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 20, 2016
10:00 a.m.

FINAL

MEETING SUMMARY

MEMBERS PRESENT:
DEBORAH SPITALNIK, PHD, CHAIR
THERESA EDELSTEIN
BEVERLY ROBERTS
MARY COOGAN
DENNIS LAFER
WAYNE VIVIAN
SIDNEY WHITMAN

MEMBERS EXCUSED:
SHERL BRAND
DOROTHEA LIBMAN
JAY JIMENEZ

MEMBERS UNEXCUSED:
EILEEN C. COYNE

STATE REPRESENTATIVE:
Valerie Harr, Director
Division of Medical Assistance and Health Services

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

ATTENDEES:

Linda Day	
Lisa Eisenbud	
Walter Nekm	
Evelyn Liebman	AARP
Peter Chen	Advocates for Children of New Jersey
Christopher Bruette	Aetna Better Health
Dan Keating	Alliance for the Betterment of Citizens with Disabilities
Roberta McNeill	Amerigroup
Alex Puma	Barnabas Health
Natassia Rozario	Camden Coalition of Healthcare Providers
Jason Tasches	CLB Partners
Colleen Wood	CMH Consulting
Mary-Catherine Bohan	Community Care Behavioral Health Organization
Kimberly Salomon	Community Health Law Project
Susan Saidel	Disability Rights of New Jersey
Kate Clark	Family Planning Association of New Jersey
Elisa Cohen	Family Resource Network
John Indyk	Health Care Association of New Jersey
Karen McCoy	Omnicare Hospice Association of New Jersey
Lillie Evans	Horizon NJ Health
Joseph Manger	Horizon NJ Health
Ryan Larson	IntelliRide
Cynthia Roberts	IntelliRide
Carol Katz	Katz Government Affairs
Gwen Orlowski	Legal Services of Central New Jersey
Christine Fares Walley	LIFE St. Francis
Melinda Martinson	Medical Society of New Jersey
Amanda Cortez	Medical Transportation Association of New Jersey
Gerald Muench	Medical Transportation Association of New Jersey
Sarah Adelman	NJ Association of Health Plans
Mary Abrams	NJ Association of Mental Health and Addiction Agencies
Stephanie Pratico	NJ Council for Developmental Disabilities
Dennie Todd	NJ Council for Developmental Disabilities

ATTENDEES:

Amanda Melillo	New Jersey Health Care Quality Institute
Tyla Housman	New Jersey Health Care Quality Institute
Selina Haq	NJ Primary Care Association
Karen Shablin	Optum
Mary Kay Roberts	Riker, Danzig, Scherer, Hyland & Perretti, LLP
Vincent Ceglia	UnitedHealthcare
Zinke McGeady	Values Into Action NJ Wellcare
John Kirchner	Centers for Medicare & Medicaid
Nicole McKnight	Services
Tara L. Porcher	Centers for Medicare & Medicaid Services
Maria Varon	Centers for Medicare & Medicaid Services
Frank Wise	Centers for Medicare & Medicaid Services
Elizabeth Marley	NJ Department of Children and Families
Frieda Phillips	NJ Department of Human Services
Syreeta Garbarini	NJ Division of Family Development
Jodie Flandinette	NJ Division of Medical Assistance and Health Services
Carol Grant	NJ Division of Medical Assistance and Health Services
Roxanne Kennedy	NJ Division of Medical Assistance and Health Services
Thomas Lind	NJ Division of Medical Assistance and Health Services
Joshua Lichtblau	NJ Medicaid Fraud Division
David Dresher	NJ Office of Legislative Services
Robin Ford	NJ Office of Legislative Services
James McCracken	NJ Office of the Ombudsman for the Institutional Elderly

DR. SPITALNIK: Good morning, everyone. And welcome to the January 20th meeting of the a Medical Assistance Advisory Council (MAAC). I know that it was highly challenging for people to get through security, and I appreciate your perseverance.

The notification for this meeting was filed pursuant to New Jersey's Open Public Meeting Notice, and it was transmitted in compliance with that and filed with the office of Secretary of State.

I'm also obligated to tell you in terms of the use of this building that upon the unlikely event upon hearing a fire alarm or evacuation announcement, please leave the building via the nearest exit and go to Lamp Post No. 9 in the large parking lot.

Having dispensed with that, let me, in my welcome to all of you, remind people of how this Council has functioned and hopes to continue to function, that we are deeply invested and enriched by public input. We've never had to limit public input to a specific time, the beginning or end of a meeting, but invite the public to participate in the discussion but with the ground rules that the members of the MAAC ask questions or make comments first, and then we'll turn to the members of the public.

So with that, let me ask the members of the

MAAC to introduce themselves. And then I'll ask the public to do the same.

(Members of the MAAC introduce themselves.)

DR. SPITALNIK: Welcome members. I bring regrets from Sherl Brand who is unable to be with us this morning.

Let me ask the audience to introduce themselves. Public introduce themselves.

(Members of the public introduce themselves.)

DR. SPITALNIK: Thank you all for being with us today.

Our first item of business is the approval of the minutes of our last meeting, October 19, 2015.

Are there any comments or corrections?

MS. ROBERTS: Just one very, very small correction on the minutes from October 19th section No. 22 there's a part where Liz Shea is speaking and she was referring to the term non-DAC, but at the top it calls top of 22 it calls it DAC.

DR. SPITALNIK: This is page 22?

MS. ROBERTS: Page 22 at the very top of it. The top of that starts, "Internally we call them Disabled Adult Children DACs," but the wording she meant was non-DAC.

DR. SPITALNIK: Okay. So we'll make that

addition.

Any other additions or corrections?

Hearing none, may I ask for a motion to approve the minutes?

MS. ROBERTS: Motion to approve.

DR. SPITALNIK: And second?

MS. EDELSTEIN: Second.

DR. SPITALNIK: All those in favor?

Any abstentions?

MS. COOGAN: I wasn't here.

DR. SPITALNIK: Okay. Coogan.

And we accept the minutes, as corrected. Again, with our thanks to Lisa Bradley for her fine work on them.

MS. MELENDEZ: Excuse me, Dr. Spitalnik. The Members have to consider the June 15th minutes, as well.

DR. SPITALNIK: The minutes of June 15th, have people had the opportunity to review those?

