1 MEDICAL ASSISTANCE ADVISORY COUNCIL MEETING 2 Via Zoom Videoconference 3 January 27, 2022 10:00 a.m. 4 FINAL MEETING SUMMARY 5 6 7 MEMBERS PRESENT: 8 Deborah Spitalnik, Ph.D., Chair Mary Pat Angelini 9 Sherl Brand Chrissy Buteas 10 Mary Coogan Theresa Edelstein 11 Beverly Roberts Wayne Vivian 12 13 MEMBERS NOT PRESENT: 14 Dot Libman 15 16 ALSO PRESENT: 17 Jennifer Langer Jacobs, Acting Commissioner Greg Woods, Chief Innovation Officer, Division of Medical Assistance & Health Services 18 19 20 Transcriber, Lisa C. Bradley THE SCRIBE 21 6 David Drive Ewing, New Jersey 08638 22 (609) 203-1871 The1scribe@gmail.com 23 24 Slide presentations conducted at Medical Assistance Advisory Council meetings are available for viewing at 25 http://www.state.nj.us/humanservices/dmahs/boards/maac/

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1	DR. SPITALNIK: Good morning. I'm Deborah	1	virtual environment is that the MAAC members, after
2	Spitalnik, the Chair of the Medical Assistance Advisory	2	presentation, can unmute and ask a question. If
3	Council (MAAC), and it is my pleasure to welcome you to	3	members of the public would like to pose a question,
4	our first meeting of 2022. Today is January 27th.	4	you can put that in the Question and Answer box at the
5	In keeping with the New Jersey Open Public Meetings	5	bottom of your screen. And if it's not something that
6	Act, notice has been posted of this meeting as well as	6	can be responded to, I want to assure everyone that all
7	the meetings for the rest of calendar year 2022. We	7	of those questions are gathered at the end of the meeting for DMAHS.
8	will convene again on Thursday, April 28, 2022;	8	-
9	Thursday, July 28, 2022; and Thursday, October 27,	9	I want to review our agenda for today and we
10	2022.	10	will be able to move to approval of the minutes. We
11	What I will now do is first ask the members	11	will have an NJ FamilyCare updates, federal policy
12	of the MAAC to unmute themselves. I'll just call three	12	implementation report, COVID-19 updates, a wrap-up and
13	names, and then just please go in sequence and, of	13	a retrospective look at 2021 as we look forward this
14	course, our leadership from the Division of Medical	14	year. And in that spirit, we will be planning for the
15	Assistance and Health Services (DMAHS). I will then	15	next meeting at the end of the meeting.
16	review the agenda. And so I turn to our colleagues and	16	I do want to acknowledge a public comment
17	members, Mary Pat, Chrissy, Mary Coogan, would you	17	that came from the New Jersey Independent Living
18	start us off, please?	18	Council that has asked the MAAC to speak to and
19	MS. ANGELINI: Good morning everyone, Mary	19	address, the implementation of new legislation that
20	Pat Angelini, I'm the CEO of Preferred Behavioral	20	changes some aspects of the WorkAbility Program. I
21	Health Group and former Assemblywoman.	21	have referred that to DMAHS, and the MAAC members will
22	DR. SPITALNIK: Thank you.	22	all receive a copy of that right after this meeting,
23	MS. COOGAN: Good morning. Mary Coogan, I'm	23	and then we will ensure that it's on the agenda to
24	with Advocates for Children of New Jersey.	24	whatever extent it can be elaborated at our next
25	DR. SPITALNIK: Chrissy.	25	meeting. And I want to thank Norm Smith as Chair of
	3		5
1.	-		
1	MS. BUTEAS: Good morning. I'm Chrissy	1	the State Independent Living Council and all their
2	MS. BUTEAS: Good morning. I'm Chrissy Buteas with NJBIA (New Jersey Business and Industry	2	members for raising this important issue.
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1	Abstentions?	1	As I mentioned, we are still under a Federal
2	Hearing none.	2	Public Health Emergency. The federal government
3	The minutes are approved.	3	recently extended that. When the Federal Public Health
4	Thank you, colleagues. Thank you, Phyllis	4	Emergency ends we would expect this growth trend to
5	Melendez for overseeing that process and to Lisa	5	probably begin reversing itself. However, as with all
6	Bradley who's been so important as well the other DMAHS	6	things pandemic, there's a lot of uncertainty here so
7	staff.	7	that's a bit speculative, but that would be our
8	We now turn to the substantive portions of	8	expectation.
9	our meeting. And I am delighted to introduce Greg	9	I'll stop there. I know, Dr. Spitalnik, you
10	Woods. Greg is the Chief Innovation Officer of the	10	wanted to do some questions here before we moved on to
11	Division of Medical Assistance and Health Services.	11	the next section of the presentation.
12	His run of presentations will start with NJ	12	DR. SPITALNIK: Thank you so much and thank
13	FamilyCare updates. We'll take questions at the end of	13	you for this graphic; it's very helpful. Do any of the
14	that update before we move into his other	14	members of the MAAC have questions or comments about
15	presentations.	15	the enrollment update?
16	Welcome and good morning, Greg.	16	Hearing none and seeing none in the chat,
17	MR. WOODS: Thank you, Dr. Spitalnik. And	17	thank you.
18	good morning, everyone.	18	Greg, I'll turn to you for federal policy
19	So I wanted to start by briefly providing	19	implementation presentation.
20	our usual update on NJ FamilyCare enrollment. And this	20	And I should have said at the beginning, but
21	is a graph that I think will be familiar to those of	21	I just want to remind everyone that after the meeting,
22	you who have been on previous MAAC meetings; we've	22	the slide presentation is posted on the DMAHS website
23	shown a version of this several times, but did want to	23	at: https://www.state.nj.us/humanservices/dmahs/
24	just provide an update.	24	boards/maac/. Thank you.
