Attachment G
New Initiatives Implementation Plan (NIIP)

In accordance with the state's Section 1115 Demonstration and Special Terms and Conditions (STCs), the state is required to submit a New Initiatives Implementation Plan to cover certain key policies being tested under this demonstration. The Implementation Plan will contain applicable information for the following expenditure authorities: HRSN Infrastructure, HRSN Services, and Continuous Eligibility. The Implementation Plan, at a minimum, must provide a description of the state's strategic approach to implementing these demonstration policies, including timelines for meeting critical implementation stages or milestones, as applicable, to support successful implementation.

I. New Initiatives Implementation Approach and Timeline

a. Housing Supports

i. Launch of Services

1. DMAHS intends to launch the Housing Supports program in early 2025. If needed, the state may explore a phasing in approach of the program.

ii. MCO Responsibilities DMAHS will update its contracts with its MCO partners to support the delivery of Housing Supports services. Key responsibilities of the MCOs will include:

1. Building a network of qualified Housing Supports providers
2. Proactively screening and identifying members who may be eligible for Housing Supports
3. Accepting referrals and requests for authorization for Housing Supports from housing organizations, member self-referrals, health care providers, and other community based organizations
4. Conducting eligibility determination and service authorization
5. Providing care management to members referred to Housing Supports, including developing or updating care plans to reflect members' housing needs and employing Housing Specialists to support member housing needs
6. Referring eligible members to Housing Supports providers
7. Paying Housing Supports providers for services rendered

iii. HRSN Infrastructure

1. DMAHS is partnering with the New Jersey Department of Community Affairs (DCA) to distribute infrastructure funding to organizations capable of delivering Housing Supports services. DMAHS intends to distribute funding via multiple rounds of grant funding over the duration of the 1115 waiver, distributing the first round no earlier than September 2024. For at least the first round of grant funding, grants will be awarded to organizations as they complete key milestones that demonstrate their progress towards readiness to deliver Housing Support services.
2. DMAHS is partnering with New Jersey's Regional Health Hubs to deliver training, technical assistance, and general supports to Housing Supports providers and organizations seeking to become

Housing Supports Providers. This partnership will start no earlier than July 2024.

b. **MLTSS Nutrition Supports:**
    i. Launch of Services
        1. DMAHS intends to launch MLTSS Nutritional Supports Services in January 2025.
        2. The implementation will be statewide to any person who meets screening criteria.
        3. The January 2025 MCO contract will be updated to include additional entries to the MLTSS Dictionary. The services will be:
            a. Nutritional Counseling
            b. Transitional Pantry Stocking
            c. Short Term Grocery Provision
    ii. MCO Responsibilities DMAHS will update its contracts with its MCO partners to support the delivery of MLTSS Nutritional Support services. Key responsibilities of the MCOs will include:
        1. Building a network of qualified Nutritional Support Services providers
        2. Proactively screening and identifying members who may be eligible for Nutritional Supports
        3. Accepting referrals and requests for authorization for Nutritional Supports from community-based organizations, member self-referrals, health care providers
        4. Conducting eligibility determination and service authorization
        5. MCO MLTSS Care Managers will coordinate the authorization and delivery of nutritional supports services as part of their overall MLTSS Care Management responsibility.
        6. MCO MLTSS care managers will ensure these services are documented in the member person centered plan of care
        7. Paying providers for services rendered
        8. MCOs will utilize their existing MLTSS infrastructure and process for the service authorizations, reauthorizations and beneficiary notifications for the nutrition support services.
        9. Upon receipt of the information regarding the beneficiary's nutritional needs, the MCO will use reasonable efforts to obtain all other information necessary to 1) determine whether the beneficiary is eligible for nutritional support and 2) to authorize the appropriate services.
            a. The plan's reasonable efforts must include:
                i. Utilizing the results from the New Jersey Choice Home Care assessment of Nursing Facility Level of Care to confirm MLTSS eligibility
                ii. Obtaining the results from nutritional need screening questions to assess eligibility to receive nutrition supports services
                iii. Collecting beneficiary information from the beneficiary's transition or care plan, or from the plan's own patient records

