














Who is covered in New Jersey's Medicaid Program?

ELIGIBILITY GROUPS

Fee-For-Service (FFS) ²⁻⁴	Managed Care Organizations (MCO) ^{5, 6}
Incarcerated* 	 Children (0-18 years)
Undocumented Immigrants* 	 Parents and Other Caretaker Relatives
	 Pregnant Individuals
	 Aged, Blind, and Disabled Adults
	 Current and Former Foster Care Children
	 Dual Eligibles
	 Adults (19-64)
	 Children with Disabilities
	 Qualified Non-Citizens**
	 American Indians/Alaskan Natives
	 Individuals with Intellectual and Developmental Disabilities

* Inpatient hospital services only.

**Qualified non-citizens are subject to a 5-year waiting period, with the exception of pregnant women and children up to 19 years of age.

* Emergency Medicaid services only.

Important News

November 2016 - New Jersey released a new managed care organization (MCO) contract with amendments to managed long-term services and supports (MLTSS) members. The changes included: MCOs must reimburse members for dental care when they transition from fee-for-service to an MCO, substance use disorders can only be treated for individuals who qualify for MLTSS, MCOs may have 45 days to determine a plan of care for new members, and MLTSS members may withdraw at any time.⁷

March 2017 - New Jersey Department of Human Services declared an additional \$89.7 million to be spent on the Division of Developmental Disabilities in FY18.⁸

May 2017 - New Jersey lawmakers supported implementation of a minimum reimbursement rate for personal care services to Medicaid enrollees. The proposed rate was \$18/hour, the same as the Medicaid fee-for-service program. It's estimated that the change would lead to \$16 million in Medicaid funding (half of which would come from federal matching funds).⁹

2020 - New Jersey Medicaid submitted Section 1135 Waivers in response to COVID-19.¹⁰

Do Medicaid health plans provide coverage? *11

YES NO

- Aetna Better Health of New Jersey
- Amerigroup NJ
- Horizon NJ Health
- UnitedHealthcare Community Plan of New Jersey
- WellCare (Centene)

*Excludes accountable care organizations (ACO) options.

Eligibility Criteria for Specific Populations as a Percentage of the Federal Poverty Level (FPL)¹²

Children: 355% Seniors & Persons with Disabilities: 100%
Expansion adults: 138% Parents: 138% Pregnant individuals: 199%

Percentage Breakdown of New Jersey's Medicaid Population¹³

Adults: 37% Elderly Adults: 10% Children: 41%
Individuals with Disabilities: 12%

SECTION 1115 WAIVER¹⁴

The **New Jersey Comprehensive Waiver** was created to combine existing waivers and expand managed care programs to include long-term services and supports (LTSS) as well as home and community-based services (HCBS). The waiver also provides coverage for newly eligible adults ages 18-65 with an income of 25%-100% of the federal poverty level (FPL) who otherwise are ineligible for Medicaid.

STATUS: Pending

Approval: 09/04/2011
Effective: 10/02/2012
Expiration: 06/30/2022

SECTION 1135 WAIVER IN RESPONSE TO COVID-19¹⁵

In response to COVID-19, New Jersey's approved Section 1135 Waiver enacted the following:

- Suspended Medicaid fee-for-service (FFS) prior authorization requirements
- Extended pre-existing authorizations for beneficiaries
- Suspended Pre-Admission Screening and Annual Review (PASRR) Level I and Level II Assessments for 30 days
- Delayed scheduling for Medicaid fair hearings if necessary
- Authorized facilities to be entirely reimbursed for services provided by an unlicensed facility
- Waived screening requirements to temporarily enroll healthcare providers not enrolled with State Medicaid Agencies or Medicare
- Allowed New Jersey to reimburse out-of-states providers for instances of care
- Ceased revalidation of New Jersey providers
- Extended the deadline up to one year for the completion of initial and annual level of care determinations
- Permitted legally responsible individuals, such a family caregiver) to receive payment for personal care services provided to enrollees
- Allowed home and community based services (HCBS) to be provided in settings which have not yet been approved to meet the proper criteria for providing care
- Waived written consent required for HCBS and permits documented verbal consent



NEW JERSEY MEDICAID FACTS

How is New Jersey meeting the needs of Medicaid enrollees?

