MEDICAL ASSISTANCE ADVISORY COUNCIL MEETING
Via Zoom Videoconference
April 26, 2023
10:00 a.m.
FINAL MEETING SUMMARY

MEMBERS PRESENT:
Deborah Spitalnik, Ph.D., Chair
Chrissy Buteas
Mary Coogan
Theresa Edelstein
Nicole McGrath-Barnes, DDS, FACD
Beverly Roberts
Wayne Vivian

MEMBERS NOT PRESENT:
Sherl Brand
Dorothea Libman

ALSO PRESENT:
Jennifer Langer Jacobs, Assistant Commissioner,
NJ Division of Medical Assistance & Health Services
Greg Woods, Chief, Innovation Officer,
NJ Division of Medical Assistance & Health Services
Carol Grant, Deputy Director,
NJ Division of Medical Assistance & Health Services
Rebecca Thomas, Program Director,
NJ Division of Medical Assistance & Health Services
Jonathan Tew, Regulatory Officer,
NJ Division of Medical Assistance & Health Services

Transcriber, Lisa C. Bradley
THE SCRIBE
6 David Drive
Ewing, New Jersey 08638
(609) 203-1871
The1scribe@gmail.com

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: Good morning. I'm Deborah Spitalnik, Chair of the New Jersey Medical Assistance Advisory Council (MAAC), and it's my pleasure to welcome you to the April 26, 2023 meeting that is being conducted virtually.

The notice of this meeting has been filed in accordance with the New Jersey Open Public Meetings Information Act.

Let me review a little of our process before I move to introductions and our agenda. We are delighted to see over 225 stakeholders with us today.

For this meeting, if you are interested in posing a question, please do that through the question-and-answer feature of Zoom. The chat is not enabled for this meeting. The slides that you will see today are posted on the Division of Medical Assistance and Health Services website under the boards and commissions, under the MAAC, and under today's meeting date.

Before we move to reviewing the agenda and then actually jumping into it, I will now turn to the

members of the Medical Assistance Advisory Council who are with us today. We will welcome each of the members of the staff of the Division of Medical Assistance as they speak. And I will start and ask

Nicole and Mary and Bev to unmute, but we will start with our delight at welcoming our new member, Dr. Nicole McGrath-Barnes.

Dr. McGrath, please introduce yourself.

DR. MCGRATH-BARNES: Good morning. Thank you so much, Deborah. Thank you. I'm honored and humbled to be appointed and part of this distinguished Council. My name is Dr. Nicole McGrath-Barnes. I am the founder and CEO of KinderSmile Foundation. I am a graduate of the University of Maryland College of Dentistry, Class of 1991. I am 32 years in the dental profession. KinderSmile Foundation is a 501(c)(3) nonprofit organization, and we currently have dental homes. We choose to call them dental homes. We have one located in Newark, partnering with the Boys and Girls Club of Newark; and Bloomfield, 10 Broad Street; and most recently our newest dental home is located in Trenton, New Jersey, 101 North Broad Street.

We provide access to oral care for children,

ages 0 to 21, which includes special needs; access to care for perinatal mothers up to three years postpartum; and our newest dental home in Trenton treats both children and adults. So I am so passionate about being that advocate for children and families in regards to access to care in the marginalized

communities. And I hope that I can make a difference on this committee and share and enlighten all on the importance of oral health, which is the gateway to total but yet also the number one preventable disease.

So thank you all so much for welcoming me, and I'm glad to be here.

DR. SPITALNIK: Thank you so much. And our gratitude for your service and to the Governor's Appointments Office for their wisdom.

Mary Coogan and then Beverly, please introduce yourselves.

MS. COOGAN: Good morning. I also want to welcome Dr. McGrath-Barnes. I think this is a wonderful addition to the MAAC. We're going to learn a lot from you.

I'm Mary Coogan, president and CEO of Advocates for Children of New Jersey.

DR. SPITALNIK: Thank you.

MS. ROBERTS: Good morning. I'm Beverly Roberts with the Ark of New Jersey. And I also wanted to extend my warmest congratulation to Dr. McGrath-Barnes for joining the MAAC. Great to see you.

DR. SPITALNIK: Thank you.

Theresa, Wayne, and Chrissy, please unmute and introduce yourselves.

MS. EDELSTEIN: Thank you, Dr. Spitalnik.

And welcome, Dr. McGrath-Barnes. I look forward to getting to know you. Your reputation certainly precedes you.

I'm Theresa Edelstein. I'm one of the senior vice presidents at the New Jersey Hospital Association.

DR. SPITALNIK: Thank you.

MR. VIVIAN: Hi. Welcome, Dr. McGrath. Dental hygiene is definitely one of the biggest issues that my constituents, mental health consumers, face. They really lack the access to dental care. So we're really grateful to have you on this committee.

My name is Wayne Vivian, and I am a MAAC member and President of the Coalition of Mental Health

Consumer Organizations of New Jersey.

DR. SPITALNIK: Thank you.

Chrissy.

MS. BUTEAS: Good morning, everyone, and welcome. Chrissy Buteas, former president of Home Care. And I'm happy to be here today. Welcome.

DR. SPITALNIK: Thank you.

Is there any other member that in my cracked technical skills I have missed? If not, I'll proceed.

I'm Deborah Spitalnik. My day job is as

professor of pediatrics and family medicine at Robert Wood Johnson Medical School where I direct the Boggs Center on Developmental Disabilities.

I'm delighted to see that so many of our stakeholders are here today. I thank Jennifer Langer Jacobs and the entire Division team for supporting the work of the MAAC.

I was just in Washington with colleagues who had never heard of the MAAC in their state. I think it's a particular point of gratitude and pride that we have this collaborative relationship.

Let me review our agenda for today. We've dealt with welcome, with calls to order. We'll then

proceed to the approval of the minutes. We'll then have a series of presentations: First, on Medicaid eligibility checks that resumed April 1st; Cover All Kids; WorkAbility expansion; self-directed services; the 1115 Comprehensive Waiver; and we'll be planning for the next meeting in July by noting the conversation today and other things that members would like to raise.

So with that, I will turn to the members of the MAAC and request their either comments, corrections, or a motion for approval of the MAAC meeting summary of our February 1, 2023 meeting.

Do I have any comments or corrections?

Do I have a motion to approve?

MS. COOGAN: Motion to approve.

DR. SPITALNIK: Thank you.

A second?

MS. ROBERTS: I second it.

DR. SPITALNIK: Thank you.

Any abstentions?

No votes?

And either by a wave or a raised icon, do I have approval of the minutes?

Great. Thank you. The minutes of February 1st are approved.

Thank you again to Phyllis Melendez and Lisa Bradley for her loyal transcription.

We now turn to our first item of business, Medicaid eligibility checks. And welcome to the virtual podium, Greg Woods and Jennifer Langer Jacobs. Good morning and thank you, Greg and Jen.

MR. WOODS: Thank you, Dr. Spitalnik. I think I'll start with this section of the presentation and then I'll hand off to Jen.

Thank you, everyone, for being here. I know we've talked about this topic a lot, and we're going to keep talking about this topic because it's critical and

it's our primary focus right now.

I want to just start -- and I know this will be old news to many of you, but I want to just start by reminding everyone of the basics of what we mean when we talk about unwinding.

So back in March of 2020 as the pandemic began, one of the emergency actions the federal government took was to put a requirement in place to say that New Jersey, like all states, needed to

maintain continuous enrollment. So what that meant is during that period, with very limited exceptions, members who were enrolled in Medicaid or members who newly joined Medicaid would stay enrolled for the duration of the Public Health Emergency. That Public Health Emergency has continued and still continues to this day. It's scheduled to end next month, but last December, as part of their end-of-year legislative appropriations package, Congress enacted a requirement that that continuous enrollment requirement would end effective at the beginning of this month, so at the beginning of April. And as part of that legislation states, New Jersey, like all states, has 12 months, so essentially the next year from now, to initiate eligibility renewals. Through that process, we are going to need to confirm the eligibility of all our

2 million-plus members. So it's a big exercise. As I said, we've been in this Public Health Emergency period for essentially three years where members have remained enrolled. And now we're shifting back to what we can think as normal operations.

So today, we're going to give an update on where we stand with that process and what to expect

moving forward. And just, again, some of this is going to be a repeat of what we've shared in past MAAC meetings, so I apologize for those of you who have heard this before, but we really think these are critically important points. And some of what we are going to present today is also going to be new.

So before I get into further detail, I just want to underscore two points. They're on the right of this slide, and we repeat them every time we talk about unwinding and they're the most essential points for our NJ FamilyCare members. So if you don't listen to anything else that I say or Jen says today, I just want to make sure that all stakeholders hear these two points.

One is that please ensure that -- we're asking all NJ FamilyCare members to please ensure that we have their correct mailing address. And if a member needs to update that address or if they're not sure we

have the right address, they should call our hotline, 1-800-701-0710, right away. They can provide their updated address. And this is really important. And the reason it's important is mail is the critical modality through which members will receive

renewal-related information, and having a mailing address is the most critical step to make sure that all of our members are receiving all of the information that we're sharing with them related to renewal.

And two, having updated their address, members should promptly open and respond to mail from NJ FamilyCare. And this is really critical. We know that everyone gets lots of mail and it's easy to put things aside, but as we're moving into this unwinding period, it's really important that everyone is opening that mail right away and responding and providing information that we're requesting.

So those are the two most critical messages for our members for those who work with our members, and that's sort of the most important steps that members can be taking to ensure that they can successfully move through this renewal process.

So with that framing, before we dive into our more detailed discussion of unwinding, I want to pause and give our normal snapshot that we give every

MAAC meeting on overall NJ FamilyCare enrollment. So just to give the top line numbers here, as of last month, we had almost 2.3 million enrollees. That's an

increase of about 600,000 or just about 35 percent over the pre-pandemic level, so over where we were in March of 2020. And as we discussed before, we primarily attribute that growth to the continuous coverage requirement, the requirement I just discussed that has been in place since March of 2020 which I described a minute ago.