iv. Collecting relevant and appropriate information obtained via follow up with the beneficiary or referring organization/individual if necessary

c. **Medically Indicated Meal Pilot:**
   i. Launch of Services DMAHS intends to launch the Medically Indicated Meal (MIM) Pilot in January 2025.
      1. DMAHS intends to partner with no more than 2 MCOs to provide MIM services to their eligible managed care enrollees.
      2. DMAHS will actively monitor progress with enrollee recruitment into the pilot for equitable enrollee engagement and the level of enrollment relative to the maximum allowed 300 beneficiaries per Demonstration Year.
   ii. MCO Responsibilities The MCO partner(s) is expected to actively collaborate with the state on the pilot, including:
      1. Prior to launch, the MCO will be responsible for recruiting a MIM vendor, completing systems implementation to support reimbursement and payment reporting to DMAHS, and developing the enrollee recruitment strategy.
      2. Throughout pilot operations, the MCO is expected to align existing obstetric case management efforts for their pregnant, diabetic enrollees with pilot operations—including enrollee recruitment, monitoring of enrollee engagement, and enrollees‘ transition at the end of their participation in the pilot.
      3. At the conclusion of the pilot, the MCO is expected to participate in any monitoring and evaluation efforts of the pilot's impact.
   iii. At the conclusion of the pilot, as part of the 1115 demonstration evaluation requirements, DMAHS will engage with Rutgers to conduct independent evaluation of the pilot impact.

II. Data Sharing and Partnerships

a. **Housing Supports:**
   i. The state will work with MCOs, Housing Support providers, and community partners on an approach to data sharing that meets entities where they are today. For the initial implementation, DMAHS will require MCOs to operationalize closed loop referrals, acceptance of referrals (request for housing supports services), coordination with Housing Supports providers, and data reporting to DMAHS via existing technologies and systems. DMAHS aims to standardize these processes as much as reasonably possible.
   ii. To improve data sharing among the homeless and Medicaid sectors, DMAHS is exploring possible partnerships with the statewide HMIS system, operated by the New Jersey Housing and Mortgage Finance Agency. Please see Section VI.(d) for more information on the HMFA partnership.

b. **MLTSS Nutrition Supports:**
   i. MCOs will coordinate with other nutritional benefit programs (e.g., SNAP and WIC) and care management the beneficiary is already receiving or

becomes eligible for while receiving nutrition supports. See "Partnership with State and Local Entities" below for additional details on efforts with SNAP and WIC.

ii. MCOs will submit to the state claims level data using existing processes to allow DMAHS to understand the utilization and value of the service

iii. MCOs will utilize internal data to assist in determining the need for nutritional counseling. An example of this would be diagnostic information related to a medical condition that would necessitate access to nutritional counseling.

iv. DMAHS will utilize member experience surveys to gain insight into the impact of the service on member quality of life

v. MCOs will work to establish formal/official connections with external social support entities such as SNAP and WIC to streamline access to more permanent sources of nutrition and assist members with avoiding food insecurity. See "Partnership with State and Local Entities" below.

c. **Medically Indicated Meal Pilot:**

i. The MCO partner(s) with DMAHS will leverage existing resources supporting obstetric case management efforts to screen for HRSN and address identified needs among eligible enrollees—which can include referral to other 1115 HRSN benefits like housing supports. These resources include data from paid claims, NJ's Perinatal Risk Assessment, case management intake forms, and case management activities. The participating MIM vendor(s) will work with MCO(s) and DMAHS to support these activities.

ii. Given that the pilot is focused on addressing nutritional needs of pregnant and diabetic enrollees, pilot operations will pay particular attention to comprehensive screening and identification of nutrition-related needs, and, referrals of participating enrollees to WIC and SNAP. The MCO partner(s) will provide updates on participants' self-reported status on receipt of WIC and SNAP benefits as part of routine monitoring of pilot operations. At the conclusion of the pilot, DMAHS will engage with Rutgers to conduct independent evaluation of pilot impact on enrollee's participation in WIC and SNAP.

