



**State of New Jersey**  
**Department of Human Services**

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**PHILIP D. MURPHY**  
Governor

**Carole Johnson**  
Commissioner

**Sheila Y. Oliver**  
Lt. Governor

June 20, 2018

Honorable Paul A. Sarlo  
c/o Frank Haines  
Legislative Budget and Finance Officer  
Office of Legislative Services  
State House Annex  
P.O. Box 068  
Trenton, New Jersey 08625-0068

Dear Chairman Sarlo:

In response to your May 30, 2018 letter, below are answers to the questions raised during the Department of Human Services hearing before the Senate Budget and Appropriations Committee on May 22, 2018.

Senator Greenstein:

- The Centers for Medicare and Medicaid Services approved the NJ FamilyCare's Comprehensive Demonstration on October 31, 2017, which includes an Opioid Use Disorder (OUD)/Substance Use Disorder (SUD) continuum, providing authority for the department's Division of Medical Assistance and Health Services to serve individuals with a substance use disorder or opioid use disorder in a full continuum of care. Specifically, New Jersey was granted waiver authority to: claim expenditures for services provided in an institute for mental disease for a statewide average length of stay of 30 days; add a new level of care to the continuum for long term residential treatment; develop peer recovery support specialist and case management programs that will engage, support and link individuals with an SUD in the appropriate levels of care; and move to a managed delivery system that integrates physical and behavioral health care.

According to your testimony at the committee hearing, 54 facilities are eligible for Medicaid reimbursement under waiver. How many patients in those facilities are now eligible for Medicaid reimbursement following the approval of this waiver by CMS?

**Response:**

Currently, there are 846 individuals with Medicaid in residential SUD services that will have coverage by Medicaid under the SUD Waiver.

Senator Singleton:

- Maintaining continuity of care is often regarded as important in achieving positive health outcomes, and continuity of health care coverage is usually the primary method for ensuring continuity of care. However, Medicaid has long been characterized by a high degree of “churn,” or clients quickly moving on and off the program, owing in part to changing finances making them temporarily ineligible, or failing to complete necessary applications to have eligibility redetermined before the initial period of eligibility expires.

Please provide data categorizing the reasons for disenrollment of Medicaid participants, with the corresponding number of participants who disenrolled in each category, for the three most recent complete fiscal years and in FY 2018 to date.

**Response:**

The Department tracks disenrollment of Medicaid participants by Federal Fiscal Year. Please see attached for Federal Fiscal Years 2015, 2016, and 2017 as well as monthly disenrollment figures for Federal Fiscal Year 2018 to date.

- In the Medicaid, fee-for-service system, all individuals who are eligible for and wish to access Division of Developmental Disabilities-funded services must either select or be assigned to a Support Coordination Agency. The Support Coordination Agency assigns a Support Coordinator to work with the individual and the individual’s family to ensure completion of the Person-Centered Planning Tool and to develop the Individualized Service Plan.

Currently, Support Coordinators do not have oversight authority over providers; however, you indicated in your testimony that the department is interested in exploring new ways to expand their role. Can the department unilaterally broaden the role of the Support Coordinator, or is statutory authority required?

**Response:**

The Department is committed to working collaboratively with stakeholders to identify ways to enhance the overall service system, including Support Coordination roles and responsibilities. The Department has the authority to modify service definitions, qualifications and deliverables, subject to federal approval.

Sincerely,

A handwritten signature in blue ink, appearing to read "Carole Johnson", with a long horizontal flourish extending to the right.

Carole Johnson  
Commissioner

## NJ FamilyCare Disenrollment Statistics

Reason for Disenrollment	FFY 15	FFY 16	FFY 17	FFY 18							
				OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
Currently has health insurance coverage or had health insurance recently. As per N.J.A.C.10:78-3.6(c)1 and 10:79-3.8, NJ FamilyCare is only available to those applicants who have not had health insurance coverage for the last 3 months. You may reapply when it has been at least 3 months since you or your child(ren) have had health insurance coverage.	2,118	2,033	2,689	253	75	117	82	228	76	119	115
Did not respond to our request for additional information, as per N.J.A.C.10:69-2.2, 10:78-2.3, and 10:79-2.3. 10:69-5.2, 10:78-2.6 and 10:79-2.7. Eligibility for NJ FamilyCare must be renewed every twelve months for continued eligibility. Also, regarding U.S. Citizenship, as per N.J.A.C. 10:69-2.2, 10:78-2.3, and 10:79-2.3.	5,370	6,602	13,315	1,209	776	927	774	744	776	702	854
Did not submit the renewal form. Per N.J.A.C. 10:69-5.2, 10:78-2.6 and 10:79-2.7, eligibility for NJ FamilyCare must be renewed every twelve months.	16,422	18,943	25,348	4,784	4,812	4,219	4,211	3,637	3,632	3,420	3,295
Does not/no longer meets the income requirements necessary to receive NJ FamilyCare as per N.J.A.C. 10:78-4.1 and 10:79-4.1.	16,821	19,082	26,544	1,621	1,247	1,406	1,428	1,370	1,349	1,514	1,516
Has requested to be disenrolled from NJ FamilyCare, as per N.J.A.C. 10:69-2.16, 10:78-2.1, and 10:79-2.3.	7,092	8,471	10,296	917	992	914	890	1,069	1,037	1,062	938
Is no longer eligible for NJ FamilyCare because premium payments have not been received, as per N.J.A.C. 10:78-7.1 and 10:79-6.7 or is not eligible for NJ FamilyCare until the initial premium payment is received, as per N.J.A.C. 10:78-7.1 and 10:79-6.7.	513	141	2,669	804	622	675	782	612	552	501	489
Is no longer a resident of the State of New Jersey. Per N.J.A.C. 10:78-3.3(a), 10:79-3.3, and 10:69-2.11. NJ FamilyCare is only available to residents of the State of New Jersey.	1,084	836	1,358	48	58	45	23	46	40	34	51
After a Reasonable Opportunity Period to document citizenship or immigration status, is determined not a U.S. citizen or federally qualified alien. As per N.J.A.C. 10:78-3.2(a) & (b), 10:79-3.2, and 10:69-3.9. NJ FamilyCare is only available to those applicants who are citizens of the United States or qualified aliens. Individuals applying for Medicaid can receive a four month period of eligibility to provide verification of their citizenship or immigration status.	278	350	689	13	15	14	12	12	11	28	19
<b>OTHER</b>	12,890	11,173	15,899	761	594	569	548	610	740	858	814
<b>Total:</b>	<b>62,588</b>	<b>67,631</b>	<b>98,807</b>	<b>10,410</b>	<b>9,191</b>	<b>8,886</b>	<b>8,750</b>	<b>8,328</b>	<b>8,213</b>	<b>8,238</b>	<b>8,091</b>

Note: Data from FFY 17 and into FFY 18 include a large volume of renewals for enrollees that gained eligibility through the Federal Marketplace. As part of this mandatory renewal process, applicants must update their eligibility information (household members, tax status, income, reconfirm that they want continued coverage, etc.). It is important to note that multiple notices are sent to people before they are disenrolled (cover letter in renewal packet, a follow-up reminder to return renewal packet, and another at the beginning of termination month stating that their coverage would be terminated if they did not respond).