State of New Jersey

DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

ADMINISTRATIVE OFFICES
QUAKERBRIDGE PLAZA—BUILDING 5 & 7 & 12
QUAKERBRIDGE ROAD
TRENTON, NEW JERSEY 08619

ADDRESS REPLY TO:
CN-712
TRENTON, NEW JERSEY 08625

MEDICAID COMMUNICATION 88-16   **Date:** May 12, 1988

To: County Welfare Agency/Board of Social Service

Subject: Revisions to the Community Care Program for the Elderly and Disabled (CCPED)

The attached pages, 10 through 13, as well as a revised CCPED Appendix and Exhibits W and X will replace the same pages, dated 12/86, in the Operational Procedures Manual. This revised manual was sent to you as an attachment to the Medicaid Communication 87-13 dated April 24, 1987. Changes in text are indicated by a vertical line in the margin.

Questions regarding program issues can be directed to the Medicaid District Office Director serving your county.

Sincerely yours,

Thomas M. Russo, Director
Division of Medical Assistance
and Health Services

TMR:Kc
Attachments
cc: Odella T. Welch
     Deputy Commissioner

     Marion E. Reitz, Director
     Division of Public Welfare

     William Waldman, Director
     Division of Youth and Family Services

     Norma F. Krajczar, Executive Director
     Commission for the Blind and Visually Impaired

     Barbara Kern, Chief
     Special Child Health Program

     Case Management Sites

REFERRAL PROCESS

When the applicant has been determined financially eligible, has been determined disabled (if under 65 years of age) and has the required medical insurance coverage, the CWA will refer the applicant to the Medicaid District Office.

The referral package must include:
- ° PA-4
- ° Long Term Care Referral Form
- ° Cost-Share Worksheet

The CWA may send any other documents that would be helpful in assessing the applicant's need for CCPED.

FINANCIAL AND DISABILITY REDETERMINATION

The CWA will perform annual financial redetermination for CCPED clients in accordance with Medicaid Only requirements. Cases that fall within resource review guidelines will be reviewed in accordance with current CWA procedures.

The CWA will submit current medical and social information as requested by the Bureau of Medical Affairs for the redetermination of disability.

The CWA is not responsible for updating cost-share information at the time of financial redetermination.

ISSUANCE OF CCPED CARD

The Medicaid Eligibility Identification Card will be sent directly to the CCPED client by Blue Cross Insurance Company. It contains a special message which indicates the limited service package available under CCPED (See Appendix V).

MEDICAID STATUS FILE

Initial Eligibility for CCPED: Upon receipt of the "Enrollment Letter" (Appendix O) from the Medicaid District Office, the CWA will accrete CCPED eligibles to the Medicaid Eligibility File on line, using the Blue Cross Terminal.

1. No Previous Medicaid Eligibility

    a. Medicaid Eligibility Screen Option 061(Appendix W)
    Case Number: The HSP (Medicaid) Case Number will be assigned according to Medicaid Only procedures. The Program Code 10 (Old Age Assistance) is used for all clients 65 or older. Program Code 20 (Disability Assistance) should be assigned to disabled clients under 65; Program Code 50 (Blind Assistance) should be assigned to blind clients under 65 years of age.

Medicaid Effective Date: Use the first day of the month of the "effective date" indicated in the MDO enrollment letter.

Address: Use the client's address indicated in the MDO enrollment letter.

b. Medicaid Special Programs Option 064 (Appendix X)

Special Program Number: All CCPED clients require a unique Special Program Number (or exception code indicator) for data collection and claims processing. The CWA will use the "exception code indicator" shown in the enrollment letter.

Special Program Date: Use the "effective date" indicated in the enrollment letter.

c. On screens 061 and 064, use batch number SP34.

2. Previous Medicaid Eligibility Now Terminated

When an applicant has had previous Medicaid eligibility and a terminated HSP Number exists on the eligibility file, a new HSP (Medicaid) Case Number must be assigned. This is necessary to clearly identify services provided under CCPED for federal reporting purposes.

a. Medicaid Eligibility Screen Option 061 - Complete a new screen 061 and enter the prior HSP (Medicaid) Case Number in the prior case number field.

b. Screen 064 - Add new special program number (exception code indicator) and new effective date.

c. Screens 061 and 064 - Enter batch number for the special program (see 1c above).

3. Current Medicaid Eligibility/Institutional

Medicaid Only recipients leaving the institutional setting to return to the community under CCPED must be given a new HSP number. Therefore, the institutional number must be terminated.

a. Terminate the existing number by completing screen option 061.

b. Complete new screen options 061 and 064 as described in 1a, 1b, and 1c above to accrete the new HSP (Medicaid) Case Number to the file.
NOTE: Enter the prior institutional case number on the new screen 061 in the prior HSP (Medicaid) Case Number file.

SSI in Institution - Certain recipients of SSI and Medicaid become ineligible for SSI when they return to the community from the inpatient hospital or nursing home setting. To be enrolled in CCPED these individuals must be given a new HSP (Medicaid) Case Number by the CWA under Medicaid Only procedures:

a. The Social Security Administration must terminate SSI eligibility which should result in the termination of the HSP number generated from SSI eligibility. The client/family should be instructed to notify SSA.

b. The CWA will complete screen options 061 and 064 as described in 1a, 1b, and 1c above to accrete the new HSP number to the file. Enter the prior HSP (Medicaid) Case Number on the new screen 061 in the prior case number field.

CHANGES IN CLIENT STATUS

1. **Client Enters a Nursing Home as a Long Term Care Patient**

   If a CCPED client enters a nursing home, this individual becomes ineligible for CCPED. The CWA terminates the CCPED HSP number in accordance with established procedures, by completing screens 061 and 064.

