



State of New Jersey

DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES
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JON S. CORZINE
Governor

Jennifer Velez
Commissioner

JOHN R. GUHL
Director

MEDICAID COMMUNICATION NO: 09-06

DATE: March 4, 2009

TO: County Welfare Agency (CWA) Directors
Institutional Services Section Area Supervisors

SUBJECT: Procedure for Fast-Track of Potential Medicaid Clients
In Non-ADRC Counties

This Medicaid Communication provides information and direction regarding the Fast-Track procedure for those counties without an Aging and Disability Resource Center (ADRC).

As you know, the Fast-Track process is intended to provide temporary state plan services for Medicaid applicants (aged 65 years or older who meet the clinically eligible level for nursing home level of care and appear to meet Medicaid financial criteria) for up to three months while they complete the full Medicaid application and eligibility determination process at the CWA.

Attached to this Medicaid Communication are instructions prepared by the Department of Health and Senior Services (DHSS), which explain the Fast-Track procedure. Also, there is a monthly reporting form that is to be completed at the end of each month by the CWA and returned to DHSS and the Division of Medical Assistance and Health Services designated representatives. The Emergency Services letter, which will be issued through the Division of Aging and Community Services/Data Management Unit from the DHSS Division of Aging and Community Services, will be valid for up to three months of a Fast-Track eligibility period.

Should you have any questions, please contact Lou Ortiz, DHSS, Assistant Project Director-ADRC, at 609-943-3520.

Sincerely,

A handwritten signature in cursive script that reads "John R. Guhl".

John R. Guhl
Director

JRG:F
Attachments

c: Jennifer Velez, Commissioner
Department of Human Services

William Ditto, Executive Director
Division of Disability Services

Kevin Martone, Acting Deputy Commissioner
Department of Human Services

Jeanette Page-Hawkins, Director
Division of Family Development

Kenneth W. Ritchey, Assistant Commissioner
Division of Developmental Disabilities

Christine Moses, Director
Division of Youth and Family Services
Department of Children and Families

Heather Howard, J.D., Commissioner
Kathleen M. Mason, Assistant Commissioner
Patricia Polansky, Assistant Commissioner
Department of Health and Senior Services

FAST-TRACK PROCESS FOR NON-ADRC COUNTIES

INTENT: This process is only applicable to those consumers that appear to be Medicaid financially eligible but eligibility determination has not been formally established.

1. The consumer contacts their local County Welfare Agency (CWA). A face-to-face interview with a CWA caseworker is conducted. The caseworker will screen the applicant to assure the applicant meets the income and assets standards that are counted in determining Medicaid financial eligibility.
 - If the consumer appears to meet the Medicaid income and assets standards, he/she is eligible to apply for the Fast-Track process. The CWA caseworker will complete an **initial** CP-2 and indicate the form as Fast-Track (at present time the caseworker will have to write-in on the top of the form "Fast-Track"). The CP2 is faxed to the Division of Aging and Community Services/Data Management Unit (DACS/DMU) for processing.

The Fast-Track dedicated Fax number is: **609-943-4669**.

- **The following consumers are not eligible for Fast-Track state plan services:**

- SSI (Supplemental Security Income) consumers
- Applicants seeking Assisted Living Facility services
- Participants currently enrolled in Medicaid or receiving JACC services.

2. When the DACS/DMU receives the faxed CP-2, the consumer's demographic information will be sent to the PAAD program in the Division of Senior Benefits Utilization and Management (SBUM) for processing through their LIS (Low-Income Subsidy)/PAAD databases.

- If consumer information **does not** appear in the LIS/PAAD databases:

- PAAD staff will inform the DMU of the findings.
- The DMU will fax a copy of the Fast-Track CP-2 form back to the CWA designated staff informing them that person is not eligible for Fast-Track. The CWA caseworker will continue to process the consumer through their normal financial application procedure.

- If consumer information **appears** in the LIS and/or PAAD databases the PAAD staff will forward the LIS screen printouts and/or copies of pertinent PAAD records to the DMU for review and verification of the consumer's eligibility under the income and resource standards for Institutional Medicaid.

3. The DMU will fax a copy of the Fast-Track CP-2 form and copies of LIS/PAAD financial information to:

- Office of Community Choice Options (OCCO) Regional Office to complete a clinical assessment. CWA to assist the consumer with the financial eligibility determination process.

4. OCCO Regional Office will conduct a clinical assessment.

If consumer is clinically eligible:

- The OCCO Regional Office contacts the DMU and provides the date of assessment.