iii. DMAHS is working closely with nutritional benefit programs within state government (e.g., WIC, SNAP) to explore improved data-sharing to facilitate enrollment in those benefits by Medicaid enrollees and to facilitate tracking of benefits access without relying on enrollees' self-reporting their status. See "Partnership with State and Local Entities" for additional details. Depending on the status of data sharing and partnerships, DMAHS may leverage those new efforts for pilot operations based on readiness and appropriateness, over the course of the demonstration.

d. DMAHS may procure a statewide closed loop referral technology to provide more efficient mechanisms to conduct closed loop referrals and service provision between HRSN providers, referrers, and the MCOs. The state may work with these entities to phase in the use of closed loop referral technology based on readiness and appropriateness, over the course of the demonstration.

III. HRSN Service Delivery Partnerships

a. **Housing Supports:** DMAHS has designed the Housing Supports program with extensive input from stakeholders, including likely Housing Supports providers, MCOs, advocacy groups, community-based organizations, and beneficiaries. After go-live, DMAHS will continue to convene stakeholders, acting on their feedback to improve the program.

   i. **CBOs:** DMAHS has and continues to operate a stakeholder workgroup in which DMAHS meets regularly with community partners to test and develop program design.

   ii. **MCOs:** DMAHS expects MCOs to develop robust provider networks, partnerships, and expertise in several areas, including, for example:

      1. Care coordination, navigation and case management activities
      2. Housing services and supports, including tenancy case management, set-up costs, critical repairs, air conditioners, items to improve mobility, and environmental remediation
      3. Trauma-informed services and supports across sectors

   iii. The state will support MCOs in building upon these existing networks, partnerships, and resources to provide HRSN services.

   iv. The state will require MCOs to have networks of HRSN providers to sufficiently meet the needs of their members for nutrition and housing services, including culturally and linguistically appropriate and responsive services.

   v. To inform this design, the state has and will continue to engage with MCOs on a regular basis.

   vi. **RHHs:** DMAHS, in partnership with New Jersey's Regional Health Hubs (RHH), plans to conduct a series of interviews with Medicaid members who are experiencing housing instability or homelessness.

   vii. **DMAHS:** Additionally, DMAHS may conduct site visits at local housing developments and housing service organizations to facilitate meaningful partnership and identify strategic methods in which DMAHS can supplement the existing housing service landscape.

   viii. DMAHS is aware of the complexity for housing service providers to integrate into the Medicaid system. It is DMHAS's goal to ensure as smooth a transition as possible for providers to begin providing services. To achieve these goals, the state is exploring pathways to simplify provider enrollment and foster greater connectivity between housing and behavioral health providers. DMAHS may also explore how to form partnerships or "hubs" of connected Housing Supports providers to reduce the administrative burdens of credentialing, contracting, and billing MCOs.

   ix. **HRSN Infrastructure** DMAHS plans to distribute Provider Readiness grants to potential Housing Supports providers to help them build capacity to better deliver services. These grants will be distributed through the New Jersey Department of Community Affairs (DCA). DMAHS seeks to leverage the expertise of DCA as the statewide housing authority and its role in overseeing several housing production, housing service, and general housing grant programs. DMAHS also plans to partner with New

Jersey's Regional Health Hubs to offer provider trainings and other troubleshooting supports.

b. **MLTSS Nutrition Supports:**
    i. MCOs will create new partnerships with community based providers to ensure member food insecurity and/or nutritional needs are addressed in a person centered way**.**
    ii. MCOs will connect these newly established partners with existing nutritional supports such as SNAP and WIC. See "Partnership with State and Local Entities" for additional details.

c. **Medically Indicated Meal Pilot:**
    i. Throughout pilot planning, DMAHS has periodically engaged regional medical meals vendors to provide expertise and feedback.
    ii. Prior to launch, DMAHS will support the MCO partner(s) efforts to recruit a qualified, engaged medical meals vendor to provide meals to their participating enrollees.
    iii. Throughout pilot operations, DMAHS will actively collaborate with MCO partner(s) and the MIM vendor on monitoring equitable enrollee recruitment, monitoring of enrollee engagement, and other aspects of service delivery operations—including effective meal delivery to participants, and whether meals are meeting individual personal and cultural preferences.
    iv. At the conclusion of the pilot, DMAHS will engage with Rutgers to conduct independent evaluation of the pilot, which will include a qualitative assessment of: participant engagement; service delivery operations; and effectiveness of partnership across MCO, MIM vendor, and DMAHS.
    v. Throughout pilot operations, DMAHS will be monitoring for additional opportunities to maximize the impact of the pilot for the benefit of eligible enrollees.

