

Attachment E

Summary of Public Comments

To ensure the widespread stakeholder participation and encourage input Statewide, the State set-up an email address specifically to accept public comment of the Waiver Renewal. This email address was included in all slides presentations, and the public notice that was published statewide. DMAHS received over 150 written comments from stakeholders representing hospitals, Federally Qualified Health Centers (FQHC's), mental health providers, aging and disability advocates and private citizens.

The majority of the respondents expressed much praise, accolade and appreciation for the opportunity to provide comment and for the concepts included in the waiver renewal application. The top three topics commented on were the integrated enrollment option and seamless conversion option for dual eligibles, the managed organized delivery system for behavioral health and the addition of a supportive housing benefit for the Medicaid population. Additional comment detail on all of the proposals is noted below.

Managed Long-Term Services and Supports

Stakeholders are commending the state for its support and the continued commitment to creating a fully-integrated managed delivery system by continuing MLTSS and adding behavioral health. In addition, stakeholders would like to see the development of a consumer-focused value based payment system. New Jersey is also being encouraged to include additional resources for MLTSS. Lastly, it was stated that providers would like to see more data that illustrates transparency and an effective delivery system. DMAHS is working through its MLTSS Steering Committee to identify specific issues or areas of focus to provide data through its existing stakeholder process. Additionally, DMAHS is reviewing the Medicaid Managed Care and CHIP Final Rule and working with stakeholders on ways to increase the transparency of managed care plan reported data.

Behavioral Health and Substance Use Disorder (SUD) Continuum

The majority of comments received from stakeholders applaud the efforts to integrate mental health and substance use services. In addition, New Jersey received positive feedback regarding the effort to expand Behavioral Health Homes (BHH) statewide. Respondents also commend the state for the decision to increase funds for Medicaid and state-funded clients, including both increased Medicaid rates as well as the parity represented by the “true-up” of Medicaid services. Providers are suggesting creating a cohesive regulatory/licensing framework to facilitate and operationalize integrated care or provide waivers to address barriers in care. DMAHS is participating in the Medicaid Innovator Accelerator Program (IAP) Integrating Physical and Mental Health initiative and is receiving technical assistance through this opportunity to facilitate an integrated licensure framework. The Department of Human Services is also working with Seton Hall University Law Center to address specific licensing and reimbursement barriers and opportunities in New Jersey.

Comprehensive Supports to Individuals with Disabilities

The majority of the comments received support the proposed changes to the developmental disabilities system. The state received several positive comments supporting the proposed pilot program that will address the needs of individuals with intellectual and developmental disabilities and a co-occurring mental illness. The state is also being encouraged to give serious consideration to include access to applied behavior analysis (ABA) for adults through the Supports Program. It has been brought to the State's attention that there has been some

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misinformation regarding moving the authority for the Community Care Waiver under the Comprehensive Waiver. The state will be providing additional on-going education sessions regarding the proposals to ensure stakeholders understand what is being proposed under the waiver, how the changes will or will not impact them, and what changes are federally or legally required.

Integrating Care for Dual Eligibles

The majority of respondents, especially parents of dual eligible adults, oppose the integrated enrollment option which requested the authority to auto-assign any dual eligible individual enrolling in New Jersey's Medicaid plan into one of the State's Fully Integrated Dual Eligible (FIDE) Special Needs Plan (SNP). The majority of the comments were from families who were concerned about provider access to established Original Medicare Doctors and the misconception that dual eligible individuals would not have the choice to opt out of the program for a specified period pre and post program enrollment.

After careful and thoughtful consideration, and given the concerns around access to Medicare providers, DMAHS has decided to remove the integrated enrollment option from the waiver renewal application. As noted in the draft application, The Division understands the importance of choice for dual eligible individuals and is actively pursuing the access to Medicare data, specifically Enhanced Coordination of Benefits Agreement (COBA) data, to enhance our ability to see a dual eligible in a holistic way. New Jersey believe it will be better positioned to revisit this concept as an amendment in the coming years, once we have had an opportunity to review the final evaluation reports from the States currently participating in the Financial Alignment Demonstration and have completed additional data analysis.

Transitioning Individuals into the Community Upon Reentry

The feedback received on the proposal to transition individuals into the community upon reentry has been strongly supportive. Stakeholders support the overall goal of getting individuals healthcare quickly and ensuring care is accessible and available upon release. The state has been advised to consider extending some of the proposals in the application currently targeted at former inmates for those with mental health or addiction issues, and to individuals with intellectual and developmental disabilities (I/DD). Lastly, it has also been suggested that the State pursue a robust and transparent process with input from a broad array of stakeholders to ensure operational and clinical success of the proposal. DMAHS is taking these suggestions under consideration and is working to identify Stakeholders to participate in a re-entry workgroup.

Housing

Comments regarding housing were extremely supportive and commend the state for their commitment to individuals who are homeless or at-risk of being homeless. Stakeholders are also very supportive of the proposal to expand the High-Fidelity Housing First Model to meet the needs of individuals. New Jersey is being urged to consider providing rental and utility subsidies as part of a benefit included in the waiver. Lastly, stakeholders would also like to see employment support and non-medical transportation coordination assistance as part of the services provided through the waiver. New Jersey added additional detail around the possibility of reinvesting a portion of the savings from the waiver back into the housing concept of the waiver. We are continuing to work with other State partners such as the Department of

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Community Affairs (DCA) on how to increase the availability and leverage the existing of high opportunity housing stock to meet the needs of the target population. Additionally, there is an internal Housing Partnership workgroup tasked with developing the service benefit and defining which services should be included in the benefit and the suggestion to add employment support and non-medical transportation was shared with that group.

Population Health

While many of the comments pertaining to the population health section supported the idea of population health, there was an expressed desire for additional detail around the proposal. In turn, we worked to provide an expanded definition of population health articulated our goal of reduced hospital admissions and explained how this goal furthers goals outlined in our state health improvement plan, Healthy New Jersey (NJ) 2020. We also included a description of the work already underway by the Population Health Action Team (PHAT), the composition of the team and its governing principles.