A Fast-Track Medicaid number will be assigned (the ten-digit Medicaid number that begins with 36) by DMU.

- A Special Program Code of 33 for the Fast-Track Program will be added by DMU to the Medicaid ID.
- The start of eligibility is the date of clinical assessment.
- The termination date of eligibility will be the last day of the month that provides at least 90 days of Fast-Track services.

If consumer is not clinically eligible:

- The OCCO Regional Office will inform the DMU of clinical ineligibility outcome and the consumer is not processed for the Fast-Track Program.
 - The OCCO Regional Office will inform the CWA that the individual is not eligible for Medicaid Long Term Care services due to level of care denial.
 - The CWA will continue to process financial eligibility for other Medicaid programs through their normal process.
5. DMU **will issue** an Emergency Services Letter (example attached) to eligible consumers via US Postal Services.
 6. The OCCO Regional Office will verify the consumer's Fast-Track Medicaid number by accessing the Medicaid Eligibility File and include copy of screen in the referral packet that must be sent to the assigned Care Management entity.
 - Referral packet includes: interim plan of care (HSDP) outlining what state plan services the applicant plans to pursue, Choice of Care, Release of Information, Agreement of Understanding, Fast-Track Attestation Form.
 - The Care Manager will help arrange services and track the status of the consumer's eligibility from Fast Track to Global Options.
 7. The CWA will have up to 90 days to finalize financial application for a Fast-Track eligible consumer.

If the consumer is financially eligible:

- The CWA will forward a clearly marked **final** CP-2 to the respective OCCO Regional Office with the completed Financial Information section to confirm the financial eligibility determination.
- OCCO Regional Office **will prepare and issue** a CP-5 form to the CWA in order to effect the change in status of the consumer from Fast-Track services to Global Options.
- OCCO Regional Office **will notify** Care Management agency of status change.

If the consumer is financially ineligible:

- The CWA **will forward** a **final** CP-2 to OCCO to **end** Medicaid eligibility for long-term care services.

The CWAs will generate a monthly report (copy attached) and forward via e-mail to:
Lou.Ortiz@doh.state.nj.us and Joanne.Dellosso@dhs.state.nj.us

CWAs FAST-TRACK REPORT – MONTHLY

TO: Lou Ortiz/ Joanne Dellosso

FROM: Adult Medicaid Units

CWA:

Date:

Total # of Referrals (CP-2s) to DACS _____

Total # of Referrals (not on LIS/PAAD Database)
returned to CWA for normal processing due to
Fast-Track ineligibility _____

Total # of Referrals approved by OCCO for Fast
Track processing (Medicaid Application) _____

Number of applications processed:

- Between 01 and 15 days _____
- Between 16 and 30 days _____
- Between 31 and 45 days _____
- Between 46 and 60 days _____
- Between 61 and 90 days _____

Total # of consumers denied financial eligibility _____

Reason for denials: _____

Completed by: _____ **Signature:** _____



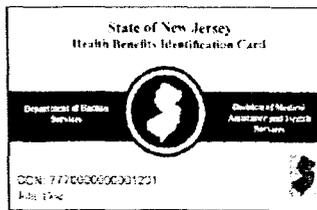
State of New Jersey
DEPARTMENT OF HEALTH AND SENIOR SERVICES
 OFFICE OF EMERGENCY AND MEDICAL SERVICES
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www.nj.gov/health

JON S. CORZINE
 Governor

HEATHER HOWARD
 Commissioner

HEALTH BENEFITS IDENTIFICATION CARD
 Fast-Track Service Letter



Date:

Dear Provider:

NEW APPLICANT: The NJ Fast-Track/Medicaid client listed below has been newly approved to receive State Plan Services and care management, for up to 90 days, while the person completes the full Medicaid eligibility determination process. Upon final approval a permanent plastic Health Benefits Identification (HBID) card will be mailed. In the meantime, please accept this letter in place of the client's new permanent HBID card. **For new applicants only this letter serves as temporary verification of Medicaid eligibility for the period listed below.**

| CLIENT | |
|---|--|
| Medicaid ID | |
| Client Name | |
| Date of Birth | |
| Client Address | |
| AUTHORIZING OFFICE | |
| Office Name | Division of Aging and Community Services |
| Name of Staff Contact | Craig Ross |
| Phone Number | (609) 633-8679 |
| FAST-TRACK SERVICES LETTER VALID FROM UNTIL | |