So with the unwinding period beginning, we do expect trends to shift and see at least some decrease in total enrollment going forward. I'll say candidly we're in really uncharted waters here, and we don't have a precise estimate of that decrease will be. And I will also just note, to set expectations, we wouldn't really expect to see that in the data for several months. I'll talk in a minute about what the timeline looks like. So when we come back to you in July, we still may not see that when we present this slide.

I will also just note as an important context as we think about this, a decrease in NJ FamilyCare enrollment as we move through the unwinding period does not in itself mean that people

are becoming uninsured. We expect that there are

people who have remained on Medicaid during the continuous coverage period who may now have employer-sponsored coverage or whose income has increased and will now qualify for subsidized coverage through GetCoveredNJ or State-based Exchange or who are newly eligible for Medicare and may no longer require Medicaid coverage, and that's all fine. We would expect to see some disenrollment, and that doesn't necessarily pose a problem.

What we are really laser-focused on is making sure that all of our members maintain access to affordable coverage and to make sure that members who want to maintain coverage with NJ FamilyCare are not falling through the cracks, and that's what we're going to talk about in the coming slides.

So I will just say we expect to see different trends moving forward. We will, of course, continue to present this at future MAAC meetings. And we also will continue to publicly report our overall enrollment number which we update on our dashboard each month. So please stay tuned for more information at future meetings about how this is trending.

And then as we go to the next slide, before we talk about some of the details, I want to pause

here. Something we do at DMAHS is when we're embarking on a major initiative, we make sure we articulate our north star principles for that initiative. So as we go into the details, as we get elbow deep in the weeds, we are continually keeping in mind what are we attempting to accomplish here, what are the values we want to bring to the work. And I know we've shared these principles before, but I think they bear repeating since they really are guiding everything we do as we move through this unwinding process.

The first north star principle is we are going to focus on being precise and accurate to make sure we resume eligibility renewals in accordance with all the federal rules, which are extensive, and work as accurately and effectively as possible.

Second, we are going to emphasize shared understanding as we manage broad technical systems and unique individual circumstances. And one thing -- I think I said this at the last MAAC, but I'll say it again. When we undertake an exercise like this where we need to renew eligibility for more than 2 million people, that's, of course, work that needs to be automated, systematized, there needs to be rules; otherwise, it's not going to work. At the same time,

member has unique circumstances. And there are going to be circumstances that we may not anticipate. There may be exceptions to rules. And navigating that will require crisp and clear communication.

Third, it's critical that we rely on all of our operational partners to be successful in this effort. This is just not something that we at DMAHS can accomplish alone. If we try to do this alone, we're not going to succeed. So we're going to need to rely on our partners at county boards of social service, at our Managed Care Organizations, at our vendors, at our sister agencies, our regional health hubs. All of those partners who support our operations, they are all going to need to be rowing in the same direction. And we have, as we move to unwinding, really focused on making sure we all aligned and really attempting to use the creativity and innovation that operational partners can bring to this work.

Fourth, on a similar note, we are going to need the partnership of our community stakeholders, and we need our community stakeholders to play an active

role to partner with us to raise awareness, to communicate information to our members and to the community about what's happening with unwinding, and

also really critically to let us know when things go wrong. So if there's confusion or if something unexpected has happened, we're depending on our community partners and all of you who are listening to the MAAC to let us know that so we can correct course.

And last, it's really important to us that we approach all of this work with empathy and positive energy in a spirit of collaboration. We know that getting this right is profoundly important to our members' lives. We know that this can be a scary time period for members and for people who love them who are understandably worried about what this process will mean. And so apart from getting the technical piece right, we aim every day to approach this work with true empathy for that and to focus on finding solutions together.

So with that, I'm going to turn and talk for a moment about the timeline, of where we are in unwinding. We have shared a version of this slide multiple times over the past year-plus with the MAAC,

but I wanted to spend a minute on this right now and talk about where we stand today, April 26th, in our unwinding process.

So I alluded earlier to the fact that unwinding initially began on April 1st. And I want to

delve for a moment into what that means, so what actually happened on April 1st. So that was the day we began the eligibility renewal process for 1/12 of our membership. And the reason I say 1/12 is that, as I mentioned earlier, unwinding is going to be a year-long process. And in order to manage the workload for us, for our partners that are counties and vendor, we have spread renewals evenly across that time period. So each month to a pretty close approximation, we will begin the removal process with 1/12 of our total membership. So that started on April 1st. And specifically what we initiated on April 1st, it will be called ex parte or administrative renewals. And what that means is for some of our members, we are able to confirm their eligibility based on information we already have access to, for instance, their tax data, or if they've applied for Snap benefits, we can use that information. For some members, for members who

fall into this category, that's all the information we need. We can confirm that they continue to meet Medicaid eligibility requirements. We can extend their eligibility. We will notify them of that. And for them, there's nothing else they need to do. And so for that first cohort, that first 1/12, all of that took place during the first couple of weeks of April.

Then around the middle of April, for the members we weren't able to renew on our ex parte basis, where we did need additional information from the members, we sent out mailings where we requested that additional information from members.

And just to circle back to what I said before, this is where it becomes really critical for members to open their mail and respond quickly and provide all the needed information. So as I said, those mailings have gone out recently, towards the middle of the month. Members have 30 days to respond to that mailing. So that's the stage in the process we're in right now, where those mailings have gone out and members need to respond.

And then as we're beginning to see and as we'll continue over the next few weeks, as members

respond, that information that they provide back will be returned. It will go to our eligibility-determining agencies, to our counties, and our vendor, and they will review the package for each member and determine whether the member is still eligible for NJ FamilyCare. And I just want to emphasize, that will include looking at whether a member may be eligible on a new basis, so as part of a different eligibility group than they were in before. So we recognize people's circumstances have

changed a lot over the last three years and there may be -- we expect there will be members who may have qualified for Medicaid for one basis back in 2020 and now as we look at their information, they may no longer qualify on that basis but they may qualify on a different basis. So that's part of our work here, that we're requiring and expecting all of our eligibility-determining agencies and their staff to be looking for all bases to make sure that we're maintaining coverage for everyone who is eligible.

If a member is determined to be ineligible, they're no longer eligible for Medicaid, we will send the member a notice at least ten days in advance, and their coverage will end at the end of a month. So just

talking about what that means for this timeline, when we look at that, it's possible -- and I think we've discussed this before. It's possible that a small number of the members whose redeterminations were initiated in April, so that first 1/12 of our membership, could be disenrolled at the end of May. For that to happen, the entire process would need to work relatively quickly. Each member would have to respond to the mailing quickly, which is to say right now, other response would need to be processed rapidly, and the member would choose not to appeal that

determination. So if all of that happened, there may be some members who are disenrolled at the end of May. However, we think a much more typical timeline will be members whose redetermination was initiated in April, if they're not found to have continued eligibility that their coverage would be more likely to end at the end of June. And in particular, if someone doesn't respond to our mailing, which as I alluded to before, is the scenario we're really most concerned about, that disenrollment would likely happen at the end of June.

A couple of points I just want to briefly flag here, and I think Jen will speak in more in detail

about a couple of these in a few minutes. First, if a member is found ineligible for non-response, so if someone doesn't reply to our mailing and then they subsequently within the next 90 days provide us with the required information and are found to be eligible, that eligibility will be retroactive back to the date that they were terminated. So any services that they may have used in between, those would be covered. And so there is this reconsideration period. We obviously don't want any uncertainty or interruption in members' coverage, but it's important to know that if someone missed the mailing and they get a notice that they have been disenrolled, they have this opportunity to return

to the mailing within that 90-day period and their coverage will continue if they're found to be eligible.

Second, I just want to call out, if a member is found ineligible because their income is too high and appears to be eligible for coverage through GetCoveredNJ -- so that's our state-based exchange for coverage under the Affordable Care Act -- we will automatically transfer that member's information to GetCoveredNJ to facilitate their potential enrollment there. As I said earlier, we are really focused on

making sure that all of our members have continued access to affordable coverage, whether that's through NJ FamilyCare or through some other means such as GetCoveredNJ.

Third, I just want to underscore, and this is always true, all members have the right to request a fair hearing if they disagree with their eligibility decision. And as we move through that process, our goal here is to make sure that everyone maintains access to appropriate coverage again, whether that's through Medicaid or some other source.

The other point that's important to keep in mind as we think about timeline is that this is a 90-day process. And in some cases, such as if there's a fair hearing request or if there's that retroactive

reinstatement of coverage that I alluded to earlier, it can effectively be a longer process than that. So what that means is that we can't wait for one month's cohort to be finished before we start with the next month's cohort. So looking at the calendar, today is April 26th. In a few days, it will be May 1st. And on May 1st, as I just described, we'll be still receiving renewal packages from our April cohort. They'll still

be flowing into our eligibility-determining agencies. But at the same time, we will be beginning the renewal process for our May cohort. So that's the next 1/12 of our membership. And that process will generally look the same as the April process, again, starting with attempting ex parte or administrative renewals and then proceeding to mailing renewal packets and going through all of the steps of the process.

So going back to the overall timeline for the next year, this process will continue to repeat itself for each month through next March, through March of 2024. And so what that means is that at any given time, we may be starting ex parte renewals for one cohort, reviewing return renewal packets for another, notifying members of the outcomes of their redeterminations for a third, and completing fair hearings for earlier cohorts. So there are going to be

multiple balls in the air. And we're going to continue to cycle through that over the course of the next year. And then by the end of May of 2024, so when that last cohort, that last 1/12, has initiated their process in March and they've gone through the 90-day process, at that point, we would expect the lion share of

redeterminations to have been completed and we'll be back to something close to normal footing. There may, of course, be a relatively small number of cases that extend beyond that time because of the fair hearing process or other specific circumstances, but we would generally expect that those would be the exception.

