



Improving Community-Based Social Supports to Achieve Maternal Infant Health Equity and Quality: Food and Housing Security

January 24, 2024

Agenda

- New Jersey's Comprehensive 1115 Demonstration Waiver
- Housing Supports and Services
- Behavioral Health Integration
- Nutrition Supports and Medically Indicated Meals
- Implementation Update

NJ's 1115 Comprehensive Demonstration

NJ FamilyCare Policy Levers

State Plan

- Defines eligibility, benefits, and other key features of NJ FamilyCare
- Includes program elements that are permitted under federal law and regulation, and do not require special flexibility or permission
- Modified frequently through State Plan Amendments (SPAs)

1115 Demonstration

- Allows State to test policies that are not allowable under ordinary Medicaid rules
- Can include waivers of certain provisions of federal law and regulations
- Is approved for limited time (typically 5 years) – must be renewed regularly

Other Policy Mechanisms

- State laws and regulations
- MCO Contract
- Sub-regulatory policy guidance (e.g. provider newsletters)
- Infrastructure and Capacity (operations)
- Quality Strategy

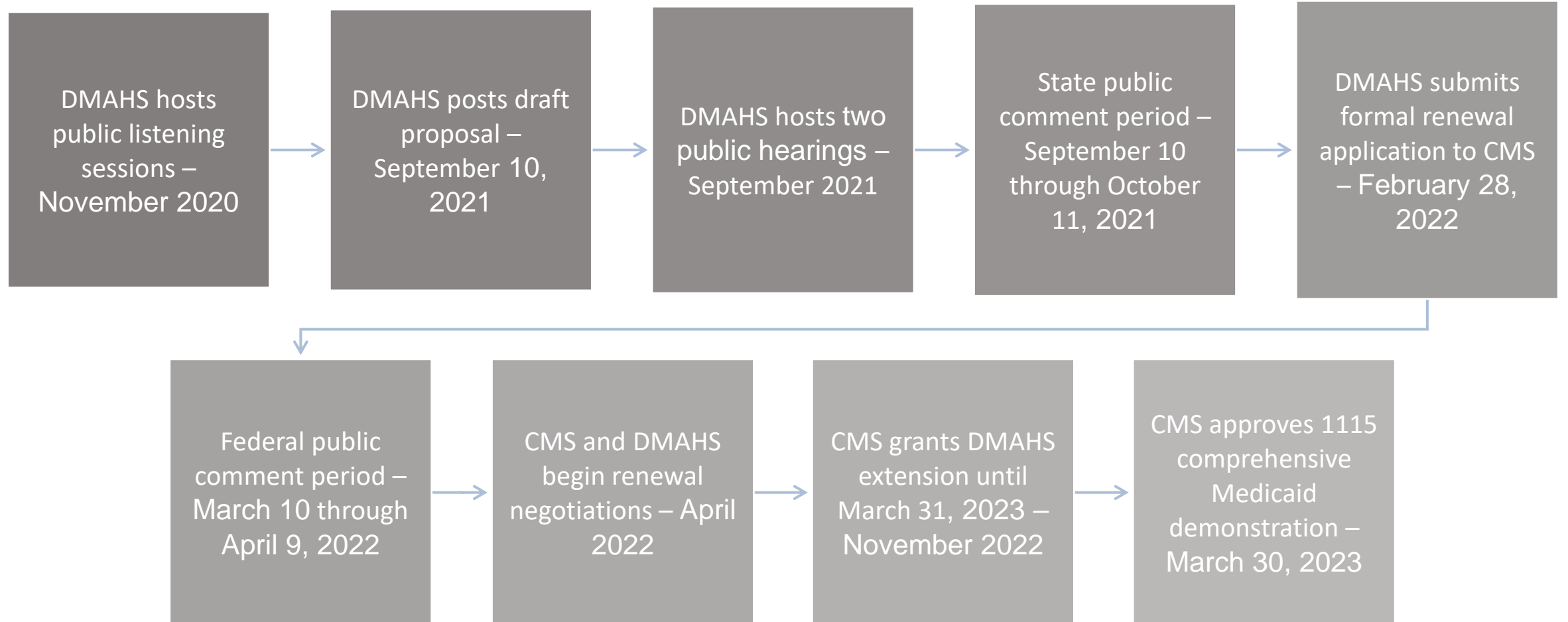
New Jersey FamilyCare Comprehensive 1115 Demonstration