Are there any comments or corrections?

With that, may I have a motion?

Dr. Whitman. Second, Coogan.

All those in favor?

MAAC MEMBERS: Aye.

MR. VIVIAN: Abstain.

DR. SPITALNIK: Wayne Vivian abstains.

MR. VIVIAN: I wasn't here.

DR. SPITALNIK: I think we have a sufficient number to accept the minutes, so these are accepted.

And, again, with our thanks.

So I think we're ready to move to our series of informational updates, beginning with Behavioral Health Services. Valerie Mielke wasn't able to be with us today, but Director Harr is going to give us an update.

Before I turn to her, I would like to also call attention to one of the items in the Governor's State of the State that called for increased funding for mental health and substance abuse services and acknowledge the work of the Rutgers Medicaid High Utilizer Stakeholder Task Force in calling attention to the fact that so many of the people who are in the highest 1 percent of Medicaid utilization also have significant mental health and substance abuse needs. So we're very excited about that and appreciative of the work of our colleagues at the Center for State Health Policy.

MS. Harr: A perfect segue. So Valerie Mielke was planning to be here, and very much wanted to be here, but she had a conflict. Valerie is meeting

with some individuals from the Substance Abuse and Mental Health Services Administration (SAMHSA) so she provided me with some talking points. We were very exited to hear the Governor's State-of-the-State Address with so much mention of the need for treatment for mental health and substance abuse. So specifically, there was mention of recovery coaches. So the Division of Mental Health and Addiction Services (DMHAS) has contracted with five providers to launch the Opioid Overdose Recovery Program. There's one provider in each of the five counters, with the expectation that the provider will serve the entire county. Each award is $255,000. The five counties where there are contracts currently in place are Passaic, Monmouth, Ocean, Essex, and Camden. The Opioid Overdose Recovery Program will utilize recovery specialists -- most of these individuals are individuals in recovery themselves -- and patient navigators to engage individuals reversed from opioid overdose to provide non-clinical assistance, recovery supports and appropriate referrals for assessment in substance use disorder treatment. The recovery specialists and patient navigators will also maintain follow-up with these individuals.

So in the State of the State, it was

announced that the program would be expanded to six more count is. An RFP, Request For Proposals, will determine the expansion counties. So more to follow on that.

Also mentioned in the State of the State has to do with reimbursement rates for mental health and substance abuse services treatment. So we're in the final phase of tweaking the continuum of substance use disorder and mental health rates. Psychiatric inpatient rates were not part of the rate study. Increased reimbursement rates will help improve access to critical services. New Medicaid and State Fee for Service rates will be rolled out. The timeline for implementation is changed for substance use disorder ambulatory and residential rates, both State dollars and Medicaid dollars, will be implemented in July 2016. Change for mental health Medicaid will be implemented July 2016, and change for mental health state only rates will be implemented in January 2017 when the mental contracts convert to Fee For Service.

The Division of Mental Health and Addiction Services will convene a small stakeholder group to share proposed rates to get feedback and subsequently provider meetings will be held to share the rates with the entire provider community. We do not yet have

a date of when these meetings will occur.

So that, again, was very positive news, and was very exciting to hear the Governor mention and highlight that in the State-of-the-State Address.

One other item to note in the Address was the Governor's commitment to supporting the three certified Accountable Care Organizations (ACO). Again, these funding initiatives will have to go through the normal budget cycle, but certainly he expressed his commitment to supporting the three ACOs that have been certified. It's Newark, Camden, and Trenton. So, again, very exciting news for the Department.

DR. SPITALNIK: Thank you.

Any comments or questions for MAAC?

Beverly.

MS. ROBERTS: Thank you for this information. It's certainly very good news.

My question relates to individuals who are duly diagnosed with developmental disability and a behavioral health challenge. Can you give any update on that?

MS. HARR: I can't, really. So I think with the rate analysis, it's looking at rates and utilization. I'm not sure that anyone drilled down

into the individuals utilizing the services. If you would tell me what type of services, we could look and see if those services were part of the rate study.

MS. ROBERTS: Well, because for this population, if someone has an intellectual disability served by the Division of Developmental Disabilities (DDD) and they have mental health or behavioral health challenge, they've been getting those services from the Medicaid health plans.

MS. HARR: So the plan for moving to managed mental health, behavioral services is a different discussion, sort of the next phase of this. The first is really the increase in the reimbursement rates under the current constructs.

MS. ROBERTS: I just want to know if we can put it on the table to maybe have something separate from the MAAC but a re-convening of a workgroup or some group that could look at the mental health services for the DDD population.

MS. HARR: Okay.

DR. SPITALNIK: Wayne.

MR. VIVIAN: Valerie, regarding the 2017 rollout of the Fee-For-Service (FFS), will that include the Community Support Services?

MS. HARR: I believe that's already been

implemented. It's already underway.
MS. KENNEDY: The Community Services is being implemented.
MR. VIVIAN: Will the agencies begin billing in January 2017?
MS. KENNEDY: No, they'll begin billing prior to that. We were targeting April 1st of this year to begin billing. But the State-only FFS will probably move in January. But the Molina billing for the Medicaid individual will begin April. It will follow the same track, but the State-only billing with the State in January of 2017.
MR. VIVIAN: Thank you.
DR. SPITALNIK: Other questions from the MAAC?
Questions from the public?
Yes. And when you ask a question, can I ask you to stand up and also state your name so it can be reflected in the minutes. Thank you.
MS. ABRAMS: Mary Abrams, New Jersey Association for Mental Health and Addiction Agencies.
Director Harr, I was just wondering can you clarify. When they roll out the ambulatory and residential in July, and that was State and Medicaid and the mental health Medicaid, there's no conversion

at that time to FFS? That's just under existing contracts and rates?
MS. HARR: So I have here the change for the Medicaid because there's already FFS billing under Medicaid, so those rates will be implemented in July. But the State-Only under Mental Health and Addictions, because there's a need to convert contracts to FFS, those won't be done until six months following in January 2017.
MS. KENNEDY: For mental health. Under addictions, most providers are already in a FFS setting, so you have to clarify with Valerie Mielke.
MS. HARR: Right. So it says change for ambulatory residential, both State and Medicaid will be implemented July 2016. And that's because the substance abuse services are already being billed FFS.
MS. KENNEDY: We can clarify with Valerie.
DR. SPITALNIK: Kevin.
MR. CASEY: Kevin Casey, New Jersey Council on Developmental Disabilities.
I just want to emphasize Beverly's points. The problem of people with development disabilities having access to mental health services is a serious problem in terms of talking to families and advocates. It's not just a New Jersey problem. We need to look at

