

Managed Long Term Services and Supports (MLTSS)

Business Process
Office of Community Choice Options
Hospital and Nursing Facility



MLTSS Business Process OCCO
June 2014

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Managed Long Term Services and Supports

Objective:

- Overview of New Jersey Family Care
- Role of Managed Care Organizations for Medicaid enrollees
- Role of OCCO for Medicaid pending or non-managed care members



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New Jersey Family Care MLTSS

NJ's Medicaid Program = NJ Family Care

- NJ Family Care Managed Care delivers coordinated health care services and supports through a network of providers.
- Delivery of *all* of an individuals' Medicaid benefits through one organization
- NJ has chosen to provide Medicaid Long Term Services and Supports (MLTSS) through NJ Family Care Managed Care and PACE programs
- This is called NJ Family Care Managed Long Term Services and Supports (MLTSS)



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MLTSS

MLTSS Policy and Philosophy

- A MCO managed care delivery system- **MLTSS**- will coordinate long term services and supports for eligible Medicaid beneficiaries.
- Provides a comprehensive menu of services options across beneficiary groups and care settings.
- Coordination of providers, services, and supports.
- Services and Supports can be provided in various settings including Community, NF, SCNF, Assisted Living (AL, CPCH, ALP, AFC), and Community Residential Services (CRS).



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MLTSS

- NJ Family Care MLTSS is the consolidation of DoAS and DDS Waivers including:
 - Global Options(GO)
 - Traumatic Brain Injury(TBI)
 - Community Resources for Persons with Disabilities (CRPD)
 - AIDS Community Care Alternatives(ACCAP)
- All of the above waivers will now be MLTSS
- No change in waiver eligibility
 - Clinical and Financial
- Broader array of service options
- No Waiver slot limitations



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MLTSS for Nursing Facility (NF) and Special Care Nursing Facility (SCNF) Populations

1. Individuals entering a NF or SCNF after July 1, 2014 will be required to enroll in Managed Care.
2. Individuals in a NF or SCNF who become Medicaid eligible **after** July 1, 2014 will be required to enroll in Managed Care.
3. Those in a NF or SCNF **prior** and eligible for Medicaid **prior** to July 1, 2014 will not be enrolled in an MCO or MLTSS unless there is a change in placement.
 - a. Any non-hospital change in placement will require a new PAS and MCO enrollment



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MLTSS vs FFS

- Once an individual is enrolled in Managed Care, they always remain in Managed Care and outside of the Fee for Service (FFS) system regardless of placement.
- Medicaid State Plan Services are available FFS during gap between Medicaid Eligibility and MCO Enrollment.



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Business Process for Medicaid Managed Care Members

Medicaid Eligible with MCO Enrollment

- OCCO will not conduct NF LOC evaluations for MCO Medicaid recipients in a Hospital, NF, or SCNF setting
- The Hospital shall receive all NF stay certifications from the individual's MCO.
- The Nursing Facility/SCNF will receive all NF/SCNF stay certifications from the individual's MCO. The MCO is responsible for Prior Authorization and payment.
- Upon determination of MLTSS, the MCO is responsible for Care Management and completing the NF LOC assessment. NF LOC is required when:
 1. The individual is deemed NF custodial care – rehab has been discontinued and there is no expectation of discharge.
 2. The individual is discharging to the community and is in need of MLTSS services upon discharge
 3. Annually for MLTSS members



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Business Process for
 Medicaid Eligible without MCO Enrollment (FFS)
 Potentially eligible for Medicaid within 180 days

**Medicaid Eligible, or potentially eligible
 within 180 days, without MCO Enrollment**

- The Hospital may request an E-ARC from OCCO which will serve as a temporary 30 day PAS. It will be the NF's responsibility to request a formal on-site assessment by OCCO dependent upon length of stay per usual protocols. PAS should not be requested until Day 21.
- OCCO will assess and counsel individual on auto-enrollment process. Once financial and clinical eligibility is determined, the individual will be eligible for Fee For Service in the NF until MCO enrollment occurs.
- NJ Medicaid Fee For Service will be payor in the NF until MCO enrollment occurs as long as a valid PAS is on file.



