# 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

January 13, 2014
10:00 a.m.

FINAL

MEETING SUMMARY

MEMBERS PRESENT:

DR. DEBORAH SPITALNIK, PH.D.
SHERL BRAND
THERESA EDELSTEIN
MARY COOGAN
DOT LIBMAN
BEVERLY ROBERTS
DENNIS LAFER
JAY JIMINEZ
WAYNE VIVIAN

MEMBERS EXCUSED:

MARY BOLLWAGE
EILEEN COYNE

STATE REPRESENTATIVE:

VALERIE HARR, Director
Division of Medical Assistance and Health Services

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ATTENDEES:

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|---|---|
| Kim Todd | |
| Virginia Plaza | |
| Dan Keating | Alliance for the Betterment of Citizens with Disabilities |
| Cathy Chin | Alman Group |
| Jennifer Langer Jacobs | Amerigroup |
| Wendy Leore | Bristol Myers Squibb |
| Dean Roth | Burlin Consulting |
| John Indyk | Health Care Association of New Jersey |
| Andrea Cotton | Health First Plan of NJ |
| Chrissy Buteas | Home Care Association of NJ |
| Jean Bestafka | Home Health Services & Staffing Association |
| Melissa Chalker | NJ Foundation for Aging |
| Fred Hunter | Planned Parenthood of Central & Greater Northern NJ |
| Christine Hellyer | Morris County Office of Temporary Assistance |
| Barbara May | Southern New Jersey Perinatal Cooperative & Family Health Initiatives |
| Deepa Srinivasavaradan | Statewide Parent Advocacy Network & Family Voices NJ |
| Osato Chitou | CarePoint Health Plans |
| Lisa Knowles | CarePoint Health Plans |
| Anthony Severoni | Sunovion Pharmaceuticals Inc. |
| Wendy Lepore | Bristol-Myers Squibb |
| Lillie Evans | Horizon NJ Health |
| Erhardt Preitauer | Horizon NJ Health |
| Josh Spielberg | Legal Services of New Jersey |
| Christine Fares Walley | LIFE St. Frances |
| Mary Abrams | New Jersey of Mental Health & Addiction Agencies |
| Maura Collinsgru | New Jersey Citizen Action. |
| Lorraine Scheibener. | Warren County Division of Temporary Assistance & Social Services |
| Suzanne Buchanan | Autism New Jersey |
| Jane Lemberg | NJ State Association of Jewish Federations |
| Nathan Myers | Office of Legislative Services |
| Jill Viggiano | LIFE St. Frances |
| Debra Wentz | New Jersey Association of Mental Health & Addiction Agencies |
| Sarah Lechner | New Jersey Hospital Assoc. |

ATTENDEES:

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|---|---|
| Ray Castro | New Jersey Policy Prospective |
| Josh Spielberg | Legal Services of New Jersey |
| Julie Caliwan | Open Minds |
| Mary Kay Roberts | Riker Danzig |
| Vincent Ceglia | United Healthcare Community Plan |
| John Kirchner | Wellcare |
| Brian Francz | Department of the Treasury |
| Dawn Apgar | Department of Human Services |
| Lowell Arye | Department of human Services |
| Freida Phillips | Department of Human Services |
| Andrew Robertson | Department of Human Services |
| Devon Graf | Division of Aging Services |
| Nancy Day | Division of Aging Services |
| Lou Ortiz | Division of Aging Services |
| Karen Kasick | Division of Family Development |
| Carol Grant | Division of Medical Assistance & Health Services |
| Kim Hatch | Division of Medical Assistance & Health Services |
| Roxanne Kennedy | Division of Medical Assistance & Health Services |
| Phyllis Melendez | Division of Medical Assistance & Health Services |
| Dr. Thomas Lind | Division of Medical Assistance & Health Services |
| Maribeth Robenolt | Division of Medical Assistance & Health Services |
| Steve Tunney | Division of Medical Assistance & Health Services |
| Mollie Greene | Division of Mental Health & Addiction Services |
| Vicki Fresolone | Division of Mental Health & Addiction Services |
| Lynn Kovich | Division of Mental Health & Addiction Services |
| Janet Hand | Division of Developmental Disabilities |
| Ruby Goyal-Carkeek | Department of Children & Families |
| Elizabeth Manley | Department of Children & Families |
| Mark Moskovitz | Medicaid Fraud Division |
| Martin Zanna | Department of Health |



DR. SPITALNIK: A few things before we review the Minutes. I want to thank and acknowledge the contribution of Karen Brodsky who has served as Chief of Managed Care Contracting in the Division of Medical Assistance and Health Services, (DMAHS) where she has, with a very steady hand, guided us all through a lot of work under Valerie's leadership, and she's now moved to bring her expertise to the private sector.

MS. HARR: Thank you for that acknowledgment. Although, Karen says we may see her back at the Medical Assistance Advisory Council (MAAC) at some point. We always welcome all of our former staff at the MAAC. We will definitely miss her and she was always professional and very committed to the program.

For now, Carol Grant, who you all know, Carol is Chief of Operations. Carol is also acting over the Office of Managed Health Care. So Carol has my full support. I think we will in the very near future see some small leadership changes.

