



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

NEWSLETTER

Volume 24, No. 05

June 2014

TO: All providers – **For Action**
Health Maintenance Organizations – **For Information Only**

SUBJECT: **Medically Exempt Attestation Form for NJ FamilyCare Plan ABP**

EFFECTIVE: Immediately

PURPOSE: To notify all NJ FamilyCare (NJFC) providers of their responsibility when in receipt of a Medically Exempt Attestation Form.

BACKGROUND: Beginning January 1, 2014, the Division of Medical Assistance and Health Services expanded the NJFC program to offer healthcare to parents, single adults and childless couples ages 19 to 64, not eligible for Medicare, with incomes up to 133% of the Federal Poverty Level (FPL).

The Affordable Care Act (ACA) requires the creation of an Alternative Benefit Plan (ABP) for the NJFC expansion population, also known as NJ FamilyCare Plan ABP. NJ FamilyCare Plan ABP includes all NJFC State Plan benefits with the exception of Long Term Services and Supports and includes additional mental health and substance abuse services.

In addition to the NJ FamilyCare Plan ABP, if a beneficiary is determined to be medically exempt from participation in the ABP as defined by CMS regulations, then the beneficiary must be given a choice of either NJ FamilyCare Plan ABP or an alternate plan that includes all NJFC State Plan benefits, including Long Term Care.

The eligibility letter received by beneficiaries in NJ FamilyCare Plan ABP explains that if they believe they meet medically exempt requirements, they should contact the Medicaid Hotline at 1-800-356-1561. The Hotline will refer them to their local Medical Assistance Customer Center (MACC) office for more information and to begin the medically exempt determination process. The letter also explains that they can ask to be determined for Medically Exempt status at any point during their eligibility period.

ACTION: **Effective immediately**, if you have a patient enrolled in NJ FamilyCare Plan ABP who may meet the medically exempt requirements, complete the attached Medically Exempt Attestation form and send to the appropriate MACC office that services the county in which the beneficiary lives to begin the determination process.

Staff at the MACC office will provide options counseling to the beneficiary on which plan best meets their medical needs using the information provided. Beneficiaries who are currently being determined eligible for medically exempt status or have questions regarding their options after the determination process is complete should contact their local MACC office.

If the patient contacts the MACC office self-identifying that they may meet medically exempt criteria, the MACC office will send the form to you for completion.

For your convenience, a copy of the Medically Exempt Attestation form has been attached. If you have any questions regarding the completion of the form, contact the MACC office in which the beneficiary resides.

Medical Assistance Customer Center	Phone Number
Atlantic MACC Office Counties: Atlantic, Cape May, Cumberland	1-609-561-7569 #2
Camden MACC Office Counties: Camden, Burlington, Gloucester, Mercer, Salem	1-856-614-2870
Essex MACC Office Counties: Essex, Hudson	1-973-648-3700
Monmouth MACC Office Counties: Monmouth, Middlesex, Ocean, Hunterdon, Somerset, Union	1-732-863-4400
Passaic MACC Office Counties: Passaic, Bergen, Morris, Sussex, Warren	1-973-977-4077

Medicaid Managed Care Plans that have NJ FamilyCare Plan ABP beneficiaries who may meet the definition of medically exempt should refer them to the appropriate MACC to complete the determination process.

During the determination process, beneficiaries will continue to be in NJ FamilyCare Plan ABP and are eligible to receive care. Providers may continue to verify beneficiary eligibility by accessing either the Recipient Eligibility Verification System (REVS) (1-800-676-6562) or the Medicaid Eligibility Verification System (eMEVS) via www.njmmis.com.

