

Managed Long Term Services and Supports Eligibility for Members Enrolled in NJ FamilyCare Plan ABP



STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE & HEALTH SERVICES

July 2014

Medicaid Expansion

- The Medicaid Expansion under the federal health care law requires that parents, single adults and childless couples, ages 19 to 64, with incomes under 133% FPL receive an Alternative Benefit Plan.
 - This group cannot be eligible for Medicare.
- Beneficiaries eligible for this group are in PSCs 762 and 380.

What is Medically Frail?

- An individual who is medically frail or otherwise an individual with special medical needs.
- For these purposes, the state/territory's definition of individuals who are medically frail or otherwise have special medical needs must at least include those individuals described in 42 CFR 438.50(d)(3).
- In addition, the following individuals are considered to be medically frail as specified at 42 CFR 440.315(f):
 - Individuals with disabling mental disorders (including children with serious emotional disturbances and adults with serious mental illness);
 - Individuals with chronic substance use disorders;
 - Individuals with serious and complex medical conditions;
 - Individuals with a physical, intellectual or developmental disability that significantly impairs their ability to perform one or more activities of daily living; or
 - Individuals with a disability determination based on Social Security criteria or in states/territories that apply more restrictive criteria than the Supplemental Security Income program, the state plan criteria.

Medically Frail Populations

- A requirement of Medicaid Expansion is to allow anyone meeting the definition of medically frail to be exempt from ABP and to have access to all Medicaid State Plan services, including Long Term Care (LTC).
- A member who meets the definition of medically frail has a choice between NJ FamilyCare Plan ABP and the Medicaid State Plan (NJ FamilyCare Plan A).
- It is mandatory that they are given counseling to understand the differences between the plans before making a choice.

NJ FamilyCare Plan ABP

- NJ FamilyCare Plan ABP includes:
 - Medicaid State Plan Services
 - Additional Mental Health and Substance Abuse Services
 - Non-medical detox
 - Substance Abuse partial care, IOP
 - Substance abuse outpatient
 - Substance Abuse short term residential
 - Psychiatric Emergency Services
- NJ FamilyCare Plan ABP excludes:
 - Long term care (except for those who are medically frail)

Medicaid State Plan –Plan A

- Medicaid State Plan includes:
 - All Medicaid State Plan Benefits
 - Can be enrolled in Managed Long Term Services and Supports (MLTSS) if eligibility is met.
 - Medicaid State Plan excludes:
 - Additional Mental Health and Substance Abuse services listed under NJ FamilyCare Plan ABP
- For enrollment in MLTSS, members must meet Nursing Facility (NF) level of care.

Sample E-Mevs

Alternative Benefits Plan (ABP) Member

Results as of 7/8/2014 3:50 PM:

Last Name: ██████████ First Name: JOSEPH Middle Initial:
 Submitted Recipient Id #: 197083803001 Eligible: Yes
 Date of Birth: ██████████ SSN:
 Card Control Number:

Medicaid Eligibility Data: Title XIX Medicaid

Begin Date: 5/1/2014 End Date: 7/8/2014
 Recipient Id # for Billing: 197083803001 Message: FAMILY CARE PLAN
 ABP, REFER TO NJMMIS.COM FOR NEWSLETTER VOL.23
 NO.20 ; PROGRAM 762

Eligible Services: 1-Medical Care 33-Chiropractic 35-Dental Care
 47-Hospital 48-Inpatient Hospital 50-Outpatient Hospital
 86-Emergency Services 88-Pharmacy 98-Physician Visits
 AL-Vision MH-Mental Health UC-Urgent Care

Medicaid Recipient Lockin Data:

Lockin Begin Date: Lockin End Date:
 Message:

Medicaid Special Program Data:

Begin Date: End Date:

Provider Responsibilities

- If you feel that a member meets the definition of medically frail, complete the Medically Exempt Attestation Form and refer him/her to the appropriate Medical Assistance Customer Center (MACC) office for options counseling.
 - Medically Exempt Attestation form can be found at www.njmmis.com as an attachment to Newsletter Vol. 24 No. 5.
- Hospital Discharge staff/LTC staff:
 - For authorization of Sub-acute Care, you must contact the Managed Care Organization (MCO).
 - For custodial care/MLTSS, the MCO/OCCO must be contacted to initiate the PAS process.

NJ FamilyCare Plan ABP and MLTSS

- If you have a member in NJ FamilyCare Plan ABP enrolled in MLTSS, they need to be advised to start the application process at their County Welfare Agency for the Aged, Blind, and Disabled Program.
- **Why is this important?** A member in ABP program enrolled in MLTSS will lose eligibility for Medicaid upon turning 65 or becoming eligible for Medicare.
- It is also important to advise beneficiaries that if they haven't done so already, they must apply for SSI, SSDI, VA, and Pension.
 - It is Medicaid law that members must avail themselves of all income.