Value-Based Healthcare Initiatives¹⁶

New Jersey Medicaid was one of the first programs to incorporate long-term services and supports into a Medicaid managed-care program.

In 2015, New Jersey Medicaid implemented a primary care medical home (PCMH) project targeted at high-need seniors and an ACO demonstration program. A State Medicaid Innovation Grant from the Rutgers Center for State Health Policy in 2015 allowed officials to conduct an analysis on the outcomes of the ACO demonstration.

New Jersey, along with 18 additional states/regions, is participating in the Comprehensive Primary Care Plus (CPC+) program through the CMS Innovation Center in efforts to develop more efficient care deliver and multi-payer payment models.

Family Planning^{18, 19}

Specific family planning services vary depending on the selected health plan. Covered services may include:

Aetna Better Health of New Jersey:

- Annual exams and pap tests
- Pregnancy and other lab tests
- Prescription and over-the-counter birth control medication and devices
- Birth control medical visits
- Education and counseling
- Treatment of problems related to the use of birth control, including emergency services

WellCare:

- Advice and/or prescriptions for birth control
- HIV/AIDS testing
- Breast cancer exams
- Pelvic exams
- Genetic testing and counseling
- Pregnancy tests

Amerigroup NJ:

- Services needed to delay or prevent pregnancy
- Pregnancy testing
- Genetic testing and counseling
- Contraceptives (including oral)
- Follow-up care for problems linked with birth control methods issued by the FP provider
- Sterilizations
- Pap smears and other preventive services

UnitedHealthcare Community Plan:

- Services that help manage the timing of pregnancies, including birth control products and procedures

Child and Adolescent Health^{20, 21}

New Jersey funds school-based health service programs and 7 different health projects for children through the CHIP Health Services Initiative. The programs offer a variety of services such as respite care for children with disabilities and pediatric psychiatry for children with mental health diagnoses.

NJ Family Care/Medicaid provides children 18 years and younger healthcare coverage if their total family income is at or below 150% FPL before taxes.

The Medicaid Special program provides adolescents who have aged out of NJ FamilyCare/Medicaid with coverage if their family income is at or below 133% FPL. Children must be under the age of 21 to qualify.

Medically Needy is a program that provides Medicaid coverage to children under 21 years of age who do not qualify for New Jersey Medicaid because their family income exceeds the eligibility criteria. The program utilizes a "spend down" model that subtracts medical expenses from a family's monthly income. It is then determined if families meet Medicaid income eligibility. Qualified children have access to the majority of services, but do not have coverage for inpatient hospital care.

Children who are born to a mother covered by NJ FamilyCare are eligible for NJ FamilyCare regardless of any changes to their family income.

Oral Health¹⁷

Covered services for children:

- Cleanings
- Fluoride treatments (with fluoride varnishes)
- Sealants
- Space maintainers
- X-rays: bitewing, full mouth, panoramic
- Diagnostic services: oral health screening or assessment, dental examinations, and assessment or risk for tooth decay
- Fillings: silver amalgam and tooth-colored composite
- Crowns/tooth caps: stainless steel crowns
- Root canals on baby teeth
- Oral surgery: simple extractions, surgical extractions, care of abscesses, cleft palate treatment, cancer treatment, and treatment of fractures
- Emergency Room services
- Inpatient hospital services
- Non-intravenous conscious sedation
- Analgesia (nitrous oxide)

Covered services for adults:

- Oral evaluation twice a year
- Emergency exams/evaluations – as needed to treat problems
- Radiographs (X rays) or digital images to check for cavities and other oral diseases
- Cleaning twice a year
- Fluoride treatments
- Restorations (fillings)
- Crowns**
- Periodontal treatment**
- Endodontic treatment (root canals)**
- Extractions
- Complete and partial dentures**

**These services may need to be approved by the health plan before being provided.

Women's Health^{22, 23}

Covered services for pregnant women include:

- All services provided in the office, clinic, or other medical facility, including perinatal care
- Laboratory services

The New Jersey Cancer Education and Early Detection (NJCEED) Program provides services for breast, cervical, colorectal, and prostate cancers to low-income, underinsured or uninsured individuals. Services provided by NJCEED include:

- Education
- Outreach
- Screening
- Case Management
- Tracking
- Follow-up
- Facilitation into Treatment

NJ FamilyCare programs offers coverage to pregnant women with family incomes at or below 200% of the FPL. The coverage is applicable to women during their pregnancy and 60 days postpartum.