And if we want to go to the next slide, I just want to briefly note on this slide that the renewal process will look a little bit different for different categories of members. And that was the case before the pandemic. It will be the case during the unwinding. It will be the case after we're through the unwinding process.

Some eligibility groups have different eligibility requirements. For some groups, we need to look at assets, for instance, in addition to income. For others, there's a clinical component to the eligibility process. And we have been conducting targeted outreach and education for some of those

specific groups such as aged, blind, or disabled members, members with developmental disabilities, and that will continue over the course of the unwinding period.

But in the meantime, I will just say the most critical advice, the advice I gave at the beginning, that applies to all eligibility groups. Please make sure we have an updated address by calling our hotline and please then be sure to promptly respond to any mail you receive from NJ FamilyCare.

Lastly, there's one point I did want to call out. I don't think it's on the slide. We regularly speak to our peers in other states who are all going through a version of this unwinding process, as we are. And I'll say the vast majority of other states are doing it on just about exactly the same timeline as we are in New Jersey, but there is a small minority of states that started a bit earlier so are a couple of months ahead of us in terms of their timeline where they initiated their first cohorts in February or March rather than in April. And so naturally, as we've talked to other states, we wanted to hear from those early movers about what challenges they've encountered. And one thing I wanted to flag, we've heard from a couple of states is that in hindsight they wish they

had communicated a bit more clearly. In addition to as we move past April 1st and move into the unwinding

process, in addition to this massive unwinding process that I've just been describing where we spread members across 12 months, there is ordinary Medicaid operations beginning to resume after April 1st as well. And one thing that means is what we call changes in circumstances will, in some cases, begin triggering reviews of Medicaid eligibility. And so a change in circumstance, that could mean something like the household composition changes or a member's income increases. But one particular example I want to call out is that if a member turns 65 or if they otherwise become eligible for Medicare, that will typically have implications for their Medicaid eligibility. So in those cases, looking forward, even if a member perhaps was originally scheduled for a redetermination later in our unwinding period, if we see someone is coming up on a 65th birthday or receive notification from the federal government that they qualify for Medicare, we are going to initiate the process then to make sure that we're correctly managing their Medicaid eligibility. And I'll just say they will still go through a whole process and they will, of course, have of all of their rights, but the timing may be a bit

different. So just heading the lesson of some of our sister states, I wanted to call that out and flag that point, that in addition to this huge unwinding exercise, ordinary processes are also beginning to resume. And if everyone can be aware of that and not surprised if, for instance, a member receives a letter saying that they need to do a redetermination because their 65th birthday is coming up in a few months, that that's a scenario that's going to take place.

So with that, I think I'm going to hand off to Jen who's going to talk about some of our specific outreach activities around unwinding.

MS. JACOBS: Yes, thanks. Thank you so much, Greg.

I am actually going to stop the screen share here so that we can show you a quick video that is available on YouTube. And we hope that you will be able to view this video and potentially share it in the communities that we know you're active in.

Sam, you want to take it away?

(VIDEO: "This is an important update for New Jersey FamilyCare members. The federal government during the pandemic temporarily waived eligibility review requirements to help prevent people from losing health coverage.

But a federal law required the state to resume eligibility reviews as of April 1st. So we're asking members to confirm or update their contact information with New Jersey FamilyCare and then be on the lookout for a renewal packet in the mail. If you get this important mailing, please complete this renewal packet as soon as you can to help avoid any gap in your coverage. Resuming eligibility checks means some New Jersey FamilyCare members might be disenrolled, but they might be eligible to obtain other coverage through New Jersey's official health insurance marketplace, GetCoveredNJ, and get help with premiums. Our goal at Human Services is to ensure members are fully informed about this important process. So if you are a New Jersey FamilyCare member, please make sure we know where to send your renewal packet. This is especially important if you have moved in the last three years. We do not want you to miss this important mailing. To update your contact information, call 1-800-701-0710. And then

watch for mail from New Jersey FamilyCare and please make sure to reply on time. For more

information, visit nj.gov/staycoverednj. Thank you.")

MS. JACOBS: Thanks for sharing that with us, Sam.

That video is available in English and Spanish on YouTube. I think we're going to try to put the links in the chat for you.

Thanks, again, Sam.

And it is, yes, part of the outreach and awareness that we're trying to do, so please feel free to share that in your community. We would greatly appreciate it.

I would like to talk to you about some of the additional work that we're doing on this. We get a lot of questions from folks. How will members know when it's their time to renew? As Greg said, we're doing 1/12 of our renewals each month. So some members got their mail in April, and some members will not get their mail for 6 months or 10 months or 11 months. So when will you know? We asked our Managed Care Organizations to support us in this work, giving folks

a flag at the beginning of the month when they should expect their NJ FamilyCare renewal mail. So the members who received their mail from us with their renewal information in April should have first received

a postcard for their Managed Care Organization. And for each subsequent month, this is what we will do. At the start of the month, the Managed Care Organization will send postcards out to their members who are receiving their renewal packet this month. And that postcard says in English and Spanish, "Don't forget to check your mail. Your NJ FamilyCare renewal mail is coming very soon." That's the flag. It says, "Your mail is coming this month from NJ FamilyCare." So 1/12 of our members should receive this postcard each month and it should be followed by an envelope from NJ FamilyCare.

These are examples of some of the envelopes that are out in the field. As you may know, we have 21 counties and a vendor who worked closely with us on this. And our goal long-term is to have one set of envelopes and potentially even just one envelope that we're using for all purposes. For now, we still have a number of envelopes that are circulating, so we ask you

to keep an eye out for envelopes from NJ FamilyCare. And in particular, we wanted to flag for you this new one which you wouldn't have seen before, but we like a lot because it says, "Important information regarding your NJ FamilyCare benefits. Renewals enclosed."

We think that is a really clear message and

hope to move in the direction of that envelope across the board going forward. But in any case, we do have a number of different envelops that are out there. And we ask folks to keep their eye out for those.

When members receive mail from us in one of these envelopes, it will contain a renewal letter and an application, a renewal application unless we were, as Greg mentioned earlier, we were able to renew them on an automated basis. And then they get a letter that says, "We were able to renew you. You're all set."

But most folks, we think, will receive the renewal application because there will be some information we still need to collect from them. And that may have to do with household size or income or something else that we weren't able to verify using databases.

So these are examples of what that may look

like. And that would be inside the envelopes I showed you a second ago.

MR. WOODS: Hey, Jen, I think we're still on the postcard slide.

MS. JACOBS: Oh, no. I'm so sorry. Let me try that again. Thank you for the flag, Greg. I'm so sorry.

Okay, let's go back. Here is the postcard

slide, and I think you've seen enough of that. Here are the envelopes. So as I said, a number of envelopes in circulation. The one on the left is the new one. It specifically says, "Renewal enclosed," and we wanted to make sure you're aware of that because it wouldn't be familiar to folks who have been through this process in the past, but we think it's an improvement and that's the direction we're heading across the board.

Here's that letter and the application that you would find inside the envelope. These are examples. Not everybody's letter will look the same. The applications will not look the same. The one you're looking at, for example, is for Aged, Blind, and Disabled programs. There are other applications that folks may receive. So, again, a complex program. We

don't have identical information in each of those envelopes. It's really specific to the individual in the program that they're a part of.

At the end of the month in which a member would receive their NJ FamilyCare renewal mail, they will get a reminder from their Managed Care Organization or the health plan. This is multimodality, so by phone, by text message if we have a cell phone number, by e-mail if we have an e-mail address, we will be communicating a message that looks

a bit like what you see on this page. So this is the text message that you're seeing. "By now, you should have received your NJ FamilyCare renewal mail. Please open it and follow instructions right away."

The text message has to be very short because it's a text message. The phone and e-mail messages are a little bit longer, but they're on the same theme. So what we're trying to do here is flag with a postcard at the beginning of the month, "your mail is coming," then the mail should come. The end of the month, actually, right now for April, these phone, text, and e-mail messages will be going out to say, "By now, you should have received that renewal mail.

Please open it and follow up. If you have questions, here's the number to call."

Of course, as we are doing that -- and we feel it's important to be reaching out to our members through all forms of communication and not just mail -- we also started hearing from other states. As Greg said, we have a lot of conversations with other states so we each know what's happening in the field in other places. And one of the things we heard was that members have received illegitimate test messages that claim to be about their Medicaid benefits. And I've just told you we will be sending text messages, and

that can be confusing in the community. It's confusing for any of us when you get a text message that seems to be coming from Amazon and yet isn't. And so we want to be really clear in our message. And this graphic that you're looking at on the slide is also on our website. We will never ask for money in a text message. We will never pressure our members for personal or bank account information in an e-mail. We will never make threats about legal action or demand secrecy in that communication. So I wish we didn't have to say this, but we do have to say this because this activity is

already out there in the world. So we ask that you remind our members and certainly your loved ones not to share any personal or banking information with anyone who claims to represent NJ FamilyCare or your health plan. And you're welcome to call us if you have questions. We would also appreciate -- we haven't heard about any of this activity in New Jersey yet to date. We would appreciate if you become aware of any such activity if you would call our office and let us know.

As Greg said, we are really, really concerned about making sure we're doing everything we can to prevent people from losing coverage. There will be folks who move over to Medicare. There will be

folks who move over to the Exchange or to employer-sponsored coverage, and that's great. We want to make sure people aren't losing coverage altogether, so a couple of additional things to describe as we move forward in time.

When we get past that 30 days that members have to respond to their renewal mail, we are running a report that lets us know the members we think we haven't heard from yet. It's possible that they have

responded, that their mail is just coming into the mailroom today as we're running the report and everything is good, but we have to run that report. And so there may be a little bit of overlap between when someone responds and when we run the report, but either way, we will be looking at a list of members who have not responded from each cohort and working with our health plans to reach out to those individuals in a couple of ways. We want to do some high-risk outreach.