DR. SPITALNIK: Thank you. As always, I want to thank Director Harr. I want to thank Phyllis Melendez, Kim Hatch, and the other staff of the Division for pulling together information for our meeting. Our expectation and our need to prepare



ourselves, along with the demands on their time, I really want to thank Phyllis for getting us materials. What we have worked towards is that for formal presentations of the Division, we'll try to get those before meetings. Information has gone to the MAAC in advance, but will be available to the public on website after the meeting.

We have brought up, over protracted periods of time, the Guidelines for the functioning of the Medical Assistance Advisory Council. We had approved those as a Council with some slight language changes. We had requested that they be posted on the web, but we are back in another period of legal consideration with the Division and the Department for appropriate protocol. The Division is actively working on that and it's our expectation that once there's more checking, we can proceed because we have the lawyers with the Division and we have the State Board of Human Services, under whose auspice we function as a Council for the Department.

I don't think it's a problem, I think it's just procedural. The ways of procedure work slowly. Part of the reason is we're engaged in issues that we haven't been engaged in before, in that we haven't taken an active role in the Guidelines previously but



I wanted to provide that update for everyone.

And I think that brings us to the approval of the Minutes.

Phyllis, we are approving the June 10th Summary and then looking back at the November, is that correct? Or is the June 10 Minutes just informational?

MS. MELENDEZ: The June 10th Summary is final and informational. We're considering the November 22nd Summary.

DR. SPITALNIK: Thank you for that.

I call your attention to the draft meeting Minutes of November 22, 2013. Once they're approved they will be posted on the website.

Are there any comments, corrections or questions that people would like to bring forth at this time?

No? Then, I'll turn to Beverly for a motion to approve.

MS. ROBERTS: Motion to approve.

MS. COOGAN: Second.

DR. SPITALNIK: Thank you. Motion to approve, Roberts; Second, Coogan.

Any further discussion?

All those in favor of approving the Minutes?

MAAC MEMBERS: Aye.

DR. SPITALNIK: Abstentions?
Nays?
Approved.
And with that, I turn to Director Harr.
MS. HARR: Thank you.
Good morning, everybody. I covered a lot at the last meeting. I think we went long, so I'm going to be a little bit briefer this time. I think we're in this window of time where some of the information you may be looking for with respect the Medicaid expansion, I'm not going to have available today. And certainly the next time, we'll have a lot more actual information coming in.
But just to refresh everybody, on January 1st, we did expand Medicaid to single adults and couples without dependent children up to 133 percent of the federal poverty level. And to facilitate the effort, and as a result of some of the challenges with communicating with healthcare.gov, we did expand our presumptive eligibility (PE) program to that population on January 1st. We sent out a blast communication to all of our PE sites that are predominately hospitals and Federally Qualified Health Centers (FQHCs). And in cases where someone has an urgent medical need and they're looking at expedited



enrollment, presumptive eligibility is available.
I haven't received any feedback from our PE staff. I'm assuming that it's going smoothly. We do have training planned. We have continuous training for our PE site, and we'll be training them on the new adult population, but I think it's pretty standard for them and there shouldn't be problems there. So that is good news.
(Director Harr conducts an NJ FamilyCare Informational Update presentation)
So that's the Update in a nutshell.
Are there any questions?
DR. SPITALNIK: Thank you so much for that.
MAAC MEMBER: A very quick question. They're applying to the Marketplace, but if it's clear that they would be eligible but maybe the best eligibility would be under the Aged, Blind or Disabled (ABD) program, what happens?
MS. HARR: Somehow when the person responded, they indicated they wanted a full ABD determination. So you can proceed through even if you answer that you are disabled and go forward with a Modified Adjusted Gross Income (MAGI) eligibility determination.
MAAC MEMBER: I'm just wondering if some



people just do this and don't even quite understand the difference. They don't understand that there might be a delay in their getting coverage if they answer one way versus another and their coverage would start sooner.
MS. GRANT: The application would have indicated disability. And as Valerie said, there are folks that may have wanted to proceed as they were. I'm not sure about the answer to your question.
MS. HARR: In however they answered the Marketplace questions, there's something that triggered the Marketplace to tell us that these are people that need a full eligibility determination. So the question is really for the Marketplace.
MAAC MEMBER: So the result is a certain. Number of people will have a delay in the start of their coverage.
MS. HARR: I think it's the same thing. If someone received a full determination and their application was done prior to January, it would go back retroactive to their date of application. But to the extent that it takes longer to do a ABD eligibility determination, I think those are definitely more complicated than just a MAGI determination.
MAAC MEMBER: Just for me to understand,



would there be any reason now that we have the Expansion to want it the other way?
MS. HARR: Yes. Long-term care, nursing homes is not covered under ABD.
MAAC MEMBER: You had mentioned earlier there seems to have been some confusion when people applied at the Marketplace. So apparently are people getting some type of written information as to what they're eligible for and in what time frame if they go to the Marketplace? Or is it all verbal?
MS. HARR: As of last week, a eleven page letter, that's non-specific, was provided by the Marketplace. But, it doesn't get into much detail. It just says, you've been found eligible for a program and you'll hear from the State / NJ FamilyCare. But it doesn't tell them any more information about the program. It's a pretty generic letter that they get from the Marketplace.
MAAC MEMBER: So we're going to assume that they're going to get a lot of phone calls at the Call Center.
MS. HARR: We did add something to the website saying that if you applied at njfamilycare.org and you want to check on the status of your application, you can call the Call Center. If you

applied at a county welfare agency and haven't heard, your application may still be in process. You can call and check the status and it lists the phone number to call. And if you applied at the Marketplace, it says we're working with the Centers for Medicare & Medicare Services (CMS) to receive your application you'll hear from NJ FamilyCare and it will be retroactive to January, if warranted. So we're hoping that people can see that and then say, okay, I understand.