25	As the graph that you see shows, our	25	Greg.
	7		9
1	7 enrollment has continued to increase. We are as of	1	9 MR. WOODS: Thank you.
1	enrollment has continued to increase. We are as of	1	MR. WOODS: Thank you.
2	enrollment has continued to increase. We are as of December, which is the last full month, at around	2	MR. WOODS: Thank you. So turning now to federal policy
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	10		12
1	part of this presentation, we had identified some of	1	proposal. It's a long document, I know, but when it is
2	the major themes of our demonstration renewal. I'm	2	posted, please just scroll down. I want to make sure
3	just going to quickly touch on a couple of those.	3	that everyone who did comment takes the time to
4	One, just maintaining momentum on our	4	actually look at those responses.
5	existing demonstration elements, which includes various	5	I just want to say, we got a tremendous
6	refinements and updates to existing program elements.	6	amount of helpful feedback from stakeholders and from
7	Number two, expanding our ability to serve the whole	7	the public. And we spent much of the last several
8	person. And in particular here, we're focusing on	8	months really looking at that feedback closely,
9	integration of physical and behavioral health needs and	9	thinking through the comments, and in many cases either
10	addressing the social determinants of health with a	10	updating or at least clarifying our proposal in
11	particular focus on housing-related issues. And number	11	response to those comments. So we really do encourage
12	three, serving our community the best way possible,	12	you to look closely at our responses because we take
13	which includes addressing access, quality of maternity	13	these comments very seriously, and I think reading our
14	care, and more broadly addressing inequities in access	14	responses will give you a good sense about how we're
15	and outcomes among our beneficiaries with particular	15	thinking about some of the major issues. Even in cases
16	focus on historically marginalized or otherwise	16	where we may have not made a specific change to our
17	vulnerable communities.	17	proposal, I think it really provides valuable
18	So having received comments both in writing	18	information about how we're thinking about those areas
19	and verbally on our draft proposal, our next step is to	19	moving forward.
20	submit our final renewal application to our federal	20	So I also want to say that most of the core
21	partners at the Centers for Medicare and Medicaid	21	elements of our draft proposal we expect will be
22	Services (CMS). This final submission is undergoing	22	retained in our final proposal. As I said, we got
23	the final stages of review. We had hoped it would have	23	many, many helpful comments, and we've updated the
24	been submitted by today's meeting. We're not quite	24	proposal in a bunch of different ways. But we do think
25	there yet, however, I think we are very, very close, so	25	the basic bones of what we're submitting are going tobe
	11		13
1	place stay tuned on that front	1	similar to the draft proposals that we shared in
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2	Once we submit and our federal partners	2	September, the core things that we want to pursue
2 3	Once we submit and our federal partners confirm that our submission is complete meets all of	2 3	September, the core things that we want to pursue again, you know, finding and improving existing
2	Once we submit and our federal partners confirm that our submission is complete meets all of their requirements, there will be a second public	2	September, the core things that we want to pursue again, you know, finding and improving existing programs, innovating and addressing housing and other
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2 3 4 5	Once we submit and our federal partners confirm that our submission is complete meets all of their requirements, there will be a second public comment period. And this is what they call a federal	2 3 4 5	September, the core things that we want to pursue again, you know, finding and improving existing programs, innovating and addressing housing and other
2 3 4 5 6	Once we submit and our federal partners confirm that our submission is complete meets all of their requirements, there will be a second public comment period. And this is what they call a federal public comment period. The first one was a state	2 3 4 5 6	September, the core things that we want to pursue again, you know, finding and improving existing programs, innovating and addressing housing and other determinants of health, integrating behavioral and physical health, improving access and quality of
2 3 4 5 6 7	Once we submit and our federal partners confirm that our submission is complete meets all of their requirements, there will be a second public comment period. And this is what they call a federal public comment period. The first one was a state public comment period. So before, we were requesting	2 3 4 5 6 7	September, the core things that we want to pursue again, you know, finding and improving existing programs, innovating and addressing housing and other determinants of health, integrating behavioral and physical health, improving access and quality of maternity care, addressing disparities. These things
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25 that section of the proposal to really reinforce that 25 as well with the MAAC, as a reminder, under the	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	program. And that's, again, in direct response to some comments that we received that were very helpful. A third thing I wanted to flag, one question or concern we got from several different commenters was around our proposals on housing, specifically, how our proposal which, as a reminder, our draft proposal incorporate housing-related benefits into our managed care package of benefits how that would interact with the work that's already being done in that space by community-based organizations, by those already on the ground doing housing-related work. And I want to say it was never our intent that under our proposal that Managed Care Organizations(MCOs) would duplicate or supplant existing activities that are already taking place in our communities. The intent really was that our MCOs would support and facilitate access to housing-related services for their members, relying heavily on those existing resources and organizations. So really supporting, supplanting, but not in any way duplicating or replacing what already exists. And we got several comments, and so I think we took that as a signal there was some we could have made that point more clearly and really made sure our proposal	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	MS. ROBERTS: Thank you. So, Greg, clearly, you didn't want to go into detail or couldn't go into detail at this point on the new proposal to implement 12 months of continuous eligibility. I would hope that people with disabilities would be part of this group. I don't know if you can make any further comment but, certainly, that would be wonderful if it is. MR. WOODS: I don't know that we're prepared to comment on specific groups today. But we appreciate that feedback, and I think we can circle back with you once we have the final proposal out. MS. ROBERTS: Thank you. DR. SPITALNIK: Thank you. Any other comments or questions at this point? Seeing and hearing none, thank you for that, Greg. And we'll turn to the other policy issue, the American Rescue Plan. Spitalnik. So I am now going to turn a different topic. This is the enhanced funding for home and community-based services that we received under the American Rescue Plan. So just to orient everyone to

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	18		20
1	American Rescue Plan (ARP), which was federal	1	three categories, and these categories reflect where
2	legislation enacted last year, that legislation	2	things stood, you know, 24 hours ago when we were
3	provided enhanced federal funding to all state Medicaid	3	finalizing this data. But I'll still go through them
4	programs for home and community-based services, but	4	because it provides helpful orientation on what the
5	required as a condition of accepting that money that	5	state of play is.