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Medicaid Managed Care Members in Hospital

- Hospital will determine if patient is enrolled in Medicaid MCO.
- If enrolled in Medicaid MCO
 - MCO conducts the Prior Authorization.
 - Hospital will get the Prior Authorization from the MCO.
 - MCO will conduct a NF LOC assessment upon conclusion of rehab or upon discharge if MLTSS needs identified



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Medicaid pending Members in Hospital

- Non-Medicaid – will require Medicaid within 180 days the hospital will:
 - Refer individual to CWA/ADRC
 - Utilize the EARC Screening process



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Medicaid FFS in Hospital

- If individual is Medicaid Fee for Service the hospital will:
 - Verify Medicaid Fee for Service with no MCO enrollment
 - Utilize EARC screening process



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NF Stays - Who Pays?

Medicaid Eligible with MCO Enrollment

- MCO Medicaid = MCO will prior authorize and provide payment.
- No PAS will be completed until custodial care is reached.

Medicaid Eligible without MCO Enrollment (FFS)

- New to Medicaid (pending) = OCCO will conduct PAS.
- OCCO must be notified of NF to NF or NF- hospital to different NF so MCO can occur.
 - FFS Medicaid Individuals in need of MLTSS services upon discharge to community require an IDT

Medicaid Managed Care Members in a Nursing Facility

- MCO will be the payor source from day of admission.
- Managed Care Organization is responsible for authorizing the service benefits for up to **180** days.
- After 180 days or end of rehab services, the NF stay becomes custodial care and the member is now eligible for MLTSS.
- Under MLTSS, the MCO is responsible for Care Management and NF LOC annual assessments



Medicaid FFS Members in a Nursing Facility Medicaid Pending in a Nursing Facility

- Upon admission to the nursing facility a completed Status Notification Form (LTC-2) will be sent to OCCO. The LTC-2 will be utilized for notification of Admission, Termination, PAS Request , and Transfers.
- The LTC-2 provides the information to OCCO to initiate the NF LOC process.
- Upon determination of both Clinical and Financial eligibility, MCO auto-enrollment will be triggered
 - NJ has a 2 year Any Willing Provider, Any Willing Plan provision



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Business Process for Medicaid FFS Members

Medicaid FFS members in NF/SCNF

- A change in placement setting requires a new PAS. These individuals will be triaged for MLTSS. OCCO is to be notified of Transfers by the NF so that OCCO can complete an assessment which will trigger enrollment process in MLTSS if appropriate.
 - NF to NF
 - NF to SCNF
 - SCNF to NF
 - SCNF to Different SCNF
- Hospital stay does not trigger a new PAS if individual returns to the same facility.



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E-ARC Target Population

What does MLTSS Mean to the EARC Business Process?

- Individuals now on Medicaid Managed Care will no longer qualify for an EARC PAS. MCO will be responsible for authorizations of NF stay.
- EARC will be for Medicaid Pending or Medicaid FFS only.
 - Individuals currently in an acute non-psychiatric hospital setting who are potentially Medicaid eligible within 180 days, and entering a Medicaid Certified Nursing Facility, or Special Care Nursing Facility Ventilator Unit, with an expectation of billing to Medicaid for all or part of the stay.
 - Individuals currently in an acute non-psychiatric hospital setting who are Medicaid eligible without MCO enrollment, and entering a Medicaid Certified Nursing Facility, or Special Care Nursing Facility Ventilator Unit, with an expectation of billing to Medicaid for all or part of the stay.



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E-ARC Process

- For EARC target population, the Hospital conduct an E-ARC which will serve as a temporary 30 day PAS upon OCCO Authorization.
- NF is responsible to request a formal on-site assessment by OCCO dependent upon length of stay per usual protocols. PAS should not be requested until Day 21.
- OCCO will assess and counsel individual on auto-enrollment process. Once financial and clinical eligibility is determined, the individual will be eligible for Fee For Service in the NF until MCO enrollment occurs.
- Upon MCO enrollment, the MCO will be responsible for payment and service coordination.



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What does MLTSS Mean to the NF/SCNF Population?

