



State of New Jersey

DEPARTMENT OF HUMAN SERVICES

DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

CHRISTINE TODD WHITMAN
Governor

WILLIAM WALDMAN
Commissioner

MEDICAID COMMUNICATION NO. 97-14

DATE: August 12, 1997

TO: County Welfare Agency Directors
Institutional Services Section Area Supervisors

SUBJECT: Assisted Living/Alternate Family Care Waiver

Attached please find procedures for processing applications for these programs developed by the Department of Health and Senior Services.

If you have any questions about the process described in this communication, please contact the Department of Health and Senior Services, Office of Waiver and Program Administration, at (609) 588-2903.

Sincerely,

A handwritten signature in cursive script, reading "Karen I. Squarrell".

Karen I. Squarrell
Acting Director

A handwritten signature in cursive script, reading "Susan C. Reinhard".

Susan C. Reinhard, RN, Ph.D.
Deputy Commissioner
Department of Health and Senior Services

Attachment
KIS:clm

cc: Len Fishman, Commissioner
Department of Health and Senior Services

Michele Guhl, Deputy Commissioner
Division of Youth and Family Services

Karen Highsmith, Director
Division of Family Development



State of New Jersey
DEPARTMENT OF HEALTH AND SENIOR SERVICES
CN 360
TRENTON, N.J. 08625-0360

CHRISTINE TODD WHITMAN
Governor

LEN FISHMAN
Commissioner

**Procedures for Processing Applications for the Assisted
Living/Alternate Family Care (AL/AFC) Waiver**

As a consequence of the Executive reorganization in 1996, the Department of Health and Senior Services (DHSS) has responsibility for the administration of the Assisted Living and Alternate Family Care (AL/AFC) Waiver. The following information provides instruction about processing applications for this waiver.

Questions about these procedures may be directed to the Office of Waiver and Program Administration at 609-588-2903.

OVERVIEW

The County Welfare Agency (CWA) in an individual's county of residence performs several functions regarding the AL/AFC waiver. These functions are:

- determining financial eligibility
- obtaining physician certification of medical necessity for long-term care
- referral to the Disability Review Section for those not already determined disabled by the Social Security Administration.
- referral to the Long Term Care Field Office (LTCFO) to determine that an applicant meets the Department of Health and Senior Services' requirements to receive nursing facility services
- submitting Medicaid Eligibility File input documents
- redetermining financial eligibility for persons not SSI eligible

FINANCIAL ELIGIBILITY DETERMINATION FOR INDIVIDUALS WHO ARE NOT SSI ELIGIBLE

In accordance with existing Medical Assistance Only (MAO) policy and procedures, the CWA determines the individual's financial eligibility for AL/AFC.

To be eligible for AL/AFC, an individual's total monthly income may exceed the appropriate Supplemental Security Income (SSI) community standard for an individual, based on living arrangement, but cannot exceed the institutional cap, or the individual must be ineligible in the community for SSI because of SSI deeming rules.

An individual's resources cannot exceed the MAO resource limitation. In the event the applicant/recipient is married and living with his or her spouse, the resources owned by both members of the couple are used to determine eligibility as per N.J.A.C. 10:71-4.8.

In determining the amount of the couple's resources that can be protected for the non-applicant spouse, the resource assessment shall be based on the total countable resources on the earlier of the date the applicant began to receive AL/AFC or, if AL/AFC services were not previously provided, the date the applicant contacts the agency expressing interest in a waiver program.

Individuals who are eligible for New Jersey Care...Special Medicaid Programs, including Medically Needy, are not eligible for AL/AFC unless they are evaluated and are determined to meet the income and resource standards indicated above.

Persons found ineligible due to excessive income and/or resources will be denied according to established MAO policy and procedures.

DISABILITY DETERMINATION

For individuals between 18 and 64, a medical disability determination is a federal requirement for participation in AL/AFC.

Those applicants determined disabled by the Social Security Administration, meet the disability criteria for AL/AFC. The CWA will ensure that applicants who are not determined disabled by the Social Security Administration are determined disabled by the Division of Medical Assistance and Health Services' Disability Review Section, using the procedures described in the Medicaid Only Manual. This requires that pertinent medical and social information be submitted by the CWA to the Disability Review Section.

