

New Jersey 1115 Demonstration Interim Report

New Jersey FamilyCare Comprehensive Demonstration Quarterly Report

Demonstration Year: 14 (July 1, 2024 – June 30, 2025)

Reporting Quarter: 3 (January 1, 2025 – March 31, 2025)

Executive Summary

1115 DEMONSTRATION OVERVIEW

On March 30, 2023, the Centers for Medicaid and Medicare Services (CMS) approved New Jersey's request to extend and amend its New Jersey FamilyCare Comprehensive Demonstration from April 1, 2023 through June 30, 2028. The FamilyCare Demonstration seeks to expand longstanding waiver and expenditure authorities that make up a crucial part of New Jersey's Medicaid system, including 1) the extension of managed care to include long-term services and supports (LTSS) and certain behavioral health services; 2) targeted home and community-based services (HCBS) programs for children; 3) support services and in-home community supports for individuals with intellectual and development disabilities (I/DDs); 4) expenditures for substance use disorder (SUD) services; 5) continuation of eligibility determinations for individuals placed under the guardianship of the Office of the Public Guardian (OPG); and 6) extension of full state plan benefits to postpartum individuals enrolled in Medicaid or CHIP for up to 12 months from the last day of an individual's pregnancy.

The approved Demonstration extends these authorities, among others, and allows the state to test the efficacy of innovative practices that seek to promote high-quality, evidence-based, coordinated, and integrated care. Through new initiatives and investments, New Jersey also hopes to improve coverage, access, quality of services, and health equity for Medicaid and CHIP beneficiaries. The Demonstration's ultimate goal is to enhance medical assistance and improve health across New Jersey, leading to additional populations served and services provided under Medicaid.

QUARTER ACCOMPLISHMENTS, ACTIVITIES, AND MILESTONES

During DY14Q3, New Jersey continued to implement new 1115 Demonstration initiatives. The Division of Medical Assistance and Health Services (DMAHS) continued to work on the implementation of the Caregiver Supports Therapy benefit, the expansion of the Children's Support Services Program (CSSP), the Community Health Worker (CHW) Pilot, and HRSN (Health Related Social Needs) programs. During this quarter, DMAHS focused its consideration of vendors for the Caregiver Supports Therapy benefit to one potential vendor for selection. Additionally, DMAHS and the Demonstration Evaluator, Rutgers Center for State Health Policy (CSHP), completed its review of the MCO (Managed Care Organizations) resubmitted proposals for the CHW pilot and compiled final versions of each proposal. DMAHS also collaborated with the MCOs and other stakeholders to assure readiness and prepare for the launch of the Housing Services program starting on July 1, 2025.

Ongoing programs under the Demonstration continued to operate and provide services to members during this quarter. The MLTSS quality monitoring team continued reviews of program data and held meetings with the EQRO (External Quality Review Organization). The Division of Developmental Disabilities (DDD) continued working with service providers under the Community Care and Supports

Programs to implement the Home and Community Based Services (HCBS) Settings Rule. Lastly, under the Behavioral Health Promoting Interoperability Program launched during DY13, DMAHS has met several program milestones, and seven behavioral health facilities have successfully been registered in the state Health IT system.

New Initiatives Implementation Updates

SUMMARY AND ANALYSIS OF IMPLEMENTATION ACTIVITIES FOR NEW INITIATIVES

Continuous Eligibility

DMAHS has not yet decided on expanding continuous eligibility through the Demonstration and continues to explore the option. Future updates will follow if the decision is made to implement the expansion.

Managed Long-Term Services & Supports (MLTSS)

Caregiver Supports: Therapy

The Division of Aging Services (DOAS) continued the process of procuring a vendor to create and manage their caregiver registry and hub, narrowing down their focus to Trualta, an online education and support platform for caregivers. Staff attended an in-depth overview webinar to learn more about Trualta. The platform offers a great deal of data driven trainings to help identify caregivers, ease their stress, enhance their skills, and, ultimately, enable them to continue caring for their loved ones. DMAHS is considering the use of the Trualta platform for the program and awaiting additional information from DoAS regarding next steps.