- New Jersey FamilyCare operates a Section 1115 demonstration (also known as a "waiver")
 - First approved in 2011, consolidating several older demonstration programs.
 - Provides state with federal authority to operate major elements of NJ FamilyCare program.
 - Must be renewed with federal government on (approximately) 5 year intervals
 - First renewal - 2017
 - Process for second renewal has been underway since 2020

1115 Demonstration Renewal: April 1, 2023 through June 30, 2028

- On March 30th, 2023, the Centers for Medicare and Medicaid Services (CMS) approved a renewal of New Jersey's Comprehensive 1115 Demonstration.
- This renewal includes innovative NJ FamilyCare projects designed to address priorities such as:
 - addressing members' housing physical-related needs;
 - integrating behavioral and health services; and
 - providing new and creative approaches to care.
- The renewal extends federal authority for the state to operate large parts of the NJ FamilyCare program. The renewal is effective from April 1, 2023 through June 30, 2028.

The Road to the 1115 Renewal



North Star Principles for the 1115 Renewal

Maintain momentum on existing demonstration elements.

We will **continue improvements in quality of care and efficiency** associated with managed care; improve access to critical services in the community through Managed Long Term Services and Supports (MLTSS) and other home and community based services programs; and create innovative service delivery models to address substance use disorders.

We will **update existing demonstration terms and conditions** to address implementation challenges, and accurately capture how the delivery system has evolved in New Jersey over the past several years.

Expand our ability to better serve the whole person.

We will **test new approaches** to addressing the social determinants of health, with a particular emphasis on housing-related issues.

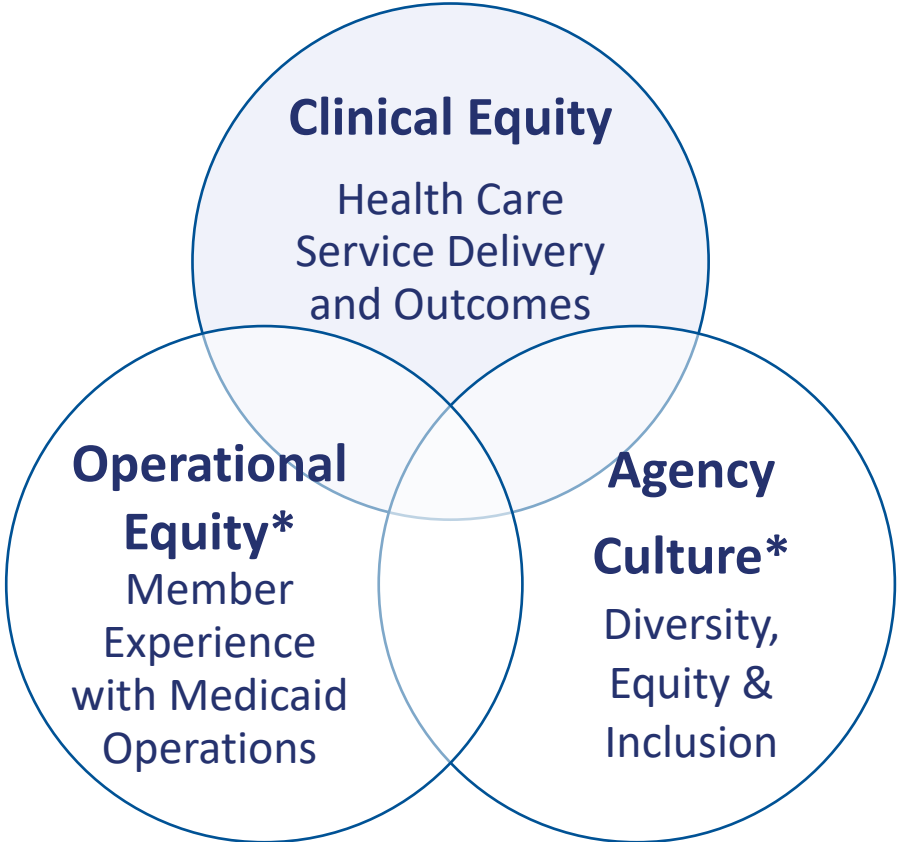
We will **encourage greater integration** of behavioral and physical health, and continued availability of appropriate behavioral health services for all Medicaid beneficiaries.