this issue nationally. But we really do need to look at it in some very formal way at how we give people with developmental disabilities that kind of access. Thank you.
DR. SPITALNIK: Thank you.
Other comments?
I think we'll ask Valerie Mielke to join us at the next MAAC meeting and follow-up on these issues, including the issue of dual diagnosis. Thank you.
It's now my pleasure to welcome Elizabeth Manley who is Director of the Children's System of Care in the Department of Children and Family to give us an update on the Children's System of Care waivers under the Comprehensive Medicaid Waiver (CMW).
Liz, welcome.
MS. MANLEY: Thank you.
DR. SPITALNIK: Liz, I'm sorry to interrupt. We are unable to print the overheads for the entire audience, but they are posted on the MAAC website following the meeting at: Http://www.state.nj.us/humanservices/dmahs/boards/maac/. Thank you.
MS. MANLEY: Thanks for having me. I'm happy to be there. First change is that I did get a slight promotion, so I'm Assistant Commissioner for the Children's System of Care. That, for me, is exiting

but for Children's System of Care (CSOC), it's incredibly powerful. It really speaks to work of the Children's System of Care and efforts to transform the service delivery system for youth with intellectual and developmental disabilities (I/DD), substance use challenges, as well as behavioral health services. I just want to point that out.
As a reminder, because it's been a while since I've been here, that the Children's System of Care sits within the Department of Children Families side-by-side with the Division of Child Protection and Permanency who are really great partners in our work.
(Presentation by Ms. Manley.)
(Slide presentations conducted at Medical Assistance Advisory Council meetings are available for viewing at http://www.state.nj.us/humanservices/dmahs/boards/maac/.)
DR. SPITALNIK: Thank you so much.
Let me ask the members of the MAAC, are there questions?
Dr. Whitman.
DR. WHITMAN: I have a question. How many beds are there in New Jersey for substance abuse youngsters?
MS. MANLEY: We have close to 300 beds. And

we're at less than 80 percent occupancy, which is fascinating to me. We are prepared to develop more beds if it becomes necessary, but it hasn't been. And I should also just say that CSOC over the last year has made a substantial change in the way that we deliver services for youth with substance use challenges in that we, in our data and in our conversations with providers of services, we came to realize that youth with substance use challenges also almost always had a co-occurring disorder. And so there was anxiety and depression that we really needed to address. So we have re-organized the way that we deliver services for youth with substance use challenges. And we did see an increase in utilization, but it's still not a hundred percent capacity, which, like I said, just continues to baffle us. So we are looking at expansion and outpatient services, because we do know that youth who will agree to attend treatment will actually agree to outpatient service before they'll agree to intensive outpatient service. So we're trying to figure out how to connect in all levels.

DR. SPITALNIK: Thank you.

Beverly, then Mary.

MS. ROBERTS: I want to thank you for the improvements that you've made serving children and

youth with intellectual and developmental disabilities. We've come a long way.

MS. MANLEY: Thank you.

MS. ROBERTS: A quick question on the transportation, because you had said that's sort of in process. Do you have any thoughts on when that will be available?

MS. MANLEY: So we're still trying to figure out what's the best actual model for that, and we were working with our providers to sort that out. So I don't have a time frame on that. But we're certainly open to suggestions, because it's a complex service to provide.

DR. SPITALNIK: Mary Coogan.

MS. COOGAN: Thank you again for the presentation. I was just curious with the under-utilization of the beds, in terms of the courts, I remember being at a conference where, I guess, some of the judges were concerned about time frames or that the programs didn't go as long as they thought they should go. And I don't know if there's a lot of conversation with court staff in terms of making those connections.

MS. MANLEY: The length of stay is an interesting discussion. And to be honest with you,

we're doing a lot of work around the State for individuals in out-of-home treatment through a SAMHSA grant. The Children's System of Care received a pretty substantial SAMHSA grant to address restraint and seclusion and develop a trauma informed system of care across the board in terms of our delivery system. But length of stay is a big driver for us in terms of it not being too long. And so when the judges get worried that they can't put a youth in treatment for a long period of time, it's concerning to us because it really is a clinical necessity that drives the length of stay.

Having said that, let me just say that it's very easy to get into a substance use treatment program if you have a substance use disorder in New Jersey. It doesn't require a lot of -- it doesn't actually even require a child family team right now. It just requires a call and assessment by an approved assessor to ensure that the right services are provides at the correct time. Because of the complexity of a youth with a substance use challenge, we what to make sure they get into care as quickly as possible.

Now, the length of stay they're in care really is clinically driven and really needs to be driven by the clinicians and the team. So once a youth enters an out-of-home treatment program for substance

use disorder, they're actually assigned a care management. Care managers get involved. The child family team comes into play. And then you have a conversation with the clinicians who are providing treatment to that youth, as well as the folks who are going to make sure that the aftercare plan is in place. And so that gets a little complicated for our judges, but we work with our judges reporting around this, and I have folks who really spend a lot of time on the judges' report.

MS. COOGAN: I'm sure you do. Thank you.

DR. SPITALNIK: Anyone else?

Any members of the public?

Yes.

MS. ABRAMS: Still Mary Abrams.

Liz, on the beds, we just had a children practice group in yesterday, and they were talking about both the residential treatment center beds and group home beds. So I'm not sure if that 300 figure captures that.

MS. MANLEY: No. That's just substance abuse. That's just the substance use beds. It's not any of the behavioral health beds.

MS. ABRAMS: Right. But they were saying that they have a lot of empty beds, I think they said

for the 15 and up; but, there was a wait list for 11 to 15. Is that correct? And so are you looking at the mix of those beds?