For other states that aren't trying to use the file, CMS is calling people that were assessed or determined eligible for Medicaid, through the Marketplace, they're calling all of those individuals and telling them to reapply at the state. That is not the message that we want to send. So in other states they applied at the Marketplace, were determined eligible or assessed to be eligible, CMS is calling them and saying, we haven't been able to send your application to the state, reapply at the state.

We don't want to do that. We received a file. We're going to use the file to get people enrolled. We do not want them to reapply at the state or county welfare agencies.

But I did ask CMS if they could call



everybody that was determined eligible, the 80-some-thousand, and let them know the status, that you're working to send the State the information? Basically, managing expectations by letting them know your information has been processed, you will hear from NJ FamilyCare, and that your coverage would be retroactive.

So they are considering that request at this time.

MAAC MEMBER: Two quick questions. Is it possible for us to see the eleven page letter? I think it would be helpful for us to be able to share that with varying agencies so they know what people who have applied are seeing.

MS. HARR: Yes. I had someone from the medical society ask to see it. We have a copy with the name redacted that we will send to the members of the MAAC.

MAAC MEMBER: Just on a practical basis if someone who applies shows up for services anywhere in the provider community, how are the providers supposed to handle their care and payment for their care?

MS. HARR: CMS circulated Frequently Asked Questions (FAQs). I raised some concern around their FAQs. I believed they were unrealistic in terms of



somebody being able to go to a pharmacy without their Medicaid card and get an emergency supply; and it said, then call the state the next day about where your Medicaid card is.

So here is what I have said, and I said this to the Medical Society. It is up to the provider. If a provider is willing to take the letter as sort of documentation that, yes, this person is Medicaid eligible but they don't have their Medicaid card yet and provide services and then retroactively bill the State fee-for-service, that's up to the provider. I do know -- I understand that some physicians have said if it's not an acute situation, they are rescheduling the appointment until a later date.

One thing that I said is if a recipient sees a provider, pays out-of-pocket and then has their coverage retroactive until January, we do not reimburse clients. What would happen is the provider would need to reimburse the client and the provider would need to submit a claim.

Now, if it's an urgent need there is presumptive eligibility through hospitals.

DR. SPITALNIK: Dennis.

MR. LAFER: I was just looking at the overall enrollment and that it went down year-to-year.



Were you surprised to see a reduction in that December to December reduction?

MS. HARR: Well, it didn't go down by a lot. I'm not surprised. I think we saw attrition when the parent program had been capped. I can't remember when anymore. But we had attrition of the parents.

MR. LAFER: So would you expect in January these numbers are going to go up?

MS. HARR: Yes.

MR. LAFER: If you enrolled some of the Expansion population but it didn't take place until January, would those numbers show up here or would they be showing up in January?

MS. HARR: Perhaps. To the extent that you can get people in fee-for-service through almost the last day of January, January 29th, January 30th. If you're in and we run the report on 30th or 31st for all of January, you're going to have anybody that was retroactive. So if we can get the 36,000 people enrolled this week, they're going to show up in our January monthly enrollment report.

And then I think what would be different in the monthly statistical report is that you're going to see the General Assistance population and the other parents newly eligible. Some of the categories will

change as well.

DR. SPITALNIK: Other questions from the MAAC?

Questions from the public? When you ask a question, stand and also give your name.

MR. CASTRO: Ray Castro. New Jersey Policy Perspective.

Isn't also one of the issues, in terms of the caseload, is that there was a backlog in redeterminations?

MS. HARR: There was a backlog in the county welfare agencies doing eligibility determinations. I don't know, though, that their redeterminations resulted in people losing coverage. So they weren't timely redeterminations, but when they did their redeterminations, the individuals could have still been eligible. I don't think we know if that was a big contributor. I don't think so. Nothing that I've heard.

DR. SPITALNIK: Thank you.

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

So with this approval of about 80,000 that have been approved at the Marketplace, you now have all the information for about 36,000 and you're hopeful



that by the weekend at least they will get a letter? A lot of people in that category are concerned about their status. So hopefully 36,000 will hear this week, but then there will be the other 44,000. I wonder if you could issue something written that the different consumer assisters, even NJ FamilyCare, could provide accurate information to these people because it would be very helpful. They've been sitting out there for a long time. Some people are getting inaccurate conflicting information. So I wonder if you could issue written guidelines that people could use to provide information to the people, the assisters, and the providers.

MS. HARR: Are you suggesting a letter to the client?

