

# New Jersey 1115 Demonstration Interim Report

New Jersey FamilyCare Comprehensive Demonstration Quarterly Report  
Demonstration Year: 14 (July 1, 2024 – June 30, 2025)  
Reporting Quarter: #1 (July 1, 2024 – September 30, 2024)

## Executive Summary

### 1115 DEMONSTRATION OVERVIEW

On March 30, 2023, 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

New Jersey continued implementing the new initiatives approved as a part of the Demonstration renewal. DMAHS undertook several planning activities this quarter to implement a variety of new programs such as the MLTSS Caregiver Supports Therapy benefit, the Community Health Worker Pilot and the HRSN initiatives which include the Housing program, Nutritional benefit and Medically Indicated Meals pilot. DMAHS staff engaged in needed activities, such as planning, research, and meeting with stakeholders such as the MCOs, other state agencies, and Rutgers Center for State Health Policy (CSHP), the Demonstration evaluation partner. During this quarter, all five MCOs submitted the second round of proposals for the Community Health Worker Pilot to DMAHS, incorporating the feedback they each received on their first submissions. DMAHS also completed and submitted the HRSN New Initiatives Implementation plan to CMS.

Additionally, NJ FamilyCare continued to deliver services to members under ongoing initiatives of the 1115 Demonstration. DMAHS staff continued working to redesign the MLTSS operating structure and incorporate the use of new software. The rollout of the Caregiver Supports Respite extension, which began during the previous Demonstration Year, continued as MCOs delivered the service to

beneficiaries. Division of Developmental Disabilities (DDD) staff continued work related to the implementation of the HCBS Settings and Access Rules. Lastly, CSOC staff continued to work with DMAHS on the implementation of the expansion of CSSP services under the Demonstration.

## New Initiatives Implementation Updates

### SUMMARY AND ANALYSIS OF IMPLEMENTATION ACTIVITIES FOR NEW INITIATIVES

#### Continuous Eligibility

DMAHS is still evaluating whether to expand continuous eligibility under the Demonstration. Any future developments will be shared if and when a decision to move forward is made.

#### Managed Long-Term Services & Supports (MLTSS)

##### Caregiver Supports: Therapy

DMAHS continued discussions with MCOs to address barriers to launching counseling for caregivers, such as ensuring compliance with privacy regulations and appropriate/legitimate claims payment when the person receiving the service is not a Medicaid member, as well as accurately maintaining data on the recipients of the service. DMAHS is continuing to explore the option of working with the Division of Aging Services' (DoAS) Caregiver Registry and Hub. DoAS is currently in the process of selecting a vendor to create and maintain the HUB.

#### Quality Improvement Strategy

DMAHS continued to meet internally with program subject matter experts to make progress on the draft of the HCBS performance measure report being collaboratively built with CMS. During this quarter, CMS is expecting to provide a revised draft technical specifications for compliance measures. Additionally, DMAHS submitted questions about the pilot to CMS for clarification. CMS is working on responses to NJ submitted questions on the draft template.

#### CSSP Program Expansion

CSOC continued meeting regularly with DMAHS on the implementation of the expansion of CSSP. During this quarter, CSOC and DMAHS met with System Providers to conduct training and instruction related to the expansion. CSOC rolled out the process to identify the initial population of youth that could be potentially eligible for Plan A Medicaid coverage through the Demonstration expansion. CSOC, in partnership with DMAHS, Implemented phase 1 of the CSSP I/DD expansion on September 1 with a population of 60 youth.

#### Community Health Worker Pilot

DMAHS continued work on the Community Health Worker pilot, planning for which had begun in DY13. Prior to this quarter, DMAHS met with stakeholders and developed Guidance for the MCOs to submit

proposals to develop a model to use CHWs to address chronic conditions among NJFamilyCare populations throughout the state. The MCOs drafted proposals and submitted them to DMAHS for consideration in February of 2024. DMAHS received proposals from all five MCOs and reviewed them with assistance from partners at the Department of Health Colette Lamothe-Galette Community Health Worker Institute as well as NJ's Demonstration evaluator Rutgers CSHP. DMAHS concluded its first review of the proposals in June 2024. DMAHS shared feedback with the MCOs on their individual proposals in June of 2024. During this quarter, the MCOs worked on incorporating the feedback from DMAHS, as well as DOH and Rutgers. DMAHS met individually with each MCO in July of 2024 to provide technical assistance on the proposals. The MCOs resubmitted their proposals incorporating DMAHS feedback on August 12, 2024.