Quality Improvement Strategy

During this quarter, DMAHS worked with sister divisions and agencies (DoAS, DDD and DCF CSOC) to review additional detail provided by CMS on the proposed QIS measures. DMAHS also worked with CMS to determine how to treat New Jersey's 1915(j) waiver in the QIS. This collaborative work facilitated incremental progress on defining the HCBS QIS performance measures template.

CSSP Program Expansion

During this quarter, DMAHS and CSOC continued to enroll eligible individuals in Medicaid Plan A through the CSSP I/DD waiver expansion. In total, 11 individuals applied in January, February and March 2025 and were subsequently enrolled in Medicaid. CSOC and DMAHS continued to provide training and guidance to system partners as part of program implementation and developed multiple support documents, including a standardized eligibility notice for individuals going through the application process. DMAHS and CSOC also developed an ineligibility notice, but it was not used due to a pause in disenrollment to ensure that DMAHS and CSOC accurately capture clinical eligibility data for individuals receiving ABA as their only waiver services.

Community Health Worker (CHW) Pilot

During this quarter, DMAHS and Rutgers CSHP completed its review of the MCO proposal resubmissions. DMAHS added its final edits to each proposal and prepared finalized versions of the proposals to be sent to the MCOs for final review and approval. Rutgers CSHP began to work on the evaluation summaries to be included in the Implementation Protocol CMS deliverable. Once the MCOs approve the final edits, DMAHS will grant Preliminary Approval to the MCO proposals, and finalize the Implementation Protocol and proposals to be sent for review by CMS.

Health-Related Social Needs (HRSN)

Housing Supports

DMAHS continues to refine the language and negotiate with MCOs upon which program design standards to update. Program design continues with a focus on provider enrollment at DMAHS. DMAHS drafted a new Housing Supports specific provider application that will be posted on the Medicaid website. DMAHS finalized the MCO readiness plan for go-live. MCOs will be held accountable to a set of biweekly deliverables that will allow DMAHS to assess their readiness to operate the housing program. In addition, DMAHS set up monthly 1:1 calls with each MCO as well as monthly calls with all of the MCOs to work on operationalizing the program. DMAHS is also in the process of developing several guidance documents that lay out program rules. There will be two primary guidance documents, MCO Guidance and Provider Guidance, both containing supplemental program forms and documents. DMAHS also began the process of building the necessary technology components internally at the state to ensure the state is prepared to receive applications and process encounters.

Nutrition Supports

DMAHS attended an overview presentation with Mom's Meals, a potential vendor for delivery of nutritional support services. DMAHS finalized eligibility assessment tools and distributed to MCOs for implementation. DMAHS developed and shared an implementation workplan with MCOs to ensure readiness for the benefits to begin July 1, 2025. DMAHS Staff receive deliverables to review and provide feedback to MCOs. Additionally, staff met with MCOs individually on a monthly basis to discuss and plan for implementation. Staff also held a joint meeting with all MCOs to encourage collaboration, cross-agency learning and a consistent approach across plans. The state's actuaries continued analysis of data to determine needed rates.

Medically Indicated Meals (MIM)

With CMS approval of our Services Protocol, DMAHS was able to move forward with reimbursement-related decision-making, including finalizing rates and exploring billing codes. Consistent with guidance CMS provided for HRSN initiatives, DMAHS determined a mechanism to fund MCO partners for the pilot so that it can be funded in a non-risk environment. DMAHS learned of an opportunity to receive 1-on-1 technical assistance through the American Heart Association (AHA). AHA received funding to support state programs implementing and evaluating Food as Medicine interventions. DMAHS initiated conversations with the TA team to offer us free assistance for CY2025. Finally, DMAHS met with additional medically indicated meal vendors that reached out to us about the pilot.