MR. SPIELBERG: No. I think a letter, almost like a Medicaid communication that could go out to, I guess it would be County Board of Social Services usually gets that, but NJ FamilyCare, too. The Health Benefits Coordinator (HBC) is giving incorrect information. For example, people call up and they're told, no, they won't be eligible January 1st.

MS. HARR: We'll correct that and review the script. The website that I talked about does provide information -- if somebody applied at the



Marketplace, we don't have the information to do a query and say your application is en route. I don't know if that is what you're looking for.

MR. SPIELBERG: The 80,000 I think are people who applied at the Marketplace and gotten an 11-page letter that says, you're eligible for NJ FamilyCare, and that's all they have. They don't know the day. The letter might be as old as October. They don't know when they're going to get on.

MS. HARR: Right. According to the script, somebody calls and says, "I was found eligible."

That's great. We haven't received the information yet. We change the script as it's evolving and we're getting the data. When we have the information from the Marketplace, you will be enrolled. You will receive your managed care enrollment packet, and your coverage is retroactive until January 1st.

And that is the script. If that's not what they're saying, we'll go back and check on that. But that's what they have.

MR. SPIELBERG: I think it might just be helpful -- because there are consumer assisters, too, who are confused. About this, and I've gotten calls from them who called NJ FamilyCare, and they said that's not the information they're getting. So if



there was something that the Department could issue that tells what you're telling NJ FamilyCare, I think, would be helpful.

MS. HARR: I think that's what we put on the Department's website. We have that statement on the website. Did you look at that?

MR. SPIELBERG: I haven't seen the segment on the website.

I think the more specific information you can provide, the better. I haven't looked at it, but that would be my comment.

MS. HARR: We'll, take a look at that.

DR. SPITALNIK: Jen, do you have a question?

SPEAKER: I was going to say, we look at the enrollment numbers all the time from where I sit. Typically, the enrollment in Medicaid goes up as the Economy goes down. So the economy is improving a bit So absent the Affordable Care Act, eventually it starts To drop off a bit more.

DR. SPITALNIK: Thank you.

MS. COLLINSGRU: Maura Collinsgru, here with Citizen Action and New Jersey for Health Care. We sent very late yesterday, and I know you haven't had the chance to read it, a letter with a lot of questions. And they're reflective of questions that we

are being besieged with through a variety of sources. And we're trying to manage them without adding to any misinformation. Many of the questions you answered through your presentation, so I thank you. We've been able to resolve that with communication.

What is missing and what continues to be missing -- and I have seen the updates to the website, and we're glad to hear some of the guidance that will be issued to the individuals -- there is a total void of public information. The media is totally unaware. They are asking questions on a daily basis. Oftentimes, the lack of information is fueling panic. We are getting calls and e-mails almost on a daily basis from people who need surgery, need to access medical care, know that they're eligible, don't know what to do. And what we're asking for, what we would ask the MAAC to consider is a resolution urging the Department to issue guidance to the public based upon what you said here today.

Two things, I think are really important. Number one, the Department is making every effort to resolve the delay. I think people should know that. I think it would be helpful to know that. I think you deserve to have people know that. And I think that it will help to alleviate panic. Our sense is when people



are given the information, they're okay. They breathe a sigh of relief. But when we say it, it does not hold the same weight as when it comes from the official source. So we are asking for consideration of a resolution that there would be public guidance issued this week to let people know these are how these things are handled, these are your options, please be patient, we will get to you.

DR. SPITALNIK: I'd ask Valerie if you'd like to respond to the question?

MS. HARR: I think the first thing that we can definitely do is look at the letter and we could maybe provide additional information on the website. I can send the other piece of it to CMS. To the extent that you're communicating to CMS, again, I have asked CMS to do the same sort of thing. Contact these individuals so that you can reduce their anxiety and manage expectations. So I'm pushing for that. We'll see if we can add additional information on our website. We can ask CMS if they're considering additional FAQs or additional information on their website.

All of our media inquiries, because we're getting them as well, they are handled through our Public Affairs office at the Department. I think



that what I would do is take this request back and I would need to talk to the Department about doing something larger than what we've done to date in terms of the public message around the status.

SPEAKER: My question to you is were you thinking of, like, a press release type of thing. It would be the same information probably that's already on the website but just done in a public manner.

MS. COLLINSGRU: Well, and more than that's on the website. People need to do some of the things you said today. Because that really is some of the panic. You don't say that coverage will be retroactive, but we do have some people being told if you go to a provider and pay money, you will be reimbursed. That's not actually correct. There's a lot of misinformation out there.

The other thing is I have to tell you that we're being told that CMS is not making phone calls. And I would just venture a guess that with running the Exchange, they are totally overwhelmed.

MS. HARR: I think in a previous meeting I said people that the State had determined -- that we took an application and they were over income, they were about 8,000, we sent that contact information to CMS. I know that CMS contacted them because we put a



test case in the list, and we received a phone call. They did make the phone calls to those individuals.

And you're right, they haven't called everyone, and that's the thing, they haven't called the people -- they have changed their phone script, we're told, because again, they were giving misinformation. They've corrected that. But they haven't outreached those individuals to let them know that their application is still in progress and everything we just talked about.

DR. SPITALNIK: Any comments from MAAC or the public?