- The MCO is responsible for payment and service coordination regardless of care needs and placement setting
- The MCO is responsible for determining when MLTSS is appropriate
 - Not until Custodial Care or discharging to community with MLTSS needs
- The MCO will be responsible for Care Management and NF LOC assessment annually and for change in condition
- Discharge to community with MLTSS needs will require NF LOC reassessment and IDT



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What does MLTSS Mean to the Community Population?

Role of the MCO under MLTSS

Care Management:

- Authorization, Coordination, and Payment of Acute, Long Term Services and Supports, and Behavioral service delivery systems
- Assessment/Reassessment to establish Level of Care for NJ Family Care MLTSS members.
 - OCCO is responsible for determination
- Plan of Care



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Business Process
Office of Community Choice Options

QUESTIONS





Department of Human Services
Division of Aging Services
Office of Community Choice Options

LTC-2 Notification From Long Term Care Facility

Admission and Termination of a Medicaid
Beneficiary

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LTC-2 Notification From Long Term Care Facility



Goals and Objective:

- Overview and Changes to LTC-2 Business Process
- Review of updated form
- Role of provider

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LTC-2 Notification From Long Term Care Facility Current Process



Overview of LTC-2

The Notification from Long Term Care Facility (LTC-2) is the tool used by NJ Medicaid Certified Nursing Facilities to communicate to the Office of Community Choice Options (OCCO) Regional Office

1. Admissions
2. Terminations
3. Request for PAS
4. PASRR status notification

LTC-2 applies only to Medicaid beneficiaries or potentially eligible Medicaid individuals (within 180 days of placement).

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LTC-2 Notification From Long Term Care Facility Current Process



- Within two (2) working days of a nursing facility (NF) admission, the NF submits a **completed** Status Notification Form Long-Term Care Facility (LTC-2) as per N.J.A.C.8:85 to the Regional Office of Community Choice Options (OCCO):
- Medicaid and potentially Medicaid Individuals within 180 days:
 - Request for PAS
 - Notice of Admission
 - Notification of termination
 - PASRR status

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LTC-2 Notification From Long Term Care Facility MLTSS Impact to LTC-2 Process



- The form has been updated to reflect the July 1, 2014 implementation of Medicaid Managed Care and the Long Term Services and Supports (MLTSS).
- The Medicaid Managed Care Organization (MCO) will authorize NF placement for its members.
- Upon identification of MLTSS eligibility, the MCO will conduct the PAS assessment.
 - Member must be certified NF Custodial Care (rehab has been exhausted) or
 - Member is identified for discharge to community and in need of Home and Community Based Services

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LTC-2 Notification From Long Term Care Facility LTC-2 Process Changes



The NF will utilize the LTC-2 for notification to **OCCO** of:

- Request for PAS-for New to Medicaid and pending Medicaid beneficiaries
 - Only individuals not enrolled in an MCO
- Notice of Admission- no change
- Notice of Termination- no change
- Notice of Transfer- new change
- Other section of the LTC-2 have additional information required:
 - Patient information
 - PASRR Status
 - Request for PAS

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LTC-2 Notification From Long Term Care Facility LTC-2 Process Changes



- Patient eligibility information- will capture patient information on NJ Family Care, MLTSS, FFS, and MCO if applicable.
- PASRR status has been expanded and clarified to capture all outcomes of the PASRR Level I screen and Level II as applicable.
- Request for PAS - expanded with new categories.

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LTC-2 Notification From Long Term Care Facility LTC-2 Process Changes



- Request for PAS has been expanded with additional categories:
 - FFS- Current Medicaid Beneficiary not enrolled in MCO
 - Transfers- Notification initiates enrollment process to from FFS to MLTSS

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LTC-2 Notification From Long Term Care Facility LTC-2 Process Changes



Notice of Transfers- New Type of Notification to the LTC-2. This will initiate the MCO enrollment process for individuals who are FFS.