6	the State reinvest those dollars in strengthening or	6	So the first category is things where CMS
7	expanding services in this space. And so as part of	7	has approved the activity and have already as of today
8	the process of receiving those extra dollars, all	8	begun implementation. And as you'll see from the
9	states were required to submit a spend plan to CMS	9	slide, this primarily consist of provider rate
10	demonstrating that we were, in fact, reinvesting those	10	increases, including for personal care, support
11	dollars on appropriating Home and Community Based	11	coordination, and assisted living. The items in this
12	Services (HCBS) purposes and really expanding and	12	category total \$591 million, and that obviously
13	strengthening our HCBS programs.	13	represents the majority of our projected total spend
14	So as part of that process, we submitted a	14	plan expenditures. To be clear, that doesn't mean
15	spend plan back in July for about \$800 million worth of	15	\$591 million has gone out the door yet. That's an
16	total investments over the next several years, and that	16	ongoing process. But it does mean that all of these
17	spend plan is available on our website. I believe the	17	items are in place and those dollars are beginning to
18	link just got put in the chat, and it's also here in	18	flow out. So that's the first category. And as I
19	the slide when those are posted. So that is spend plan	19	said, that really does represent the largest lion's
20	we sent to CMS in July of 2021.	20	share of the total spent.
21	In September of 2021, CMS came back to us	21	The second category are activities that CMS
22	and granted us partial approval for that spend plan,	22	have approved as of yesterday but where we are still
23	which is to say they approved many of the items that	23	working on finalizing some of the implementation
24	were included, but not everything. And for those that	24	details, so they haven't gone live yet. In dollar
25	they didn't approve, they asked us for some additional	25	terms, this is a much smaller category, about
	19		21
1	information or clarification. We then subsequently	1	\$42 million. In general, I would say these are things
2	information or clarification. We then subsequently provided that and had a number of follow-up	2	\$42 million. In general, I would say these are things where it may be a bit more complex to implement than,
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1	DR. SPITALNIK: Thank you so much.	1	especially for the tremendous amount of work that
2	Members of the MAAC, any comments on either	2	underlies it.
3	the increased FMAP or that you thought of related to	3	We will now turn to Assistant Commissioner
4	the comprehensive waiver renewal?	4	Jennifer Jacobs, and we'll have COVID-19 updates, at
5	Hearing none.	5	which point we will open to questions and comments from
6	While stakeholders can only ask questions	6	the MAAC.
7	through the Question and Answer, the history of the	7	Assistant Commissioner, good morning.
8	Comprehensive Medicaid Waiver Renewal is posted on the	8	MS. JACOBS: Good morning, Dr. Spitalnik.
9	chat which you can access. And thank you Sam and Karen	9	Thank you so much. It is great to be with you all
10	for your help with this technology.	10	again today. We look forward to this opportunity.
11	There was a question about whether the final	11	This is a section we've had to add to our agenda for
12	draft is posted or whether that is a confidential	12	the last couple of years now, so a little outreach to
13	document to CMS.	13	you all to say, my goodness, I can't believe we've been
14	MR. WOODS: The 1115 submission to CMS? It	14	doing this for two years and thank you for all that you
15	is very much a public document and it will be posted.	15	are doing to help our community find our way through
16	DR. SPITALNIK: Okay. In what is submitted	16	this.
17	what is received back?	17	We have a number of updates for you today
18	MR. WOODS: I'm sorry, Dr. Spitalnik, the	18	related to COVID-19. The first one is about vaccine
19	question is?	19	counseling. You may have seen recent updates from our
20	DR. SPITALNIK: The question is what was	20	federal partners at CMS with respect to coverage of
21	sent to CMS that you are waiting to hear from, is that	21	vaccine counseling. As you know, people do often trust
22	a public document, or what is returned a public	22	their health care providers for advice on preventative
23	document?	23	care, decisions that they should be making, and we want
24	MR. WOODS: So we have, as part of the	24	to continue to support that.
25	enhanced FMAP spend plan process, there is a	25	Vaccine counseling has been covered in New
	23		25
1	requirement states provide quarterly updates, and those	1	Jersey prior to COVID. It is covered in New Jersey
2	requirement states provide quarterly updates, and those are public documents. And we can probably find the	2	Jersey prior to COVID. It is covered in New Jersey now. But what we are really focused on is making sure
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	26		28
1	The question of when, vaccine counseling can	1	information is available on that at the link that we've
2	be provided at any time. That includes during a well child visit, and there's not a requirement that the	2	included on the page. And as we said, we will be putting these slides out online as soon as the meeting
4	vaccine be administered on the day that the counseling	4	is over. They may be there already.