Please Note:

NJ FamilyCare Plan ABP beneficiaries are entitled to receive unlimited sub-acute services in a long term care setting. The sub-acute services are the responsibility of the Medicaid Managed Care Plans for as long as the services are determined medically appropriate. When the beneficiary no longer meets sub-acute level of care they should

be discharged back to the community. If it is determined that the beneficiary cannot safely return to the community, they are considered custodial care and must be determined nursing home level of care. Prior to July 1, 2014, for those beneficiaries who have been determined nursing home level of care, the Medicaid Managed Care Plan is responsible for all sub-acute days and the first 30 days of custodial care. Hospital discharge planning staff as well as staff from the sub-acute care facility should notify the appropriate MACC of all clients who are receiving NJ FamilyCare ABP services who are at risk of needing custodial care. These clients must be evaluated for long term care services as soon as possible to avoid potential billing issues.

Also, it is important to be aware that once beneficiaries become Medicare eligible, they are no longer eligible for NJ FamilyCare ABP. Should you have a beneficiary who may become Medicare eligible within the next few months, you should refer them to their local County Board of Social Services to begin the process to be enrolled in the Medicaid Aged, Blind, and Disabled (ABD) program so that they do not lose coverage upon enrollment in Medicare.

If you have any questions concerning this Newsletter, please contact Molina Medicaid Solutions Provider Services at 1-800-776-6334.

RETAIN THIS NEWSLETTER FOR FUTURE REFERENCE

**New Jersey Department of Human Services
Division of Medical Assistance and Health Services
Medically Exempt Attestation Form**

NJ FamilyCare must identify individuals who are eligible for enrollment in the NJ FamilyCare Alternative Benefit Plan and who have chronic or comprehensive medical needs. These individuals are considered 'Medically Exempt' and may be eligible for all state plan benefits, including long term care, by getting coverage under the Medicaid State Plan.

'Medically Exempt' includes individuals who have a:

- Disabling mental disorder (including adults with serious mental illness)
- Chronic substance use disorders
- Serious and complex medical conditions
- Physical, intellectual or developmental disability that significantly impairs their ability to perform 1 or more activities of daily living
- Disability determination based on Social Security criteria.

The table below provides more detailed definitions of the categories of Medically Exempt individuals.

Instructions: If you have a patient that you believe may meet the definition of a Medically Exempt individual, please fill out the information below and check the appropriate boxes that best define the condition of the member. **Please note that you must obtain the individual's (or legal guardian's) written consent before conveying this information to the NJ FamilyCare program.** Once completed, please return this form to the Medical Assistance Customer Center that serves the county in which the patient resides. (See last page)

NJ FAMILYCARE BENEFICIARY INFORMATION

Beneficiary Name		Date
Address		
City		State/Zip
Telephone		Cell Phone
Date of Birth	County of Residence	

Please check the boxes in the table that best defines the condition of the beneficiary.

<p>1. Individuals with disabling mental disorder</p>	<p>The beneficiary has a diagnosis of at least one of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Psychotic disorder <input type="checkbox"/> Schizophrenia <input type="checkbox"/> Schizoaffective disorder <input type="checkbox"/> Major depression <input type="checkbox"/> Bipolar disorder <input type="checkbox"/> Delusional disorder <input type="checkbox"/> Obsessive-compulsive disorder <input type="checkbox"/> A chronic behavioral health condition and the Global Assessment Functioning (GAF) score is 50 or less
<p>2. Individuals with chronic substance abuse disorder</p>	<p>Individuals with a chronic substance abuse disorder:</p> <ul style="list-style-type: none"> <input type="checkbox"/> The individual has a diagnosis of substance abuse disorder, AND <input type="checkbox"/> The individual meets the severe substance abuse disorder DSM-V Severity Scale by meeting 6 or more diagnostic criteria, OR <input type="checkbox"/> The individual’s current condition meets the medically-monitored or medically –managed intensive inpatient criteria of the ASAM criteria. <p><i>“DSM-V” means the 5th edition of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association. “ASAM criteria” means the 2013 edition of The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions published by the American Society of Addiction Medicine.</i></p>
<p>3. Individuals with serious and complex medical conditions</p>	<ul style="list-style-type: none"> <input type="checkbox"/> The individual meets criteria for hospice services, OR <input type="checkbox"/> The individual has a serious and complex medical condition, OR <input type="checkbox"/> The condition significantly impairs the ability to perform one or more <u>activities of daily living (ADLs)</u> (Go to Box 7 to describe impairment in ability to perform ADLs).
<p>4. Individuals with a physical disability</p>	<ul style="list-style-type: none"> <input type="checkbox"/> The individual has a physical disability AND <input type="checkbox"/> The condition significantly impairs the ability to perform one or more <u>activities of daily living (ADLs)</u> (Go to Box 7 to describe impairment in ability to perform ADLs).
<p>5. Individuals with an intellectual or developmental disability</p>	<p>The individual has an intellectual or developmental disability as defined below. This definition means a severe, chronic disability that:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Is attributable to a mental or physical impairment or combination of mental and physical impairments; <input type="checkbox"/> Is manifested before the age of 22;