## Health-Related Social Needs (HRSN)

### Housing Supports

The Housing Program team continued to develop the MOA with DCA to formalize the partnership for DCA to serve as the grant administrator. DMAHS continues to meet with the MCOs regularly to build out the housing program within MCOs. DMAHS met with stakeholders to obtain their input on program design with a focus on authorizations, assessments and referrals. DMAHS also hosted a virtual meet and greet with housing providers and MCOs to begin fostering the relationship between these two entities. DMAHS continues to work on a potential path for integration of the MCOs into NJ's statewide Homeless Management Information System (HMIS). DMAHS attended the HMIS statewide housing advisory council to introduce the state's proposal for integration. Additionally, NJ completed and submitted the HRSN New Initiatives Implementation plan deliverable to CMS for approval this quarter.

### Nutrition Supports

DMAHS continued socializing the service dictionary definitions with CMS, MCOs, Money Follows the Person (MFP) and other internal partners. DMAHS drafted eligibility assessment tools for all services to meet CMS guidelines for identifying members at a low to very low level of food security in accordance with USDA definitions and guidelines. DMAHS identified HCPS (Healthcare Common Procedure Coding System) procedure codes and modifiers for each of the services. DMAHS continued monthly meetings with the MCOs to discuss implementation, with a focus on MCOs beginning to think about their network and the providers they may use to administer the services, as well as the systems changes that would be necessary to implement each of the services.

### Medically Indicated Meals (MIM)

During this quarter, DMAHS continued development of program design with a focus on billing and the payment rate structure. NJ began researching and comparing rates to peer state benchmarks including Oregon Health Plan; North Carolina Health Opportunities Pilot; New York's Medicaid Redesign Team; Michigan's Comprehensive Health Care Program: In Lieu of Services; and MassHealth Health Related Social Needs (HRSN) Services program. DMAHS also continued hosting meet and greets with potential meal vendors which provided an opportunity to collaborate with NJ's MCO partners, share program capabilities and gauge interest in partnering on the pilot.

## Ongoing Initiative-Specific Reporting

### SUMMARY AND ANALYSIS OF IMPLEMENTATION ACTIVITIES FOR ONGOING INITIATIVES

#### Managed Long-Term Services & Supports (MLTSS)

DMAHS continued working to redesign the MLTSS operating structure to enhance inter and intra-agency communication and collaboration. DMAHS organized several interviews and trainings among all staff working on MLTSS to further develop a model that supports review of the program with a focus on the following North Star principles: reflecting members' individual needs, preference, and dignity; assuring consistent, timely access to culturally-competent care within reasonable vicinity of members' homes, providing high-quality, high-value long-term services to members across all settings; supporting a strong ecosystem of services and supports for members who prefer to remain in their homes and communities, providing seamless transition for members who wish to transition out of institutions; and ensuring services address the holistic needs of each member, including health-related social needs, to support overall health and wellbeing. The team reviewed all data collected, identified areas for consolidation, and determined priority measures to capture in a dashboard. A dashboard was built, and training was provided to the team. Liquidated damages specific to MLTSS were more clearly defined through contract revisions and an enforcement playbook was developed. Squads focused on care management coordination and access, eligibility and enrollment, and service delivery were developed. Operational challenges included unexpected staffing changes and adjustments to new software used in the dashboards.

#### Caregiver Supports: Expanded Respite Benefit

The expanded benefit enables caregivers to prolong their caregiving role, thereby enhancing access to community-based services as well as continued independence in the community. The benefit decreases the need for more intensive and, potentially, more restrictive care settings. 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 during the quarter.

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

DMAHS received the submission for the "Improving Coordination of Care and Ambulatory Follow-up after Mental Health Hospitalization in the MLTSS HCBS Populations" (FUH) from the EQRO in April 2024. The April FUH PIP Sustainability update was finalized and returned to the MCOs in June 2024. DMAHS anticipates the EQRO findings for the August FUH PIP submission for the Sustainability year leading to the Final FUH PIP report in August 2025.

DMAHS introduced a new PIP Topic "10 Day Post Discharge Follow-up with Assessment" to the MCOs in July 2024 following the Annual PIP Training. All 5 MCOs submitted PIP Proposals on the new MLTSS PIP Topic in October 2024 and are currently under review with the EQRO.

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

The DDD Team continued work related to the Home and Community Based Services (HCBS) Settings Rule and their Statewide Transition Plan (STP). During this quarter, several trainings were held for providers on the HCBS Settings Rule and NJ's STP. In addition to the trainings, DDD participated in NJ's inter-agency STP team meetings.

