



State of New Jersey

DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

ADMINISTRATIVE OFFICES
QUAKERBRIDGE PLAZA—BUILDING 5 & 7 & 12
QUAKERBRIDGE ROAD
TRENTON, NEW JERSEY 08619

ADDRESS REPLY TO:
CN-712
TRENTON, NEW JERSEY 08625

Medicaid Communication 88-7

Date: February 22, 1988

To: County Welfare Agency/Board of Social Services Directors

Subject: Revisions to the Model Waiver Operational Procedures Manual

The attached pages, 17 through 21, 25 and 26, as well as a revised Table of Contents, Appendix and Exhibits W and X will replace the same pages, dated 12/86, in the Model Waiver Operational Procedures Manual. This manual was sent to you as an attachment to Medicaid Communication 87-14, dated May 15, 1987. Changes in text are indicated by a vertical line in the margin.

Questions regarding program issues can be directed to the Medicaid District Office Director serving your county.

Sincerely yours,

Thomas M. Russo, Director
Division of Medical Assistance
and Health Services

TMR:Kc
attachments

cc: Odella Welch
Deputy Commissioner

Marion Reitz, Acting Director
Division of Public Welfare

William Waldman, Acting Director
Division of Youth and Family Services

Norma F. Krajczar, Executive Director
Commission for the Blind and Visually Impaired

Barbara Kern, Chief
Special Child Health Program

Medicaid District Offices

Case Management Sites

TABLE OF CONTENTS

	<u>PAGE</u>
Introduction	1
Section I. Intent and Requirements of Medicaid's Model Waivers	2
. Program Intent	2
. Program Eligibility Criteria	2
. Ineligible Individuals	2
. Services Included Under Model Waivers	3
. Services Not Included Under Model Waiver	5
. Eligible Providers for Medicaid's Model Waivers	5
Section II. Summary of Application and Enrollment Process	7
. Applicant	7
. Office of Home Care Programs (OHCP)	7
. County Welfare Agency (CWA)	7
. Medicaid District Office (MDO)	7
. Case Management Site (CMS)	8
Section III. The Office of Home Care Programs (OHCP)	9
. Screening	9
. Application Process	10
. Institutional Eligibility	10
. Categorical Eligibility	10
. Level of Care	11
. Institutional Cost CAP	11
. Enrollment Process	11
. Collection of Cost Share Liability	11
. Data Collection	11
. Monitoring	11
. Transfers from County to County	11
. Development of Policies and Procedures	12
Section IV. The County Welfare Agency (CWA)	13
. Financial Eligibility Determination	13
. Disability or Blindness Determination	14
. Retroactive Eligibility	14
. Cost-Share Liability Determination	14
. Referral Process	16
. Financial and Disability Redetermination	16
. Medicaid Eligibility File	17
. Issuance of Medicaid Card	19
. Changes in Client Status	19
. Terminations	21

Changes in financial status made known to the CWA may result in loss of eligibility. The CWA will follow established procedures and notify the MDO. In turn, the MDO will initiate procedures to terminate the client from the Model Waiver, notifying the OHCP.

Model Waiver III clients who are categorically eligible and have blindness or disability benefits from the Social Security Administration (SSA) are periodically reviewed by the SSA. Clients receiving Supplemental Security Income have periodic financial redeterminations by the SSA.

MEDICAID ELIGIBILITY FILE

Initial Eligibility for Model Waiver: Upon receipt of the Enrollment Letter (Appendix O) from the Medicaid District Office, the CWA will accrete Model Waiver eligibles to the Medicaid Eligibility File on line, using the Blue Cross Terminal.

1. No Previous Medicaid Eligibility.

a. Medicaid Eligibility Screen Option 061 (Appendix W)

Case Number: The case number will be assigned according to Medicaid Only procedures. Program Code 10 (Old Age Assistance) is used for all clients 65 or older. Program Code 20 (Disability Assistance) should be assigned to disabled clients under 65; Program Code 50 (Blind Assistance) should be assigned to blind clients under 65 years of age.

Note: Program Codes will change when clients become 65.
See: CHANGES IN CLIENT STATUS.

Medicaid Effective Date: Use the first day of the month of the "effective date" indicated in the MDO enrollment letter.

Address: Use the client's address indicated in the MDO enrollment letter.

b. Medicaid Special Programs Option 064 (Appendix X)

Special Program Number: All Model Waiver clients require a unique Special Program Number (or exception code indicator) for data collection and claims processing. The CWA will use the "exception code indicator" shown in the enrollment letter.