You may remember at the start of the pandemic, we had a slide that had a triangle on it that described our members who we considered high-risk for COVID-19. And we were outreaching those high-risk members with heightened intensity, trying to address that concern. And then again in 2021 when we were doing vaccine outreach, we had a triangle that

demonstrated the risk that we had assessed for members, and we were, again, focused intensely on the top of that triangle, really addressing those highest-risk members.

We're taking the same approach now, and the way we're thinking about it now is a little bit different. This is no longer about risk for the

COVID-19 virus and its potential effects. This is about people who are using their health care coverage in a very active way. So I think about I go to the doctor every other month maybe, and my daughter goes every six months. We are not high-risk on that triangle. The person who's high risk for loss of coverage, highest risk, is the person who is pregnant, who's in a course of chemotherapy, someone who's in dialysis or methadone treatment, our MLTSS members who are using their services every day and similar services, a personal care assistant, the person who is helping you get out of bed in the morning and get dressed and go about your life in the community every day, the private duty nurse who is coming to someone's home every day, these are members who are truly at significant risk if they lose health care coverage, and we need to focus a lot of intention and attention on them. So we're working closely with our health plans

to do care manager outreach to those individuals where we sense that they may not have responded within that first 30 days to their renewal mail.

We will have people who lose eligibility. We know that. And so our intention is to also work

with the health plans to follow up with those individuals quickly and see if they need help returning to Medicaid. For example, if they never submitted their renewal mail or never responded to their renewal mail, or access and GetCoveredNJ if their income has gone up. So in addition to the letters that Medicaid will be sending on an official basis, a termination letter with fair hearing rights, these individuals who lose eligibility will also in the month following that eligibility loss hear from their health plan. So just really trying to make sure that we're covering the bases. For some members, NJ FamilyCare is known to them, it's familiar. Other members feel much more familiar with their health plan. So we're really just trying to cover the bases, and we appreciate the support of the plans in doing that.

We have shared these examples with you in prior MAAC meetings. For those of you who are frequent flyers with us, as Greg said, we thank you for your patience as we do feel it's important to go back over a

little bit of this information now that it's go-time. And so I will share with you these four examples, just spending a quick minute on Halima and Hector.

Halima and Hector are not the folks who keep us up at night because for Halima and Hector, this eligibility process works out exactly as they want it to, and we're glad it does.

In Halima's case, maybe she gave us an updated address, maybe she didn't, but either way, she got the mail, she responded to the mail, she was determined eligible. Her eligibility continues, and she's happy.

In Hector's case, kind of the opposite. Maybe he responded to mailing, maybe he didn't. Either way, Hector doesn't want to remain enrolled with NJ FamilyCare. We've heard from a number of Hectors saying, "When is it time for me to disenroll from NJ FamilyCare?" Hector, based on his response or his nonresponse, is determined ineligible. His eligibility ends, and he's happy about that; he's fine.

So Halima and Hector both get exactly what they want out of this process.

It's Samuel and Sofia that we worry about and that we are really focusing our energy on. So we wanted to walk through those examples just briefly. I

will not cover all the words on this page. They are

available for anybody who wants to look back later. But in Samuel's case, he responded to the eligibility mailing and is determined ineligible due to income, got his disenrollment notice and language on that notice indicating that his account information has been transferred to GetCoveredNJ, which is our state-based exchange. The goal there is to make sure that Samuel has coverage at the end of the day. But Samuel doesn't want over coverage; he wants to remain enrolled with Medicaid.

When he receives his notice, it includes fair hearing rights and he can request a fair hearing. Right here, it says, within 20 days of his termination notice. We actually have permission from CMS to extend that to 60 days. So we would like for Samuel to respond right away and let us know that he would like a fair hearing. But under the circumstances, CMS has allowed us to extend to 60 days for Samuel to be able to submit that request. We will receive it in our legal office and take the next steps with the administrative court. And there's just a flag here that if we see something in Samuel's request that indicates really unusual circumstances that we will potentially flag that and go back to the eligibility

agency. So, yes, he will move through the fair hearing process, but if we see something concerning, we will try to catch that in real-time, go back and have a conversation with the eligibility agency while he's going through fair hearing and maybe get it resolved a little bit more quickly.

It's possible, and we want our community to be aware of this, that Samuel will be hearing from both Medicaid and GetCoveredNJ at the same time, and that might be a little bit confusing. "Medicaid is still reaching out to me; GetCoveredNJ is reaching out to me." That's actually the goal, to make sure that everyone is talking with Samuel about his options going forward, because whatever happens in that fair hearing, we want him to remain covered.

So we hope that we'll be able to work through that with members like Samuel in a way that is clear. We are very closely partnering with GetCoveredNJ to try to have really consistent, streamlined communication where we each understand the messages that the other program is providing, but we will have members who are interacting with both programs at the same time. And so we wanted to share that. If anybody is aware of concerns or challenges

25 related to that, please know that the intention is to

1 make sure folks have coverage. And share with us any
2 concerns that you're hearing so that we can try to
3 address those.
4 Sofia is the member who really resonates for
5 us. We've talked about Sofia extensively. And really,
6 all day every day, we talk about Sofia here at DMAHS.
7 In Sofia's example, she doesn't respond to the
8 eligibility mailing. Maybe she never received that
9 mail. Maybe she received it, got distracted, set it
10 aside, she thought she would come back later and she
11 never did and the renewal form didn't get returned. In
12 any case, she receives the disenrollment notice, but
13 she wants to remain enrolled, too. She has fair
14 hearing rights, just like Samuel, and she can go
15 through that process. But the important thing that we
16 would like you to share with the Sofias in your life --
17 and she resonates for many of us who put
18 important-looking mail aside to read later. Please
19 share with Sofia that her renewal response is the most
20 important thing. If she can fill that out and get it
21 back to us, then, as Greg mentioned earlier, we can do
22 that eligibility review right away. And, hopefully, if

we find that she's still eligible, we can go ahead and retro her eligibility back to the date where she initially was terminated. So there really is an

opportunity here to grab Sofia and support her through getting that renewal back in to us even if she missed the original deadline. I want to share that with you.

Of course, we want people hit the original deadline so there's no risk of termination. But just in case she misses it, we want her to know that she should just go ahead and send that renewal back in.

And as I said and as Greg has indicated as well, working with our community has been really important leading up to this moment and will be important as we go forward. So a couple of things, we have a great website that folks have been really thoughtful about trying to make sure that it's providing information that you need in the community, answering questions that folks have asked us. There are materials there in English, Spanish, and 19 other languages available to print. And the website itself will translate into something like 200 languages. These are important messages for community organizations to help us raise awareness of the

process. So we ask that you visit that site and come back again because we continue to update the site. So 6,000 organizations have already received information that is shared on that site but that we also shared through the mail. And we've had a number of

organizations say to us, "How can we help members who need to complete their renewal?"

And so we have an online training that is nearly finished where we will be able to assist train members of the community to assist our members with that renewal paperwork. If there are organizations who are hearing our message today and interested in signing up for that training, they're welcome to send an e-mail to the mailbox that is listed on is this slide. As soon as that training is available, we'll reach right back out and invite you to join us.

This is an example of some of the materials that are available on the site. And I always sort of pause on this slide and appreciate the opportunity to live in a state as great and diverse as New Jersey. And I want to take a moment to thank our teams that have been working so hard on this to support our diverse membership of now almost 2.3 million

New Jerseyians.

This is really a project that is absolutely enormous and touching every part of our organization. Our team represents the diversity that you see on this slide, and they are working hard to serve New Jerseyians the best way possible in this process. So it's a marathon. It will be 12 months of hard work to

do this right, plus some follow-up after that. And we're really focused on doing it the best way possible.

We have one more slide on this -- one and a half more slides on this where we just really wanted to underscore and re-share these messages about making sure addresses are updated, responding to mail, and then some additional messaging, hopefully nothing on this slide is news to you. All our members have appeal rights around eligible decisions. If they didn't respond to the mailing in the first place, they should just respond, get that back to us so that we can reconsider that application. And, of course, we're working closely with state-based health insurance exchange. Our community partners are critical to this process.

And here's the last half slide which I am

not the best person to talk about, not being much for social media, but we are out there on social media and we ask that you follow the Department of Human Services feed and share and re-share the posts on your own feeds.

So, Dr. Spitalnik, I would like to pause and see if you or members of the MAAC have questions for us.

DR. SPITALNIK: Thank you so much. And

thank you, Jen and Greg, for this presentation. And thank you also for these extensive outreach materials and efforts. And I think it's worth raising up the outreach to other states so we can learn by experience as part of the program.

I turn to Beverly and Mary Coogan on the MAAC who each had comments or questions to make.

Beverly and then Mary, please.

MS. ROBERTS: Thank you.

And thank you, Greg and Jen. This was an excellent, excellent presentation.

As you know, I'm concerned very specifically about people with intelligential and developmental disabilities, but you have to be concerned about

thousands and thousands of folks, about everybody. So I'm very much aware that you have a gigantic, gigantic job, you and your team, to take care of.

A couple points that I wanted to underscore. The first is -- and Greg said this, but I wanted to underscore it -- that if a person is now eligible in a different category than what they had been approved for previously, it is a requirement that they be approved for any and all other types of NJ FamilyCare Medicaid for which they would qualify. And folks with IDD, that might include a DDD waiver unit. So I know you know

this, but really for the attendees at this Zoom, I just wanted them to also have that information underscored.

And the second point was something that Greg had said that I wanted to comment on. Because of the new improved NJ WorkAbility regulations, if somebody with a disability has NJ WorkAbility Medicaid and they turn 65, they are now able to stay on NJ WorkAbility. So this is different from what Greg said about people who have Medicare. And there are a lot of people that are in that category, people with regular NJ FamilyCare expansion that turn 65. But in case there are attendees that are concerned about the issue of NJ

WorkAbility at age 65, I just wanted to mention that that improvement has been implemented as of April 1st, which is wonderful.