MS. MANLEY: So you bring up an excellent point. To be honest with you, today, I'm not sure what the data says. But I have a group of people who review the data on the at-home world on a daily basis to see where youth are waiting for access to treatment on the behavioral health side. And so treatment on the behavioral health side, it depends. It depends on what intensity of service you're looking. I can tell you group home across the board across the State of New Jersey is not being requested at the same level that it was requested in the past. And the same thing for what we call a treatment home intervention. And so we look at that data to try and tell part of the story. And so we are in discussions with a lot of those programs who rely on youth coming in. So we're looking at that issue, for sure. I also anticipate that that's going to change substantially over the next four years, as we work on the SAMHSA grant and include the six core strategies, which is an evidence based practice for all for residential treatment programs. So I think life on the residential side is going to be really interesting for providers over the next four years.

DR. SPITALNIK: Anyone else?

Thank you again, Assistant Commissioner. Congratulations on that new title and on the SAMHSA Grant and all the work that's being done in the Division.

MS. MANLEY: Thank you.

DR. SPITALNIK: Our next presenter on Managed Long Term Services and Supports (MLTSS) and the National Core Indicator is Deputy Commissioner Lowell Arye.

It is with deep regret that I announce that Lowell has announced his retirement from state government. And even before this presentation, on behalf of all of us in the MAAC and the community at-large, we want to thank you for leadership and all your contributions. You'll be greatly missed.

(Applause.)

MR. ARYE: Thanks, Deborah.

It's kind of strange since I was vice chair of this MAAC group for five years. Actually, I've come to the MAAC when the only people that literally came to the MAAC were me and Linda Garibaldi. Nobody else was there other than the MAAC.

So if anybody wants to know, I'm actually going to Disney World. I am taking a vacation that I never get to take with my wife from January 4th through probably end of May. I haven't taken a vacation in 18 years, I think. So I'm looking forward to it. I'm sure we'll chat some more. I'm not leaving for another month.

I'm real excited to talk MLTSS, as usual. But also understand that people in the nation as a whole are looking at New Jersey for MLTSS for a variety of reasons. One, I think we have really done a good job. And I take credit on behalf of the implementation team.

The implementation team is really an incredible group of folks who have worked really hard to try to get things done. We've been trying as best we can with the Steering Committee, as well as with the MAAC, to give you all as much data as we possibly can. That's the reason you are seeing the exact data that we've seen. And in fact, for the last Steering Committee meeting, we actually had just seen that data just a week before and tried to interpret it ourselves quickly.

(Presentation by Mr. Arye.)

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

/humanservices/dmahs/boards/maac/.)

MR. ARYE: So I'm going to stop here because Maribeth is going to take the next slide, but I'm going to stop here so I can answer any questions.

DR. SPITALNIK: Thank you so much for all this information.

Beverly.

MS. ROBERTS: Thank you. I really appreciate the data and that there was information on the 0 to 21 and Private Duty Nursing (PDN), so thank you very much for that.

A quick question. When you just said about the 75 percent, 25 percent with Qualified Income Trusts (QITs), where would people living in assisted living fit in there?

MR. ARYE: They're in the home and community-based services (HCBS).

MS. ROBERTS: But in terms of QIT, do you think that they would be lumped in with the 75 percent?

MR. ARYE: No. They're in the 25 percent because that's part of the HCBS.

MS. ROBERTS: Okay. But you don't know percentage-wise how many there are?

MR. ARYE: No, we don't.

MS. ROBERTS: Okay.

DR. SPITALNIK: Mary.
MS. COOGAN: I just want to thank Lowell. I think I've learned a lot from you. And have fun in Disney.
DR. SPITALNIK: Other comments or questions? From the public?
Yes, Gwen.
MS. ORLOWSKI: Hi. Gwen Orlowski, Central Jersey Legal Services. I'm going to echo, but first of all, thank you, Lowell, for all of your service and all of your really hard work on MLTSS. It's very much appreciated. So thank you.
I have a question on private duty nursing. I don't know if you want to go back to those slides.
DR. SPITALNIK: It's 0 to 64 old MLTSS population?
MS. ORLOWSKI: Right. So the question I have goes to both slides. When you're talking about the percentage and number of people 0 to 64 getting private duty nursing services, are you distinguishing between those who are getting Early and Periodic Screening, Diagnosis and Treatment (EPSDT) private duty nursing versus private duty nursing MLTSS?
MR. ARYE: No. EPSDT has nothing to do with this. We are not talking at all about EPSDT. This is

just folks who are in -- EPSDT is a state plan service. We're only looking at people who are in need of private duty nursing because they're in the MLTSS world.
MS. ORLOWSKI: I just want to make sure I understand. So I'm going follow-up on that. So in the numbers that you gave in this presentation, there are people 0 to 64 who are on MLTSS who are getting private duty nursing. Some subset of those people are under the age of 21?
MR. ARYE: Correct.
MS. ORLOWSKI: You're not breaking -- when I read the PDN waiver service, it says people under 21 have to first maximize EPSDT to before they get MLTSS.
MR. ARYE: Right.
MS. ORLOWSKI: So I'm trying to understand where those people are and how they're reflected in these numbers.
MR. ARYE: They're not. They're completely outside. If they need other MLTSS services in their level of care, they'll get it. But if they're needing PDN, it's under EPSDT under the State Plan?
DR. SPITALNIK: I want to comment on Gwen's point. And we're so appreciative of the data that's been generated, but I think one of the next generation of issues about the data is the shift, the rebalancing

and finance is extremely important, but we also need to drill down to the numbers of people and where people are getting services because of the concerns about issues like private duty nursing. So I realize that there are limitations in the way the data is presented. But I think going forward, we also have to look to shaping questions based on the types of services people need and then how the funding supports that. So we are greatly appreciative of this, but trying to understand the private duty nursing issue independent of payment and similar issues that were raised last time about 0 to 64, I think it's our next generation of data questions for the Division as a whole and for the Department as a whole.
Other questions for this part of the presentation?
Lowell, thank you so much. And we'll turn to Maribeth. And if Maribeth's presentation raises questions that we want to re-raise, Lowell, I know he'll be happy to respond.
MR. ARYE: Always.
DR. SPITALNIK: Maribeth Robenolt, welcome.
MS. ROBENOLT: Thank you.
Good morning, everyone. What I'm going to present to you is the information -- the first three

slides are information that is reported by the managed care organizations (MCOs). This is self-reporting by the MCOs.
(Presentation by Ms. Robenolt.)
(Slide presentations conducted at Medical Assistance Advisory Council meetings are available for viewing at http://www.state.nj.us/humanservices/dmahs/boards/maac/.)
DR. SPITALNIK: Thank you so much, Maribeth. Questions from the MAAC?
Hearing or seeing none, questions from the public?
Gwen.
MS. ORLOWSKI: Hello again, Gwen Orlowski, Central Jersey Legal Services.
First of all, thank you very much. This is really, really critical data. I think data that we've all been looking forward to since the get-go. I cannot process it all in the course of that presentation, but I have a couple of general comments. And I certainly would welcome the opportunity once I can digest it to perhaps give a little bit more feedback.
The first thing is, while this is excellent, a couple of times advocates have noted that the really critical data from our perspective on appeals and fair

hearings is what happened in the first six months of the implementation of MLTSS from July 1 to December 31, 2014. The reason for that is that every single person who transitioned from the waivers to MLTSS had to be assessed in that period. So we think that probably those numbers might show higher appeals, fair hearings, than that which came after. But I understand you worked excellently with what you had.

