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**Updates to Adult Medical Day Care Service Delivery during COVID-19 Emergency**

**Frequently Asked Questions**

This FAQ provides additional detail regarding New Jersey Medicaid Newsletter [Volume 31, Number 19](https://www.njmmis.com/downloadDocuments/31-19.pdf) effective October 1, 2021.

**Reopening requirements for Facilities**

1. **Are Adult Medical Day Care (AMDC) providers required to fully reopen, i.e. five (5) days a week for in person, as of October 1, 2021?**

AMDC providers must have reopened under the [guidance administered by the Department of Health](https://www.nj.gov/health/legal/covid19/EDforAdultMedicalDayCare6102021v1.pdf) in order to serve Medicaid/NJ FamilyCare members on-site and/or through telephonic and in-home means.

1. **Can centers schedule clients on certain days to help manage cohorts, allow for social distancing and contact tracing?**

Scheduling should be in accordance with the Department of Health reopening protocols and reflect member preferences.

**Remote and On-Site Service Guidelines**

1. **Are members still able to receive remote services 5 days a week?**

As facilities continue to reopen across the state, members will continue to be offered the option to return to onsite services through a hybrid model of on-site and remote service delivery, up to a maximum of three (3) remote days per calendar week. Limited exceptions will be granted based on unique circumstances as described in Medicaid Newsletter Vol. 31 No.19.

1. **Is there a limit to the services per week if members receive remote and on-site services?**

Members may receive AMDC services up to the amount authorized by their Managed Care Organization (MCO). The maximum for remote services is three (3) days per calendar week.

1. **What if a member needs more than 3 days a week of remote services?**

MCOs may submit exception requests to DMAHS to request authorization for remote services in excess of three (3) days per calendar week, based on the request of the member and supporting information provided by the AMDC. DMAHS will provide a process to MCOs for electronic submission of member-specific clinical information.

1. **Will vaccination status be grounds for an exception to the 3 day remote service limit?**

Vaccination status will not be a consideration. Department of Health orders do not exclude members from participation in AMDC based on vaccination status.

1. **Is there a clear guideline as to how often and in what manner home visits are required for remote clients?**

As indicated in the Newsletter, each claim for remote service delivery requires appropriate documentation of: a) telephonic contact with the member, b) delivery of meal or supplies as requested by the member, and c) face-to-face visit as requested by the member. Therefore, member choice will dictate frequency of home visits.

1. **If a client refuses meal service on a particular day(s) but receives nursing contact, social service, activities and other support services can the MCO be billed for remote services?**

As indicated in the Newsletter, each claim for remote service delivery requires appropriate documentation of: a) telephonic contact with the member, b) delivery of meal or supplies as requested by the member, and c) face-to-face visit as requested by the member. Therefore meal service, if declined by the member, is not required.

1. **When will the hybrid sunset June 1st or June 30th, 2022?**

June 30, 2022

1. **Can a client be approved for three (3) days remote only or is an in-person day required?**

A member may choose to attend three (3) days remote only pursuant to the guidelines in the Newsletter.

1. **Are MCOs interviewing and approving new members for remote services? Hybrid?**

The MCO’s usual process for approving AMDC services should be utilized; members may choose attendance preference pursuant to the guidelines in the Newsletter.

1. **Can the MCOs or providers require a minimum number of in-person days per week?**

No, members will choose attendance preference pursuant to the guidelines in the Newsletter.

1. **How will license capacity be impacted by in person & remote services? Can a center provide services beyond their licensed capacity including clients who are being served off-site?**

AMDC must follow all licensure requirements at all times.

1. **Is the Provider required to request a revised Prior Authorization for all members they are currently serving from the individual MCOs if the facility is closed due to outbreak?**

In the event that a provider needs to return fully to remote status due to closure of the site, the provider must immediately notify MCO care management departments of impacted members. This is critical to ensure that MCOs can coordinate any needed services which may exceed what can be provided remotely by the AMDC. MCOs shall immediately begin outreach, prioritizing members with the highest level of need.

**MCO Coordination**

1. **Coordination between the AMDC Facilities and the MCOs requires facilities to notify the MCOs in writing of members intending to resume on site services including the date client intends to return on site and the frequency of on-site attendance.**
	1. **How do AMDC providers notify the MCOs of the frequency of individual member attendance?**

When a member requests to return to on-site service, the provider shall transmit a notice to the member’s MCO providing the date on which the member intends to resume on-site services, and the frequency of on-site attendance. Alternatively, providers and MCOs

may agree on a roster submission or other format that ensures this information is transmitted efficiently for purposes of care coordination and appropriate service delivery. AMDC providers should coordinate with MCOs on these arrangements.

* 1. **The guidance states that MCOs have to be notified ten (10) days in advance of the date the member resumes on-site services, as well as notify them of the intended frequency of in-person services. Is there a standard process for notification across MCOs?**

AMDC providers should coordinate with MCOs on these arrangements.

**Why are providers required to provide weekly spreadsheets to the MCOs indicating remote vs. in-person as well as indicate it with the billing codes?**

Providers are required to notify MCOs of member choice in order to ensure appropriate care coordination and documentation. The newsletter does not include a weekly reporting requirement. Providers are then required to bill with specific codes per the newsletter in order to ensure program integrity.