And then the last thing is actually a question for Jen with a comment that you had made, an excellent comment about the high-risk groups and outreach that's going to be done if they have not returned their application, the renewal application. So I view, of course, people that have developmental disabilities and receive DDD services as a high-risk group. Whether or not they are actually using their health plan services, they are using their DDD services. And as you know, they have to have Medicaid

in order to continue to receive DDD. So it's just a question as to whether something could be done with regard to the DDD members if they have not returned the application in the month in which it was sent, if some sort of follow-up could be done to make sure that they return that application.

MS. JACOBS: That's a really good question, Bev. My quick answer -- and Greg feel free to jump in. I want to take that back. We have a close partnership, as you know, with the DDD team so that they know when

members are renewing. And that partnership is not new in our history. It's something that we've had for a long time. So I think a fair question is, is there anything we need to update in that partnership to make sure that we're serving that community the best way possible. And I think that's a very fair question. But we do have that existing platform to work from where our eligibility team is working closely with DDD to make sure members are aware that it's time.

Do you want to add anything there, Greg?

MR. WOODS: No. I completely agree.

DR. SPITALNIK: And may I also build on the theme that it was pointed out in the Q and A about the importance of awareness of people in the DDD population who would have Able accounts which would not disqualify

-- the assets would not disqualify them and making sure that that information is resident across counties as well as centrally.

Mary, please.

MS. COOGAN: Thanks, Deborah. I just want to acknowledge all the work and effort that's gone into the planning of this unwinding process that, as you all said, it's a tremendous undertaking. I think the video

is great. I put that in the chat. The postcards are great. And I really want to applaud the health plans and all the community organizations that have stepped up to assist with the outreach, which is critical, as you pointed out. I would just urge everybody who is on this call to take advantage of the links that Sam posted in the chat, share the video, share the information from the website. Don't assume. The people that you're interacting with every day are not in FamilyCare and they're not aware. They're not aware that this is going on. Even though all of us are inundated with information, your average person in the neighborhood is not aware that this process is taking place, and it behooves all of us to assist with this outreach so that FamilyCare achieves its goal of not losing anybody who is eligible for coverage.

DR. SPITALNIK: Thank you.

Wayne, please unmute and ask your question or make your comment.

MR. VIVIAN: Hi. Thank you for taking this question.

First, I want to thank Carol Grant and Phyllis Melendez for doing an excellent presentation at

our recent conference on this issue. We really appreciated their effort.

We have great concerns regarding this issue. Mental health consumers are notorious for not opening mail, especially if they think it's official mail. They're always afraid of bad news or something that they're going to be cut off from benefits, any kind of letters from Social Security, anything official. They're just -- some of them -- we've actually worked on issues in our housing program with consumers who are actually afraid to open their mail. So I was really glad to hear about the text messages.

The other issue that I'm very concerned about is the homeless because they don't have addresses. Again, hopefully, you can expand the text messages to make sure that those consumers get this information because mental health consumers, as much as any group, rely on Medicaid for their services, for all their services, their physical, mental behavioral

health services.

The other issue I have, and I talked about this during Carol Grant's and Phyllis Melendez's presentation at the conference, is I have full

confidence in what you're doing at the state, on the state level, and what you're doing in the Medicaid office, but I do not have that same confidence in our local welfare offices who will be handling these renewals. Even with that -- even without this whole project, we have to bring documents sometimes two and three times to the office for them. And then they never get it, they didn't get it. We know they got it. We hand-delivered it to them. You know, so you could do everything you can. And like I said, I have full confidence in what you're doing there in New Jersey, in the state, but I do not have that same confidence in the local welfare offices.

MS. JACOBS: Thanks, Wayne. I think the feedback -- you know, counties are different. There are 21 of them. They each have their own operations, and we do get feedback on people's experiences with their county offices. Sometimes that feedback is very positive, and sometimes it's very negative. And we have been working really closely with our county partners.

One thing I will say, this system is still work in progress, for sure. But in the days before the

pandemic -- really, let's say a year or two before the pandemic, the system was almost entirely paper-based and really significantly paper-based. Like, we have systems that have been around forever, but major components of the workflow were happening on paper. And that meant it was difficult for the counties to track paper. It was difficult for us to have a line of sight to how they were doing on that paper. Right? So years ago, people set up a plan that we have been in motion with during this time, and the goal of that plan was really to digitize as much as we could, to automate work that would make the process more efficient for the humans who are doing it, and give them time and space to be able to do that work in a high-quality way. We have seen really significant improvement in audit outcomes over the course of the pandemic, and we now have a better line of sight into the operations at the counties so we're able to support them better and they're able to come to us when they need help. Everybody just has a little more visibility than we had in the days of paper. So I'm hopeful that people will see an improved experience as we move forward here because of all the work that has been done by technical

teams and all the training that we have done with individual workers.

If we have challenges at specific counties, we will be able to address those because of the systems improvements. We'll see it better than we could see it in the past, and we'll be better positioned to address anything that's going on. So I hope that you and others will bring any concerns to us so that we can work through them carefully with our partners at the counties.

MR. VIVIAN: Well, if I may just ask one more question or couple more comments. I did during the workshop in the presentation, I did say that COMCO during every membership meeting that we have, we are going to start out with the message that reminders about the unwinding process and the recertification. However, too, what I really was hoping is that let's say somebody has real problems in the county level. Because, like I said, even before the unwinding -- this is not the unwinding. I'm talking about just people applying now for new applications for Medicaid, we have unbelievable problems, you know, like I described. And I was hoping that there would be a way that if somebody has repeated problems, "Oh, we didn't get the document," is there a way they can contact New Jersey

Medicaid to say that, "Look, this is what's going on in the county. I can't be cut off from my Medicaid because the county is efficient."

MS. JACOBS: Every day people are calling our hotline with concerns, and we are addressing those individual concerns to resolve them and also looking at what was the root cause of that, is that potentially impacting a lot of people and not just this one?

So anyone who is having a struggle with an eligibility agency, whether it's a county or a vendor, we would ask them to call our hotline and share that concern.

One thing I'll say to you about new applications, to my knowledge, we don't have any significant delays on new applications right now. I'm going to keep a close eye on that as we go forward here with unwinding.

MR. VIVIAN: We do in the county. We do. We do have issues.

MS. JACOBS: Well, I would be happy to talk with you about that, then. Let's talk about some of the specific details so that we can tackle that. We have better reporting than we've had in the past. It

gives us some clarity as to how much volume counties are dealing with and how quickly they're turning stuff

around, but I'm really happy to dig into any specific problems you're experiencing maybe at a certain county or two.

MR. VIVIAN: And this will not affect presumptive eligibility, right? None of this will affect presumptive eligibility, will it?

MS. JACOBS: Presumptive eligibility process has been pretty consistent over this period.

Greg, did you want to cover anything related to PE?

MR. WOODS: No. I think I would say the presumptive eligibility process will continue. What we're discussing today isn't going to affect that. There were a couple of limited flexibilities that we had from the federal government during the Public Health Emergency that are related to presumptive eligibility that will end. So that's the only caveat, and it's a little bit deep in the weeds. It's things like allowing members to have multiple presumptive eligibility periods within a certain time frame. And we will be providing some public notice around that as

well. The basic functioning of the presumptive eligibility process will not be changing.

DR. SPITALNIK: I'm so grateful to Wayne for raising these issues about operational determinations

at the county level. I really appreciate, Jen, your willingness to dig deeper into this. I'm going to move on to Nicole's question.

MR. VIVIAN: Thank you. Thank you for your patience.

DR. SPITALNIK: Thank you for raising the issues. That's why we're together and we're so appreciative.

Nicole, please.

DR. MCGRATH-BARNES: Thank you. I just want to thank Jennifer and Greg for a wonderful presentation. This is my first time, so this is wonderful, all of the information.

I love the fact that you spoke about empathy and understanding because that's what truly disarms the children, the families in our community, when they feel there is understanding of what the plight or what they're going through in terms of access to care.

I share the same sentiments with Wayne. My

concerns about the homeless families and the transient families. Here in our dental homes, we have lots of homeless families. They don't get mail. They're at one relative's home and they move to another. I'm glad that Wayne did bring that up so that that can be addressed. And I know that everything -- this is work

in progress, so that was one of my concerns.

And then another question that I had, so the seniors, if they become ineligible for NJ FamilyCare and now transition to another supplemental plan, is the coverage comparable? For instance, I'm speaking more towards dental services. So if we have a senior who is no longer eligible for NJ FamilyCare. Now they transition over to Medicare. A lot of Medicare does not cover dental comprehensive. They can barely get an exam and cleaning and an x-ray. And if they're in the middle of treatment getting dentures where there are denturists or partially a denturist and they need that treatment, what happens there?

MS. JACOBS: There's five things you said I want to follow up on. And I would love to connect you with Dr. Stanley who is our dentist to make sure on clinical questions that we're not giving you incorrect

answers on those.

I want to come back to -- I was scribbling as you were talking. The homeless population. We've had some conversations with community advocates, including homeless shelters saying, "What's the best way for someone to get their mail if they're currently unhoused?"

And we feel that -- and you sort of touched

on it. There's often a place in the community that is their touch point where they may receive mail. It could be a family member. It could be a community organization. It could be the homeless shelter I'm in a meeting with. And wherever it is that is the place they receive mail, that's where we would like them -- that's the address we would like them to give us. So if it's a family member, that's fine. If it's the shelter, that's fine. Our real intention is to make sure that our mail ends up in their hands. So that's the approach there. And we've been having conversations with the shelters to make sure that we're partnering really closely in serving the people that we mutually serve the best way that we can.

