Grant



Theresa
Edelstein



Beverly
Roberts



Chrissy
Buteas



Mary Pat
Angelini



Mary
Coogan



Sherl
Brand

Wayne Vivian and Dot Libman

Autism Services Launch

EPSDT Benefit for all NJFamilyCare plans (< 21 years old)

- Services available 1/1/20
 - PT, OT and ST
 - Alternative Communication Assessment and Devices
 - Sensory Integration
- Services available 4/1/20
 - ABA
- Services available 7/1/20
 - DIR Floortime (Developmental, Individual Difference, Relationship-Based Model)
 - Developmental Models in Autism Intervention (DMAI)
 - Early Start Denver Model (ESDM)
 - Certified Autism Specialists

Managed Care Coordination

Beginning in January, biweekly meetings with Managed Care Organizations (MCOs)

Primary focus

- Network adequacy
- Continuity of care with CSOC providers
- Provider education – MCO webinars
- Care coordination with existing care management
- Customer service training for call center staff
- Member engagement – MCO communication with beneficiaries via mail, website and handbooks
- Monitoring and evaluation- track issues and complaints

Autism Actions to Date

- **Continuity of care**
 - Goal = Seamless transition for families
 - No reports of inability to staff on transition cases
- **MCO flexibility**
 - Provider certification requirements
 - Telehealth
 - Assistance with provider registration and enrollment
- **Coordination of Care**
 - Joint preparatory meetings with MCOs, CSOC, CMOs and PerformCare
 - Points of contact established and exchanged
- **Communication**
 - MCO meeting with Autism NJ
 - MCO webinars
 - DCF letters to family members and providers
 - Provider Newsletter
 - Planning (virtual) stakeholder meeting for May

Electronic Visit Verification

- **The federal mandate to implement EVV for home health services remains in effect. NJ must implement EVV by January 1, 2021.**
- CMS does not have statutory authority to extend the deadline beyond that date.
- NJ's contract has not yet been awarded. Launch will be six months after the award.
- **Vision:** To implement a system and operation which meets state and federal requirements with broad public support and strong/enthusiastic stakeholder process.
- Although EVV stakeholder meetings occurred in the past, we have not had sufficient opportunity to meaningfully engage families and caregivers in interactive dialogue, and we recognize the importance of doing so with the competitively awarded vendor.
 - Over the next few months, we will conduct online community forums, including an upcoming stakeholder meeting with DD self-directing families.

NJ FamilyCare and COVID-19:

Supporting 1.6 million New Jerseyans through a global pandemic

April 2020

DMAHS started 2020 with a vision. It looked like this:

Goal 1: Serve people the best way possible.

- *Health equity*
- *New benefits and services*
- *Quality improvements*

Goal 2: Experiment with new ways to solve problems.

- *Innovation*
- *New technology*
- *Troubleshooting*

Goal 3: Focus on integrity and real outcomes.