IV. IT Infrastructure

a. **Housing Supports:**
    i. DMAHS and MCOs will primarily implement the program using existing data systems. These systems will collect data on beneficiary characteristics, eligibility and consent, screening, referrals, service provision, outcomes, and other quality measures. Within these existing systems, DMAHS is exploring ways in which to reduce administrative burden on both the provider and MCO by attempting to better align certain systems together, including service authorization.
    ii. DMAHS plans to develop a simplified and standardized provider enrollment process to reduce the administrative burden on housing service providers. DMAHS is also planning on requiring MCOs to utilize a standardized credentialing application for all housing service providers.
    iii. As described in other sections of this document, in future years, DMAHS may pursue changes to IT infrastructure, including a statewide closed-loop referral system or connection between the Homeless Management

Information System (HMIS) and the Medicaid Management Information System (MMIS).

b. **MLTSS Nutrition Supports:**
    i. DMAHS and MCOs will primarily implement the program using existing data systems. These systems will collect data on beneficiary characteristics, eligibility and consent, screening, referrals, service provision, outcomes, and other quality measures.

c. **Medically Indicated Meal Pilot:**
    i. DMAHS will leverage existing resources for this pilot, including those supporting obstetric case management efforts. These resources include data from paid claims, NJ's Perinatal Risk Assessment, case management intake forms, and case management activities. These existing resources include the required data on beneficiary characteristics, eligibility and consent, screening, referrals and service provision. DMAHS is working closely with nutritional benefits programs within state government (e.g., WIC, SNAP) to explore improved data-sharing to facilitate enrollment in those benefits by Medicaid enrollees and to facilitate tracking of benefits access without relying on enrollees self-reporting their status. See "Partnership with State and Local Entities" for additional details. Depending on the status of data sharing and partnerships, DMAHS may leverage those new efforts for pilot operations based on readiness and appropriateness, over the course of the demonstration.

V. Partnerships with State and Local Entities

a. **Housing Supports:**
    i. DMAHS has engaged the support of Continuums of Care (CoCs) and local public housing authorities in the design and implementation of the program. DMAHS will leverage CoCs and local public housing authorities to identify members who need housing supports and refer them to MCOs to request authorization for services.
    ii. **Continuums of Care.** Throughout the demonstration, the state may seek to formalize partnerships between the Medicaid delivery system and CoCs. For example, the state may encourage MCOs to be active partners by joining the board, attending meetings, or joining subcommittees of their local CoC to build the relationships with their local housing partners. DMAHS is also considering requiring Housing Supports providers to be active participants in their local CoC as a condition of enrollment. The state, in partnership with other entities, including MCOs and CoCs, will consider opportunities to support identification of additional housing resources that members may require, and to provide a more sustainable funding source for ongoing services beyond what is covered under Medicaid. As part of this partnership, the state is exploring ways to support MCOs to connect to HMIS in a way that preserves informed consent and creates mechanisms for sharing sensitive data cross-sectors. Additionally, the state may encourage MCOs to have their care coordinators become Coordinated Entry (CE) access points, along with any other member facing positions the MCO may have that could serve as a connection to CE.

iii. **Local Public Housing Authorities**. The state will seek to formalize and oversee partnerships between DMAHS and local housing authorities over the course of the demonstration. Specifically, the state may seek to identify opportunities to provide additional and longer-term housing supports to members beyond what is covered through HRSN or other Medicaid initiatives, including through partnerships with MCOs, local housing authorities and others. For example, MCO care coordination staff can work with local public housing authorities to identify funding sources to support rental payments and/or housing units for members.