Pregnant women who would be eligible for NJ FamilyCare, but are not due to their immigration/citizenship status, may be eligible for select treatments including emergency medical procedures, labor and delivery. Furthermore, these women may be eligible for the NJ Supplemental Prenatal care program when sufficient state funds are available.

New Jersey expanded its Medicaid covered services to include doula care and Centering Pregnancy, a program which provides prenatal care in a group setting.

New Jersey Medicaid provides select emergency services for income-eligible pregnant women and post-partum women who are not typically eligible for Medicaid due to their immigration status.

Pregnant women with incomes up to 199% FPL are eligible for a full Medicaid benefit package. Likewise, the family planning expansion program has an income eligibility limit at 205% FPL.



How is New Jersey meeting the needs of Medicaid enrollees?

Children with Special Health Care Needs^{24, 25}

Medicaid covers 37% of children with special health care needs in New Jersey.

The Family Centered Care Services program offers coverage for early identification, referral to community-based, culturally competent services, and follow-up services from birth to the age of 21.

Long-Term Services and Supports (LTSS)²⁶

New Jersey offers managed long-term services and supports (MLTSS) through MCOs and ensures access to comprehensive care for those not traditionally eligible for NJ FamilyCare. In order to meet clinical eligibility, an individual must require assistance with a minimum of three daily activities (i.e. dressing, bathing, eating, mobility, and self-care). These individuals typically require nursing home or assisted living community care but the LTSS program allows individuals to receive care from the comfort of their homes and community. Covered services include – but are not limited to – care management, personal care, and home-delivered meals. Individuals whose gross monthly income exceeds the financial limit may establish their own Qualified Income Trust funded by their income that is above the eligibility level.



Social Determinants of Health (SDOH)²⁷

Healthy New Jersey 2020 outlines the State's health promotion and disease prevention objectives for the decade. The mission of Healthy New Jersey 2020 is to identify health improvement priorities in the state, increase awareness of the social determinants of health, determine measurable objectives and goals relating to the social determinants of health, enact cross-sector collaborative approaches to addressing the social determinants of health, and identify research, evaluation, and data collection needs. The initiative's goals include achieving, high-quality, low-cost care leading to healthier lives as well as achieving health equity, promoting quality of life, and creating social and physical environments that promote good health.



Cost-Sharing²⁸

The price of premiums and enrollment fees for New Jersey Medicaid is based on income and the number of family members. The family maximum is \$43 at 201% FPL, \$86 at 251% FPL, and \$144.50 at 301% and 351% FPL.

The cost sharing amounts that families with incomes at 151% FPL pay for prescription drugs for children in New Jersey is \$1 for generic drugs and \$5 for brand name drugs. Families with incomes at 201% FPL must pay \$5 for generic and brand name drugs for children.

Families have a grace period of 60 days after a non-payment of premiums for pediatric coverage until the child loses coverage.



Behavioral Health²⁹⁻³¹

Depending on the plan that the enrollee is covered by, services may be carved in or carved out. Children above 142% (plans B, C, and D) have more limited coverage than the services listed below. All plans have a 24-hour behavioral health hotline.

Medicaid enrollees have coverage for the following drug therapies under all health plans: methadone, naltrexone, naloxone, acamprosate, disulfiram.

