

Comprehensive Waiver Application Overview

THE NJ DEPARTMENT OF HUMAN SERVICES
SEPTEMBER 2011

What is a Comprehensive Waiver?

The Comprehensive Waiver is a collection of reform initiatives designed to:

- sustain the program long-term as a safety-net for eligible populations
- rebalance resources to reflect the changing healthcare landscape
- prepare the state to implement provisions of the federal Affordable Care Act in 2014

Why Do We Need a Waiver?

- Medicaid programs are matched – in part – with federal funding; all changes to the program must be approved before implemented
- NJ has 8 Medicaid waivers (including CCW) for various programs/services; need to consolidate to reduce administrative burden
- Medicaid grew in cost by 18% over 3 years; state must spend resources efficiently

Comprehensive Waiver Development

- February 2011 - Governor Chris Christie calls for a Medicaid reform plan during FY'12 budget address
- February 2011 to May 2011 - DHS, DHSS, DCF review every facet of the program; examines other states' plans, look at every possible opportunity to improve and to reform
- May 2011 - Waiver concept paper is released
- May 2011 to August 2011 - Extensive public input process
- August 2011 to September 2011 - Input is reviewed/concept paper revised/waiver application drafted and finalized
- September 2011 - Waiver is submitted to CMS/posted on DHS website

Stakeholder/Public Input

<p>Support for:</p> <ul style="list-style-type: none"> • Structural reform • Enhanced services for underserved populations • Preserving eligibility criteria • Reinvestment of savings into community-based services 	<p>Opposition to:</p> <ul style="list-style-type: none"> • Freezing AFDC/TANF+ parent population • ER co-pay for non-emergency visits
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Bottom Line

The Comprehensive Waiver application:

- Is a model for reform and innovation
- Streamlines program administration and operation
- Preserves eligibility and enrollment
- Does not include ER co-pay
- Enhances services to specialty populations
- Rewards efficiency in care

The details by category

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WHAT DOES IT ALL MEAN?

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What does this Waiver mean for people with developmental disabilities?

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- Includes system reform
- Supports community alternatives to institutional placement
 - Supports waiver & "Waiver-like" programs
- Includes pilot program for children with dual diagnosis
- Includes pilot program for children with PDD
- Develops innovative delivery systems
- Coordinates care

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System Reform

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- Eligibility for DDD services at age 16
 - Children will continue to receive services
- Unified assessment tool
 - To determine eligibility
 - To determine level of care
 - To serve as the foundation for resource allocation
 - To provide input into care planning

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Supports Waiver

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- Will also be submitted as a separate 1915c waiver
- Will enable DDD to enhance federal revenues – match of up to \$96M
- Reinvests savings into expanding community services
- Designed to support adults in their homes with a wide array of services
- Expected to positively impact the Waiting List:
 - Enables individuals on the WL with less intensive service needs to be served at home or in supportive housing
 - Serves all Medicaid-eligible adults with DD so that in the future, only those with more intensive service needs will need to be on the CCW

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Supports Waiver – Examples of Available Services

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- Day habilitation
- Respite
- Behavior supports
- Supported employment
- Support coordination
- Assistive technology
- Environmental/vehicle modifications

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Pilot for Children with Dual Diagnosis

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- For Medicaid eligible children up to age 21 with co-occurring DD and MI and, who need state psychiatric hospital level of care
- Will begin with 200 slots
- Goal is to provide a safe, stable, therapeutically supportive environment in the community for children with challenging behavioral needs
 - Intensive in-home or community support services
 - Parent support/training
 - Behavioral support
 - Respite services
 - Out of home support

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Pilot for Children with PDD

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- For Medicaid eligible children up to age 12 with PDD and, who require ICF/MR level of care
- Needed as dramatic results in treatment occur during pre-adolescent years
- Therapies not currently provided under Medicaid plan but are under private health insurance
- Will begin with 200 slots
- Will include three levels of need:
 - Up to \$9,000
 - Up to \$18,000
 - Up to \$27,000

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Delivery System Innovations

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The waiver provides improved quality and outcomes with:

- Requiring Medicaid eligibility for services
- Resolving eligibility & enrollment issues
- Integrated financial systems within MMIS
- Rebalancing facility & community-based care
- Pursuing opportunities for enhanced match
- Expanding self-direction and open, competitive process

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Coordinated Care

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- Acute/medical services will stay with managed care (MCOs)
- Behavioral health care will go to an administrative services organization / managed behavioral health organization (ASO/MBHO)
 - Children already receiving services through an ASO (Perform Care)
 - Adults will be in a separate ASO/MBHO by January 2013
- Long term care for people with I/DD will remain fee for service (FFS) for now

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What are the next steps?

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- Federal review of the waiver application
- Informal and formal communications with CMS on waiver elements
- CMS submits waiver questions
- NJ responds to CMS questions
- CMS/NJ negotiations
- Waiver approval/denial

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More information

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- The full waiver application can be found online at:
www.state.nj.us/humanservices/
- Comments can be emailed to
CMFWcomments@dhs.state.nj.us

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