



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

NEWSLETTER

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June 2021

TO: Licensed Adult Day Care Facilities – **For Action**
Managed Care Organizations – **For Action**

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

EFFECTIVE: July 1, 2021

PURPOSE: To update Adult Medical Day Care providers of service delivery guidelines as sites reopen during the COVID-19 public health emergency.

BACKGROUND: The Department of Health issued orders closing Medical Day Care facilities in March 2020. At that time, DMAHS issued guidelines for telephonic and in-home services to support vulnerable Medicaid/NJ FamilyCare beneficiaries during the closure. The guidelines were provided in a [Medicaid Newsletter \(Vol.30 No.4\)](#) and followed by [policy guidance](#) that answered detailed questions from providers.

The Department of Health issued reopening protocols for these facilities on June 14, 2021. In accordance with those orders, this Medicaid Newsletter provides updated guidance for Adult Medical Day Care providers phasing back into on-site service provision. The newsletter also provides guidance for coordination of care with Managed Care Organizations (MCOs).

ACTION: Effective June 14, 2021, an Adult Medical Day Care (AMDC) provider reopening under the Department of Health protocols may serve Medicaid/NJ FamilyCare members on-site and/or through telephonic and in-home means according to guidelines below.

RESUMPTION OF ON-SITE SERVICES DURING PHASE-IN PERIOD:

With respect to resumption of on-site services, AMDC providers must adhere to AMDC program regulations at N.J.A.C. 10:164. This includes provision of preventive, diagnostic, therapeutic and rehabilitative services under medical and nursing supervision to meet the needs of members with physical and cognitive impairments.

Providers must also follow [guidance administered by the Department of Health](#) with respect to health and safety protocols during the ongoing federal public health emergency. Questions about health and safety protocols for on-site service provision should be directed to lisa.king@doh.nj.gov.

As facilities reopen across the state, members will be offered the option to return to onsite services through a hybrid model of on-site and remote service delivery. AMDC providers must take appropriate steps to adapt to new protocols and return to 100% on-site service by September 30, 2021. In the interim, providers will work with members to accommodate an appropriate transitional schedule. This means that some members may choose to return to on-site service sooner or more frequently than others, and requires careful coordination with Managed Care Organizations to ensure each member's needs are fully addressed.

Important information about claims for on-site services:

Effective June 14, 2021, on-site AMDC services will be billed with the S5102 code and a U1 modifier when on-site service was provided in accordance with N.J.A.C. 10:164. The S5102_U1 must be billed so that DMAHS is able to track the progress of reopening. Claims are billed per diem. Providers may not bill for both on-site and remote service on the same day.

CONTINUATION OF REMOTE SERVICES THROUGH SEPTEMBER 30, 2021:

With respect to telephonic and in-home services, providers will continue to follow guidelines established in the [Medicaid Newsletter \(Vol.30 No.4\)](#) and [policy guidance](#).

As previously noted in these documents, remote services include telephonic outreach to assess wellness and detect developing needs of authorized members. With consent of the member, the provider will deliver meals and supplies to a member's home at the level authorized by their Medicaid/NJ FamilyCare health plan (e.g. authorization of three days AMDC per week equals home delivery of three meals per week). The provider will also initiate face-to-face visits by appropriately credentialed professionals when agreed upon by the member and the provider. Providers will coordinate member needs with the member's Medicaid/NJ FamilyCare health plan.

The remote service option will sunset on September 30, 2021.

Important information about claims for remote services:

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.

Provider may not bill for service unless affirmative contact is made with the member, and providers must discontinue outreach if requested to do so by the member or if advised that alternate home-based services have been authorized by

the MCO. For program integrity purposes, this service will be reviewed post-payment.

Providers will continue to bill with the S5102 code for remote services, and that code will represent services delivered both telephonically and directly to the home, rather than in the usual site of service. For any day that service is provided remotely, S5102 must be billed. Claims are billed per diem. Providers may not bill for both on-site and remote service on the same day.

Billing code summary	Service Delivery	HCPCS Code + Modifier
Adult Medical Day Care	Remote	S5102
Adult Medical Day Care	On-Site	S5102_U1

Claims are billed per diem. Providers may not bill for both on-site and remote service on the same day.

Questions about remote service policy should be directed to mahs.provider-inquiries@dhs.nj.gov.

COORDINATION BETWEEN PROVIDERS AND MANAGED CARE ORGANIZATIONS (MCOs)

Provider reopening coordination

Providers are expected to notify MCOs and members for whom the provider holds an active authorization of the date they intend to resume on-site services. This notification should be delivered in writing at least 10 business days in advance of reopening.

Notification of change of service delivery setting

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.

Upon receipt of such notification, MCOs must update member records to reflect a change in service delivery setting, and must continue to coordinate services for members as needed and with documentation of member choice. To the extent that additional service hours were approved based on closure of medical daycare sites, MCOs may adjust care plans to account for re-opening. MCOs must document member choice to return to on-site services and may reduce other services only to the extent that such services were authorized or increased specifically because of the closure of the medical day care site. MCOs are required to offer appeal rights for any service reductions or terminations referenced above, including those for which member choice has been documented.

Provider closure notification requirement

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.

Reopening progress reporting

MCOs will provide claims data reporting in a format defined by DMAHS to demonstrate the progress of medical day care reopening by provider and by county.

If you have any questions concerning this Newsletter, please contact Gainwell Technologies Provider Services at 800-776-6334 or email the DMAHS Provider Relations Resource account with specific questions at mahs.provider-inquiries@dhs.state.nj.us.

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