Ongoing Initiative-Specific Reporting

SUMMARY AND ANALYSIS OF IMPLEMENTATION ACTIVITIES FOR ONGOING INITIATIVES

Managed Long-Term Services & Supports (MLTSS)

DMAHS continued monthly meetings with MCOs to review MLTSS monthly reports and also to discuss completion of tasks leading up to the implementation of nutrition support services. MCOs were asked to demonstrate readiness for implementation. Communication templates and frequently asked questions documents were developed by DMAHS and provided to MCOs to ensure consistency across all plans. In addition, joint MCO calls were held as needed to work on operationalizing nutrition supports. The MLTSS quality monitoring team continued reviews of program data in conjunction with the EQRO (External Quality Review Organization), as outlined in the annual workplan. Bi-annual meetings were held with the EQRO to monitor and discuss progress on scheduled tasks. MLTSS member services fielded 381 member inquiries during this quarter. The DMAHS data and analytics team prepared for and began conducting the NCI-AD survey.

Caregiver Supports: Expanded Respite Benefit

MLTSS continued offering the approved expanded respite benefit during this measurement period. There were no issues or concerns brought to DMAHS' attention regarding this service.

External Quality Review (EQR) Performance Improvement Projects (PIP) Update

In October 2024, all 5 MCOs submitted PIP Proposals on the new MLTSS PIP Topic, "10 Day Post Discharge Follow-up with Assessment" (FUH). The PIP proposals were reviewed by the EQRO and accepted by the State in December 2024. DMAHS anticipates the April Submission of the 10 Day Post Discharge Follow-up with Assessment PIP from all MCOs. April Submission will be reviewed by the EQRO followed by DMAHS review. DMAHS also anticipates the FUH Final Year Findings submission in August 2025.

Community Care Program (CCP) and Supports Program (SP)

Both the CCP and SP are impacted by the Home and Community Based Services (HCBS) Settings Rule. The Division of Developmental Disabilities (DDD) continued work related to this rule and the Statewide Transition Plan (STP). During this quarter, work was primarily focused on the DDD identified heightened awareness providers and paperwork. Additionally, DDD participated in NJ's inter-agency STP team meetings. DDD continued participating in both National Association of State Directors of Developmental Disabilities Services and Advancing States calls to remain current on the Federal Rule as well as collaborate with other Intellectual and Developmental Disability (I/DD) State staff to learn how other states intend to meet the new HCBS requirements. DDD put out a Fiscal Intermediary (FI) RFP and an award was made. DDD staff began meetings with the new FI to ensure a smooth transition will be phased in during the next few quarters. The DDD Assistant Commissioner continues to hold monthly Webinars to keep the entire I/DD Community updated on current initiatives.

Incident Reporting data related to abuse was reported this quarter. Abuse is defined as wrongfully inflicting or allowing to be inflicted physical, sexual, verbal, psychological abuse or mistreatment by a caregiver upon an individual receiving services from DHS (Department of Human Services). During this quarter there were a total of 410, of which 188 were found to be unsubstantiated and 118 were found to be substantiated. 306 cases were closed or resolved during this quarter and 104 cases remain open or pending. The number of incidents that remain open/pending this quarter is higher because although the incidents occurred in this quarter, the investigation may take up to 120 days to complete which would fall into future reporting periods. Additionally, during this quarter there were 13,043 individuals enrolled in CCP and 15,455 enrolled in Supports. All required reassessments and service plan updates were completed during this quarter.

Children's Support Services Program (CSSP) Intellectual and Developmental Disability (I/DD) and Serious Emotional Disturbance (SED)

The Children's System of Care continues to support the existing operational components of the I/DD and SED demonstration. This includes monitoring and tracking enrollment and maintenance according to demonstration guidelines and assessing any additional needs. The program is operating according to the demonstration guidelines. During Q3 of DY14, there were 505 youth enrolled in CSSP I/DD and 7,361 youth enrolled in CSSP SED.