5	occurs.	5	Next, we wanted to talk about the vaccine
6	So there's more information available about	6	mandate for health care workers. You've probably heard
7	this through CMS's website and through the Managed Care	7	a little bit about the federal mandate. For purposes
8	Organizations who are our partners. We are really	8	of this discussion, I'm going to be focused on the
9	happy to help providers do more of the counseling that	9	state mandate, which is Executive Order 283. That
10	we think will be helpful as our members are making	10	requires covered workers at health care facilities and
11	their decisions about getting vaccinated.	11	high-risk congregate settings to be up-to-date with
12	And so I'll pause here for just a moment,	12	their COVID vaccinations, including boosters. And do
13	Dr. Spitalnik, in case there are any questions.	13	we want to make sure that all of our provider community
14	DR. SPITALNIK: Thank you so much.	14	is paying attention to this.
15	Any questions from members of the MAAC?	15	The Executive Order requires covered workers
16	Thank you for that opportunity. I think we	16	to be fully vaccinated by March 30, 2022. There are
17	can proceed.	17	some workers, hospitals and long-term care facilities,
18	MS. JACOBS: I will move on then.	18	home health notably, who are required to be vaccinated
19	Now, there's a lot of talk in the world	19	sooner by federal rules, but really all of our health
20	today about at-home testing for COVID-19. You've	20	care workers will need to be fully vaccinated by
21	probably all asked your own questions in your own	21	March 30th; and then when they become eligible for a
22	households about accessing these tests. We're here	22	booster shot, are required to submit proof the booster
23	today to talk about the Medicaid policy around these	23	shot within three weeks of becoming eligible.
24	tests. I'm sure that you know there is a supply	24	As you know, we had previously had the
25	challenge, to some extent, and really that that has, I	25	opportunity for folks to do testing in lieu of
	27		29
	think, has been improving over the past few weeks. So	4	
1	unink, has been improving over the past lew weeks. So	1	vaccination. Testing now will be available as an
2	as these tests are now available in pharmacies, we want	2	vaccination. Testing now will be available as an alternative only for medical or religious exemptions.
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2	as these tests are now available in pharmacies, we want	2	alternative only for medical or religious exemptions.
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	20		20
4	30	4	32
1	of discussion about the challenges of measuring	1	We've broken this out by age for you, compared to the
2	vaccination rates and in particular the challenges of	2	statewide vaccination, the dark blue bar. You see the
3	measuring vaccination rates Medicaid population and	3	same challenges here within our Medicaid numbers that
4	understanding what we see here on this page in front of	4	we see at the national level and some more data and
5	us, which is the comparatively lower vaccination rates	5	reporting challenges that we just want to be very clear
6	among the Medicaid population than we see among general	6	about. We have limited visibility from members who may
7	statewide numbers, and there are lots of reasons for	7	have been vaccinated by a third party, and that
8	that. Certainly, within our communities, we have	8	includes many of our members who were vaccinated by
9	experienced folks being hesitant. Early on, we	9	Medicare, many of our members who have over coverage or
10	certainly experienced access challenges, and we were	10	who got vaccinated at work in the early days before
11	trying to tackle that. There's also an important	11	everybody was reporting the data. So that's a
12	discussion to have around the data and reporting	12	challenge.
13	challenges that states are experiencing as they try to	13	When you walk into your vaccine site, you
14	line up Medicaid against overall state data. Those	14	will get vaccinated whether or not you provide health
15	fall into a couple of categories.	15	insurance information. So sometimes the vaccine site
16	It's challenging to look at the general	16	just doesn't know, particularly in the early days of
17	statewide vaccination rates against Medicaid; for one,	17	the megasites, did not who your insurer was. We're not
18	because of the challenge of uniquely identifying	18	always able to get the data because of that.
19	individuals. So if you look, for example, at	19	And then finally, as I described a little
20	California's blue line, they are estimating 74 percent	20	bit on the national slide, matching our individual
21	of their statewide population has been vaccinated.	21	Medicaid members to the vaccinated individuals that are
22	What they're doing there is they're using the number of	22	recorded by the Department of Health is also
23	shots that have been given to individuals as far as	23	challenging. So no doubt that there's hesitancy in the
24	they can tell in their data, and sometimes that is even	24	community. No doubt that in the early days, folks were
25	tricky. Two shots can look like one person, or two	25	having a hard time accessing, and we were really
	31	_	33
1	shots can look like two people. But they're trying	1	scrambling around that. These data challenges still
2	that sort of unique we think 74 percent of our	2	exist, and they're unlikely to go away. So we just
3	population uniquely has been vaccinated.	-	
		3	wanted to be very transparent in presenting that to
4	Then with that yellow bar, we are trying to	4	you.
4 5	Then with that yellow bar, we are trying to say within that we think we've identified the	4 5	you. And then my next slide, this is the last
4 5 6	Then with that yellow bar, we are trying to say within that we think we've identified the percentage that is Medicaid. And there is complexity	4 5 6	you. And then my next slide, this is the last data slide, I think, in this section, so thanks for
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	34		36
1		1	parents don't want them to. And there are adolescents
	down barriers, and to ensure that everyone had access	2	
2	to the vaccine. Our partnership with the Department of	2	whose parents want them to get vaccinated, and they are
3	Health on that has been unprecedented. We have worked		choosing not to. So it cuts both ways there. And I
4	really closely with their team, their leadership, their	4 5	think this is so common across state public health
5	call centers, to make sure that our Medicaid members	_	programs, never mind state Medicaid programs, that it's
6	had all the access that everybody had and to ensure	6	part of virtually every conversation we're having.
7	that our high-risk members were getting that vaccine.	7	DR. SPITALNIK: Thank you so much.
8	So a lot of partnership has gone on here, and I would	8	At this point, any other questions or
9	add that several of our Managed Care Organizations are	9	comments from the MAAC about vaccines? It's a larger
10	partnering with CMS to try to get visibility on some of	10	approach to COVID in your next set of slides.
11	that Medicaid data I mentioned a minute ago where we	11	MS. ROBERTS: Hi Deborah. This is Bev.
12	may have members who are vaccinated by Medicare and we	12	First of all, thank you for all of this
13	don't know it.	13	great information.