	<ul style="list-style-type: none"> <input type="checkbox"/> Is likely to continue indefinitely; <input type="checkbox"/> Results in substantial limitations in three or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency; AND <input type="checkbox"/> Reflects the need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are lifelong or extended in duration and are individually planned and coordinated. <input type="checkbox"/> Includes but is not limited to severe disabilities attributable to intellectual disability, autism, cerebral palsy, epilepsy, spina bifida, and other neurological impairments where the above criteria are met. <p style="text-align: center;">AND</p> <p>The condition significantly impairs the ability to perform one or more <u>activities of daily living (ADLs)</u>.</p> <p>(Go to Box 7 to describe the impairment in ability to perform ADLs).</p>
<p>6. Individuals with a disability determination</p>	<ul style="list-style-type: none"> <input type="checkbox"/> The individual has a current disability designation by the Social Security Administration standards.
<p>7. Use the box below to describe any <u>activities of daily living (ADLs)</u> the member needs assistance with and the frequency of that need.</p> <p>(Examples of ADLs may include but are not limited to bathing and showering, bowel and bladder management, dressing, eating, feeding, functional mobility, personal device care, personal hygiene and grooming and/or toilet hygiene.)</p>	
Empty box for describing ADLs	

PROVIDER INFORMATION

** To submit this form, you must be a provider with a current National Provider Identifier (NPI) number.*

Provider Name (Please Print)
Individual Completing this Form
Provider NPI#:
Telephone
Email

Signature and Date

I certify that by signing this document I understand that any false statement, omission, or misrepresentation may result in prosecution under state and federal laws. I also certify that I have obtained the individual's written consent to provide the NJ FamilyCare program this information.

SUMBISSION AND CONTACT INFORMATION

Please submit this form to the Medical Assistance Customer Center that covers the county in which the beneficiary resides. If you have any questions, please call the center at the phone number below.

<p>Atlantic MACC Office Augusta Bldg 852 S White Horse Pike Hammonton, NJ 08037-2018 Phone: 609-561-7569 #2 Fax: 609-567-0572</p> <p>Counties: Atlantic, Cape May, Cumberland</p>	<p>Camden MACC Office One Port Center 2 Riverside Dr, Suite 401 Camden, NJ 08103-1070 Phone: 856-614-2870 Fax: 856-614-2575</p> <p>Counties: Camden, Burlington, Gloucester, Mercer, Salem</p>
<p>Essex MACC Office 153 Halsey St 4th Floor Newark, NJ 07102-2807 Phone: 973-648-3700 Fax: 973-642-6468</p> <p>Counties: Essex, Hudson</p>	<p>Monmouth MACC Office 100 Daniels Way 1st Floor Freehold, NJ 07728-2668 Phone: 732-863-4400 Fax: 732-863-4450</p> <p>Counties: Monmouth, Middlesex, Ocean, Hunterdon, Somerset, Union</p>
<p>Passaic MACC Office 100 Hamilton Plaza 5th Floor Paterson, NJ 07505-2109 Phone: 973-977-4077 Fax: 973-684-8182</p> <p>Counties: Passaic, Bergen, Morris, Sussex, Warren</p>	