Enrollees using Aetna Better Health of New Jersey have coverage for mental health and substance abuse services from Medicaid-approved providers. Members who are within the Division of Developmental Disabilities (DDD) or MLTSS also have coverage for psychotherapy and psychological counseling. Other services include:

- Adult rehabilitation
- Atypical antipsychotic drugs within the specific therapeutic drug classes
- Inpatient psychiatric hospital services for individuals under 21 years of age, or age 65 and older
- Inpatient substance abuse treatment
- Intermediate care facilities/intellectual disability
- Outpatient mental health
- Outpatient substance abuse

Enrollees covered under UnitedHealthcare Community Plan may receive the following services:

- Adult mental health rehabilitation (in a supervised residential group home)
- Atypical antipsychotic drugs
- Inpatient psychiatric hospital services for individuals under 21 years of age or age 65 and older
- Inpatient substance use
- Intermediate care facilities/intellectual disability
- Behavioral health inpatient-acute care hospital
- Outpatient substance use treatment
- Outpatient behavioral health
- Partial care for behavioral health
- Acute partial hospitalization

Members of Amerigroup NJ are covered for these services:

- Intake evaluation
- Off-site crisis intervention
- Family therapy
- Family meetings
- Psychological testing
- Drug management
- Detoxification in an acute care inpatient setting
- Inpatient hospital (includes rehabilitation hospitals and special hospitals)
- Acute psychiatric hospital stays
- Targeted Case Management
- Community support services
- Behavioral health homes
- Psychiatric emergency rehabilitation services
- Mental health outpatient
- Substance use disorder outpatient
- Adult mental health rehabilitation
- Inpatient psychiatric services
- Opioid treatment services
- Psychiatrist, psychologist
- Partial hospitalization

Members of WellCare have coverage for the following services:

- Inpatient hospital
- Outpatient services
- Home health

New Jersey began a modified hub and spoke model of the Office Based Addiction Treatment program which provides clinical support and higher reimbursement for physicians that offer care management services and medication assistance treatment (MAT). Residential programs must offer MAT as an alternate to abstinence-only programs.





Timeline

Federal

New Jersey

1965 President Johnson signs Social Security Amendments of 1965, creating Medicaid as a public health program for the poor.

1965

1967 Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services are a requirement for children enrolled in Medicaid.

1967

1972 Supplemental Security Income (SSI) program becomes Medicaid eligibility category for the elderly and persons with disabilities.

1972

1981 Home and Community-Based Services (HCBS) waivers created for Long-Term Care (LTC) and Disproportional Share Hospital (DSH) payments.

1981

1984 Children and pregnant women become mandatory Medicaid eligibility groups.

1984

1989 Children up to age 6 and pregnant women up to 133 percent of the Federal Poverty Line (FPL) become eligible; EPSDT benefit expanded.

1989

1990 Mandatory eligibility extended to children ages 6 to 18 in families up to 100 percent FPL; eligibility phased in from 1990 to 2002.

1990

1997 Balanced Budget Act of 1997 allows Medicaid to be delivered through managed care organizations; State Children's Health Insurance Program (CHIP) created; states now have the option to provide coverage for uninsured children in low-income families above FPL.

1997

1999 Olstead decision allows expanded HCBS coverage for persons with disabilities

1999

2010 Affordable Care Act (ACA) expands Medicaid eligibility to adults with incomes up to 138 percent FPL.

2010

2012 National Federation of Independent Business v. Sebelius decision makes Medicaid expansion optional for states.

2012

2014 ACA implementation begins.

2014

2020 36 states and the District of Columbia (DC) have expanded Medicaid since passage of the ACA.

2020

1970

New Jersey adopts the Medicaid program.³²

1995

New Jersey begins transitioning Medicaid enrollees into managed care. Children are moved through the KidCare program.³³

2000

New Jersey expands KidCare to parents and some childless adults under NJ FamilyCare.³³

2011

Long-term services and supports (LTSS) are provided through a fee-for-service (FFS) arrangement.³³

New Jersey provides Medicaid coverage for childless adults with incomes up to 23% of the federal poverty level (FPL).³³

2013

New Jersey expands existing managed care programs to include long-term services and supports and behavioral health services, and will extend home and community-based services (HCBS) to additional populations, while also transitioning many from fee-for-service into managed care.³⁴

2014

New Jersey authorizes Medicaid expansion to cover eligible adults up to 138% of the FPL.³³

2017

New Jersey creates the State Targeted Opioid Response Initiative (STO-RI), a fee-for-service treatment initiative, to address the opioid crisis. The services include assessment, detox, short-term residential, outpatient/intensive outpatient, and methadone outpatient/intensive outpatient.³⁵