SPEAKER: Can the MAAC send a letter from the MAAC to CMS along those lines?

DR. SPITALNIK: The MAAC has no standing to communicate with CMS. That goes beyond the scope of our previous Guidelines and the pending Guidelines. Our role is advisory to the Division of Medical Assistance and Health Services (DMAHS). I appreciate the spirit of what you're saying, but we have no standing in that.

SPEAKER: Is there another way we can accomplish that support?

DR. SPITALNIK: If the MAAC chooses to express support for what information is included, that

would be within our purview. But that's the limitation of our role. We are purely advisory.

SPEAKER: So I do think we should take a sense of the MAAC that we would support the distribution of information so everybody is aware of the situation and knows what their rights are and where they stand in terms of the health care plan.

SPEAKER: I think it's specially concerning for people, as Maura was saying who are covered but now they have a need for service and they don't know. And if the doctor's office says, well, you pay me and then you'll be paid back, and that's not going to happen, I think that it would be really helpful for that information to be out there as broadly as it possibly can be.

DR. SPITALNIK: So three people verbally have expressed their interest in information going out. Is there a way of bringing that within the purview of our role?

MAAC MEMBER: I would also support that in my motion or proposal is that we would urge the Department to send out some type of a press advisory, because that would be broader media, and I think it would better educate the consumers. Now, whether it's something that's done or if things are changing



that quickly that you need to communicate every other week or something, that's an option too.

DR. SPITALNIK: Would you like to make that a formal motion?

MAAC MEMBER: Sure.

DR. SPITALNIK: So what would be the language of the motion?

MAAC MEMBER: I would make a motion to urge the Department to develop, by way of a press advisory, a statement, given the current status of where applications stand, and advise consumers as to what their options are, with regular updates.

MAAC MEMBER: And it could be along the lines of what is on the NJ FamilyCare website with tips for consumers.

DR. SPITALNIK: We have a motion, so I need a second.

MAAC MEMBER: Second.

DR. SPITALNIK: Beverly. Okay.

MAAC MEMBER: Is it open for discussion?

DR. SPITALNIK: Yes.

(MAAC members discussed the motion.)

DR. SPITALNIK: So we have a motion on the floor.

So the original motion, as I heard it was



that the MAAC urges the Department of Human Services (DHS) by way of press advisory, communicate applicable, with regular updates.

So we are conveying that as the sense of the MAAC. The MAAC is requesting that the Division and Department of Human Services explore the possibility of using the Public Affairs Office to disseminate information through the media and other vehicles to direct the press, providers, and beneficiaries to the up-to-date information on the website.

Okay? So you've accepted that as a friendly but lengthy amendment? Yes?

MAAC MEMBER: Yes.

MAAC MEMBER: Do you think we could wordsmith it after?

DR. SPITALNIK: No. I would say that given the nature of this as a motion we need to do it here.

So you've accepted that. I can't remember if we need a second for a friendly amendment. I don't think so.

Any discussion on that? Are we ready to vote on this motion?

MAAC MEMBER: Yes.

DR. SPITALNIK: All those in favor?

MAAC MEMBERS: Aye.



DR. SPITALNIK: Opposed?

Abstentions?

Okay. So we are transmitting the motion through our Minutes but also in a more immediate fashion to DHS. Okay?

MR. VIVIAN: Can we go back to another issue?

DR. SPITALNIK: Mention it, and then I may ask you to hold it.

MR. VIVIAN: Regarding some kind of a communication between this body and the CMS, I mean, I realize that that may be beyond the scope of what we can do, however, why can't you ask if CMS would take it to consideration even though we're not actually sending it to them, we're just asking them to consider updating their system, too?

DR. SPITALNIK: It would be my judgment that that's really beyond our scope. We have a meeting summary that reflects our concerns, but our role here is in relationship to advising the Division of Medical Assistance.

MR. VIVIAN: The only reason I push it a little bit, is because this is such a serious matter, because I'm just envisioning people putting off services. To me, it's just a very, very serious issue

that people could postpone accessing treatment because they're concerned about their eligibility.

DR. SPITALNIK: We certainly all appreciate your point and the seriousness of this. Typically, CMS is present here. But I know that Director Harr is in continuous contact with them. Could we ask you to convey the conversation here and our concern that have been expressed that would speak to the shared concern that Wayne enunciated?

MS. HARR: Yes, I will do that. I have daily check-in calls with CMS. I can do that.

DR. SPITALNIK: Thank you.

I think we've had a very important discussion, and I want to thank everybody for raising the concerns we have and our shared goals in that.

We will now move to a presentation on the Administrative Services Organization, the Managed Behavioral Health Organization. And Mollie Greene is going to represent Lynn Kovich, the Assistant Commissioner for Mental Health and Addiction Services (DMHAS).

MS. GREENE: I do not have a slide to share with you or a set of slides on this topic. I think Commissioner Kovich was asked to provide a little bit of an update on where we are with procurement with



the Administrative Services Organization (ASO) /Managed Behavioral Health Care Organization (MBHO) as it's described and under the terms and conditions in the approved Comprehensive Waiver.