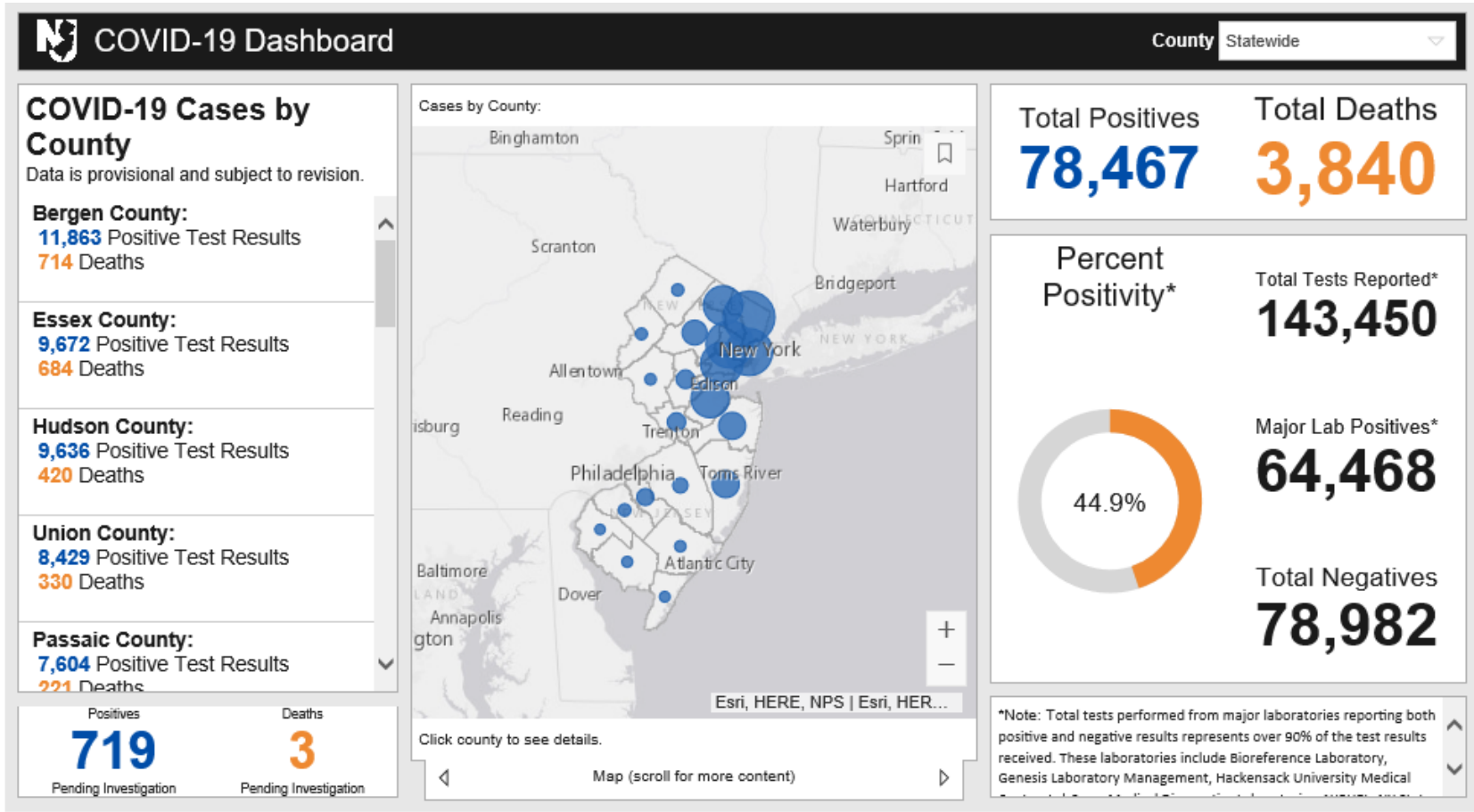
- *Operational accountability*
- *Compliance*
- *True-true metrics and management*

Goal 4: Show people we care.

- *Compassionate service*
- *Leadership development*
- *Managing change*

COVID-19 in New Jersey

<https://covid19.nj.gov/#live-updates>



Screen shot: April 18, 2020

Responding to COVID-19: Our North Star principles

We will serve people the best way possible.

We will help New Jerseyans through this emergency by supporting eligibility and ensuring services are available in unprecedented times.

We will keep communication clear and simple.

Leaders are stewards of change. More than ever, we need to communicate to build understanding as we rethink the ways we do things and manage new issues.

We will experiment with new ways to solve problems

Crisis is opportunity to consider bold, creative, and inclusive solutions. We'll be fast, not rash – and we will think strategically and proactively.

We will show people we care.

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

We will honor our shared sacrifice.

With gratitude, we support each other as real people through this challenging time.

What does serving people *the best way possible* look like during a pandemic?

Rapid Response to Current Needs



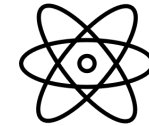
- Ensure access to testing and treatment
- Protect high-risk members
- Support social distancing
- Address changing needs in real time

Plan for Future Needs



- Prepare for enrollment growth
- Adapt to new testing and prevention protocols
- Support members' post-COVID needs