Serve our communities the best way possible.

We will **address known gaps** and improve quality of care in maternal and child health.

We will **expand health equity analyses** to support better access and outcomes for communities of color and people with disabilities, while also seeking to improve the experience of other historically marginalized groups where data may not be available for analysis (e.g. LGBTQ identity).

At NJ FamilyCare, we are on a journey through three domains of health equity



Clinical Equity:

Identify clinical disparities, barriers, related factors (e.g. social needs), interventions, and measures to improve outcomes

Operational Equity:

Consider that member experience with our operations impacts their engagement with Medicaid – e.g. call center, eligibility processes, transportation

Agency Culture:

Build an organizational culture that embraces the diverse characteristics and experiences of employees to foster belonging, shared decision making, and equal opportunities

*Please see the research of Cornell Prof. [Jamila Michener](#) for more.

1115 Renewal – Major Provisions

- Approved Enhancements to Existing Programs
 - Enhanced MLTSS benefits, to support members in community and better support caregivers
 - Adjustments to Community Care Program and Supports Program to allow greater flexibility and better support members receiving services.
 - Expansion and extension of authority for New Jersey Home Visiting pilot
 - Clarification of eligibility flexibilities for Children's System of Care (CSOC) Programs for Youth with Serious Emotional Disturbance (SED) and/or Intellectual/Developmental Disabilities (I/DD)
 - Continuation of 12 months of Postpartum Continuous Coverage
 - Authority to further integrate provision of physical and behavioral health services, based on input from stakeholders

1115 Renewal – Major Provisions

- Approved New Initiatives
 - A multifaceted, integrated housing strategy for Medicaid beneficiaries, including Medicaid coverage of housing-related services
 - Increased coverage of nutritional services, including a medically indicated meal pilot for individuals at risk of gestational diabetes
 - Community Health Worker pilot program, to test innovative new approaches to delivering services
 - New incentives for Medicaid behavioral health providers who adopt new HIT functionality
 - A new Autism Adjunct Services pilot program
 - 12 months of continuous eligibility for adults in certain income-based eligibility categories
- Planning for these elements is underway and will include **extensive stakeholder engagement** as well as further post-approval coordination with CMS.

1115 Renewal – Items Not Approved as Proposed

- Pre-release behavioral health services for incarcerated individuals
 - Recent CMS guidance for states (April 2023) gives pathway forward
 - Conversations between New Jersey and CMS are ongoing on this topic
- Initiatives where CMS partially approved and/or identified alternative pathways to federal authority:
 - Integrated Care for Kids (InCK) model
 - Medicaid coverage of Supportive Visitation Services (Child Protection and Permanency)
 - Updates to Certified Community Behavioral Health Clinics (CCBHCs) program
 - Expanded scope for Regional Health Hub initiatives
- Federal funding for sub-acute behavioral health rehabilitation beds

1115 Comprehensive Medicaid Demonstration Policy Highlight: Housing Supports

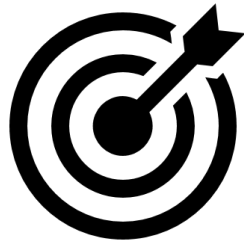
The approval allows us to provide and create...