So my colleague Roxanne Kennedy and I have continued to work with the key folks within our divisions as well as with our system partners on the grasping of an Request for Proposal (RFP) to be published for procurement. I can only share very little with you because we've now arrived at a stage in the procurement process where we have been directed to refrain from discussing any specific dates for the completion of the different steps in the process, nor are we able to discuss with this group or other public groups the scope, content, or any information about the RFP and the initiatives that it describes.

And just so that we all understand, the reason for this is that if we were to discuss it at this stage in our public forum any of these aspects of the procurement, it has the potential to disturb the competitive footing of the public advertising and bidding process, thereby potentially jeopardizing our project and our timeframe for standing up the MBHO.

Potential bidders can go to the Division of Purchase and Property's website for updates. To



receive e-mail notifications on new and updated RFPs advertised by the Division of Purchase and Property, visit:
Www.nj.gov/treasury/purchase/erfpnotifications.shtml.

DR. SPITALNIK: I'm not going to entertain questions at this time, given the information that you've communicated. This was an informational update, for which we are appreciative.

Thank you very much, Mollie, Roxanne, and Lynn, in absentia.

We'll now move to another update. Deputy Commissioner Lowell Arye on Managed Long Term Services and Supports. We're then going to have two very brief updates. We're going to take up the Consolidated Assistance Support System (CASS) update, which I'm sorry I moved over when we got involved in our discussion, and then the Provider Rate Increase update. And I want to a make sure that we allow adequate time for both presentation of the Personal Care Assistant Tool and questions. And I thank you for your continued patience.

Lowell.

MR. ARYE: Good morning, everybody.

I'm going to give you an update on several issues. The managed care organization (MCO) readiness



reviews, the transition for care management, and then lastly, the communications plan.

I should tell the public as well as the MAAC members that we do have a Managed Long Term Services and Supports (MLTSS) Steering Committee meeting scheduled for next Friday. And several people, Deborah, Theresa, as well as Sherl are members of the MLTSS Steering Committee. So we'll be giving a much more in-depth discussion of all of these, plus a few other things, at the Steering Committee meeting.

(Deputy Commissioner Arye conducts an MLTSS Update)

DR. SPITALNIK: Well, Lowell, thank you so much. I'm going to hold questions at this point, both because of the comprehensiveness of your presentation and in the interest of time, and turn to another update because also the Steering Committee will be meeting next week.

I will turn to Elizabeth Manley, who is the Director of the Children's System of Care for an update. And we will also treat that as just an immediate update. And then we will turn to the Personal Care Assistant Tool presentation.
Thank you.

MS. MANLEY: Thank you so much. It's good

to be back to talk about the Children's System of Care and implementation of Comprehensive Medicaid Waiver which includes both the PDD component of the waiver, as well as two pilots within the waiver, the ASD and the ID/DD-MI component of the waiver.

(Director Manley conducts an Update from the Division of the Children's System of Care)

DR. SPITALNIK: Thank you so much. I really appreciate it.

Valerie, could you give two quick updates on CASS and the provider rate increase extension, and then we'll move to the tool.

(Update by Valerie Harr on CASS and the Provider Rate Increase Extension.)

DR. SPITALNIK: Thank you very much. We want to now turn to a presentation, the Personal Care Assistance Tool. Carol Grant who is Chief of Operations and Acting Director of the Office of Managed Health Care, and Maribeth Robenolt, Office of Eligibility Policy working on Special Projects. Carol and Maribeth will show a PowerPoint. This PowerPoint will be on the website after the meeting. Thank you.

(Carol Grant and Maribeth Robenolt conducts a presentation on the Personal Care Assistance Tool)

DR. SPITALNIK: Thank you both, and we look



forward to seeing you in April with another update.

We now move on to a presentation on the Telepsychiatry Initiative, and I'll call on Steve Tunney who is the Supervising Medical Review Analyst from DMAHS.

Steve, welcome, and thank you for your patience with our schedule.

MR. TUNNEY: Thank you. Telepsychiatry is the psychiatric service provided by a psychiatrist or a psychiatric advanced practice nurse from a remote location over secure two-way interactive audiovisual equipment. This is the definition we received from CMS. Their guidance helped to develop this program.

(Steven Tunney conducts the Telepsychiatry Initiative presentation)

DR. SPITALNIK: Thank you, Steve. We have some questions.

MR. VIVIAN: I represent a mental health organization, so this issue is really relevant to myself and the people we serve. This issue has been debated within the community for a long time, as I'm sure you're aware of. I guess there's a few concerns I have about it. One, is this going to be used at the first resort or last resort? In other words, if there's no psychiatrist right there face-to-face



available -- is this going to be a service that the agency is going to implement immediately?

MR. TUNNEY: It's an option. So currently if you have a program where the psychiatrist is there one day a week, then you would have to come in that one day a week to see the psychiatrist. And if that's what you choose to do, and you still want the face-to-face component, then you have that option and they still have to provide that.

MR. VIVIAN: You realize I'm concerned about provider persuasion. If you want your medication, this is your only option. You know, there's all kinds of ways that you can make people choose this rather than the face-to-face. I'm sure you're aware of a that.