- **Initial** transfers of Fee for Service (FFS) Medicaid individuals will now require a New PAS by OCCO which will trigger MCO enrollment. Types of transfers to be captured:
 - NF to NF
 - NF to SCNF
 - SCNF to NF
 - SCNF to Different SCNF
 - NF/SCNF to Community and in need of Home and Community Based Services
- Imperative for OCCO to be notified of Transfers so that OCCO can complete the assessment which will trigger enrollment in Managed Long Term Services and Supports Waiver (MLTSS).

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LTC-2 Notification From Long Term Care Facility LTC-2 Process Changes



- Recap of Changes:
 - Form has been revised
 - New to Medicaid or pending Medicaid will require a PAS from OCCO.
 - Individuals enrolled in a MCO , the MCO will do the assessment.
 - Notice of transfer will trigger a New PAS and if eligible, the MCO enrollment process to MLTSS Waiver.
 - Patient information expanded
 - PASRR section expanded
 - Request for PAS section expanded

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LTC-2 Notification From Long Term Care Facility Role of the Provider



- The Nursing Facility will be required to complete the LTC-2 for all Admission, Termination, Request for PAS , and Transfers within 2 days of admission to the facility.
- LTC-2 must be fully completed to be processed.
- NF provider will request the MCO for authorization for MCO members.

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LTC-2 Notification From Long Term Care Facility



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LTC-2 Instructions for Completion



- **Complete each section and fax to the Office of Community Choice Options Regional Office for notice of PAS request, Admission, Termination, and Transfers.**
- Type of Notification: (Check the appropriate box)
 - ✓ Request PAS
 - ✓ Notice of Admission
 - ✓ Notice of Termination
 - ✓ Notice of Transfer

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LTC-2 Instructions for Completion



SECTION I - PATIENT INFORMATION

- Social Security Number - patient's number
 - Note: The Medicare number is NOT ALWAYS the patient's SSN
- HSP#-12digit Medicaid Number, if available
 - Confirmed By: Give name of CWA approving financial eligibility
 - NJ Family Care, MLTSS, FFS, MCO (indicate name)

SECTION II - PROVIDER INFORMATION

- No changes to this section

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LTC-2 Instructions for Completion



SECTION III - Status PASRR

- Enter date of PASRR Level I screen.
- Check the appropriate box: Negative or Positive.
- If positive, continue to check the appropriate box for the positive screen.
- Date of the Positive Level II evaluation (unless PASRR 30 Day Exempted Hospital Discharge)
- Outcome of PASR Level II evaluation- check the appropriate box for specialized services.

Changes made only to make the form user friendly.
Information to be captured is for Level I and Level II outcomes.

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LTC-2 Instructions for Completion



SECTION IV – REQUEST FOR PAS:

- Check off box indicating type of PAS Request:
 - Private to Medicaid- Spend downs
 - PAS Exempt >20days
 - Physician 20 day note must accompany request
 - If the 20 day note is not attached then the referent will be notified and case will not be processed until the 20 day note is received. If the 20 day note is not submitted , the case will be processed as a 30 day referral.

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LTC-2 Instructions for Completion



SECTION IV – REQUEST FOR PAS (Continued)

- Medicare to Medicaid
- Out of State Approval Admission – On site PAS required to be completed by OCCO within 30 days of request.
- SCNF to NF
- NF to SCNF
- Transfer-Change in Level of Care requires a new PAS. The transfer notification will trigger the process for MCO enrollment and move to MLTSS.
- EARC PAS- This will require a on site PAS to be completed within 30 days of notification.
- Other

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LTC-2 Instructions for Completion



SECTION V - ADMISSION INFORMATION

No changes

- Admission Date - the date resident was admitted to the facility.
For Private to Medicaid cases this date should reflect the date the patient was originally admitted to the facility. This type of case should be sent to the field office 6 months prior to the anticipated date of conversion to Medicaid.

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LTC-2 Instructions for Completion



SECTION VI - No changes

SECTION VII - CERTIFICATION

- 1. By signing this certification, Provider is attesting that the facility has a "valid PAS on file".
- 2. It is the responsibility of NF to complete this form in compliance with N.J.A.C.8:85. Failure to comply may result in reimbursement issues.