14	So data-sharing is the new challenge of the	14	So I have a question about the recent
15	day, and we've been working on that actively across all	15	release about the eight free at-home COVID tests, which
16	of the different relationships that we have. But here	16	is absolutely wonderful news. So it's a two-part
17	on the bottom right of this slide, you will see	17	question. The first part is so you've got an NJ
18	vaccination status by MCO and by priority group. That	18	FamilyCare member. Let's just say it's the parent of
19	is the red, yellow, orange triangle that you see there.	19	somebody with Intellectual/Developmental Disabilities
20	The red being our highest risk group, orange being	20	(I/DD) who has NJ FamilyCare. And the parent goes into
21	moderate risk, and yellow now being all eligible	21	the pharmacy with their son or daughter's NJ FamilyCare
22	members five and up. So here you see that United and	22	card, so that the person that is the member does not
23	Wellcare were really neck and neck for first and second	23	have to be there, correct, as long as you have the
24	place in our vaccination rate chart here, and Wellcare	24	card? And you just show the card upon check out,
25	really came out on top. So we congratulate them for 6	25	right?
	35		37
1	putting up the strongest numbers on the board.	1	MS. JACOBS: It would be at the pharmacy
2	putting up the strongest numbers on the board. DR. SPITALNIK: Assistant Commissioner,	2	MS. JACOBS: It would be at the pharmacy counter. So it's not at the I think of a Walgreen's
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	38		40
1	Thank you very much.	1	that with our clinicians and then monitoring new trends
2	MS. JACOBS: Sure.	2	and troubleshooting as we need to, and we do appreciate
3	DR. SPITALNIK: Other questions or comments?	3	the partnership of our stakeholders as we're doing
4	Thank you for letting us take this stop	4	that.
5	because we know how challenging it is to amass the data	5	So I think that's a wrap for COVID-19 today,
6	and the commitment to the accuracy and efficacy of it.	6	Dr. Spitalnik. And if it's okay with you, I'll move on
7	So, thank you.	7	to 2021 wrap-up.
8	MS. JACOBS: Thank you, Dr. Spitalnik. I do	8	DR. SPITALNIK: That would be great unless
9	want to shout our teams that have been working on this,	9	there are any burning questions from the members of the
10	between Human Services and Health. It's been a	10	MAAC. Thank you. And we appreciate wrapping up 2021
11	tremendous collaboration and a real effort when you're	11	and all the presentations that have us looking forward
12	doing data analysis like this. You have years to	12	to what we hope is a brighter, healthier future. So
13	validate and get it right, and this partnership with	13	thank you so much.
14	the MCOs and Department of Health and moving numbers	14	, And I want to acknowledge that Theresa
15	around as much as we can and know where we are has been	15	Edelstein had to leave our meeting for another meeting,
16	quite an adventure and everybody's been up for it.	16	but we appreciate her being there.
17	Let me just tell you one more thing about	17	Please wrap up 2021 with us.
18	vaccines and COVID generally. There's a little bit of	18	MS. JACOBS: I'm happy to do that. I always
19	a "So what? Here's the data. What do you do with it?"	19	like when I have the opportunity to pause on this slide
20	We think there's three important things that	20	because I love this little kid and I just want to
21	we want you to be aware we're focused on. For one	21	snuggle him very much, but I will focus.
22	thing, it's important that we continue our community	22	Let me talk to you a little bit about the
23	outreach. That means being aligned with Department of	23	goals that we set for ourselves in 2021. If you
24	Health's county ambassadors and the community	24	remember this time last year, I did a walkthrough of
25	organizations that are doing this work. We are not,	25	2020. I feel that it's important that we do this. As
	39		41
1	just as Greg described with the 1115 and housing, we	1	we are running our program day to day, I tend to be
1 2	just as Greg described with the 1115 and housing, we are not trying to do something solo. We're trying to	1 2	we are running our program day to day, I tend to be thinking about two things a lot. One is velocity and
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2	are not trying to do something solo. We're trying to	2	thinking about two things a lot. One is velocity and
2 3	are not trying to do something solo. We're trying to do something in partnership with the community with the	2 3	thinking about two things a lot. One is velocity and the other is stability. So velocity is where are we
2 3 4	are not trying to do something solo. We're trying to do something in partnership with the community with the ecosystem that is already out there. So we will	2 3 4	thinking about two things a lot. One is velocity and the other is stability. So velocity is where are we going, what direction is it, how fast is it, is high priority or low priority, it's really thinking through all of that momentum and motion that is part of our
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	42		44
1	they're not the only thing that we're thinking about as	1	We modernized our coverage of equipment to
2	we're planning for a year, because we also know next	2	support lactation, and there's a lot of other lactation
3	step that we will face change and disruption. And some	3	work that's still going on behind the scenes.
4	of that will be exciting change in the form of new	4	We discontinued premium and waiting periods
5	policies, like Greg spoke about the HCBS spend plan.	5	in order to support the Cover All Kids Initiative.
6	That wasn't part of our 2021 planning. We didn't know	6	And we expanded our coverage for prenatal
7	that that would come down the pike, but we knew there	7	care for undocumented women and built systems to
8	would be some change that would be positive and we	8	support contraceptive care coverage for them as well.
9	planned for it; we were ready. There's going to be	9	So when I look at this slide, of course I
10	some change and we will tackle it. And we were really	10	think about all the things that aren't done yet, but I
11	specific about how to go about that. So when that	11	tell myself this is a significant list and it's really
12	change came and it was good, we were ready. There will	12	only maybe half of the list. If we shared the whole
13	also be new problems, and so we're planning for those.	13	list with you, your eyes would glaze over and you'd be
14	And occasionally there's a new variant.	14	done forever. But it's an important part of our
15	And then finally, we know that we have to	15	maternal child health accomplishments in 2021 and lots
16	make time for evaluation and enhancement. So we're	16	more work underway in 2022.