The second sort of general observation. And this is not just myself. I've talked to other advocates about this. We're a little bit concerned that to the extent people are encouraged to either withdraw their appeal or their fair hearing, that that isn't being represented in the data. And so just thinking prospectively how we make sure we capture people who filed a fair hearing, then there was a resolution, is that really being captured, or they filed an appeal?

MS. ROBENOLT: The data I presented here was all the fair hearings that were filed. Many of those were withdrawn, of the stats provided.

MS. ORLOWSKI: Okay. Great. Thank you. That will be helpful.

Then just one last brief overview comment. I'm a little bit surprised to see how few of the Stage

1 appeals and document stage 2 and then I guess to a certain extent I'd be interested to know how many of those Stage 2 that are upheld and up in fair hearing. One of my concerns as a really long-term legal services attorney is that every time my clients have to take an action, they have to appeal something, they have to fill out another form, they have to make another telephone call and they're told no in response, they're less likely to go to that next step. When you have a lot of stages in New Jersey, potentially three stages of appeal in a fair hearing as one of the things that I know that the proposed federal regulations are going to look at, and I just think we need to think about how many times we're saying to people come back and ask again, come back and ask again. And these statistics, just quickly seeing them, seems to support that anecdotal experience that I've had.

Thank you.

DR. SPITALNIK: Thank you.

Yes.

MS. SAIDEL: Sue Saidel, Disability Rights New Jersey.

I just have a few questions about whether you have additional data with a breakdown from the individual MCOs so we that can see if one MCO is more

problematic than others in terms of appeals.

Also, I'm not sure if Gwen mentioned this, but the results of Stage 1 and Stage 2 appeals, and that also broken down by MCO, which would be very, very useful information, I think, to see.

DR. SPITALNIK: Thank you.

Kevin.

MR. CASEY: Just a quick question. What is the process that we go through to make sure individuals and families know they have a right to appeal in the first place? And how do we get information about what the appeal process is? And is there any assistance available for families and individuals filing their appeals and things of that nature?

MS. ROBENOLT: The perfect segue into our next presenter.

MR. CASEY: I was glad to do it.

DR. SPITALNIK: Thank you, Maribeth.

Thank you, Kevin. That brings us to Carol Grant's presentation on appeals and grievances. Carol is the Chief of the Office of Managed Health Care in the Division of Medical Assistance and Health Services.

MS. GRANT: I'm going to just go through some numbers. Our presentation on the acute side of NJ FamilyCare. It is not as detailed as Maribeth's,

but we're going to try to do some better visuals for future meetings, but I really want to go through some of the numbers that we have. We have complaints in both quality offices. There is an MLTSS Office of Quality and Monitoring and we have an Office of Quality Assurance that handles the other side, with the bulk of our managed care members actually being dealt with by that office. They have their own complaint tracking database, and this is what has been recorded for the quarter that's reported to you. We are actually re-constructing some of our reporting, taking some of the provider information out of the tables that we use. And so by the next MAAC, we will probably have more than one quarter that we'll be able to report on.

(Presentation by Ms. Grant.)

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

DR. SPITALNIK: Carol, thank you so much, in particular, your last point about the focus on the people who are being served. We recognize that and deeply appreciate it.

Questions or comments?

MR. WHITMAN: Carol, when I look at

dissatisfaction with dental services, has that been broken down into categories?

MS. GRANT: We have not, it's a large number.

DR. WHITMAN: And when you say that the member gets a handbook, I must tell you that my average patient does not read that handbook, so that I don't think they really understand the process. And I think certainly many of the members have sometimes unreasonable expectations of what NJ FamilyCare is, and certainly as it relates to dental. But many times there are services that are denied that really should be approved. I think it's a combination of both the MCO and the patients for more education on what's right and what's fair.

MS. GRANT: Thank you. I think that's a fair comment. I know that we do provide some additional information for individuals with I/DD, a sort of making managed care work for you guide. I think we updated the "Making Managed Care Work for You" guide a couple of years ago. But your points are valid and we will definitely take them back and see what we can do.

MS. ROBERTS: Thank you very much. Two quick questions.

The data that you provided, is that for the first quarter?

MS. GRANT: It is.

MS. ROBERTS: So perhaps now that 2015 is over, if you could provide something for all of 2015?

MS. GRANT: We changed some of the reporting. We didn't have it ready at the time.

MS. ROBERTS: That would be terrific. And then my next question is: The Office of Quality Assurance (OQA) has been very helpful for the people who knew to contact them and say that they had a problem, et cetera. Is it acceptable to have the information on how to reach OQA disseminated for people in general?

MS. GRANT: You know, we've talked about it a lot, and we have to make sure we have the band width for 1.4 million members to contact us.

MS. ROBERTS: They're not all going to contact you on the same day.

MS. GRANT: That's true. It's a fair question. I think we really have to figure out how would we do it so that we don't get so overwhelmed. You know, every time somebody calls us, we get involved and engaged and we work at that problem until it is resolved. We track providers leaving because we want

to make sure that every member by name has a home to go to if they lose a provider. I just want to make sure we can do it without being unrealistic.

MS. ROBERTS: I know what OQA has meant for the people that I know who have contacted them, and plus for myself when I've contacted them on behalf of a family. They're very helpful.

MS. GRANT: Thank you. I'll certainly share that with them and they'll appreciate that because they work very had. They're nurses with velvet gloves and steel-tip boots.