Behavioral Health Promoting Interoperability Program (BH PIP)

During DY 13, DMAHS successfully launched the Behavioral Health Promoting Interoperability Program (BH PIP), aimed at advancing health IT adoption and data exchange across the state's behavioral health system. Since the program launched in July 2024, a total of 22 behavioral health facilities have executed participation agreements and are actively engaged in the program. The state continues to support the program's comprehensive outreach and technical assistance to educate facilities about program milestones and assist them with onboarding and implementation. To date, seven facilities completed the initial milestone, with two facilities each achieving advanced milestones in Electronic Health Record (EHR) implementation, Prescription Drug Monitoring Programs (PDMPs) integration, and telehealth adoption. DMAHS in collaboration with other stakeholders are actively exploring strategies to support behavioral health providers to invest in health IT for improved patient care outcomes and address the following barriers including the utilization of non-certified EHR systems, financial constraints and concerns with 42 CFR data. As of quarter 3, seven behavioral health facilities have successfully been registered and completed one or more program milestones and a total of \$75,000 in milestone payments has been dispersed. The following number of facilities have participated in each milestone:

- Milestone 1 (Participation Agreement/ EHR contract): 7
- Milestone 2 (Implement/ Upgrade CEHRT): 2
- Milestone 4 (NJMPMP Connectivity): 2
- Milestone 6 (Telehealth): 2

Other Updates

DATA INFRASTRUCTURE AND HEALTH INFORMATION TECHNOLOGY

Substance Use Disorder Promoting Interoperability Program (SUD PIP)

The number of participating facilities has crossed the century mark, with 108 facilities participating and/or registered on the NJ Medicaid Management Information System (NJMMIS) portal.

- 3 SUD facilities completed Milestone 1 signing the EHR vendor contract and Participation Agreement
- 3 facilities successfully implemented certified EHR technology and achieved Milestone 2
- 2 facilities onboarded to the state Health Information Network (NJHIN) to enhance care coordination
- 3 facilities successfully integrated with the New Jersey Prescription monitoring Program (NJPMP) and enhanced their clinical workflow supporting safer prescribing practices
- 2 facilities completed the Telehealth Milestone 7 in the program

OPERATIONAL UPDATES

Self-attestations:

There was a total number of 23 self-attestation cases between January 1 and March 31, 2025.

MCO Choice and Auto-Assignment:

Auto-assignment is the process where individuals who are mandatory for enrollment in a managed care plan but do not make a selection at the time of enrollment are automatically enrolled into one of the five MCOs. The following data describes the number of individuals who self-selected an MCO, and the number of members who took action after auto assignment to change plans.

Description	Total
Number of enrolled individuals who had selected an MCO as of January 1, 2025	1,100,928
Number of enrolled individuals who had selected an MCO as of March 31, 2025	1,199,403
Difference (+/-)	98,475

Month	Action After Auto-Assignment
January 2025	2,045
February 2025	1,435

March 2025	2,081
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EVALUATION

During DY14 Q3, NJ's Evaluator, Rutgers CSHP, undertook the following activities related to the evaluation of the Demonstration:

Prior Demonstration (2017-2023) Activity:

- Summative Evaluation Chapters Submitted for review: SUD standalone report, Administrative Simplifications, Children's System of Care, Adult IDD, MLTSS Claims, Institutional Review Board (IRB) application for CHIP report

Current Demonstration (2023-2028) Activity:

- Began planning project (IRB) design
- Staff attended Center for Health Care Strategies (CHCS) webinar on Medicaid nutrition supports as background
- Staff attended a Washington Foundational Community Supports (FCS) meeting to observe housing program management in another state
- Staff attended NJ Medical Assistance Advisory Council (MAAC) meeting
- Staff attended Medical Legal Partnership webinar on issues faced by older adults as background
- Staff attended Medicaid Insights Colloquium on quality measurement as background
- Staff attended SUD stakeholder meeting