An integrated housing strategy for Medicaid beneficiaries



Medicaid coverage of transition and tenancy sustaining services



Increased MCO accountability to support housing and maintain community connections



A simple and user-friendly assessment process to identify members in need of housing services

CMS Approvals and Deliverables

- CMS has approved:
 - Broad categories of **covered services**
 - The **covered populations** eligible for services
 - Ability to claim federal support on certain **infrastructure investments** to support service delivery
 - As part of the approval, CMS also added extensive reporting and programmatic requirements
- CMS has required New Jersey to submit additional details for approval, including:
 - Member assessment processes and eligibility criteria
 - Service definitions
 - Provider qualifications
 - Payment rates
 - Guardrails to prevent duplication of existing services
 - Infrastructure plan

1115 Spotlight – Housing Support Services

To support a member in **accessing and transitioning** to stable housing, we have been approved to offer the following services:

Pre-Tenancy Services

- Assist with the housing search and application process

Housing Transition Services

- Assist with the set up of a new housing unit to address needs found in the person-centered care plan
- Provide connections to resources aiding with housing costs and other expenses
- Review the living environment to make sure it meets the clinical needs of the member

Modification and Remediation

- Remediate (AC units, air filtration devices, asthma remediation)
- Modify home environment (ramps, handrails, grab bars)

1115 Spotlight – Housing Support Services

To support a member in **maintaining their current housing**, we have been approved to offer the following services:

Tenancy Sustaining Services

- Assistance in linking members to free legal services
- Connections to financial resources
- Assistance in connecting to social services to help with documentation and applications
- Assistance in addressing circumstances and/or behaviors that may jeopardize housing
- Assistance in resolving disputes with landlords
- Assistance with the housing recertification process

Housing Workgroups

- In order to best serve our members as we design the housing services benefit, we have established several stakeholder workgroups.
- Our workgroups include:

Eligibility Criteria and Assessment	Administrative Structure and Service Delivery
Services and Service Definitions	Systems, IT, and Infrastructure

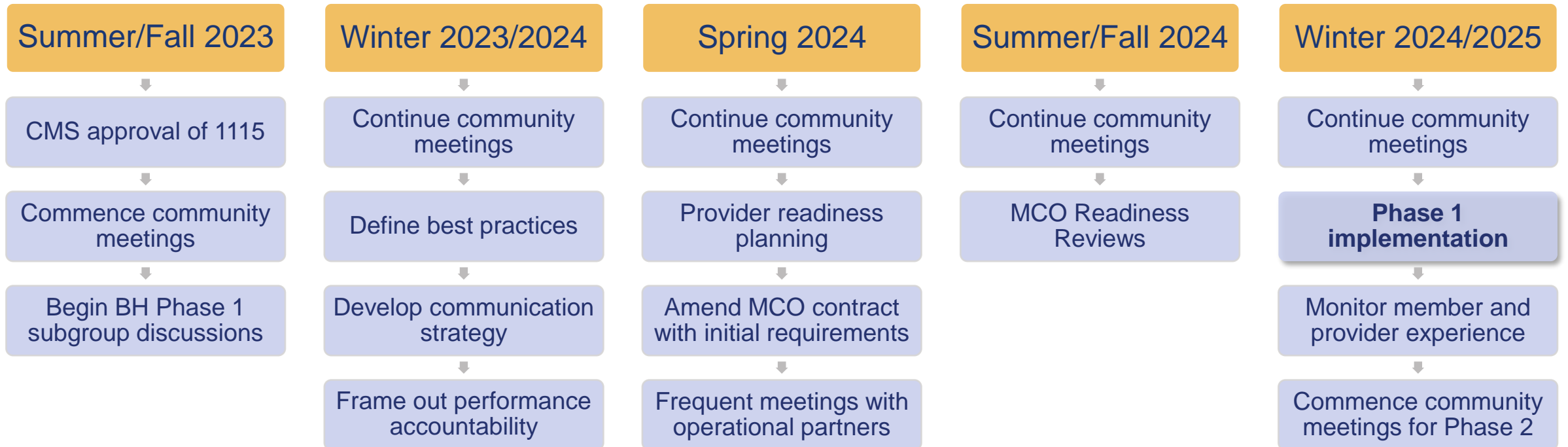
- Workgroups began meeting late in Summer 2023.