DR. SPITALNIK: Any other comments?

Any comments from the public?

Gwen.

MS. ORLOWSKI: Thank you so much. Gwen Orlowski, Central Jersey Legal Services. Thank you so much.

First of all, I want to say just kudos to both of the quality offices. They really have been excellent and responsive. I rely on them a lot and I'm deeply appreciative, so thank you, particularly on behalf of the clients that I serve. Ultimately, it ends up making it a better experience for them.

Two quick comments. One is there's still a problem with Notice of Actions. They're not always

being served, they're not being served in a timely way necessarily. I'm particularly seeing a problem for people who are having level of service changes in nursing homes that they also require a Notice under the Medicaid law 10 days in advance. This is not happening in my limited anecdotal experience. And the language of the Notices still to me, in some cases, look more like utilization management notices as opposed to a Medicaid Notice of Action. I know this is a really hard thing. The federal law requires a lot. And all that has to be done on a meeting level that is accessible to folks. I'd be happy to talk to you about it, but other states like Wisconsin, by way of example, have much more simplified Notices than New Jersey that work, I think a little bit better.

MS. GRANT: I'd be happy to have you share that with us.

MS. ORLOWSKI: The other thing is I really appreciate the site now that has the final agency decisions. In the old days, we also had initial agency decisions. I haven't checked it recently, but it would be great if we could have both there, because frequently it's that initial agency decision where you see the details of the case and the finding the Administrative Law Judge (ALJ) made, which obviously

matters to the application of law in the final agency decision.

MS. GRANT: We'll take it back.

MS. ORLOWSKI: Thank you.

DR. SPITALNIK: Thank you.

Joe.

MR. MANGER: Joe Manger with Horizon Blue Cross Blue Shield of New Jersey.

Thank you so much. The stats are really helpful. I want to echo what you said, and I hear Gwen saying it too, it's a very complicated process.

MS. GRANT: It is.

MR. MANGER: As the regulated industry -- strictly just talking for Horizon right now. We struggle with this every day; how would we best communicate. And as Dr. Whitman notes, there's something in the handbook. We put it in the newspaper every year. It doesn't mean anybody reads it. And I think the Division has done an excellent job of Notices of Action. But with due respect -- and I've raised it too -- I don't understand the Notices. So it's time for us to all get together. Gwen, I like what you're saying about maybe Wisconsin, but at Horizon, we always like a one-pager that said, this is what we're doing, this what you should do -- basically health literacy

has to come back into it. With regard to the Notices now, a ton of calls are going to the Department of Banking and Insurance (DOBI), a ton are going into fair hearing. But what I'm seeing is there's less folks taking advantage of the three-stage appeal process which avails them right to the process, which, to me, is a big concern. If we could maybe sit down and work together to come up with a Notice that isn't six pages long, which is what it is now. Six pages. So we've got to do it a little better.

MS. HARR: Let me jump in. Joshua Spielberg is not here, but we worked with Josh Spielberg on revising the Notices. So I think that if we want to revisit them, then we need to pull Josh in and other folks, because the changes were made at the request of Legal Services.

MS. GRANT: That's true. The thing is, though, again, nothing stays the same. So as an issue is worked out in the field, maybe this is an appropriate time to say we think they can even be tweaked even better than what they are now.

MR. MANGER: Carol, if I could just add, what we're seeing in the data, and I watch it very closely, there's definitely a huge increase, which is a good thing. And you're probably surprised to hear

health plans say that, but members are taking advantage of using their rights which is what we really want. We don't just do health care, we also look out for people's well-being. So we do see a wide variety of people, so I think the Notices have done a really good job of getting the word out. But I think, as the gentleman said over here, where do I call? What do I do first? And I think now that we've educated folks, I think we can work together to steer members towards the right decision for them. It's not for the health plan to decide, it's not for anyone else to decide, but the member or their representative.

DR. SPITALNIK: Thank you.

Kevin Casey.

MR. CASEY: Just a quick suggestion on this. You might look at trying some literacy reviews of some of the documents you're putting out. You can get a pretty good literacy review that will tell you what reading level the document has and that kind of thing. You might want to look at that, too.

DR. SPITALNIK: It's a good suggestion. Although in the work that we've done with Medicaid, like "Making Managed Care Work for You", the minute you add a word like cardiologist, the literacy level sort of jumps. So there are a lot of challenges, but it

does sound like it's timely to re-think both the content of the Notices and their acceptability to everyone.

MR. CASEY: So we describe the person as a heart doctor in the documentation as opposed to a cardiologist.

MS. GRANT: I think these are really very good suggestions.

DR. SPITALNIK: Anything else on appeals and grievances?

Thank you. And, Carol, a further topic, we'll ask you to give us an informational update on the dual integration.

MS. GRANT: Before we start doing the duals, I think one of the things I was going to give you also was an update on our July 15th contract. I'm really pleased that we have finally been notified by the Centers for Medicare and Medicaid Services (CMS) that they have no further comments, questions, or change requests to that July 15th contract. However, the CMS central office continues their analysis of capitation rate development processes used not only by New Jersey but other states. And there's a possibility of future questions in that regard that could result in a rate adjustment by the period covered by this amended

contract. However, this is a State contract. We're forwarding it to the health plans. And we're going to be behave as we normally do, in terms of sharing information and other contractual-related information. I think a lot of this is an increased scrutiny and eye on the new regulations that are proposed and making sure that states have a transparent and actuarially-sound process. And we're working with CMS to get the contract finally done. We apologize for the hold-up. We normally don't post the contract to the website until it's actually finally approved. Otherwise, it's an issue if CMS wants some changes. And in the past, they've made some tweaks that have been very good. So I think this is good news. At least it feels like we're moving forward, which is good.

DR. SPITALNIK: Carol, thank you.

Are there any questions about the contract from MAAC or from the audience?

Thank you for that, for letting us know that information. And now we look at dual integration thank you.

(Presentation by Ms. Grant.)

(Slide presentations conducted at Medical Assistance Advisory Council meetings are

available for viewing at http://www.state.nj.us /humanservices/dmahs/boards/maac/.)

DR. SPITALNIK: Carol, thank you so much.

Any questions or comments about the Dual Eligible Special Needs Plans (D-SNPs)?

Beverly.