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LTC-2 Instructions for Completion



SECTION VIII – No Change

CWA USE ONLY (TO BE
COMPLETED BY CWA
ONLY)

Section IX – No Change

GENERAL INFORMATION
FOR NURSING FACILITIES

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LTC-2 Instructions for Completion



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New Jersey Department of Human Services
 Division of Aging Services
**NOTIFICATION FROM LONG-TERM CARE FACILITY
 ADMISSION OR TERMINATION OF A MEDICAID BENEFICIARY**

Type:	
<input type="checkbox"/>	Request PAS
<input type="checkbox"/>	Notice of Admission
<input type="checkbox"/>	Notice of Termination
<input type="checkbox"/>	Notice of Transfer

I. PATIENT INFORMATION

1. Name: _____ 2. Social Security No.: _____ - _____ - _____
 (Last) (First)

3. Sex: Female Male 4. Date of Birth ___ / ___ / ___

5. HSP# (Medicaid) Case No. if applicable: _____
 Confirmed By (CWA): _____ NJ Family Care MLTSS MCO _____

II. PROVIDER INFORMATION

1. Provider Number: _____ 5. Provider Phone #: _____
 2. LTCF Name: _____ 6. SCNF: _____
 3. Address: _____
 4. City, State, Zip: _____

III. PASRR STATUS (COMPLETE FOR ALL NEW ADMISSIONS)

1. Date of PASRR Level I: ___ / ___ / ___

2. Outcome of PASRR Level I Screen - For Positive Screens Check all that Apply
 Negative
 Positive: MI ID/DDD MI and ID/DDD 30-Day Exempted Hospital Discharge Categorical

3. If Positive, Date of PASRR Level II Evaluation: ___ / ___ / ___
 Outcome of PASRR Level II Evaluation - Client Needs Specialized Services: Yes No

IV. REQUEST FOR PAS

Private to Medicaid SCNF to NF Transfer
 PAS Exempt >20 Days NF to SCNF E-ARC PAS
 Medicare to Medicaid Out of State Approval Admission Other: _____

V. ADMISSION INFORMATION

1. Admission Date: ___ / ___ / ___

2. Date of PAS, if applicable: ___ / ___ / ___

3. Admitted from: Community/Boarding Home Psychiatric Hospital
 Private to Medicaid - Anticipated Medicaid Effective Date: ___ / ___ / ___
 Hospital Other LTCF Other _____

4. Name of Hospital/LTCF: _____ Admission Date: ___ / ___ / ___
 Address: _____

5. If admitted from Hospital/LTCF, give the name/address of previous residence (Hospital Name and Address or Home Address):

VI. TERMINATION INFORMATION

1. Discharge Date: ___ / ___ / ___

2. Discharged to:
 Home-Community (including relative's home)/ County of residence: _____
 Facility Name: _____ County of NF: _____
 Other (specify): _____ County of Residence: _____
 Telephone Number of Discharge Site: _____

3. Death (Date): ___ / ___ / ___ In LTCF In Hospital

VII. CERTIFICATION: The facility certifies that the patient will reside only in those areas of the facility which are certified for participation in the New Jersey Medicaid Program at the level of care authorized for this patient by the New Jersey Medicaid Program. The facility also certifies that upon discharge to a hospital, the patient's room/bed will be reserved for the full period of time covered by the New Jersey Medicaid Bed Reserve Policy. If nursing facility bills Medicaid for long term care services, the person signing this form certifies that the facility has a valid PAS on file. This form completed by:

Name: _____ Phone Number: _____
 Title: _____ Date: _____

VIII. CWA USE ONLY

Medicaid Effective Date: ___ / ___ / ___

Medicaid ONLY (PR-1 Attached) COUNTY WELFARE OFFICE _____
 SSI Only (PR-1 Required, Contact DHS) _____
 Not Eligible Street Address: _____
 Transcript Requested - Date: ___ / ___ / ___ City and Zip: _____

Remarks: _____
 Name of Case Worker: _____ Date: _____

INSTRUCTIONS FOR COMPLETION OF THE
New Jersey Department of Human Services
Division of Aging Services

NOTIFICATION FROM LONG-TERM CARE FACILITY FOR ADMISSION AND TERMINATION
Complete each section and fax to the Office of Community Choice Options Regional Office for notice of PAS request, admission, termination, and transfer.