PHYSICIAN CERTIFICATION OF MEDICAL NECESSITY FOR LONG-TERM CARE

As in the application process for nursing facility placement, the CWA will send the applicant's attending physician the Certification of Need for Patient Care in Facility Other than Public or Private General Hospital (PA-4), along with a letter to the physician. The PA-4 is to be returned to the CWA and will be part of each referral package sent to the LTCFO.*

REFERRAL FOR LONG-TERM CARE

The CWA completes the Long-Term Care Referral (CP-2) as part of the referral package to the LTCFO. This form will indicate the date the CWA determined the applicant to be financially eligible and will provide other pertinent information to the LTCFO staff who will assess the client for meeting DHSS's requirements to receive nursing facility services and appropriateness for AL/AFC. The income information on the CP-2 will be used by the LTCFO to compute the client's cost share. The CWA does not compute cost share.

RETROACTIVE ELIGIBILITY

The CWA advises the applicant that there is no retroactive eligibility for Medicaid as a benefit of AL/AFC.

REFERRAL PROCESS

When the applicant has been determined financially eligible and has been determined disabled (if between the ages of 18 and 64), the CWA will refer the applicant to the LTCFO by sending a referral package which must include these forms:

- Certification of Need for Patient Care in Facility Other than Public or Private General Hospital (PA-4)*
- Long Term Care Referral (CP-2)

The CWA may send any other documents that would be helpful in assessing the applicant's need for AL/AFC. This would include a referral from an AL/AFC licensed program which some individuals may present upon application. (See "Assisted Living and Alternate Family Care Referral" form attached.)

* The PA-4 is currently under review to determine the necessity for its use.

FINANCIAL AND DISABILITY REDETERMINATION

The CWA will perform an annual financial redetermination for AL/AFC clients in accordance with MAO requirements. The CWA will submit current medical and social information as requested by the Disability Review Section for the redetermination of disability.

ISSUANCE OF AL/AFC CARD

The Medicaid Eligibility Identification Card (FD-73/178) will be sent directly to the AL/AFC client by the Office of Telecommunications and Information Systems (OTIS). It contains a special message which states "client is enrolled in Assisted Living and Alternate Family Care Waiver and is receiving restricted services. Allowable services must be approved by case manager." Replacement cards for non-SSI eligibles will be issued by the CWA.

MEDICAID ELIGIBILITY SYSTEM

Initial Eligibility for AL/AFC: Upon receipt of the Enrollment Letter (CP-5), the CWA will add an AL/AFC eligible to the on-line Medicaid Eligibility System.

1. No Previous Medicaid Eligibility

a. Medicaid Eligibility Screen Option 061

Case Number: The Medicaid Case Number will be assigned according to Medicaid Only procedures.

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

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

b. Medicaid Special Programs Option 064

Special Program Number: All AL/AFC 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 from the LTCFO.

These are:

22 - Alternate Family Care

28 - Comprehensive Personal Care Home

29 - Assisted Living Residence

30 - Assisted Living Program

Special Program Date: Use the date specific "effective date" indicated in the enrollment letter. Enrollment in the waiver is not retroactive to the first day of the month.

2. Previous Medicaid Eligibility Now Terminated

When an applicant has had previous Medicaid eligibility (AL/AFC included) and a terminated Medicaid Number exists on the eligibility file, that number should be reopened.

a. Medicaid Eligibility Screen Option 061

Case Number: Complete a new screen 061. Add a new segment of eligibility.

b. Medicaid Eligibility Screen Option 064

Special Program Number: Add a new Special Program Number segment with a new date specific effective date.

3. Current Medicaid Eligibility/Institutional

A Medicaid Only recipient leaving the institutional setting to return to the community under AL/AFC uses the existing MAO number.

a. Medicaid Eligibility Screen Option 061

No changes are made to the case number.

b. Medicaid Eligibility Screen Option 064

Add a new Special Program Number segment with a new date specific effective date.

SSI in Institution - Certain recipients of SSI and Medicaid become ineligible for SSI when they return to the community from the inpatient hospital or nursing facility setting. When enrolling in AL/AFC these individuals must use their existing SSI case number, however, a new MAO eligibility segment must be established so that the correct program status code will be entered.

- a. In these instances, the Social Security Administration (SSA) will end SSI eligibility. This action should result in the termination of the Medicaid number generated from SSI eligibility. The client/family should be instructed to notify SSA of the recipient's discharge from the hospital or nursing facility.
 - b. The CWA will complete screen options 061 and 064 as described in 2a and 2b above to reopen the Medicaid number with a Medicaid Only program status code to the file.
4. Current Medicaid Eligibility/Community Jersey Care including Medically Needy

For a New Jersey Care beneficiary determined eligible for MAO and entering the AL/AFC waiver:

- a. Medicaid Eligibility Screen Option 061

No changes are made in the case number. The NJ Care program status code is closed at the end of the month. A new appropriate MAO program status code is assigned for the first of the following month.