I also wanted to touch on -- you mentioned

empathy and member experience. And as we have been talking about health equity as an organization, what does health equity mean for us at New Jersey Medicaid, one of the things that people talk about with health equity, of course, is clinical outcomes, health care outcomes. We talk about disparities in maternal-child health, in end-of-life care, in preventative care, really, the full range where we see disparities in specific demographics that we feel we want to tackle. I always think of that as clinical equity. We want to

close those gaps, we want to address those disparities. But there's another thing we talk about, a second thing, which is operational equity. And this is about the experience that people have with our program, which is what you were flagging a minute ago. If people call our program and they feel that they were treated without care and concern, that there was not, for example, empathy for the situation they were describing, we've seen research from Dr. Jamila Michener which says they will disengage.

DR. MCGRATH-BARNES: Yes.

MS. JACOBS: And if you want the clinical outcomes to improve, you need the person to feel

engaged and heard and understood. And so the operational piece really matters, and that's where we talk about customer service, where we talk about eligibility processes, language translation, our transportation program. These aren't things that you think of as clinical, right? But they are part of the experience that members are having with our program, and we want to be mindful of that as we're trying to get folks to engage with the health care side, the clinical side.

DR. MCGRATH-BARNES: Absolutely. Absolutely. Thank you, Jennifer.

More often than not, children and families in the marginalized communities are used to going to subpar places and they're being treated a certain way, and we want to change that perspective because it shouldn't be. I mean, if we're trying to get these positive outcomes, we need to start from the minute someone answers the phone welcoming them and being there at their side to show the empathy, compassion, and understanding. So I'm really happy that that's part of it. And I'm good friends with Dr. Bonnie Stanley, and I will send her a couple of e-mails after.

Thank you.

DR. SPITALNIK: Thank you, both. The unfortunate role of the Chair is to cut off good conversation, but with the commitment to follow up particularly around these operational issues around the county.

I want to be responsive to the larger group of stakeholders with the reminder that the PowerPoints will be listed on DMAHS site. And so having the chance to look at them more closely will give some of the information that people want to pass on to their constituency.

And then one very concrete question for Greg, I think, before we move to Cover All Kids is what

percentage of people are you anticipating or have you seen that are ex parte eligibility? And that was asked at both the state level and the 12-month increments.

MR. WOODS: That's a great question. I will say, Dr. Spitalnik, we are still collecting that data for April and expect to have that in the coming weeks. So that may be a get-back for a future MAAC. We can give some more information about that. In general, I think our expectation for ex parte, it's not going to

be most members who are successfully renewed that way, but we think it will be a significant share, a significant minority of members. I don't have a numerical answer today, but that is something we can come back on.

DR. SPITALNIK: Thank you.

Jen, did you want to add anything before we move to Cover All Kids?

MS. JACOBS: Very quickly, because there were a few questions I just wanted to make sure that we answered that I can see in the Q and A.

We had folks ask about whether or not we could print posters, the posters that are available online. And we can provide preprinted posters for folks who want large quantity. So please feel free to request that through the website on the StayCovered

page.

We had folks ask if we were leveraging the free phones program, which is the federal Lifeline Program different from the state Lifeline Program. And that is the program that provides free phones to Medicaid beneficiaries and other lower-income individuals. We are taking advantage of that program,

and we intend to be texting those folks on their cell phones in the way that I described earlier.

Folks asked about translation services. We do this translation available at our call centers and at our health plans. And as I mentioned, the website also translates so we're really hoping to be language accessible in that way.

And then the last thing I wanted to mention, because there was a note about online applications, there will be some individuals -- we probably haven't talked about this enough. There will be some individuals who receive a letter with their renewal mail that says, "You have the option of doing this renewal online." It's a unique individual code that they enter on the website that lets them go ahead do their renewal on the computer. Not everybody wants to do that, and that's fine. But we did want to point out that's new functionality that will be quicker and

easier for folks who are computer inclined.

DR. SPITALNIK: Thank you so much.

As we move to Cover All Kids, with great admiration and excitement about Carol as you present Cover All Kids, I need to ask you maybe to condense

some of the presentation to make sure that we get WorkAbility and the waiver. So with apologies, maybe the first four or so slides.

MS. GRANT: I'll be quick.

DR. SPITALNIK: Thank you.

MS. GRANT: I'll be quick.

I'm really happy to be here this morning. I wanted to thank Wayne for his kind comments. Frankly, we learn more from consumers, I think, than sometimes they learn from us. So it was really a very informative session. That's all I'll say about that. Thank you.

I'm so happy to be here and to report continued growth in enrollment in this important initiative. Our overall growth since July of 2021 is 73,902 children under the age of 19.

Phase 1 of the program really was focused on those who were eligible but not enrolled who met citizenship and qualified immigration status.

Phase 2 which began in January enrolled all

children regardless of immigration status. And I am so pleased to report that since January, we have, in fact, enrolled 12,217 children. Every time I see that number

go up, I have to give myself a little gasp. This program has just sort of reflected there's such a tremendous need for the service, and we're really very quite proud of it, I guess is the point. These are kids who would not have been able to be covered at all without Cover All Kids Phase 2, and we are thrilled that families are taking advantage of this.

We have continued to do enhanced outreach, and I've given sort of a list of outreach events that we have attended to help spread the word here. Obviously, people are doing a heck of a job because people are, in fact, enrolling.

We also continue to work monthly with our Cover All Kids working group. They're not only focused on outreach and enrollment but also retention. And we really combine our Cover All Kids presentation with our unwinding implementation. Many families really are of mixed status and have mixed needs. We have found great interest and great return on investment for doing all of that.

I have to say I think this is a truly collaborative endeavor with our state and community

partners, without which I don't think we could really

get this job done.

The last thing I will say is our future goals in addition to really doing outreach enrollment and worrying about retention is really to help children and families use the full breadth of the benefit under New Jersey FamilyCare for better health outcomes. So I think there's more to come on this. Right now, we're still talking numbers but then we hope to talk a little more about substance. And then we've given you a way to learn more and to apply, including one of those modern QR codes.

So thank you very much. That's it. I hope that was long enough and short enough at the same time.

DR. SPITALNIK: Carol, it was wonderful, both in the accomplishment and the succinctness. Is there anything that anyone in the MAAC must say at this point before we move to WorkAbility?

Nicole.

DR. MCGRATH-BARNES: Thank you, Carol, thank you so much.

KinderSmile Foundation is so excited of this New Jersey expansion where all children are now eligible because in a lot of our dental homes, we have black and Latino. And most of the Latino children

weren't eligible. So now being able to get them to sign up, not only for dental, but vision and medical is absolutely wonderful. And during our Give Kids a Smile Day, which was the first Friday in February -- it's a day that most dental offices open up their offices to provide free dental services for all children, ages 0 to 12. My concern is -- and we did have WellCare sign up those children that were undocumented, and the line was literally out the door. My concern is the dental providers. Now that we have over 12,000 children signed up, where do they go to get treatment, especially dental services? We're just a small, tiny organization trying to do the best that we can. And since the pandemic, we've lost dental providers due to increase in expense and PPE. So that's one of my concerns. Where are these children going to go when there are emergencies and we don't have enough dental providers to meet the need? So that's my concern.

DR. SPITALNIK: Thank you for raising that. And I have noted it, and we will continue to look at that as we build our agenda.

I need to move us to our conversation about WorkAbility. And welcome back Becky Thomas with the same plea of the importance and not wanting to give

short shrift, but ensuring that we get through our agenda and respect the people's time.

Becky, welcome, and thank you.

MS. THOMAS: Thank you, Dr. Spitalnik. I'm going to put my Carol Grant hat on and make this move.

Thanks for having me. I wanted to do a quick update about the New Jersey WorkAbility expansion. Just a reminder that the New Jersey WorkAbility offers people with disabilities who were working and whose income would otherwise make them ineligible for Medicaid, they have the opportunity to receive full Medicaid coverage.

So we've been approaching the expansion with two phases. I'm happy to report that Phase 1 expansion launched April 1 of this year, as Bev was noting earlier. The program is now open to all people over age 16 who received a disability determination prior to age 65 is now free from spousal deeming requirements and free from asset limits. It's also is available to enrolled members for 12 months after a job loss that happens through no fault of their own.

As we are now focused on Phase 2, we're looking at expanding eligibility for higher income

levels, and policy and system implementation activities are underway for a Fall 2023 go-live.

On our next slide, I want to talk about the

tremendous support and guidance we have with our community collaboration. At the beginning of this year, the DMAHS added a subgroup for our communications strategy discussions. That is part of our WorkAbility community workgroup. So this communication strategy subgroup is made up of advocates with lived experience, community advocates, and family members. The meeting is facilitated with the support for the Centers for Health Care Strategies.

So the subgroup has met a couple times, once in February, once in March, and has provided real-time feedback regarding effective communication opportunities, specifically as you move into our expansion opportunities.

So really valuable feedback helped us bring clarification and guidance for the community through a few initiatives around our April 1 launch. So updates to our current New Jersey WorkAbility web page for Phase 1, the messaging and strategy for reaching a broader audience for our current WorkAbility members

and for our potential New Jersey WorkAbility members. We have social media posts and YouTube videos in both English and Spanish. And we are working on the design of a new New Jersey WorkAbility site which will be very similar to the Cover All Kids and StayCoveredNJ

platforms. And I want to let you know that a full workgroup, that's our large work group, will be meeting again in early May.

Our next couple of slides with respect to timing, I wanted to share that these are a couple of examples of the outcomes of the work with our community group. So this is just a quick snapshot of the New Jersey WorkAbility site currently. And this is just to show you an example of how when you go to that web page it shares the April 1 information. And here's a screenshot of what our social media forum looks like with the social media post here.

Our next slide, please.

We have two videos. One is in English, and one is in Spanish. We do have the links here.

Jen, are we pivoting for a quick watch?

MS. JACOBS: It's just a minute, Dr. Spitalnik, so hopefully, we can swing it.

(VIDEO: "This is an exciting update about New Jersey's WorkAbility program. New Jersey believes a job should free someone's potential, not limit it. So NJ WorkAbility offers working individuals with disabilities the opportunity to receive full NJ FamilyCare coverage. And as of April 1st, the program expands to even more

individuals. Under these changes, those aged 16 and older are now eligible. Spousal income no longer counts toward eligibility. There are no asset limits. And a WorkAbility will provide a year of coverage if you lose your job through no fault of your own. This is a new chapter for WorkAbility, one that makes WorkAbility coverage broadly accessible to more individuals who need it. We're pleased to help make WorkAbility work for you.")