MS. ROBERTS: Thank you very much, Carol. Right now there is a voluntary enrollment into D-SNP. Is it the expectation that it will stay as a voluntary enrollment?

MS. GRANT: I think for the time being, yes.

DR. SPITALNIK: Thank you.

Other questions about dual integration?

Carol, thank you so much for your information on those three areas.

We'll now look at the Comprehensive Medicaid Waiver (CMW) renewal and evaluation. And I'll turn to Director Harr.

MS. HARR: Thank you. Just to work backwards, our Medicaid 1115 waiver (CMW) expires June 2017. The renewal application is due to CMS a year advance, so June 2016. So that is six months away, just to put that into context.

So what have we been doing to prepare? So for the past few months we have been meeting internally

with our staff and with people like Liz Manley and Ruby Goyal-Carkeek at CSOC and other individuals in other divisions in our department, or even other departments, in looking at mostly with those agencies that are responsible for an aspect of the CMW and brainstorming with them about is there anything that you want to change. This is a renewal, so we're expecting that we will renew what's in the CMW today, but we may want to make modification or add new initiatives. So we've been conducting those sessions to this point.

So what's next? We're a little behind the timeline here. I was touching base with Meghan Davey. Meghan and her staff is leading this effort in developing the renewal. So I still haven't seen a draft of the concept paper, so I would expect in the next few weeks that I'll have a draft. And what I'm proposing is that we would share the concept paper with the MAAC electronically. I think we'll probably post the concept paper on our website for public comment, as well, and have an e-mail box created to take feedback, but certainly want to make sure that the MAAC has it and provided an opportunity to provide feedback. Once we have all of the feedback on the concept paper, we'll make any modifications and we'll submit the concept paper to CMS. And when we reconvene with the MAAC, we

could share the final concept paper with the MAAC.

So after that point, once we have the concept paper shared with CMS and get their feedback, we will begin to prepare the full renewal application. And we will provide Public Notice of that intent application on May 1st. And again, the renewal must be to CMS by June 30, 2016.

From July 2016 to June 2017, we expect to be working with CMS closely negotiating the Special Terms and Conditions (STCs), developing the budget neutrality with a target approval date of June 30, 2017. That's the expiration of the current Waiver.

We were also asked at the last MAAC about questions about the Waiver evaluation. The draft evaluation report is due July 1, 2016, or with a Waiver renewal application. The final Waiver evaluation report is due 60 days after CMS comments. And the draft final evaluation report is due July 1, 2017. So the report is due 60 days after CMS comments.

DR. SPITALNIK: Thank you. On behalf of the MAAC, we are appreciative of the opportunity to comment in the development of the Comprehensive Medicaid Waiver. Originally, the MAAC served as an important vehicle for stakeholder input both from the MAAC and from the community at-large. So we welcome the

opportunity.

Other comments or questions from the MAAC?

From the community?

Thank you very much.

We turn to you again for the update on NJ FamilyCare.

MS. HARR: These are similar slides with some updated numbers, and I'll try to move quickly through these.

(Presentation by Ms. Harr.)

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

DR. SPITALNIK: Thank you.

Any questions from MAAC?

Mary.

MS. COOGAN: I have a comment and a question.

There was a report just recently published by the Georgetown University Center of Children and Families and the National Council of La Raza commending the reduction in the numbers of uninsured Hispanic children, and New Jersey is one of a handful of states that is actually below the national average, which I

think goes to all the efforts of the Department but also a lot of people in this room. I look at Carol Grant and Heidi Smith who says there's no one answer, there's no one answer to finding all the kids. So I have to say New Jersey's had a public-private partnership for a long time, and everybody in this room and those who are not who have worked on trying to find the uninsured, I think everybody should pat themselves on the back. Congratulations.

DR. SPITALNIK: Thank you.

MS. COOGAN: My other question, I guess, with the 76 percent denied for failure to respond, I do recall, and having looked at this for so long, there was a time when we had this issue and the health plans assisted in doing the reach-out.

MS. HARR: Yes, they are.

MS. COOGAN: Are they having any better luck in terms of encouraging people to get a little bit more proactive in filling out the paperwork?

DR. SPITALNIK: We'll put that on the agenda for next time.

Wayne.

MR. VIVIAN: Of the people that are denied for failure to respond, are they allowed eventually to re-apply?

MS. HARR: Yes.

MR. VIVIAN: My only concern about that is, I mean, I don't want to point fingers at the local offices, the County Medicaid offices, but sometimes they drag their feet, too. And they're not always as timely and as responsive as they need to be, as well. I wonder how many people may be denied because of some action that may or may not be happening at the local offices. When you go do your Medicaid review, your Medicaid re-application. It's not always easy.

I take a lot of our consumers into that process. And, you know, you may fail to bring one paper or one thing, and all of sudden you'll be denied and have to start the whole process all over again. And it really can be very intimidating to people to have to go through this process. So I wonder how efficient the local offices are and what their role may be in some of this.

MS. HARR: These cases, these were handled by the Health Benefits Coordinator (HBC). But I understand what you're saying in terms of county welfare agencies (CWAs). We've been working very closely with them to try to make improvements. And we have been trying to streamline as many things as we can in terms of verification. And reinforcing the federal

requirement that they should do an automatic redetermination if the data is available.

So your points are all valid and we've been trying to make improvements. And the counties have been working collaboratively with us to do that, as well.

DR. SPITALNIK: Thank you.

Anyone else?

Anyone audience?

Yes, Paul.

MR. BLAUSTEIN: Paul Blaustein.

I'm trying to reconcile some numbers that you gave out, Valerie. When you showed the NJ FamilyCare slide you had an increase to covered population of 434,000. But then when you went down to total expansion, expanded population, you have 517. I'm trying to get the meaning of the 434 and the meaning of the 517. The 434 is clearly the difference between the population that you showed covered on December 2013 versus December 2015. I don't really understand --

MS. HARR: I'll go back and verify it. I think is net increase with the entire NJ FamilyCare.

MR. BLAUSTEIN: My next question is does that imply that the non-expansion population actually

declined by that much? And what was the reason for that decline?

MS. HARR: Meghan?

MS. MEGHAN DAVEY: This number is the number of childless adults that increased, but we had parents that were covered prior, which are part of the expansion population, so that would be the difference. It's about a hundred thousand.