b. **MLTSS Nutrition Supports:**
   i. MCOs will ensure members are referred to appropriate long term nutrition supports. This will be accomplished through MCO assistance to the member in applying for and obtaining services such as SNAP or WIC to enable smooth transition from Transitional Pantry Stocking and Short Term Grocery Delivery.
   ii. With respect to Short Term Grocery Delivery, MCOs will ensure appropriate referral to additional supports that help address the root cause of food insecurity and the need for this service. Examples include but are not limited to, Behavioral Health Supports, Chronic Disease self-management, specialty medical services (such as a cardiologist if heart disease is implicated).
   iii. MCOs will seek to establish formal working relationships and data sharing agreements with external entities to ensure members avoid food insecurity.

c. **Medically Indicated Meal Pilot:**
   i. Throughout pilot planning and operations, DMAHS has and will continue to periodically engage external stakeholders, including food security entities within state government (i.e., WIC, SNAP, NJ Office of the Food Security Advocate), to provide expertise and feedback on pilot operations.
   ii. The MCO partner(s) will leverage existing resources supporting obstetric case management efforts to screen for HRSN and address identified needs among eligible enrollees. Given that the pilot is focused on addressing nutritional needs of pregnant and diabetic enrollees, pilot operations will pay particular attention to comprehensive screening and identification of nutrition-related needs, and, referrals of participating enrollees to WIC and SNAP.
   iii. DMAHS is working closely with nutrition benefits programs within state government (e.g., WIC, SNAP) to explore improved data-sharing to facilitate enrollment in those benefits by Medicaid enrollees and to facilitate tracking of benefits access without relying on enrollees‘ self-reporting their status. See “Partnership with State and Local Entities” for additional details. Depending on the status of data sharing and partnerships, DMAHS may leverage those new efforts for pilot operations based on readiness and appropriateness, over the course of the demonstration.

VI. Tracking eligibility & enrollment in other programs.

Background: Housing and nutrition programs are administered by several state agencies in New Jersey. The Department of Human Services Division of Family Development (DFD), a sister division to DMAHS, operates both SNAP and TANF. The Department of Health (DOH) operates WIC. Multiple state entities operate housing programs, but the Housing and Mortgage Finance Agency (HMFA) manages the Homeless Management Information System (HMIS) for 19 of New Jersey's 21 counties, the other two are run by their respective counties. NJHelps supports individuals to determine if they are likely eligible for SNAP, TANF and Medicaid, but individuals must apply for each program separately.

a. **WIC**: Existing practices and requirements facilitate enrolling Medicaid members who are likely eligible for WIC into WIC. Specifically, an existing data-sharing agreement allows DMAHS to regularly share Medicaid eligibility information with DOH to facilitate establishing adjunctive eligibility (i.e., automatically verifying income eligibility) for WIC. In addition, DMAHS's MCO contract requires MCOs to require their participating providers to refer potentially eligible individuals to WIC.

   DMAHS and DOH are working to build on this partnership to facilitate higher WIC enrollment by Medicaid members. In the short-term, both entities are exploring the use of an existing API to enable real-time adjunctive eligibility determinations to support WIC enrollment. Over the longer term, DMAHS and DOH are exploring sharing more information from Medicaid to start and prepopulate WIC certifications and/or conduct proactive outreach to Medicaid members who are likely eligible for WIC. DMAHS and DOH are also defining requirements to regularly measure and report the share of Medicaid members likely eligible for WIC who are enrolled in WIC.

b. **SNAP**: As part of New Jersey's PHE unwinding mitigation plan, DFD and DMAHS established a data-sharing agreement to share SNAP enrollment data to facilitate Medicaid eligibility determinations. Through this agreement DMAHS receives SNAP participation data on a monthly basis, allowing Medicaid to make *ex parte* income eligibility determinations for Medicaid. New Jersey plans to continue using this *ex parte* strategy through June 2025, when such waivers are currently scheduled to expire.