1115 Comprehensive Medicaid Demonstration Policy Highlight: Behavioral Health Integration

Policy Highlight: Behavioral Health Integration

- The 1115 Demonstration includes approval to integrate behavioral health care services with other medical care covered by managed care organizations.
- DMAHS is exploring this in very close partnership with the Division of Mental Health and Addiction Services.
- Implementation will include the following elements:
 - Multi-year phase-in
 - Robust stakeholder process
 - Review of each service for consideration to move into managed care
 - Member protections
 - MCO accountability

Timeline for BH Integration



Opportunities to Engage

Member Focus Groups (In-person and Virtual – TBD)

- Through these focus groups, DMAHS will hear the voices of our members directly regarding their experiences with behavioral health services. Member insights will identify opportunities to improve access to and integration of care.

Informational Stakeholder Group (Virtual – 2x/year)

- Any interested member of the public, including state agency partners, advocates, members, providers, and MCOs can participate in this group to get updates on our BH integration initiative.

Provider Forums (Virtual – TBD)

- Through these forums, Phase 1 providers, advocates, and MCOs will gather to share feedback, questions, and concerns, and contribute to the specific, detailed design of the program as it impacts their area of expertise.

Behavioral Health Integration Advisory Hub

DMAHS has also convened active members, providers, advocates, and MCOs as an advisory hub.

This group meets bi-monthly to discuss overarching priorities, interagency coordination, policy considerations, and general concerns and recommendations.

1115 Comprehensive Medicaid Demonstration Policy Highlight: MLTSS Nutritional Supports and Medically Indicated Meals Pilot

Major Demonstration Initiatives

Many of the initiatives approved in this renewal will require collaboration with our managed care partners. In addition to extensive stakeholder processes, these initiatives will require managed care focus over the length of the Demonstration.

- Behavioral Health (BH) integration
- Housing Supports
- Community Health Worker (CHW) Pilot
- MLTSS Service Expansion
- Maternal and Child Health – Medically Indicated Meals Pilot

Managed Long Term Services and Supports

CMS approved several expansions of MLTSS to be implemented over the renewal period, including:

Nutritional Supports

- Nutrition counseling and education for MLTSS members, including on healthy meal preparation and connecting the individual with grocery budget resources
- One-time pantry stocking for MLTSS members transitioning from a NF to the community
- Short-term grocery provisions for an MLTSS beneficiary experiencing a significant disruption in the ability to obtain an adequate level of nutrition.
 - Focus is on avoiding an unnecessary emergency department visit, hospital admission, or institutional placement.

1115 Comprehensive Medicaid Demonstration Implementation Update

1115 Overall Status Update



	Housing	Behavioral Health Integration
Recent Progress	<ul style="list-style-type: none">• Extensive stakeholder outreach including a focus on housing service providers, MCOs, and state partners to understand current housing support ecosystem	<ul style="list-style-type: none">• Continued conducting extensive stakeholder engagement, including with MCOs• Incorporated initial requirements into MCO contract language to support program design and implementation
Next Steps	<ul style="list-style-type: none">• Develop preliminary program guidelines on eligibility criteria, service definitions, infrastructure, and overall program design for housing services and supports	<ul style="list-style-type: none">• Begin provider-focused workgroups on services that are slated to be integrated into managed care in early 2025• Analyze historical utilization data for fee-for-service behavioral health services

1115 Overall Status Update



	Behavioral Health Promoting Interoperability Program (PIP)	Community Health Worker (CHW) Pilot	Demonstration-Wide Efforts
Recent Progress	<ul style="list-style-type: none"> Incentive Payment Protocol submitted to and approved by CMS, enabling NJ to claim federal match for payments to behavioral health providers 	<ul style="list-style-type: none"> Guidance for CHW Pilot proposals has been released to the MCOs, with a submission deadline set for February 	<ul style="list-style-type: none"> Began design of evaluation plans for each 1115 program Began drafting a new 1115 Quality Improvement Strategy for CMS review, including identifying appropriate quality and experience-of-care measures
Next Steps	<ul style="list-style-type: none"> Complete the provider surveys and system changes needed to begin the program July 1st Survey results will ensure incentives and milestones are aligned with provider needs 	<ul style="list-style-type: none"> Review MCO proposals for submission to CMS 	<ul style="list-style-type: none"> Submit program evaluation plans to CMS for approval Finalize the 1115 Quality Improvement Strategy (QIS)

Thank You!