Notification -Type of Notification: Check the appropriate box.

- Request PAS
- Notice of Admission
- Notice of Termination
- Notice of Transfer

SECTION I - PATIENT INFORMATION

1. Name - self explanatory
2. Social Security Number - patient's number
(Note: the Medicare number is NOT ALWAYS the patient's SSN)
3. Sex - self-explanatory.
4. Date of Birth-self – explanatory
5. HSP#-12digit Medicaid Number, if available (Confirmed By: Give name of CWA approving financial eligibility) NJ Family Care, MLTSS, FFS, MCO write in name of MCO if know.

SECTION II - PROVIDER INFORMATION

1. Provider Number-7 digit Molina provider number
- 2- 4 Facility name and address
5. Facility Phone number
6. SCNF

SECTION III - Status PASRR

1. Enter date of PASRR level1 screen.
2. Check the appropriate box, negative or Positive. If positive, continue to check the appropriate box for the positive screen.
3. Date of the Positive Level II evaluation. (unless PASRR 30 Day Exempted Hospital Discharge)
4. Outcome of PASR Level II evaluation- check the applicable box for yes or no for specialized services.

SECTION IV – REQUEST FOR PAS:

Check off box indicating type of PAS Request:

- a. Private to Medicaid
- b. PAS Exempt >20days (Physician 20 day note must accompany request or PAS will not be completed).**
- c. Medicare to Medicaid
- d. Out of State Approval Admission,
- e. SCNF to NF
- f. NF to SCNF
- g. Transfer
- h. EARC PAS
- i. Other

**SECTION V - ADMISSION INFORMATION
(IF THIS IS A TERMINATION, SKIP TO SECTION V)**

1. Admission Date-
 - This is the date resident was admitted to the facility. **For Private to Medicaid cases this date should reflect the date the patient was originally admitted to the facility. This type of case should be sent to the field office 6 months prior to the anticipated date of conversion to Medicaid.**
 - Transfer- Check the box yes or no.
2. Date of PAS –if applicable
3. Admitted from-check appropriate location:
 - Community/Boarding Home
 - Medicare to Medicaid
 - Psychiatric Hospital
 - Private to Medicaid-complete “anticipated Medicaid Effective Date” (Note: It is no longer necessary to attach PA-4)
 - Hospital - Acute Care Hospital or Rehab Hospital-**also** complete #5
 - Other Long Term Care Facility (LTCF)-**also** complete #5
 - Other (specify)-use this category if above categories do not apply.
4. Name and Address of Hospital/LTCF Admission Date-self explanatory
5. If admitted from Hosp/LTCF, give the name/address of previous residence-self explanatory

**SECTION V1 - TERMINATION INFORMATION
(IF THIS IS AN ADMISSION, SKIP TO SECTION V)**

1. Discharge Date-date patient was discharged from the facility
2. Discharged to: (check one)
 - Home – Community (including relative’s home)/County of residence
 - Facility (includes NF and AL)/ County of Residence
 - Other (use this category if above categories do not apply. Include name and address of “other”/County of residence
 - Death (Date)-self explanatory
 - Check “In LTCF” or “In Hospital”

SECTION V11 - CERTIFICATION

1. By signing this certification, Provider is attesting that the facility has a “valid PAS on file”. Complete Name, Title, Phone Number, and Date

SECTION VI11 - CWA USE ONLY (TO BE COMPLETED BY CWA ONLY)

Section IX - GENERAL INFORMATION FOR NURSING FACILITIES:

Send an LTC-2 for all new admissions that have been prescreened, private to Medicaid, out of state and EARC, and PAS Exempt cases. LTC-2 is now required to be sent for PASRR notification regardless of payor source and for notice of termination.

N.J.A.C. 10:63-1.8 (k) mandates the nursing facility (NF) to submit the LTC-2 (formerly MCNH-33) form to the Office of Community Choice Options Regional Field Office, serving the county where the NF is located within two working days of status of admission, termination, request for PAS for all persons who are currently Medicaid eligible, or will be eligible within 180 day and for PASRR notification regardless of payor source.