Special Program Date: Use the "effective date" indicated in the enrollment letter.

- c. On screens 061 and 064, use batch number SP34 for Model Waivers I and II, and batch number SP31 for Model Waiver III. NOTE: If the client status changes, the Batch number remains the same unless the individual transfers to another waiver program.

2. Previous Medicaid Eligibility Now Terminated

When an applicant has had previous Medicaid eligibility and a terminated HSP Number exists on the eligibility file, a new Medicaid number should be assigned. This is necessary to clearly identify services provided under the Model Waiver Programs for federal reporting purposes.

- a. Medicaid Eligibility Screen Option 061 - Complete a new screen 061 and enter the prior case number in the prior case number field.
- b. Screen 064 - Add new special program number (exception code indicator) and new effective date.
- c. Screens 061 & 064 - Enter batch number for the special program (see 1c above).

3. Current Medicaid Eligibility/Institutional

Medicaid Only recipients leaving the institutional setting to return to the community under Model Waiver Programs must be given a new HSP number. Therefore, the institutional number must be terminated.

- a. Terminate the existing number by using screen option 061.
- b. Complete new screen options 061 and a 064 as described in 1a, 1b, and 1c above to accrete the new HSP number to the file. NOTE: Enter the prior institutional case number on the new screen 061 in the prior case number file.

SSI in Institution - Certain recipients of SSI coverage and Medicaid benefits become ineligible for SSI when they return to the community from the inpatient hospital or nursing home setting. To be enrolled in a Model Waiver Program these individuals must be given a new Medicaid number by the CWA under Medicaid Only procedures:

- a. The Social Security Administration must terminate SSI eligibility which should result in the termination of the HSP number generated from SSI eligibility. The client/family should be instructed to notify SSA.
- b. The CWA will complete screen options 061 and 064 as described in 1a, 1b, and 1c above to accrete the new HSP number to the file. Enter the prior case number on the new screen 061 in the prior case number field.

4. Current Medicaid Eligibility/Categorical

Applicants for Model Waiver III can be categorically eligible for Medicaid.

- a. SSI - A recipient of SSI in the community will retain the current HSP number. The CWA is not required to make any changes to the Medicaid Eligibility File. Any required action will be done by the MDO.
- b. AFDC - A recipient of AFDC will retain the current HSP number. The CWA should add the special program number (exception code indicator) and new effective date by completing a screen 064.
- c. DYFS - A child on the DYFS State Program (with Program Status 65) will be referred by OHCP to the CWA to apply for institutional eligibility (Medicaid Only). If enrolled on Model Waiver III, the CWA will be instructed by the MDO to accrete the new HSP number, special program number and date to the file by completing screens 061 and 064. The OHCP will request the DYFS caseworker to insure that the DYFS generated HSP number is terminated.

The following DYFS cases will not be referred to the CWA: Optional Foster Care (60); SSI/Foster Children (62); Title IVE Foster Children (63). Any action required will be done by the MDO.

- d. The SSI Deeming Waiver (Katie Beckett Waiver) - Individuals eligible for Medicaid under the Katie Beckett Waiver requesting Model Waiver III will be handled by the MDO. The CWA will take no action on behalf of these clients.

ISSUANCE OF MEDICAID CARD

The Medicaid Eligibility Identification card will be sent directly to the Model Waiver client by the CWA. As in the regular Medicaid Only Program, the CWA can issue a temporary Medicaid card in accordance with Circular Letter #84-1-11.

A Model Waiver client who is categorically eligible for Medicaid will continue to receive a Medicaid card in the same manner as before his/her participation. An MDO may issue a temporary Medicaid card in accordance with procedures.

CHANGES IN CLIENT STATUS

1. Client Becomes 65 Years Old

When a Disabled (20) or Blind (50) client turns 65, this program code must be changed to Old Age Assistance (10) as follows:

- a. Terminate the existing Model Waiver HSP# (program status code 20 or 50) by completing screens 061 and 064.
- b. Assign a new HSP# (program status code 10) by completing a new screens 061 and 064. Enter special program number on screen 064.

NOTE: Enter the prior case number in the prior case number field on screen option 061.

- c. Advise the MDO of the number change.

2. Client Enters a Nursing Home as a Long Term Care Patient

If a Model Waiver client enters a nursing home, this individual becomes ineligible for the Model Waiver. The CWA terminates the Model Waiver HSP number in accordance with established procedures, by completing screens 061 and 064.