17	doing all the things, we're dealing with the change.	17	The second thing we think about when serving
18	We also need to pause for the ease, make sure that we	18	people the best way possible is making sure that our
19	are looking at our program, measuring the things that	19	members with physical, cognitive, or behavioral health
20	matter, and then improving on them. So we're going to	20	challenges are getting better coordinated care. That
21	talk to you about a lot that were going on in 2021	21	meant a focus on expanding access to autism services
22	falls in three categories. I'm not going to put these	22	and a real partnership with our stakeholders in order
23	categories up again, but you'll see a little bit of	23	to tackle some of the challenges that we ran into in
24	each of three zones, if that makes sense, as we're	24	implementing that benefit.
25	walking through the work that we did in 2020.	25	We launched a DHS website to support
	43		45
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	46		48
1	electronic visit verification for delivery of personal	1	through. And so we had a number of things going on in
2	care services. This was a huge undertaking that our	2	goal two. But it also evolved significantly over the
3	team needed to partner with payers and providers and	3	course of the year. For one thing, we had been working
4	multiple Electronic Visit Verification (EVV) vendors	4	on the Perinatal Episode of Care, and that has now
5	on. And I want to say a big thank you to everyone who	5	launched. It is a quality-driven episode. It's unique
6	was part of that process because the stakeholder effort	6	in the nation, will engage payers and providers in
7	there was really incredibly collaborative. This is a	7	addressing some of the challenges that we see in the
8	federal mandate, but our goal was to go live with broad	8	delivery of care in the prenatal, postpartum, labor and
9	public support and enthusiasm, understanding among our	9	delivery period, and we're very excited about that. So
10	stakeholder community, and people just muscled through	10	we hope that all of the providers who are serving our
11	the challenges of that together. And I'm really proud	11	members who are delivering little baby New Jerseyians
12	of the way New Jersey providers and payers have worked	12	are working with us as we move forward with that
13	with the state to get that done.	13	Episode of Care model.
14	We certainly had new health care workforce	14	And speaking of putting incentives in place
15	dynamics this year or 2021, which included staffing	15	around quality, we included in our doula reimbursement
16	challenges which we had to address with rates and with	16	a quality incentive that links back to those OBs and
17	some improved processes that would actually ease access	17	midwives who are working with our pregnant members. So
18	on this end. So there were concrete steps that were	18	we really want to encourage partnership between doulas
19	taken there to address that.	19	and the clinicians who are working with those members.
20	We expanded the integration of Medicare and	20	And one way to do that is to say to our doulas, "We ask
21	Medicaid coverage for our members so we are now up to	21	you to help us encourage members to go back for that
22	62,000 members who are covered for both their Medicare	22	postpartum visit that nobody wants to go to." And so
23	and Medicaid benefits by the same health plan. And	23	there's an incentive in place in the doula's
24	that was an increase of about 4,000 in 2021. So we	24	reimbursement for when the member goes to the
25	want to continue moving towards integration because we	25	postpartum visit with their obstetrician or midwife,
	47		49
1		1	the doula gets an incentive for helping us to
1	believe that having better coordination of Medicare and Medicaid services is the right way to help people get	1 2	
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1	opportunity that snuck up on us this year. This was	1	working with our stakeholders to make sure that we are
2	one of those sort of change things where we weren't	2	communicating broadly to the community as much as
3	expecting it, but here it was. And because we were	3	possible about the need to be responsive to any
4	ready for change, we were able to take all of the	4	mailings they get from NJ FamilyCare and keep your
5	priorities that folks have talked to us about, right,	5	contact information up to date with NJ FamilyCare.
6	we got together with our stakeholders and said, "What	6	And then any time that someone seems to be
7	is it that we can do to strengthen our HCBS	7	income ineligible for Medicaid and they are
8	infrastructure?" And then we wrote all of that into	8	disenrolling, we want to smooth that transition over to
9	the spending plan that Greg talked about a few minutes	9	the state-base exchange, and we will be working closely
10	ago. We're really excited to be in implementation mode	10	with Get Covered NJ to do that.
11	with that and maybe more than we knew since we got some		The final part of experimenting with new
12	updates early this morning. So this is all work that	12	ways to solve problems was around that vaccine outreach
13	is partly done. We launched it. We're implementing	13	strategy and the work we did in 2021 in partnership
14	it. We proposed it and then continues forward into	14	with Managed Care and our sister agencies, which I
15	2022.	15	spoke to you about a little bit earlier. It does amaze
16	We also have been working very hard to use	16	me that a year ago none of this had happened in terms
17	new systems and technology to make our program more	17	of vaccine outreach. And it was really something that
18	efficient, more effective, and we're excited about	18	was evolving over the course of 2021, but here we are
19	that. The table on the chart on the slide here that we	19	and we will continue to move forward. As we discussed
20	wanted to share with you shows that improved turnaround	20	earlier, we have a real focus now on child and
21	time around application processing. So if you're not	21	adolescents and boosters, making sure that as the
22	familiar with Medicaid acronyms, MAGI and non-MAGI is	22	vaccines are available, folks are building
23	meaningless to you, and that is fine. But what you	23	understanding and going out and accessing them. And
24	want to know there is that MAGI applications are much	24	then also in the course of that, we had the provider
25	less detailed. They're easier to process. The	25	relief funding that needed to be distributed by the
	51		53
1	non-MAGI applications have a lot more to review. In	1	federal government. They needed to know from us who
1 2	non-MAGI applications have a lot more to review. In any case, we have improved the turnaround time from	1 2	federal government. They needed to know from us who the eligible providers were. And that was something
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2	any case, we have improved the turnaround time from	2	the eligible providers were. And that was something
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	54		56
1	steps that will get better results.	1	dashboard upgrades for transportation and for IT
2	I want to talk to you about some of this	2	systems where we have seen some issues. So it is no
3	today even though it's not necessarily on your radar in	3	secret to anyone that we struggle to make our
4	general because we feel accountable to you for it. So	4	non-emergency medical transportation benefit one that
5	for one thing, we continued to develop our MCO	5	members can smoothly access. And as you can imagine,
6	performance accountability series. These are what you	6	transportation is not exempt from the workforce
7	might think of as 360 reviews that highlight the	7	challenges that every provider and business is
8	strengths and address the deficiencies of each of our	8	experiencing. So we've been working closely with our
9	MCOs individually. Every organization has strengths	9	transportation vendor to address the challenges that
10	and weaknesses, and we just think it's important to be	10	they're seeing out there. And I was very encouraged
11	very upfront about that and work with them on improving	11	that they maintained stability of the service
12	where they need to. So that has been going on.	12	throughout the Omicron surge. And that gave me a good
13	We also, sort of on that note, developed our	13	feeling about where they're going in 2022, so something
14	COVID-19 vaccination dashboard to drive the MCO	14	that we've had eyes on, we are keeping eyes on because
15	outreach. As I said, ideally, you have years or at	15	we recognize that although transportation and IT
16	least months to put together data reports that are	16	systems are not exciting things that folks love to talk
17	thoroughly vetted and validated, and we didn't have	17	about, they are really critically important to giving
18	that kind of time. Not only that, but the scene was	18	our members a stable and secure Medicaid program.