DR. SPITALNIK: But isn't there a national trend somewhat as the economy has gotten somewhat better that there has been some decreases in people who had previously --

MS. HARR: That is what happens.

MR. VIVIAN: I don't know. That number is really high, that's the only reason I'm kind of dwelling on this. Maybe also people didn't get any benefit from it. Maybe they never used their services or never needed the insurance, they weren't ill or something and they figured, well, I'm not just not going to bother.

MS. HARR: Right. And so that's what I was saying. So I think the question is assuming they file taxes -- I've been trying to play this out and think this through. Assuming they file taxes, what happens, they file taxes and they'll either need to pay a tax

penalty; or if they appear to be eligible, they would be able to come back in and re-apply. And of course, I think most people, if there's no cost sharing in Medicaid in New Jersey, I'm expecting some of them to come back or they're no longer eligible. I think for folks that are eligible for Medicaid, I don't know why they would pay a penalty and --

MR. VIVIAN: Maybe people just don't understand how important it is. I don't know.

DR. SPITALNIK: Other comments?

Comments from the public?

Thank you so much.

And now we turn to Dr. Lind for a continued update on provider credentialing.

DR. LIND: Good afternoon. I just wanted to provide an update on our credentialing process. We're very excited, actually. We have a contractor, Molina Medicaid Solutions, and a subcontractor, Aperture, who is going to handle our credentialing function. And we have begun presenting a rollout plan to our stakeholders. And we're now in the process of incorporating feedback we've received with both Molina and with Aperture. We're, in parallel, assembling a skeleton of what will be the new credentialing system. We have begun the interface. We have an interface

already existing with Molina, and we have now developed another interface between Molina and Aperture.

Aperture is National Committee for Quality Assurance (NCQA) accredited and will be performing the function as a closed box. Molina will be incorporating their data with Aperture. And the process of data transfer has already begun. We're beginning our fee-for-service data transfer over into what will be the new system. And if acceptable at the April MAAC meeting, I'd like to present a more comprehensive presentation of what the new system will look like and what it's going to be able to perform and what it's going to look like to providers. If that's okay with the members of the MAAC, I'd like to request a larger chunk of time to be able to present that in detail.

DR. SPITALNIK: Thank you.

Any other questions at this point?

Any other questions.

Thank you. We'll look forward to that.

We've come to the end of the formal agenda. Was there anything that anyone on the MAAC wanted to add at this point?

We always work to set the agenda for the next meeting at least, according to my notes, that we would like to have more discussion about people with

the dual diagnosis and developmental disabilities and mental health issues.

We wanted to hear the data, all of the FY '15 data from the Office of Quality Assurance.

We will also spend a considerable portion of our agenda reviewing the concept paper for the renewal of the Comprehensive Medicaid Waiver, both the MAAC and members of the public.

The issue of redeterminations and failure to respond and we will devote a significant portion of the agenda to a comprehensive presentation on the new credentialing system.

Are there other things that people would like to add?

Yes, Theresa?

MS. EDELSTEIN: Just a question. Is it reasonable to think that by April we might know who our new transportation broker is going to be?

MS. HARR: I'll give an update.

DR. SPITALNIK: The question was would it be known who the new transportation broker is. The response was we're not sure but that we will provide an update on the transportation broker.

Any other additional items?

Beverly?

MS. ROBERTS: Could we invite Liz Shea to give an update on The Supports Waiver?

DR. SPITALNIK: Okay.

And I wanted to thank you -- the Division and the Department-- for the amount of information, and particularly the concern about individual members that's reflected. I do, however, want to suggest that the presentation of data reflect both numbers of people and what percentage of the population being served that the numbers represent. I think that would be helpful metrics, and I think there may be more streamlined ways of presenting the considerable amount of information that's presented.

Anything else.

Yes?

UNIDENTIFIED SPEAKER: How about the reimbursement increases from the task force, or whatever group was going to be working on that?

DR. SPITALNIK: I'm not sure what you're referring to.

MR. VIVIAN: The details of the reimbursement.

DR. SPITALNIK: In what?

UNIDENTIFIED SPEAKER: For the Medicaid population that the Governor has just --

DR. SPITALNIK: For behavioral health?

UNIDENTIFIED SPEAKER: Yes.

DR. SPITALNIK: That was what I was trying to clarify. We'll hope Valerie Mielke will join us and talk about the reimbursement rates.

Kevin.

MR. CASEY: Two things. I really would like to see the MAAC continue to pay attention to and discuss grievance and appeal process. It might be helpful to invite the Division of Developmental Disabilities (DDD) and the Division of Mental Health and Addictions Services (DMHAS) and the Department of Children and Families (DCF) to come and present some of their grievance processes too so we can get some feel for that.

The second, I think I'd like the MAAC to start to look at the issue, in particular in the developmental disabilities system, but I think in other human service systems too, of staff salaries. For provider staff, we're at a level of crisis on that issue. We have providers reporting that they're having 25 and 30 and 35 percent staff vacancies, and these are Medicaid programs.

DR. SPITALNIK: Okay. Let's figure out how to appropriately structure that. I think we're not

going to make a commitment to that in the April meeting, particularly given the time constraints of responding to the Comprehensive Medicaid Waiver. Thank you.

Yes?

MS. LIEBMAN: Evelyn Liebman, AARP.

I just wanted to follow-up on a suggestion and comment Valerie made at one of the last meetings. We, too, appreciated the Governor's support for the Medicaid Accountable Care Organization (ACO) demonstration project. And, Valerie, you had suggested that perhaps we bring representatives here to the MAAC to give an update on the work that they're doing. I know that this is the year to put gain-sharing plans out for public comment, so perhaps we could have that on the next agenda.

MS. HARR: They're scheduled.

DR. SPITALNIK: Thank you.

Seeing no other hands, do I have a motion to adjourn?

MS. ROBERTS: Motion to adjourn.

MS. COOGAN: Second.

DR. SPITALNIK: All those favor?

MAAC MEMBERS: Aye.

DR. SPITALNIK: Thank you all. Take good

care this weekend, and we look forward to seeing you at the meeting on April 20th.

(Meeting adjourned at 12:25 p.m.)

CERTIFICATION

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

Lisa C. Bradley, CCR
The Scribe

Date: June 1, 2016