The CWA will issue a new Medicaid HSP number or reopen a previously assigned case number (if this person formerly had been Medicaid eligible) by completing a new screen 061.

3. Client Enters a Nursing Home; Then Returns to the Community

Should a Model Waiver client leave the community to enter a nursing home (as in #2 above) and then return to the community, the CWA terminates the nursing home HSP number by completing a screen 061. Should this individual be determined eligible once again for a Model Waiver, the CWA would reopen the original Model Waiver HSP number by completing screens 061 and 064. NOTE: Enter the nursing home case number on the reopened screen 061 in the prior case number field.

The new effective date of the reopened HSP number is the date the client is reenrolled in a Model Waiver Program by the Medicaid District Office (Appendix O). The "Medicaid effective date" goes back to the first of the month on screen 061; the special program date is the specific date as indicated on the enrollment letter from the MDO.

4. Client Enters a Hospital

If a Model Waiver client enters a hospital, the client remains Model Waiver eligible. The CWA is not required to take any action.

5. Client Moves

If a Model Waiver client moves from one county to another county in New Jersey, use the transfer procedures which apply for the adult Medicaid Only population. Children are transferred in the same manner. The HSP number is not changed. The address on screen 061 should be changed as well as the office code and county of supervision fields.

NOTE: AFDC recipients will be assigned a new HSP number by the receiving county. Advise the MDO of the number change.

6. Transfer Between CCPED, Model Waiver I, Model Waiver II, and Model Waiver III

The OHCP must reserve a slot before an eligible client is to be transferred from one waiver program to another. A new Medicaid number is required.

a. The CWA will terminate the existing HSP number by completing screens 061 and 064.

b. The CWA will complete new screens 061 and 064 as described under "Medicaid Eligibility File" in 1a, 1b, and if appropriate, the batch number as described in 1c. Enter the prior case number in the prior case number field.

TERMINATIONS

To terminate a client from the Model Waiver Program, the CWA will complete screens 061 and 064 in accordance with established procedures as indicated previously in this section.

A client may be terminated or may choose to withdraw from the Model Waiver Program. Communication between the MDO, CWA and the case management site should precede any actions affecting termination for the following:

1. Financial ineligibility;
2. Level of care denial;
3. Over service CAP limitation;
4. Client chooses nursing home placement;
5. Client withdrawal (not for nursing home placement);
6. Death of client.

DENIALS

If the applicant does not meet the criteria, the MDO Director will prepare a Denial Letter (Appendix L). The letter is sent to the applicant or parent/guardian. A copy will be sent to the CWA unless the client is categorically eligible and was referred to the MDO by OHCP. Community Medicaid eligibles may be denied participation in Model Waiver based on level of care or service needs, but still remain eligible for other Medicaid services. The application will be dismissed by the CWA in accordance with adverse action procedures. In all cases, a copy of the Denial Letter will be sent to the OHCP so that the applicant's name may be removed from the reserved Model Waiver slot.

The applicant has the right to a fair hearing. The established Medicaid fair hearing process will be followed by DMAHS.

If the applicant was not processed by the CWA, no copy of the Denial Letter will be sent to the CWA.

APPROVALS

The MDO Director will enroll an applicant who is financially eligible and disabled in the reserved slot of a Model Waiver, if:

- . The applicant chooses the Model Waiver and acknowledges a potential cost-share liability;
- . The level of care is established and the recommendations are made by the MET;
- . The cost of care is expected to not exceed the financial CAP;
- . All forms have been dated and signed.

The MDO Director will prepare an Enrollment Letter (Appendix O):

1. Optional Categorically Eligible:

Send the original letter to the CWA and copies to the OHCP and CMS.

Effective Date: The date the MDO Director assigns the applicant to the reserved Model Waiver slot.

Special Program Number (Exception Code Indicator): The MDO Director will assign the appropriate code:

Special Program Number "4" - Model Waiver I
Special Program Number "6" - Model Waiver II
Special Program Number "3" - Model Waiver III

Case Management Site: The MDO Director will indicate the CMS which will be serving the client. Appendix B lists the CMS serving each county. Clients up to the age of twenty-one years are referred to Special Child Health Services; all other clients will be referred to the designated CMS. If the same agency provides CM for adults and children, indicate "SCHS" when appropriate.

2. CATEGORICAL ELIGIBILITY (Model Waiver III Only):

Send original Enrollment Letter to the OHCP and a copy to the CMS.