- b. Medicaid Eligibility Screen Option 064

Add a new Special Program Number segment with a new date specific effective date.

For a Medically Needy beneficiary determined eligible for MAO and entering the AL/AFC:

The Medically Needy Medicaid number is terminated.

- a. Medicaid Eligibility Screen Option 061

Case Number: The Medicaid Case Number will be assigned according to MAO procedures.

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

b. Medicaid Eligibility Screen Option 064

Special Program Number: Add a new Special Program Number segment with a new date specific effective date.

CHANGES IN CLIENT STATUS

1. Client Enters a Nursing Facility as a Long-Term Care Patient

If an AL/AFC client enters a nursing facility, this individual becomes ineligible for AL/AFC. The CWA enters a termination date (screen 064) to close the special program segment of the Medicaid number. A Termination Letter (CP-23) containing the date specific termination date will be sent by the LTCFO to the CWA.

2. Client Enters a Nursing Facility, Then Returns to the Community

When an AL/AFC client leaves the community to enter a nursing facility (as in #1 above) and then returns to the community, the CWA will reopen the special program segment (screen 064) using the date specific enrollment date on the Enrollment Letter (CP-5).

3. Client Moves

If a AL/AFC client moves from one county to another, the MAO procedures apply for transferring an institutionally eligible client to another county. The Medicaid number is not changed. The address on screen 061 should be changed, as well as the fields for office code and county of supervision.

4. Transfer from DHSS-administered waivers to DHS-administered waivers.

DHS' Bureau of Home and Community Services (BHCS) must be notified to reserve a slot before an eligible client is to be transferred from one waiver program to another. A new Medicaid Case Number is not required; however, a change in the Special Program Number is needed. The procedures for the DHS waiver will provide specific enrollment information.

5. CCPED Participants Referred for AL/AFC

Applicant has previously been found to meet Medicaid's guidelines for nursing facility level of care and is financially eligible for Medicaid. Client should be referred to the CWA where a new PA-4 will be issued to applicant's physician. Financial status is verified. Completed PA-4 and CP-2 are sent to LTCFO for processing.*

The CWA will complete a new screen 064 by closing the active segment of eligibility under the prior waiver and opening up another segment of eligibility under the new waiver. The CWA should receive from the LTCFO a copy of the Termination Letter (CP-23) from the prior waiver and the Enrollment Letter (CP-5) from the new waiver which contain the date specific information.

DISENROLLMENT

To disenroll a client from AL/AFC, the CWA will complete screens 061 and 064 in accordance with established procedures, as indicated previously in this section.

A client may be disenrolled or may choose to withdraw from AL/AFC. Communication between the LTCFO, CWA and the Case Management Site should precede any actions affecting disenrollment.

*The PA-4 is currently under review to determine the necessity for its use.

State of New Jersey
Department of Human Services
Division of Medical Assistance and Health Services

LONG-TERM CARE REFERRAL

TO : Medicaid District Office Director

Date: _____

FROM : _____
County Welfare Agency

Caseworker's Name and Title _____

RE : _____
Name

HSP (Medicaid) Case No. _____

Address _____

FINANCIAL INFORMATION

Check appropriate box, indicating date of financial eligibility determination and monthly gross income.

- | | | |
|---|-------------|----------------------|
| ☐ Categorically Eligible | Date: _____ | Income Amount: _____ |
| ☐ Institutionally Eligible | Date: _____ | Income Amount: _____ |

DISABILITY INFORMATION

FOR WAIVER PROGRAMS:

Check appropriate box, indicating date of disability determination.

- | | |
|--|-------------|
| ☐ Social Security | Date: _____ |
| ☐ Disability Review Section | Date: _____ |

CLIENT INFORMATION

Client and family interested in:

☐ Community-Based Waiver Program Specify Program: _____

☐ Medicaid Nursing Home Placement

PA-4 sent ☐ given ☐ (Date) _____ to: _____

☐ Physician _____
Name

☐ Family Member _____
Name

Address: _____

Telephone No. _____

Client's location at this time:

☐ Own Home ☐ Relative's Home ☐ Residential Health Care Facility ☐ Hospital ☐ Nursing Home

☐ Other _____

Date Admitted _____

Planned Discharge Date _____

Address _____

Telephone No. _____

Supportive Relative/Relationship to Client: _____
Name

Address _____

Telephone No. — Home/Work _____

Client is currently eligible for or receiving:

☐ HIC (Medicare) Number: _____ ☐ Part A ☐ Part B

☐ Pharmaceutical Assistance to the Aged and Disabled (PAAD) Program.