MR. TUNNEY: When we make these sort of decisions, we're assuming that the providers are going to follow the New Jersey regulations and there's going to be policy and procedures. That's one of the reasons why our staff are currently heavily involved with the hospital end with the partial care programs and the dependent care clinic programs and we're going to pay particular attention to the situation.

MR. VIVIAN: I would, because in a perfect world, yes, that's what would happen. But when there's nobody available, they're going to say, "Well, if you



want your medication, this is your only option."

MR. TUNNEY: I can tell you that most of the research, and there's lot of research, international research on this, that has shown that there is a surprisingly high customer satisfaction from the clients that utilize it, as well as with the programs. In terms of the outcomes, they are pretty much the same, whether its face-to-face or if it's done through telepsychiatry. One is not better than the other. But you did see a little bit of a bump in the consumer satisfaction. And it's probably because of the immediacy of the program.

MR. VIVIAN: Maybe. It also could be because consumers are just happy to get their-- it's easier to con a camera than it is somebody face-to-face.

The other thing is that with this is that there's a concept out there called "shared decision-making" where the consumer is really empowered and really knows how to advocate on their own behalf, and really discuss with the prescriber what exactly is working for them and what hasn't worked for them in the past, what they'd like to see. And I really hope that the providers are licensed telepsychiatrist. Can any provider do this?

MR. TUNNEY: Right now you have to be a licensed mental health clinic, independent clinic or a hospital.

MR. VIVIAN: But the provider on the other end?

MR. TUNNEY: The person on the other end has to have a contract with that facility and they have to be licensed to practice medicine in the State of New Jersey.

MR. VIVIAN: One thing I would suggest is that anybody who provides telepsychiatry should become aware of this concept of shared decision-making. As a consumer, especially since they're not going to have that nuance of that face-to-face situation, that they really become aware of this shared decision-making concept. And even if the consumer is too intimidated to do this on their own, they should encourage the consumer to really engage in this. And even tell them that this is what's out here, give the consumer some literature about this, about their rights, how they can advocate effectively for themselves, and really discuss with the doctor what works and what doesn't work. I think that might be really important with this.

MR. TUNNEY: Absolutely. That's the big part of the informed consent. It's more than just



saying, "Okay, I'll do this way." They are really supposed to explain the full program, their options, how it works, what's available to them should they choose not to participate.

MR. VIVIAN: Well, yeah, but shared decision-making is a little different than that. It's not just consent, it's really how to talk and communicate with your prescriber.

DR. SPITALNIK: Thank you.

MAAC MEMBER: Whereas Wayne's questions were about the consumer population on the whole, I'm obviously interested in the developmental facility. So a question about the consent issue. Is there something built in so that somebody who had a legal guardian would be able to have a guardian's consent? Do you know if that's going to be part of it?

MR. TUNNEY: One must follow all the existing rules. So anytime you have to have an informed consent, you would follow the same rules. If there's a legal guardian or somebody who has to give consent for you, then that's who you would have to obtain the consent from.

SPEAKER: What is the age where a parent could still give permission for their child, 18?

MR. TUNNEY: That ranges. I don't know the



details, but I can tell you that it's very complex because we went through this when CMS required people to sign for the services they were receiving at independent clinics and did a parent have to come in and sign? Then there's the emancipated minor issue. It was as low as 14 and as high as 16. The ages range depending on the situation.

MAAC MEMBER: Because in our world, it would be up to 18. Some parents may function as the legal guardian anyway. That's not a relevant point now. But certainly, parents from my population would not be getting legal guardianship before the age of 18. So I just wanted to point out that hopefully they weren't in a situation where the parent wouldn't be able, in those situations, to give consent.

MAAC MEMBER: The interaction with the psychiatrist in the telepsychiatry session is that typically there would be the opportunity to communicate with the person with the developmental disability, but also other caregivers, to get a fuller picture of what's happened.

MR. TUNNEY: Generally, with children, the child has their session. And then afterwards, then there's an add-on code that they can be used that the psychiatrist meets with the parent. And then they



discuss the situation. There's a case consultation code or something along those lines. That's what they would use in that situation.

MAAC MEMBER: So that would work for an adult with developmental disabilities where their caregivers can give additional input because the person with the developmental disability might not be able to?

MR. TUNNEY: Absolutely. As long as they're currently the guardian or parent, family, etc.

DR. SPITALNIK: Thank you very much. We have come to the end of the agenda. Were there any questions for Lowell?

SPEAKER: Thank you. Lowell, just a quick question about the readiness review that you talked about. Is there any part of the readiness review, thus far, that looks at net worth adequately over all? But I'm also asking specifically about the home health services, the kinds of things particularly needed.

MR. ARYE: First, we already dealt with readiness reviews for the majority of those things. Certainly, the readiness review portion for network adequacy for the home and community-based services, they're not ready yet. They've been developing their network. We're going to continue to work with them to

do that. We felt that it was important to do the readiness review even though we were delaying the program implementation. And given that we were delaying, the provider network wasn't going to be fully developed at this point. But we felt that it was important that everybody, we as well as the MCOs would know where they are. The answer is, no, we haven't formally, although we did look at network development and management of the network as related.

MAAC MEMBER: So maybe at the next meeting you'll have more information.

MR. ARYE: Absolutely.