Effective Date: The date the MDO Director assigns the applicant to the reserved Model Waiver slot.

Special Program Number (Exception Code Indicator): Model Waiver III clients will be assigned the Special Program Number 3.

Case Management Site: The MDO Director will indicate the CMS that will be serving the client. Appendix B lists the CMS serving each county. Clients up to the age of twenty-one years are referred to Special Child Health Services; all other clients will be referred to the designated CMS.

Approval Letter to Client: The MDO Director will prepare an Approval Letter to Client (Appendix M) which will inform the applicant that he/she has been accepted into a Model Waiver Program.

For categorically eligible clients only, the MDO Director must enter the following on the Medicaid Eligibility File screen 064.

Special Program Screen Option 064 - Enter the appropriate special program number (exception code indicator) and specific effective date on screen 064.

Use batch control number SP31 for Model Waiver III.

ISSUANCE OF MEDICAID CARD

The Medicaid Eligibility Identification card will be sent directly to the Model Waiver client by the CWA, as in community Medicaid Only cases. The CWA can issue a temporary Medicaid card which is presently used for the Medicaid Only Program in accordance with Circular Letter #84-1-11.

A Model Waiver client who is categorically eligible for Medicaid will continue to receive a Medicaid card in the same manner as before his/her participation. An MDO may issue a temporary Medicaid card in accordance with procedures for SSI eligibles. For all other categories, the agency responsible for determining program eligibility may issue temporary cards according to agency procedures.

APPENDIX

A	Nursing Home Level of Care Criteria
B	Cost Share Worksheet - CP-3
C	Certification of Need for Patient Care in Facility Other Than Public or Private General Hospital - PA-4
D	Long Term Care Referral - CP-2
E	*
F	Long Term Care Assessment - Nurse - CP-RN-1
G	Long Term Care Assessment - Social Work - CP-SW-1
H	Long Term Care Assessment - Case Manager - CP-CM-1
I	Level of Care Conference - CP-1(a)
J	Choice of Care - CP-6
K	Release of Information - MCNH-69
L	Denial Letter to Client - CP-9
M	Client Approval Letter - CP-7
N	*
O	Enrollment Letter - CP-5
P	Service Plan - CP-11
Q	Service Cost Record - CP-10
R	Nursing Long Term Care Reassessment - CP-21
S	Social Work Long Term Care Reassessment - CP-22
T	Termination Letter - CP-23
U	Client Withdrawal - CP-18
V	*
W	MED-ELIG 061 (8/87)
X	MED-SP 064 (8/87)
Y	MAP - 3
Z	*

* This form is not included since it is not used in these waivers.

**DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES
MEDICAL ELIGIBILITY**

CASE NAME:

CASE NUMBER

PERSON NUMBER

BATCH NUMBER

SCREEN OPTION 061

ENTER

LAST FIRST

FUNCTION CODE

CASE: CASE NUMBER OFFICE PROVIDER WARNING

ADDRESS: 1 2
3 4
5 6

PERSON: PN LAST NAME FIRST NAME MI BIRTH DATE ZIP CODE
SOCIAL SECURITY NO. SEX MS RACE PRIOR CASE NUMBER PRIOR PN
BUY-IN STATUS BUY-IN EFF DATE LTC CODE

ELIGIBILITY SEGMENTS:

EFFECTIVE DATE	TERMINATION DATE	ADD CODE	TRM CODE	PGM STA	CTY SUPVN	CTY RES	EXT TYP	PREG DUE DATE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

ERROR MESSAGES:

ALT

PREPARED BY _____ DATE _____

APPROVED BY _____ DATE _____

ENTERED BY _____ DATE _____

STATE OF NEW JERSEY
 DEPARTMENT OF HUMAN SERVICES
 DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES
 MEDICAID SPECIAL PROGRAMS

S EN 064
 C N

CASE NUMBER

PERSON NUMBER

BATCH NUMBER

ENTER

FOR VERIFICATION USE ONLY

LAST NAME <input style="width: 95%;" type="text"/>	FIRST NAME <input style="width: 95%;" type="text"/>	BIRTH DATE <input style="width: 95%;" type="text"/>
---	--	--

ACTION CODE

SPECIAL PROGRAMS:

SPECIAL PGM NUM	EFFECTIVE DATE	TERMINATION DATE
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

ERROR MESSAGES:

PREPARED BY _____ DATE _____

APPROVED BY _____ DATE _____

ENTERED BY _____ DATE _____