DDD also conducted research on the federal Access Rule as it was promulgated in April 2024. The DDD Team has been participating in both National Association of State Directors of Developmental Disabilities Services (NASDDDS) and Advancing States calls to remain current on the Federal Rule as well as collaborate with other I/DD States staff to learn how other states intend to meet the new HCBS requirements. The DDD Assistant Commissioner continues to hold monthly Webinars to keep the I/DD Community updated on current initiatives. During this quarter, the number of individuals served under the Community Care Program (CCP) was 12,919, and those under Supports totaled 14,987. Additionally, all required functional reassessments and service plan updates were completed within the quarter.

Critical Incident data for abuse was reported this quarter. Abuse, per Administrative Order 2.05, refers to the wrongful infliction or allowance of physical, sexual, verbal, or psychological abuse or mistreatment by a caregiver upon an individual receiving services from the Department of Human Services (DHS). Abuse incidents are categorized under several codes and subcategories, including physical abuse (with subtypes based on injury severity: no injury, minor, moderate, or major injury), physical abuse with an object (similarly classified), verbal/psychological abuse, and sexual abuse. All incidents must be investigated, although the responsible investigative entity varies depending on the code and severity. A total of 409 incidents were reported during the reporting period, of which 134 cases were substantiated and 271 were found to be unsubstantiated. A total of 405 investigations were closed, with only 4 incidents remaining open or pending.

### Children's Support Services Program (CSSP) I/DD and SED

During this quarter, CSOC began the implementation process on September 1, 2024, and developed reports to identify potential eligible youth. CSOC worked to formalize the operational process that included required information and tools for system partners and stakeholders such as the Children's System of Care (CSOC), PerformCare, CSOC Individual Support Services (ISS) and DMAHS. DMAHS identified youth that could be potentially eligible for the expansion that were involved in the fair hearing process before implementation

## Other Updates

### DATA INFRASTRUCTURE AND HEALTH INFORMATION TECHNOLOGY

SUD facilities continue to show interest in participating in the SUD Promoting Interoperability Program (SUD PIP). Several facilities have successfully completed their Electronic Health Record (her) implementation and achieved interoperability milestones this quarter.

- 2 SUD facilities completed Milestone 1, signing the EHR vendor contract and Participation Agreement
- 2 facilities successfully implemented certified EHR technology and achieved Milestone 2
- 2 facilities onboarded to the state Health Information Network (NJHIN) to enhance care coordination

- 1 facility successfully integrated with the New Jersey Prescription Monitoring Program (NJMPMP) and enhanced their clinical workflow supporting safer prescribing practices
- 4 facilities completed Milestone 7 in the program, Telehealth

## OPERATIONAL UPDATES

### Self-attestations:

Between July 1, 2024, and September 30, 2024, the number of self-attestation cases totaled 109.

### MCO Choice and Auto-Assignment:

Auto-assignment is the process where individuals 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 July 1, 2024	963,685
Number of enrolled individuals who had selected an MCO as of September 30, 2024	1,036,512
Difference (+/-)	72,827

Month	Action After Auto-Assignment
July 2024	2,502
August 2024	1,326
September 2024	1,142

## EVALUATION

During DY14 Quarter 1, NJ's Evaluator, Rutgers Center for State Health Policy, undertook the following activities related to the evaluation of the Demonstration:

### Prior Demonstration (2017-2023) Activity

- Summative Chapters Submitted to DMAHS: Cost Effectiveness, HEDIS (Healthcare Effectiveness Data and Information Set) /CAHPS (Consumer Assessment of Healthcare Providers and Systems), and Premium Support Program
- Analysis and report-writing of SUD summative report and all Summative Chapters
  - Discussion with DMAHS of evaluator questions on administrative simplification data
- Revised CHIP plan submitted to DMAHS

### **Current Demonstration (2023-2028) Activity**

General: Staff attended Medical Assistance Advisory Council (MAAC) meeting and the LTC Stakeholders meeting

- Submitted revision of NJ Home Visiting Pilot plan draft to DMAHS
- Community Health Worker (CHW) Pilot:
  - 2 meetings with CSHP and MCOs to discuss CHW pilot
  - 4 meetings with CSHP, MCOs, and DMAHS to discuss CHW pilot
  - Review CHW plans and communicate questions for MCOs to DMAHS
- Housing:
  - Staff attended Housing stakeholder meetings to observe