MS. THOMAS: Thank you. So we're really excited and appreciate all the assistance that we had to bring this information to our community. And thank you to our community partners who are giving us the impetus, the guidance, the feedback to make this a viable effort. Thank you.

DR. SPITALNIK: Becky, thank you so much for your leadership and your openness to input and your active seeking of it.

Can I impose upon the members of the MAAC for us to move to our next topic?

Again, with apologies. The richness of the program is also putting us in conflict with time.

Self-directed services. Jen, I'll turn to you again.

MS. JACOBS: You made me laugh because it does that all day every day, the richness of the program puts us in conflict with time.

This is just an update for you, a little bit of a change coming with respect to self-directed services. We're excited about this and wanted to share. Here's a little bit of background.

In 2016, the Department of Human Services contracted with an organization called Public Partnerships, LLC, which is widely known as PPL, to provide fiscal intermediary services for three different self-directed programs. These programs previously operated separately, but you're potentially familiar with one or more of them. One of them is our

Personal Preference Program that is operated by DMAHS. One is the DDD Vendor FEA Fiscal Employer Agent Program. And the third is the Division of Aging Services JACC Program.

These three, previous to this contract, operated separately. They were brought together under this contract. They still operate separately but with the same vendor, and that contract ends in November of 2023, which led us to an operational discussion. It's more operations than policy. How will we continue to administer the services that are provided by these

three programs?

And this is the path forward. We have reviewed operations under the consolidated contract that's been an extensive conversation. And the Department has determined that the needs of these three programs are best served actually through a different procurement approach. So the services will be procured in three ways. And I am not in a position to speak in detail about the two other than the DMAHS program, but I have a little bit of information here and more will be provided in days to come.

The DMAHS program, PPP, our Personal

Preference Program, we will shift the fiscal intermediary responsibilities of that program. That is the role of the vendor to help our -- and maybe I should just pause and say these are three programs that enable individuals to hire the workers who are assisting them with Medicaid coverage services. So you would have the option of going to an agency for those services; that is not your preference. You have a friend, a neighbor, someone in the community that you would prefer to do that work instead, these three programs of hiring that individual to support you.

So our Personal Preference Program will shift so that our Managed Care Organizations are

actually the fiscal intermediary that helps our members hire those workers and supports, for example, payroll functions that our members would not want to worry about. So there's a role there for what we call fiscal intermediary. That is how we have used PPL in the past.

Going forward, we are going to put that responsibility with the Managed Care Organizations. That is consistent with our focus on better-coordinated care management and vendor accountability. So each MCO

is going to provide or contract for these fiscal intermediary services according to the specific requirements that are laid out by DMAHS. And Becky is going to talk to you a little bit about our vision for that and the work we'll do with our community in that regard. But that is going to better align for us responsibility for the PPP Program in that partnership that already exists with the MCOs. So we'll talk a little bit more about our vision for that.

I am able to share a little bit less information on DDD and Aging Services right now. But big picture, the Department of Human Services will issue a request for proposal for operation of each of those programs. And from a DDD point of view, we wanted to specify this is not for the Easterseals

Agency with Choice program. This is really specific to the FEA, the vendor Fiscal Employer Agent program.

So more information will be available from those divisions. And as those are RFPs come online, that's obviously a procurement process, so there are careful steps that are taken in that regard. And likewise, DMAHS will also be providing additional information on this as we go forward.

I asked Becky as our local expert and thought leader on self-direction to just talk to you a little bit about our vision for the future of the Personal Preference Program.

So thanks again for joining us today, Becky.

MS. THOMAS: Thanks, Jen. So as we move our lens on this new opportunity, we want to look to national lessons and best practices as we look how New Jersey can move self-direction even further. So these are a few but five really important key elements. So community partnership and collaborative engagement to ensure a smooth transition. So similar to the EVV self-direction work group which has been noted as a national model, so we're going to continue with that model, we want user-friendly tools for members, caregivers, and workers.

As Jen mentioned, high-quality care and

training opportunities. How are we meeting members where they are?

Customer service focus with members satisfaction targets, and flexibility and agility to adopt best practices; this is a continually growing program, and we want to maintain our ability to grow

and learn with it.

Thanks, Jen. I appreciate the opportunity to share that feedback.

MS. JACOBS: Thank you, Becky. And we really appreciate you and your team for your leadership.

If folks are seeing the slide right now, the blue box points out we have more than 28,000 members in the PPP Program in New Jersey. And everything is relative, but this is one of the largest self-direction programs in the nation. And Becky and her team have really led us so well to this place. And we're excited for a new view and a new future chapter here.

DR. SPITALNIK: Thank you both.

Bev, I know you had a quick comment or question.

MS. ROBERTS: Yes, very, very quickly.

Thank you very much, Jen and Becky.

So as you look toward national lessons and

best practice on the PPP aspect of this, do you think it would be possible to reach out to a state or two elsewhere and get lessons learned, advantages and disadvantaged, and what they would do differently if

they were going to start this again? And that might help us as you do the planning for New Jersey.

MS. THOMAS: Thanks, Bev. That's a great question and a great opportunity for us to see what we can learn from other states. We can also reach out to applied self-direction to see if they have some guidance in some other states to see we can have a conversation and see what we can learn from them. So thank you. We will add that to our process. I appreciate that.

MS. ROBERTS: Thank you.

DR. SPITALNIK: Thank you all.

And we now turn to Greg Woods and Jonathan Tew about the 1115 Comprehensive Medicaid Demonstration.

MR. WOODS: Thanks, Dr. Spitalnik. And I'm mindful of the time, and so we'll try and abbreviate this presentation a little bit. I'm going to give a little bit of context, and I'm going to particularly try to abbreviate that and then I'm going to hand it off to Jon who is going to talk about the substance,

which I assume is what's of greater interest to this group.

So just very, very quickly, for those who are unfamiliar, the 1115 Demonstration is the mechanism through which we receive federal authority to run major elements of our program. It needs to be renewed and renegotiated with our federal partners at the Centers for Medicare and Medicaid Services approximately every five years. In New Jersey, we have a Comprehensive 1115 Demonstration that was first approved back in 2011. It was renewed for the first time in 2017. And we have been going through the process for a second renewal for some time now. Some of you may feel like you have been hearing me talk about this renewal process at MAAC meetings for a long time. And if you feel that way, that's because it's true. We have been going through this process for nearly three years. We started this process back in 2020 and have been talking to you about it ever since. So thank you for your patience.

Today we have good news to report, which is that our federal partners at CMS approved the renewal of our 1115 Demonstration a few weeks ago on March 30th. So that's a really important milestone that we're very pleased about and we're very excited to

be moving forward with that approval in hand.

So just to give a tiny bit more context, we're going to move to the next slide. So as I described earlier when I was talking to you about unwinding, whenever we undertake a major initiative here at DMAHS, we make sure we identify our North Star principles for that project. We did that as we entered our 1115 renewal a couple years ago. Given that we're short on time, I'm not going to talk through this right now, but I would encourage -- I know these slides will be posted afterwards for folks to take a look at these principles. I will say these are the principles that we developed a couple years ago back in 2021 early in this process. And as I was preparing for this presentation and looking at those principles and comparing them to what was ultimately approved by CMS last month, I feel like they have stood up pretty well and have guided us through the process. And our final product, though it's gone through some twists and turns, the final approval is very closely tied to these principles that we were pursuing early on. So, again, I would encourage people -- I'm going to skip this part of the presentation. I'm not going to talk through that, but I would encourage folks to take a look at those offline afterwards. It's really helpful framing

for the work that we're doing in the context of the 1115.

I want to quickly just orient people. And I think we talked about this slide before at the MAAC, but it may have been over a year ago. Our 1115 Demonstration works in conjunction with other policy levers that we have. So just to go over the basics really quickly, all states are required to have Medicaid and CHIP state plans. And the state plan is what governs the basics of how a state's Medicaid program works, who is eligible, what services are covered. And the state plan typically allows states to implement policy choices that are permissible under what you might think of as the ordinary Medicaid or CHIP rules set by the federal government. It essentially allows us to implement policies that don't require any waiver of those rules.

And we made changes to our state plan frequently. We call them state plan amendments or sometimes you'll hear us say SPAs, and these generally happen multiple times a year and they're often fairly routine.

By contrast, the 1115 Demonstration allows

us to test things that would not be allowed under the ordinary federal Medicaid laws and regulations. So it allows us to waive certain requirements about how the program needs to be run or to spend Medicaid funds on things that wouldn't otherwise be permissible expenditures. And because the 1115 is really a demonstrate authority, it's not routine, there are some critical differences. Demonstration authority, as I said, is generally time limited. It has to be renewed every five years. That's the process we've just been going through. We need to evaluate everything in our Demonstration, using independent evaluators to assess the impact. It's subject to a more stringent public notice and comment period requirement. And it's also subject to certain rules around budget neutrality which are intended to ensure that we're not spending more through the Demonstration than we otherwise would have.

So it can be more challenging in certain ways and it's really different in a bunch of ways. And I mention all this because while the 1115 authority gives us authority to do exciting and innovative things, it does come with a bunch of strings attached. And over the course of the last year, as we've

negotiated the terms of our Demonstration renewal with CMS, there have been a couple of areas where they came back to us or we had a conversation with them, and they said, "You know, we think there are creative ways to

get much or all of what you're asking for under your Demonstration proposal through your state plan which will be easier and more seamless for all involved." And we really appreciated that partnership from them and we're able to move forward on that basis in a couple of different domains. And Jon is going to call out a couple of those in a minute.