   To facilitate greater program coordination going forward, DMAHS and DFD are exploring expanding data-sharing and other mechanisms to help Medicaid members enroll in SNAP. In the short-term, DMAHS and DFD are exploring how MCOs can share information about and even screen members for SNAP. DFD has trained other contracted entities as SNAP navigators, including staff at Area Agencies on Aging (AAAs). DFD could do similar training for MCO care coordinators. Furthermore, DMAHS is exploring requiring MCOs to screen members receiving care management (e.g., MLTSS; Housing Supports, Nutrition Supports and Medically Indicated Meals through 1115 waiver) for SNAP and TANF participation and to make referrals for interested individuals. Finally, DMAHS and DFD are also defining requirements to regularly measure and report

the share of Medicaid members likely eligible for SNAP who are enrolled in SNAP.

Over the long-term, DFD and DMAHS are considering data-matching to identify Medicaid members likely eligible for but not yet enrolled in SNAP and conducting proactive outreach to those individuals. Such efforts would build on comparable efforts by DFD and DOH, which conduct regular data-matching to identify SNAP recipients who are likely eligible for but not enrolled in WIC and WIC recipients who are likely eligible for but not enrolled in SNAP. Using this information, DFD and DOH contact individuals who are enrolled in one but not both programs and encourage them to apply. This effort has been successful at increasing enrollment among contacted individuals. Further discussion is needed to determine level of effort and responsibilities for such an effort between DMAHS and DFD.

c. **TANF**: There is limited existing coordination between DFD and DMAHS to support TANF, in part due to the nature of TANF eligibility requirements. Moving forward, comparable to efforts in support of SNAP, DMAHS and DFD are exploring how MCOs can share information about and even screen members for TANF. DMAHS is also exploring requiring MCOs to screen members receiving care management (e.g., MLTSS; Housing Supports, Nutrition Supports and Medically Indicated Meals through 1115 demonstration) for SNAP and TANF participation and make referrals for interested individuals. Finally, DMAHS and DFD are defining requirements to regularly measure and report the share of Medicaid members likely eligible for TANF who are enrolled in TANF.

d. **Federal and state housing programs**: As discussed in Sections I-V of this document, DMAHS will leverage New Jersey's existing housing infrastructure and resources to launch the Housing Supports program. As part of those efforts, DMAHS is exploring how it can leverage the HMIS used by most of the state to conduct both individual-level case management and tracking as well as analyze population-level outcomes. DMAHS is also hopeful that by working with the statewide HMIS data collaborative, the two counties that operate independent HMIS may join the short- and long-term efforts described below.

   In the short-term, DMAHS will work with HMFA (which manages the HMIS for 19 of 21 counties) to enable appropriate MCO staff to access HMIS. This will allow MCO care managers and housing specialists to observe services being rendered to and status changes for MCO members enrolled in Housing Supports. Over time, DMAHS will work with HMFA to seek to facilitate more real-time coordination between MCOs and CoCs by utilizing the search, data-entry and reporting functions in HMIS.

   To facilitate initial identification of Medicaid members receiving state and federal housing benefits, DMAHS will work with HMFA to conduct a one-time, retrospective data match between HMIS and Medicaid information systems. This effort can build on previous, deidentified analysis of housing and health outcomes among Medicaid members conducted by the Rutgers University Center for State

Health Policy utilizing HMIS and MMIS data. Completing identified data-matching can facilitate initial identification of Medicaid members who may benefit from Housing Support services. Over time, DMAHS and HMFA are exploring conducting regular data-sharing to track individual member outcomes and the share of Medicaid members participating in state and federal housing programs.

VII. Verifications on beneficiary residency for Continuous Eligibility.

a. DMAHS has been approved for Continuous Eligibility for the MAGI adult population but has not decided to move forward with this authority at this time. Should NJ excercise this authority in the future, this Protocol will be updated to reflect that decision

VIII. HRSN Rate Methodologies

a. DMAHS to submit to CMS at least 60 days prior to implementation.

IX. Maintenance of Effort

a. DMAHS is seperately preparing a Maintenance of Effort report for submission to CMS.