☐ Other Insurance: _____

Name: _____

Policy No.: _____

☐ Other Governmental Programs: _____

☐ Community Services: _____

COMPLETE FOR WAIVER PROGRAMS: CCPED ☐ Model Waiver ☐ Other ☐ _____
(Specify)

Client/family have been advised of and clearly understand:

Overview of Program Yes ☐ No ☐ Comments:

Financial Eligibility Yes ☐ No ☐ Comments:

Medical Eligibility Yes ☐ No ☐ Comments:

Services Available and Limitations Yes ☐ No ☐ Comments:

No Retroactive Eligibility Yes ☐ No ☐ Comments:

Other Pertinent Information: Family members or other significant persons who request to be present at the assessment; psychological/physical disabilities which would make client interviewing difficult; foreign primary language; where the client wants to receive services; client/family expectation of the Long-Term Care Programs.

Department of Health and Senior Services
Division of Consumer Support
Office of Waiver and Program Administration

AUG 6 1997

Caseworker's Signature

**CERTIFICATION OF NEED FOR PATIENT CARE IN FACILITY
OTHER THAN PUBLIC OR PRIVATE GENERAL HOSPITAL**

Form PA-4

To be completed by Public Assistance Agency _____			(Identify Agency)
Case Name _____	County Registration No. _____		
Home Address _____	(Street)	(Municipality)	(County)
Health Services Program Case No. _____	(10 Digits)	Person No. _____	Date of Eligibility _____
		(2 Digits)	
Birth Date (or age) _____	Sex: M F	Veteran: Yes No	Medicare No. _____
		(Circle correct letter)	(If applicable)
Describe Current Living Arrangement _____			
If in an Institution, Name _____		Admission Date _____	

CERTIFICATION OF PHYSICIAN

This is to certify that the above named individual requires patient care for the chronically ill because:

1. *Diagnosis (complete)* _____
2. *Medication and/or treatment* _____
3. *Other therapy contemplated* _____

4. <i>Functional capacity of the patient:</i>	Independent	Needs Assistance	Potential for Independence	Comments
a. Bathing and personal hygiene				
b. Dressing				
c. Eating				
d. Toiletry				
e. Communication				
f. Ambulation				
g. Nursing care				

5. *Instructional needs*

a. ☐ Teaching for independence in activities of daily living.	e. ☐ Understanding medical condition.
b. ☐ Self-administration of drugs and medications.	f. ☐ Prevention, care and treatment or complications.
c. ☐ Diet and nutrition.	g. ☐ Counseling, emotional and motivational support.
d. ☐ Self care for special condition; e.g. colostomy, etc.	
6. *Emotional, behavior or social problems (explain):* _____

7. *Characteristics of major disability:* ☐ Static or stable ☐ Progressive ☐ Improving
8. *Is patient now receiving any medication or treatment?* ☐ Yes ☐ No (If "Yes," give details.) _____

9. *Is surgery or other therapy contemplated?* ☐ Yes ☐ No (If "Yes," give details.) _____

10. *Is care in nursing home or public medical institution NOW necessary?* ☐ Yes ☐ No
11. *If "Yes," in question 10, is future discharge contemplated?* ☐ Yes ☐ No
12. *Could patient be adequately cared for now in a facility providing a lower level of care than that provided by a skilled nursing home?* ☐ Yes ☐ No
13. *Could this patient be adequately cared for NOW in boarding home?* ☐ Yes ☐ No
- His own home?* ☐ Yes ☐ No *Other facility? (Describe)* _____

14. *I further certify that, in my opinion, this patient does not require treatment for:* ☐ Active tuberculosis; or
 ☐ A mental disease, defect or impairment in an institution for the mentally ill or mentally deficient.

M.D.

Date _____

Department of Health and Senior Services
Division of Consumer Support

Assisted Living and Alternate Family Care Referral

Client's Name: _____ Social Security #: _____

Address: _____ Medicare #: _____

_____ Medicaid #: _____

Telephone #: _____ Date of Birth: _____

Referred By: _____ Agency/Facility: _____

Phone #: _____ Date: _____

Diagnosis: _____

Reason for Referral: _____

Care Needs: _____

Community and Family Supports: _____

Contact Person (if different from above): _____

Pertinent Social Information (include present living situation): _____

Financial Information:

a. Monthly Income _____
Social Security _____
Pension _____
Other _____

b. Resources (bank accounts
stocks, bonds etc.) _____

c. Cash value of Life Insurance (if known): _____

Note: If found eligible for these programs there may be a cost share to the client which is dependent upon his/her income and medical expenses.