19	changing from who was eligible to what was being	19	Program integrity and compliance are part of
20	provided and so we had to adapt each step of the way	20	our everyday. There are some important points to
21	there. But we've had this vaccination dashboard that I	21	mention here. We began to phase our MCOs back into
22	showed you that helped the MCOs kind of recognize where	22	field-based care management and face-to-face
23	they were doing well and where they needed to improve.	23	assessments. That phase-in has been a little bit
24	We have been working on this eligibility	24	affected by the Omicron surge, but they got back out
25	processing the chart I showed you a minute ago with our	25	there to our members because we know we have members
	55		57
1	county directors, and I just wanted to call that out	1	who do not have frequent visits from families who are
2	for a moment to say a lot of new meeting cadences	2	relying on that visit from the care manager, and we
3	started up during the pandemic, and this was one of	3	wanted to get them back out in the field. So we've
4	them where we said to the counties, "Hey, you're	4	been doing that work together with the goal of getting
5	dealing with the pandemic like everybody else and yet	5	all of our members their visits in the first half of
6	we need you to keep eligibility on track; and not only	6	2022.
7	that, we need you to improve the rate of eligibility	7	As I mentioned before, that partnership with
8	processing and the quality of the work that's being	8	the counties, we have now, every single one of the 21
9	done. And so we're going to meet a lot." And we got	9	counties, signed onto a memorandum of understanding
10	together with the county directors. We've maintained	10	that lays out performance standards for the eligibility
11	that cadence so that everybody knows what's going on,	11	work and includes incentives and penalties, just as we
12	everybody's looking at the numbers. We know the oldest	12	have for managed care, just as we have for
13	case in any county at any time and we're talking about	13	transportation, and they have stepped up to that task.
14	what do we need to do to move that case along? What	14	Dr. Spitalnik, this is most
15	kind of information does the family need to provide?	15	behind-the-scenes item on this list, but one that I
16	How come that's stuck? And we've seen that improvement	16	wanted to mention because it's a big deal. We closed
17	come from those discussions. Directors are asking us	17	out what are called data quality issues in our
18	questions. They're saying their staff are running into	18	statistical information system. For lots of folks,
19	issues. We're able to tackle that stuff together. So	19	that doesn't sound exciting, and I get it, but it's
20	that has been important. There is accountability on	20	important in our partnership with the federal
21	both side there. We need the counties to work with us	21	government that we are giving them data in the format
22	on eligibility processing, they need us to give them	22	they want and needed, and we had some issues that we
23	clear answers, and those conversations are a way to	23	needed to straighten out. The team worked really hard
24	make that happen.	24	on those this year, and getting 12 of them closed out
25	And then finally, we also have put in place	25	was a big deal to us and a big deal to our federal

	58		60
1	partners so I wanted to take a moment to point that	1	who get together and aging stakeholders. Across our
2	out.	2	community, there are folks engaging with us regularly
3		2	in compassionate and collaborative ways, and that is an
	And then speaking of federal partners, the		
4	deployment of new data security measures in 2021 has	4	important thing that we stand for within our
5	been important for security reasons. And then we	5	organization.
6	continued our partnership with the Medicaid Fraud 10	6	The second thing I wanted to mention is our
7	Division on some of the new initiatives that they're	7	intention always to try to simplify and clarify. We
8	working on there.	8	need to build understanding and we need to solve
9	Just wrapping up goal three then around	9	problems. But the way you get there is by simplifying
10	fiscal accountability and managing risk, we implemented	10	and clarifying what is complex state or federal law,
11	the County Option Hospital Fee Pilot Program. This	11	rules and regulations, a pandemic, but we get there
12	brought \$400 million in funding to hospitals that are	12	through clarity and communication.