Solve Problems in New Ways

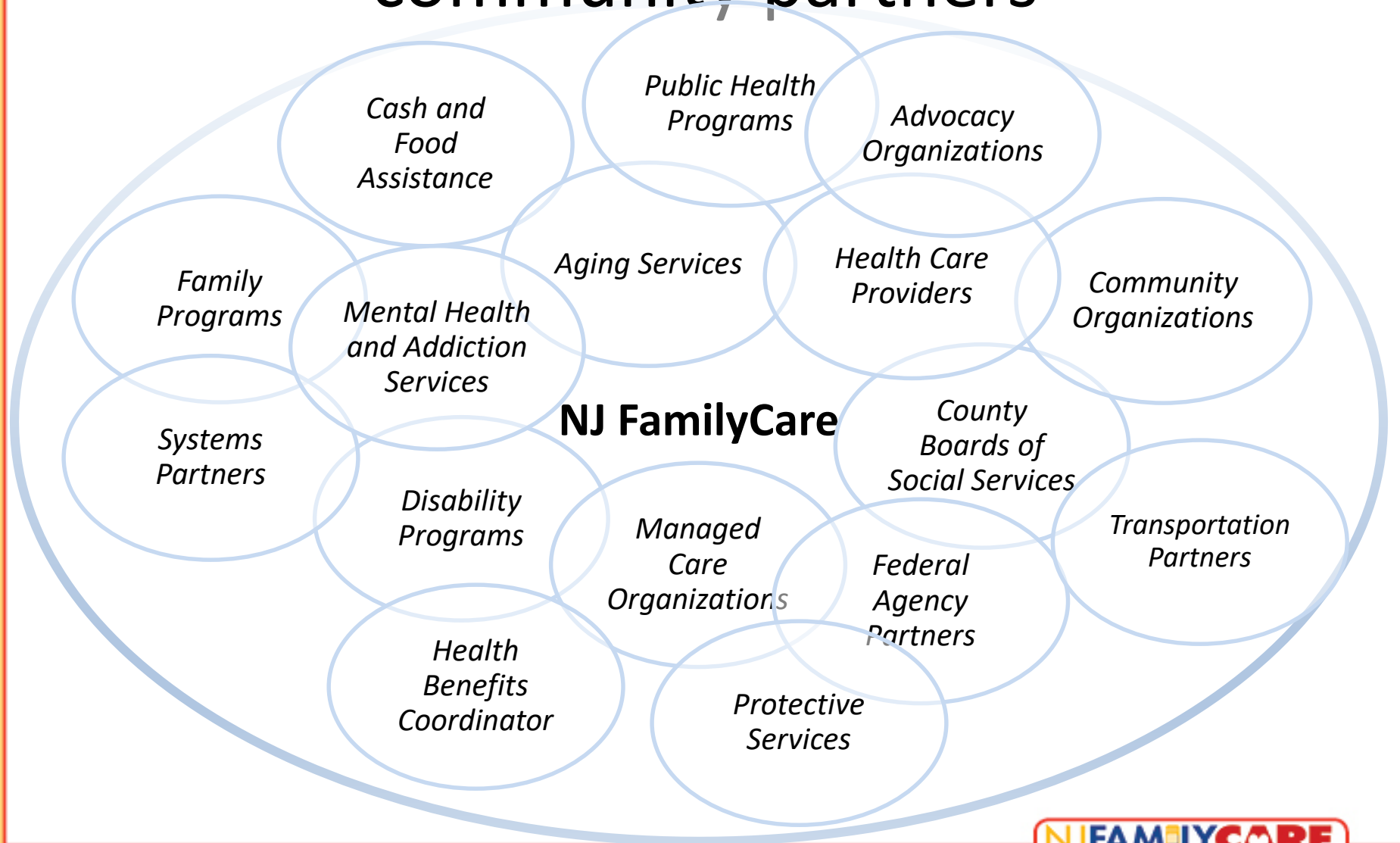


- Use new approaches, new partnerships, and new technology
- Stabilize and transform

Operational Focus

- Protect and extend access to Medicaid coverage
- Help our members get the care they need
- Work creatively with our providers to solve problems

Essential collaboration with community partners



Protect and extend access to Medicaid Coverage

Online applications recommended during the emergency. Phone support available at 1-800-701-0710 and through local organizations across the state.



Assessment for food assistance, cash assistance, and health care coverage. Connects to NJ FamilyCare.

Get Covered NJ

Marketplace health insurance options. Connects to healthcare.gov and NJ FamilyCare.

NJ FAMILY CARE

Protect and extend access to Medicaid Coverage

We are using emergency flexibility to enable people to enroll in NJ FamilyCare faster and easier

- Self attestation of income and assets
- Federal stimulus payments will be disregarded
- Federal emergency UI increases will not count as income
- Technical changes that enable expedited reviews

Get Covered NJ ads are running on television, radio, streaming media, social media, and online search.

Protect and extend access to Medicaid Coverage

We are continuing coverage for Medicaid and CHIP members through the emergency period

- This requires extensive systemic and manual overrides of scheduled disenrollment

NJ FamilyCare premium has been suspended

- Families that normally pay premium received \$0 statements starting in March

Help our members get the care they need

- There are no copays for COVID testing and office visits.
- Health care is adapting to support social distancing
 - Members are able to refill prescriptions early and for a 90 day supply
 - Telehealth rules have been relaxed
 - Members can receive care from health care providers at home using regular phone or smartphone apps.
 - This includes treatment for mental health and substance use.
 - These visits will be paid the same as an in-person visit would be.
 - Telephonic outreach has replaced all face-to-face care management and clinical assessment for the duration of the emergency

Help our members get the care they need

- **Transportation is running**
 - Logisticare is maintaining service levels with appropriate clinical protocols in place for members and drivers.
 - Trip volume continues to drop due to people staying home, but essential trips continue.
 - Appropriate transportation is available for individuals with symptoms or with a positive test for COVID-19.
- **Fair Hearing deadlines are extended and services continue**
 - We are working with the Office of Administrative Law to re-establish a hearing process that will be compliant with social distancing and protect the safety of all involved.