And also just included on the right of this slide, some of the other policy levers that we use to operate our programs, many of which interact with or flow out of our state plan and our 1115 Demonstration. And I just particularly call those out because many of these will now come into play now that we have the 1115 renewal approved as we move forward with implementation. We'll need to rely on some of those other levers that we have.

And then very quickly, I just -- if we can go on to the next slide, I just want to -- this summarizes the process that has brought us to where we

are now. In the interest of time, I'm not going to walk through this, but I will just call out that there has been really, really meaningful stakeholder input throughout this process, through the initial public listening sessions, through formal public hearings, through a state comment period on our draft

Demonstration proposal, through our federal comment period after we submitted it to CMS. And also, I have in countless informal ways, and I have talked to many of you, both to members of the MAAC and other stakeholders who are in the audience today about the Demonstration and our team has talked to you over the last several years. And I just want to say thank you to the MAAC and to all of the stakeholders because that stakeholder input has just been -- it's been really critical for us. And it's going to continue to be important as we move forward with implementation, and Jon's going to talk about that.

So thank you. We're going to continue to rely on that stakeholder input. So your work here is not done yet.

Okay. So with that very rapid table setting, I'm going to turn over to Jon who is going to

explain our a hundred-odd-page renewal in 10 minutes, so no pressure.

DR. SPITALNIK: Thank you.

Jon.

MR. TEW: Thank you, Greg.

With that background in mind, we'd like to get into some of the specifics on the provisions that were approved or not approved as part of this renewal.

First up, as you can see, are the major provisions that were approved. And we'd like to start with the enhancements to existing programs. So as Greg mentioned, a significant part of this renewal Demonstration period will be enhancing and expanding existing elements of our program. And that starts with the benefits provided with our MLTSS program to better support members in the community and their caregivers.

We'll also be providing greater flexibility and support to members in the Community Care and Supports Programs. And we'll be expanding the NJ Home Visitation pilot in partnership with our Department of Children and Families Partners, DCF.

We're also clarifying some of the eligibility flexibilities in the Children's System of

Care, specifically in the programs for youth with serious emotional disturbance and/or intellectual developmental disabilities, and will be continuing the current 12 months of continuous eligibility for postpartum individuals.

Finally, we sought and received authority to further integrate behavioral health services into the physical health care delivery system. And this element in particular, to Greg's earlier point, will require and be guided by extensive stakeholder input to expand

this integration.

So on the next slide, in addition to that expansion of existing Demonstration elements, we're adding several new initiatives which we're very excited to get to work on.

First up is an integration of housing services into the benefits for Medicaid beneficiaries. This will include Medicaid coverage of housing-related services and, again, is going to be driven by extensive stakeholder input, a process we started prior to approval and will be continuing throughout 2023 and beyond.

We're also planning to increase the coverage

of nutritional services, including a pilot testing the impact of medically indicated meals for individuals with increased risk of gestational diabetes.

Another pilot we'll be running under this Demonstration is a Community Health Worker pilot program to test new approaches to delivering services. And we hope to test several approaches under this pilot, and we look forward to learning how we can -- how CHWs can better impact the Medicaid program.

So another area is we will be offering incentives for behavioral health providers to build new health information technology functions into their new

or existing electronic medical records systems.

And we'll be standing up another pilot on the provision of autism adjunct services.

Finally, we will be working towards 12 months of continuous eligibility for adult members in certain income-based eligibility categories, providing those members with more stability in their health care coverage.

And one sort of global note I'd like to make for all of these new initiatives, and you heard Greg say it already, is that we will be running extensive

stakeholder engagement processes as we work to design and implement each of these programs and we have further post-approval submissions and discussions with CMS to work through as we get all of these new initiatives underway. So we will look to many of you and, of course, the MAAC it is as a part of those stakeholder efforts, and we appreciate in advance all your help and your guidance.

So that covers those two slides, the approved items. And we wanted to take a moment to discuss several of the elements of our renewal proposal that were not approved as we proposed them, at least.

So first up, we proposed coverage of certain behavioral health services for incarcerated individuals

prior to their release, and CMS was not able to approve our proposal during our renewal timeline, as their internal guidelines weren't yet clear on the issue. But as you may have seen recently, they released guidance for states, and there is now a pathway to approval for such services. So CMS and New Jersey were in active conversations on this topic, and we're going to determine how that guidance applies to our renewal proposal, and we'll keep you posted as we learn more.

Several of our elements, as Greg alluded to, were not approvable either partly or fully under the 1115 Demonstration authority, but CMS provided guidance on other authority pathways that could be used for these programs. That includes the Integrated Care For Kids model or inCK, Supportive Visitation Services, Certified Community Behavioral Health Clinics, CCBHCs, and the Regional Health Hubs.

So inCK simply required a waiver of state wideness, which is the authority needed to run a program in only selected geographies of the state. And you'll see that waiver in the renewal. This doesn't change the program, it simply updates the needed authorities.

Supportive Visitation Services and the CCBHCs were areas alluded to by Greg earlier where CMS

felt the state plan amendment pathways existed for what we were trying to accomplish so, and we're going to pursue those initiatives with CMS's guidance in mind.

And on the Regional Health Hubs, here, CMS did not specifically approve our request for authority to expand our partnership with the hubs to additional areas beyond our existing authority, however, CMS

recognized that the hubs will be well positioned to support our future work related to the social determinants of health and housing in particular. So that work is not only allowed, but encouraged in this renewal. And CMS also assured New Jersey that the lack of inclusion of the hubs by name in the Demonstration in no way prevents Medicaid funding from flowing to the hubs under other existing authorities.

So we're excited to maintain momentum on all of these initiatives no matter what authority pathway we have with CMS.

Finally, New Jersey was not approved to receive federal funding for subacute behavioral health rehabilitation beds. The existing coverage will continue. This was simply a request for federal financial participation wasn't approvable as we had proposed it.

So now on to the final 1115 slide, we just

wanted to give you a bit of a look at the upcoming activity that we're very excited to get started on for these expanded new activities. This slide gives you a quick snapshot of some of those post-approval activities, whether planned or already underway. Each

initiative will have its own timeline based on each one's need for stakeholder engagement. We have systems and internal implementation work to get to and further discussions with CMS as well as approvals.

So as you can see, we have significant post-approval deliverables that need to go to CMS on many of our new elements, including implementation plans, and program protocols, as well as rates and fiscal documentation. And we're hard at work on these. And we'll update you on these efforts as we move forward with CMS.

As we mentioned several times now, we also plan for significant community and stakeholder engagement on many of our new initiatives but especially the integration of behavioral health services, the new housing initiatives and the community health worker pilot.

Finally, we've begun work on the operational milestones that will be needed to stand up so many new programs quickly and effectively. This includes

changes to the managed care contract and IT systems changes to support each program, including provider enrollment and eligibility systems, among others.

So, hopefully, that gives you a snapshot of the work ahead of us. And I'll say again, each program will have its own timeline and effort level, but we hope this helps you plan for future requests for input you will receive from us and the types of input that we'll seek from you.

Greg, anything you wanted to add on the implementation of the Demonstration?

MR. WOODS: I think you mostly covered it, Jon. I will just say, looking at this slide, we did just want to share, there is a lot of work for each of the major elements of the approved renewal. You can see it's available to anyone who reviewed the renewal. There are a lot of followups that we still do owe to the federal government, to CMS. It's really important to us that we do this community and stakeholder engagement to do this in a way that's reflective of that. And the operational piece is not trivial.

And I say all of that just to say we are really excited about all of the elements of the renewal and we're excited to begin implementing them. Some of these are heavy lifts, though, and they will take time.

Some of these things can happen relatively quickly,

some are going to take longer and may be measured in months and years. And we will be reaching out to members of the MAAC, to stakeholders, to talk about each of these in further depth. We obviously don't have time today to dive into any of these at the level of detail they would deserve, but we appreciate your patience. We're really excited to keep moving on these, and we will continue to share more information at future MAAC meetings and other forums as we move forward with implementation.

DR. SPITALNIK: Thank you. And we so appreciate your perseverance. This has been a long time coming and the excitement about the maintenance of existing programs and the expansion to others, this leads us, in respect for our meeting time, to our agenda for our next meeting, and I would see that this slide of the next steps for the implementation waiver as one of our key agenda items over time.

The other things that I have pulled from our meeting this morning is update on the fiscal intermediary, continued reportage on Cover All Kids, and the process of eligibility redetermination in much larger, if you will, a most cosmic issue about the availability of providers is something that I know is

of interest to all engaged with the people we serve and the program. That's a much longer-range conversation, but I want to make sure we revive that.

With that cobbled-together list, anything else from the members of the MAAC that we should be putting on our for where July 19th?

MS. ROBERTS: Hi. This is Bev. So I guess I'd be interested in any information on --

DR. SPITALNIK: Bev, you just muted. You muted after "information."

MS. ROBERTS: Okay. Well, I didn't do it. The computer did it on its own. I don't know what it did.

UNIDENTIFIED SPEAKER: It was not the computer. I'm so sorry. I was trying to spotlight you right next to each other. So sorry.

DR. SPITALNIK: I am rushing you.

MS. ROBERTS: If there's any information to share about the Phase 2 implementation on NJ WorkAbility, that would be appreciated. Thank you.

DR. SPITALNIK: Thank you. And I should have -- I think I take that for granted as important.

This is not the only opportunity for shaping our agenda, both members of the MAAC and our broader

stakeholder community.

I want to close with remarking on the depth and breadth and the activity and the efforts of everyone in the Division of Medical Assistance and Health Services, the compassion, the guidance, the value-driven decision-making through the North Star principles, again, thank you for all the effort that's put into, of course, what you do day in and day out, but to bring that to the MAAC and to our broader community. And with that, I hope I have honored the social contract among us and we end at 12:02 and look forward to being together on July 19th. Thank you all. Be well, travel safely, and enjoy this glorious spring. And, again, thank you to everyone.

(Meeting adjourned.)

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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Lisa C. Bradley, CCR

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