13	serving our community. So that was a tremendously	13	And then the last piece, and this is really,
14	heavy lift for our legal team, our fiscal team, and	14	I think, where the magic is, we always want to make
15	provider partners, and it was an important	15	sure that we are advancing the truth, what we call the
16	accomplishment in 2021.	16	true-true, which is what is really going on. So not
17	We also addressed some of the budget	17	just saying, for example, that we have a vaccine
18	neutrality discrepancies that we were running into in	18	outreach strategy, but being able to talk in detail
19	our conversations with our federal partners about the	19	about how we have designed that strategy, the clinical
20	1115 Waiver Renewal. We maintained the federally	20	orientation to focus on the highest risk members,
21	required audit and recovery processes. There are quite	21	transparency around the data challenges. That's just
22	a few of those and just another thing that doesn't hit	22	one example. Another example is not just that we got
23	the radar, but it's a requirement and work that is	23	our doula program approved, but here's what it looks
24	important for us to be doing. It falls in the action	24	like, here the specific details, members are getting
25	on the basics category; it's got to happen, and	25	services, providers are getting paid, being able to
	59		61
1	everybody kept those trains on the tracks.	1	speak to what is actually going on the ground and
1 2	And then something new in 2021 in	1 2	speak to what is actually going on the ground and asking ourselves the hard questions about that. It's
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1	MS. ROBERTS: Hi, Deborah. It's Bev.	1	So I welcome, of course, input from members
2	I want to echo everything that she said to	2	and, of course, the leadership of the Division.
3	Jennifer and your entire team. You're doing great	3	So far what I have garnered from our
4	work. It was an excellent, excellent presentation. I	4	conversation this morning is an update on the 1115
5	want to especially say that we are thrilled with the	5	Demonstration Waiver; an update on the American Rescue
6	improvement in the processing time which you	6	Plan and the movement things from column two and column
7	highlighted, which is really good news. And also just	7	three as close to column one; an update on vaccines.
8	to say and you mentioned about working with	8	I was wondering if it would be timely to
9	stakeholders at whatever point the pandemic looks like	9	include an update or presentation on Cover All Kids or
10	it's going to end to see what comes next. Is anybody	10	whether that was still in the works; and the question
11	talking about a target for when that pandemic might	11	that was raised by the state Independent Living Council
12	end.	12	on the implementation or the impact of the new
13	MS. JACOBS: Tomorrow? I think every	13	legislation on the WorkAbility Program.
14	conversation we have with our partners at CMS, whatever	14	Other thoughts? Questions?
15	the topic is supposed to be starts with, "Have you	15	MS. COOGAN: Deborah, this is Mary Coogan.
16	heard anything about the end of the Public Health	16	Just in terms of where we are with the
17	Emergency (PHE)?"	17	Public Health Emergency and redetermination of
18	So everybody wants to know. We don't have	18	eligibility at that point. But all the things you just
19	a clear sense of it. They have told us that we'll have	19	mentioned, I think make a lot of sense. And I also
20	at least 60 days notice. I think we've mentioned that	20	just want to express my kudos to DMAHS, but also all
21	to you before. We don't know anything more except that	21	your colleagues at Health and stakeholders and MCOs.
22	we need to be getting ready now. We need to be working	22	It's clear from what you indicated, Jennifer, during
23	with our stakeholders now and communicating to the	23	today's meeting that there's a been tremendous amount
24	community. It's not going to go on forever and so	24	of collaboration between everyone and great success
25	having a good strategy for when it does end is	25	because of that collaboration.
	63		65
1	something we can do right now while we're waiting.	1	MS. JACOBS: Thanks, Mary.
2	MS. ROBERTS: I'm certainly happy to work	2	DR. SPITALNIK: For this sort of closing
3	with you any time, any place. Let me know; I'll be	3	part of our agenda, as we're building the agenda or
4	there.	4	summing up, I think we can stop screen-sharing and
5	MS. JACOBS: Thanks, Bev. We appreciate it.	5	maybe bring people into gallery view. Thank you.
6	DR. SPITALNIK: Thank you, Bev.	6	Other comments or questions at this point?
7	Other questions or comments from members of	7	Again, thank you.
8	the MAAC.	8	In addition to all the work that you've
9 10	Thank you again. This brings us to what we do at the end of	9 10	heard about, the planning for of the MAAC meetings are also quite an extensive effort in addition to all the
11	each meaning and also some at the beginning of planning	11	work that you've heard about, but amassing the
12	for the next meeting. And so our next meeting is	12	material, assimilating the material so that
13	Thursday, April 28th. I'm going to assume, which is	13	NJ FamilyCare really lives up to the Medicaid
14	always a dangerous practice, that we will still be in	14	requirements for stakeholder input and transparency, so
15	remote mode at that point. I think in trying to	15	our thanks for that.
16	soothsay about what things will look like, the priority	16	Another way that we want to express, again,
17	will be to implement the changes on behalf of	17	our thanks to the leadership, our congratulations to
18	beneficiaries rather than trying to find the equivalent	18	soon-to-be Commissioner Adelman. And another way that
19	of Giant Stadium for us to be able to meet as a	19	we're demonstrating our caring is giving you back
20	stakeholder group. We aspire to that. So we will	20	25 minutes of your day because we've proceeded in such
21	remain in virtual mode, and I really want to	21	an efficient way. So in that spirit, do I have a
22	acknowledge that even through the limitations of this	22	motion from the MAAC to adjourn?
23	technology as information is presented we include the	23	So moved.
24	links in the chat so that everyone has access to this	24	DR. SPITALNIK: A second.
25	information.	25	MS. ROBERTS: Second.

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1		DR. SPITALNIK: Adjournment doesn't require
2	a vo	te. So thanks, everyone, for your presence, your
3		icipation. Stay well, stay warm this weekend, and
	•	
4		ook forward to hearing about the fruition of many
5	of th	ne things that are pending. Thank you all for 8
6	part	icipating.
7		Again, a reminder that the slides that
8	vou'	ve seen are posted on the DMAHS website at:
-		
9	•	s://www.state.nj.us/humanservices/dmahs/
10	boar	ds/maac/ as well as a history of these meetings
11	whe	re you can find the documents. And again,
12	appr	reciation for all the linkages in the chat.
13	- 1- 1-	Thank you, everyone. We look forward to
14		ng you in the spring in warmer times and hopefully
15	well	times. Thanks, everyone.
16		(Proceeding adjourned at 11:40 a.m.)
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	1 2 3 4 5 6 7 8 9	67 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.
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