Help our members get the care they need

- We are providing support for COVID-related needs
 - Managed Care Organizations (MCOs) are reaching out to high-risk members to coordinate services and address changing circumstances.
 - To the extent possible with federal emergency authorities, MCOs will be able to approve what are typically MLTSS home and community based services (HCBS) for non-MLTSS members. This includes home-delivered meals.



Help our members get the care they need

- **Stories from our community**
 - Care Manager (CM) contacted a member and learned that she had suddenly relocated. CM helped connect the member to a new provider for infusion supplies.
 - CM contacted a member post kidney transplant. She learned that he had tested positive for COVID-19 and was home with a very high fever. She connected to his transplant team and emergency services.

Help our members get the care they need

- **Stories from our community**
 - The mom of a child with complex care needs told her CM that she had run out of PediaSure. CM coordinated with the family physician who provided samples immediately while the MCO arranged for expedited delivery.
 - CM connected to a cancer survivor who lives alone. PCA services had stopped without notice two days before. CM connected to the home health agency and got services started again same day.

Help our members get the care they need

- **Stories from our community**
 - CM called a mom who had recently given birth. Mom said she didn't need anything at this time, but cried because her CM was the first person to reach out and check on her and her baby's wellness.
 - CM connected with the daughter of a member with dementia. The daughter is her mother's personal care worker through the Personal Preference Program and felt she could not leave her mother home alone to go shopping. CM coordinated a volunteer grocery delivery through a local non-profit the same day.

Help our members get the care they need

- **Stories from our community**
 - CM connected with a Special Needs Plan (Medicare + Medicaid) member with chronic illness who lives alone and does not speak English. CM brought food to the member and set up three way communication with member's friend who speaks her language and can provide support.
 - CM spoke to a high-risk member concerned about going to the doctor. The CM coordinated a telehealth visit so the member could see her doctor from home.

Help our members get the care they need

- **Stories from our community**
 - An older woman living alone and homebound had run out of safe drinking water. CM found a local church that had cases of water available and a volunteer from the city who delivered it on a Friday night.
 - A non-MLTSS member was crying when his CM called him. He had no food left at home. CM connected to a local community organization to deliver Indian/vegetarian food that night and a food pantry to deliver groceries the next day. CM authorized home-delivered meals going forward.

Help our members get the care they need

- **Stories from our community**
 - CM connected with several older, homebound members in the same city, including a couple quarantined due to illness. They all needed food, which was available at local food pantries for pick-up but no delivery. She connected to the city's Office on Aging, which arranged for a driver to go to one of the food pantries and pick up grocery packages to deliver to the members the same day
 - A man on dialysis said he had no food for himself and his young son. CM arranged for immediate delivery of prepared meals and groceries (halal diet) through a local organization.

Help our members get the care they need

- **Stories from our community**
 - CM reached out to a high-risk, non-MLTSS member and learned that she had limited food and no family support. She was afraid to leave her home. MCO staff arranged grocery delivery through a local community organization. They also reviewed her SNAP eligibility and discussed a long-term plan for ongoing resources and support.

Work creatively with our providers to solve problems

- We are collaborating with providers and MCOs
 - We are implementing flexibility in site of service, enabling home-based care as often as possible.
 - Medical day care programs have closed their sites but are providing check-in calls, delivering meals, and coordinating with MCOs to support the people they mutually serve.
 - In partnership with Logisticare, we amended our transportation contract to enable delivery of groceries/food and transport of providers like home health aides to members' homes.
 - We are working with pharmacies to monitor and respond as investigational drugs become available.

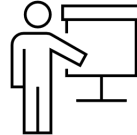
Work creatively with our providers to solve problems

- We are enrolling new providers
 - Emergency flexibility and technical innovation allow us to expedite provider enrollment with Medicaid and MCOs.
 - We are using emergency flexibility to fast-track family members as Personal Care Assistance providers when they would prefer not to have an aide coming to the home.
- We are relaxing processes
 - Medicaid provider audits have been suspended.
 - Managed care organizations have lifted prior authorization requirements for inpatient services and are extending current authorizations for outpatient services by 90 days.

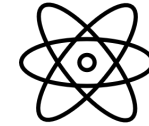
Our work continues...



Rapid Response to Current Needs



Plan for Future Needs



Solve Problems in New Ways

- We are exploring additional federal emergency flexibilities and options for provider sustainability.
- We are planning for significant enrollment growth over the next twelve months.
- We will continue to adapt to a rapidly changing environment, including new prevention, testing, and treatment protocols.
- We are looking at how to address health equity, workforce development, and social determinants of health in a “new normal.”
- We will continue to stay close to the pulse. Now more than ever, we are grateful for health care providers, advocates, managed care leaders, state and federal public servants, community leaders, and other partners who share our vision of serving people *the best way possible*.

Discussion



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Spitalnik



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