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Newsletter

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TO: Providers of Community Care Program or Supports Program Services – **For Action**
Health Maintenance Organizations – **For Information Only**

SUBJECT: NJ FamilyCare (NJFC) Coverage and Reimbursement for Residential Setting Services under the Community Care Program (CCP)

EFFECTIVE: Immediately

PURPOSE: To provide clarification of billing requirements for residential services (individual supports) provided to beneficiaries enrolled in the CCP. The New Jersey Division of Medical Assistance and Health Services (DMAHS) and the New Jersey Division of Developmental Disabilities (DDD) are providing these guidelines for NJ FamilyCare (NJFC) fee-for-service (FFS) providers submitting claims for residential services.

BACKGROUND: Effective November 1, 2017, the DDD Community Care Waiver (CCW) was incorporated into New Jersey's Comprehensive Demonstration Waiver. As a result, the CCW has been re-named and now referred to as the Community Care Program (CCP). This change had no impact on services.

CCP residential providers receive per diem reimbursement for residential setting services. Questions have arisen concerning how long a client must reside in a facility/residence and what services must be provided on any given day to allow billing for that date of service.

ACTION: When billing for residential setting services provided under the CCP, the following guidelines shall apply:

Daily Rate: Providers shall seek reimbursement only for those dates the beneficiary was:

- documented as being under the care of the facility, and
- physically present during any part of the 24 hour period starting at 12:00 AM and ending at 11:59 PM; and
- received some level of service required of the residential provider.

Admission Date: The admission date is the initial date where residential services begin and the beneficiary is expected to continue to receive services until discharged. This shall include initial referrals as well as transfers received from another residential setting. Billing is allowed for all dates of admission where the individual meets the requirements listed under “Daily Rate” above.

Discharge Date: The beneficiary’s discharge date shall be the date the beneficiary is expected to permanently leave the residence. The beneficiary’s discharge date does not include dates the beneficiary leaves, but is expected to return, including, but not limited to, absences due to vacations, visits with family and temporary hospitalizations. The actual date of discharge is not billable. In the event of a transfer to another residential setting, the beneficiary is not expected to return. Therefore, the sending provider may not bill for the date of transfer to another residential facility.

Hospitalizations: When a CCP residential beneficiary receives some level of service in the residential facility prior to being admitted to a hospital setting, the CCP provider may bill for this date of service as long as the beneficiary is anticipated to return to the residential facility and as long as the criteria listed under “Daily Rate” above are met. The date the beneficiary is discharged from the hospital setting and returns to the residential facility shall also be billable as long as the criteria listed under “Daily Rate” above are met. Full dates where the beneficiary is hospitalized and did not receive any services within their residential setting shall not be reimbursed to the CCP provider

If there are any questions regarding the submission of FFS claims, please contact Molina Medicaid Solutions Provider Services at 1-800-776-6334.

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