MAAC MEMBER: That's a concern for people who perhaps will be going into nursing homes now where they would get that kind of service from a nursing home. So they're going to need additional services.

MR. ARYE: The MCOs, because the readiness review specifically did look at how they were developing their network, we didn't look into the adequacy of their network yet, but we looked at the development of that network and the management of that network and how that can all work. That's what we were looking at at this moment in time. It's too soon basically to look at adequacy.

MAAC MEMBER: So there will be another



readiness review to take a look specifically at that?

MR. ARYE: No. It's not going as a formalized readiness review for adequacy. Mercer did its review. Certainly, we are going to continue to do that ourselves as well as part of that.

MS. HARR: They're building their networks, right? They will have to send network files to us and CMS to demonstrate network adequacy.

Did any of our MCOs want to comment?

SPEAKER: I think you said it well. Of course, the billing and claims part of it is huge. All the details to go end-to-end with provider claims is big. We really want to get that right.

MS. HARR: I would just say that we're reaching out to providers, and we are doing that right now, very exhaustively reaching out to providers and trying to be strategic about the providers currently serving members in our plans today. We're hearing back from providers, "it's six months away, what is all the rushing about?" And really the answer is we need to get them into our systems so that we can start claims testing. And we told providers we would try to do that 90 days out. So if you hear people asking, the answer is yes, we're doing it, and here is why we need to do it early. It's because of the claims testing process.



MR. ARYE: We're saying claims testing is absolutely imperative to ensure that we include it in the contract and that MCOs have 15 days to process it, if it's a "clean claim." And that's imperative. So for them to be able to step up the network between the systems between the MCOs and the providers to ensure that there's a "clean claim," that's the reason why they want to do the claims testing as quickly as possible. So that when it goes live, they can be on that 15-day "clean claim" payment cycle and they can do what they need to do.

MS. BRAND: This is Sherl. Can you hear me?

DR. SPITALNIK: Yes.

MS. BRAND: Lowell, I'm not sure this is a question for you or perhaps for Valerie. I was wondering when we should be expecting the NJ FamilyCare Medicaid MCO Performance Report?

MS. HARR: Yes. I'm expecting this to come out probably in the Spring. I have someone in my office now that is developing performance-based measurement that scores a lot of information. So I'd like to say we're taking the report to the next level, and we're looking at not only MCO performance, but it's going to contain more information about the NJ FamilyCare program overall. So I just saw a draft of



it. It is being finalized now, but it will be a little bit late because we are trying to expand it to cover performance other than just the MCO.

SPEAKER: A brief question. In terms of adequacy of the network providers, is there an actual number that the MCOs need? I know we had discussed the need for access to a specialist within a 50-mile radius. Are those standards set or are they being developed?

MR. ARYE: There are no national standards. We are working with and keeping an eye on all of our different trade groups and consultants and any other sources to see what the national trends are. No one has come up with a specific adequate provider network at this point.

MS. HARR: Carol, did you want to add to that? Carol oversees, as part of Chief of Operations, the Office of Quality Assurance.

MS. GRANT: I think Lowell spoke to it. We're starting with a baseline. What's come in from fee-for-service and what are we using now. So we do have a basic standard. We intend to be paying attention to that as we go along to see how do we right size it. Valerie supports the Division's expansion of the network monitoring activity. We are going to be

enhancing that Unit so that we can end up with more information and track where we have heavy usage and begin to really look at what should the standard be going forward.

DR. SPITALNIK: Thank you very much.

To bring us to a close, there's a request to have the letter distributed to the MAAC. We have the motion about utilizing the Public Affairs capacity. We've asked Director Harr to convey to CMS the concern about communication and accurate information. I'm happy to announce that today's presentations are already posted on the website at www.state.nj.us/humanservices/dmahs/boards/maac.

Our next meeting will also be held here Friday, April 11th. We will continue to have updates on all of these developments.

Anything else from the MAAC that you need to put on the agenda?

We will, again, have a draft agenda. Is there anything immediate other than updates?

MAAC MEMBER: Something on The Supports Program.

DR. SPITALNIK: We will add that to the agenda.

MAAC MEMBER: I'd also like talk about the



dedication of the revenue that's generated -- to help continue support the efforts that are being made; and, provider rate increases, which Valerie mentioned is being terminated the end of the calendar year 2014.

DR. SPITALNIK: Is that within our purview?

MAAC MEMBER: Can they be recommendations to Medical Assistance?

DR. SPITALNIK: Is that a Medical Assistance issue, or is that an administration issue about budget?

MS. HARR: It's a budget issue. If you're making a recommendation in April, the Governor's budget is already done.

DR. SPITALNIK: Okay.

Do I have a motion to adjourn?

Coogan; second, Roberts.

All in favor?

MAAC MEMBERS: Aye.

DR. SPITALNIK: It's unanimous. Thank you.

We look to forward seeing you on April 11th.

(Meeting adjourned.)



CERTIFICATION

I, Lisa C. Bradley, the assigned transcriber, do hereby certify the foregoing transcript of the proceedings is a true and accurate transcript of the proceedings as recorded.

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Lisa C. Bradley, CCR

The Scribe

Date:_____