   The CWA will issue a new HSP (Medicaid) Case Number or reopen a previously assigned HSP (Medicaid) Case Number (if this person formerly had been Medicaid eligible) by completing a new screen 061.

2. **Client Enters a Nursing Home; Then Returns to the Community**

   Should a CCPED client leave the community to enter a nursing home (as in #2 above) and then return to the community, the CWA terminates the nursing home HSP number by completing a screen 061. Should this individual be determined eligible once again for CCPED, the CWA would reopen the original CCPED HSP number by completing screens 061 and 064. NOTE: Enter the nursing home HSP (Medicaid) Case Number on the reopened screen 061 in the prior case number field.

   The new effective date of the reopened HSP number is the date the client is reenrolled in CCPED by the Medicaid District Office (Appendix O). The "Medicaid effective date" goes back to the first of the month on screen 061; the special program date is the specific date as indicated on the enrollment letter from the MDO.

3. Client Moves

    If a CCPED client moves from one county to another, the Medicaid
    Only procedures apply for transferring an institutionally
    eligible client to another county. The HSP number is not
    changed. The address on screen 061 should be changed as well as
    the office code and county of supervision fields.

4. Transfer Between CCPED, Model Waiver I, Model Waiver II, and
    Model Waiver III

    The OHCP must reserve a slot before an eligible client is to be
    transferred from one waiver program to another. A new HSP
    (Medicaid) Case Number is required.

    a. The CWA will terminate the existing HSP number by completing
        screens 061 and 064.

    b. The CWA will complete new screens 061 and 064 as described
        under "Medicaid Eligibility File" in 1a, and 1b. Enter the
        prior HSP (Medicaid) Case Number in the prior case number
        field.

TERMINATIONS

To terminate a client from CCPED, the CWA will complete screens 061 and 064
in accordance with established procedures as indicated previously in this
section.

A client may be terminated or may choose to withdraw from CCPED.
Communication between the MDO, CWA and the case management site should
precede any actions affecting termination for the following:

1. Financial ineligibility,

2. Level of care denial,

3. Over service CAP limitation,

4. Client chooses nursing home placement,

5. Client withdrawal (not for nursing home placement),

APPENDIX - CCPED

A Nursing Home Level of Care Criteria

B Cost Share Worksheet - CP-3

C Certification of Need for Patient Care in Facility Other Than Public or Private General Hospital - PA-4

D Long Term Care Referral - CP-2

E Cover Letter to Attending Physician - CP-20

F Long Term Care Assessment - Nurse - CP-RN-1

G Long Term Care Assessment - Social Work - CP-SW-1

H Long Term Care Assessment - Case Manager - CP-CM-1

I Level of Care Conference - CP-1(a)

J Choice of Care - CP-6

K Release of Information - MCNH-69

L Denial Letter to Client - CP-9

M Client Approval Letter - CP-7

N Client Approval Letter - No Slot - CP-8

O Enrollment Letter - CP-5

P Care Plan - CP-11

Q Service Cost Record - CP-10

R Nursing Long Term Care Reassessment - CP-21

S Social Work Long Term Care Reassessment - CP-22

T Termination Letter - CP-23

U Client Withdrawal - CP-18

V CCPED Medicaid Eligibility Identification Card - FD-73/178

W MED - ELIG 061 (8/87)

X MED - SP 064 (8/87)

Y (Form is no longer used)

Z CWA Monthly Report - CP-15

CASE NAME:

CASE NUMBER ☐☐☐☐☐☐☐☐ PERSON NUMBER ☐☐ BATCH NUMBER ☐☐☐☐ SCREEN OPTION 061 **ENTER**

LAST _____ FIRST

⬚N CODE ☐ CASE: CASE NUMBER ☒☒☒☒☒☒☒☒☒ OFFICE ☐☐☐☐ PROVIDER WARNING ☒

☐ ADDRESS:

1 ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐   2 ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

3 ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐   4 ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

5 ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐   6 ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

ZIP CODE ☐☐☐☐☐

☐ PERSON:

PN ☒ LAST NAME ☐☐☐☐☐☐☐☐☐☐☐☐☐☐ FIRST NAME ☐☐☐☐☐☐☐☐ MI ☐ BIRTH DATE ☐☐☐☐☐☐

SOCIAL SECURITY NO. ☐☐☐☐☐☐☐☐ SEX ☐ MS ☐ RACE ☐ PRIOR CASE NUMBER ☐☐☐☐☐☐☐☐☐ PRIOR PN ☐

BUY-IN STATUS ☒ BUY-IN EFF DATE ☒☒☒☒☒☒ LTC CODE ☒

☐ ELIGIBILITY SEGMENTS:

EFFECTIVE DATE	TERMINATION DATE	ADD CODE	TRM CODE	PGM STA	CTY SUPVN	CTY RES	EXT TYP	PREG DUE DATE
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APPENDIX W

ALT **⬅**

ERROR MESSAGES:

_____   _____

_____   _____

PREPARED BY _____ DATE

APPROVED BY _____ DATE

ENTERED BY _____ DATE

STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES
MEDICAID SPECIAL PROGRAMS

OPTION)64

CASE NUMBER | | | | | | | | |

PERSON NUMBER | |

BATCH NUMBER | | | |

ENTER

FOR VERIFICATION USE ONLY

LAST NAME	FIRST NAME	BIRTH DATE

CTION CODE

SPECIAL PROGRAMS:

SPECIAL PGM NUM	EFFECTIVE DATE	TERMINATION DATE

ERROR MESSAGES:

_____   _____

_____   _____

PREPARED BY _____ DATE

APPROVED BY _____ DATE

ENTERED BY _____ DATE

MED-SP 064 (8 87)