

DEPARTMENT OF CHILDREN AND FAMILIES

Division of Child Behavioral Health Services

Policy and Procedure# DCBHS-10

Original Date of Issue: December 20, 2004

Revised: May 12, 2009

Effective: Immediately

SUBJECT: Medicaid (“Household of One”) Eligibility for Youth Referred for Admission to Out-of-Home Treatment Settings

PURPOSE: To establish policies and procedures to secure Medicaid eligibility for youth who have been referred to the Division of Child Behavior Health Services and who have been determined to need admission into an out-of-home treatment setting. Youth may be eligible for a number of Medicaid programs, including but not limited to Medicaid Special eligibility as defined at N.J.A.C.10:69-4 et seq. or Medicaid Only disability coverage as defined at N.J.A.C. 10:72 et seq.

SCOPE: This policy applies to all components of the Division of Child Behavioral Health Services (DCBHS) and Presumptive Eligibility (PE) agencies under contract with DCBHS that have responsibility for assisting youth and their family/caregivers in accessing out-of-home treatment services. This includes, but is not limited to, Unified Care Management entities (UCMs), Care Management Organizations (CMOs) and Youth Case Management (YCM) entities.

AUTHORITY: State Appropriations Act language, including but not limited to, P.L. 2008, c. 35.

POLICIES: Consistent with State Appropriations language, PE entities are required to apply for any coverage that the youth and family/caregiver may be eligible for while the youth is accessing services through the DCBHS system of care. For those youth who are not otherwise eligible for Medicaid/NJ FamilyCare while in the community, the PE entity shall apply for Medicaid (Household of One) eligibility if the youth is accessing an out-of-home treatment setting.

Under N.J.A.C. 10:69-4 et seq., and N.J.A.C. 10:72, as a “Household of One” DCBHS enrolled children referred for admission to out-of-home treatment settings may be eligible to receive Medicaid benefits, regardless of parental income and assets. Youth who are otherwise not eligible for Medicaid/NJ FamilyCare while residing in the community, can be considered a “household of one” for Medicaid eligibility purposes if the plan of treatment includes admission into an out-of-home treatment setting for more than 30 days. An application for Medicaid coverage can be developed prior to the admission to such a treatment setting, although processing of the application by the Medicaid eligibility determination agency will generally not begin until the youth enters such out-of-home treatment setting.

For youth in out of home treatment settings, the use of 3560 coverage is intended to be temporary until the youth can establish eligibility for Medicaid/NJ FamilyCare coverage. PE entities shall assure that the use of the 3560 coverage is minimized to the extent possible.

Each PE entity shall identify a PE Coordinator who is responsible to ensure that the application for Medicaid Household of One eligibility process is implemented timely, as part of the child/family team planning for out-of-home treatment admission. Each PE entity shall also assure that gaps in eligibility are quickly identified (within 2 weeks of the youth losing Medicaid/NJ FamilyCare eligibility) and that appropriate processes are completed within two weeks of such identification to assure an application for reestablishment of Medicaid/NJ FamilyCare eligibility is completed.

PROCEDURES:

A. INITIAL ELIGIBILITY DETERMINATION PROCESSING FOR HOUSEHOLD OF ONE ELIGIBILITY

If the PE entity is a UCM/CMO:

1. If the youth/family is not already eligible for and/or receiving Medicaid/NJ FamilyCare coverage, the PE entity is required to apply for Household of One benefits. Such application processing shall be incorporated and included as part of the responsibilities of the child/family team planning for the admission of a youth into an out-of-home treatment setting.
 - a. The CMO is responsible for assuring that the NJ FamilyCare application is completed, includes as much supporting documentation that is readily obtainable and includes the completed Certification of Out-of-Home Treatment. (See Attachment A)
 - b. The CMO shall forward the completed application, required documentation and Certification of Out-of-Home Treatment to DMAHS, Office of Presumptive Eligibility.

If the PE entity is an YCM:

1. If the youth/family is not already eligible for and/or receiving Medicaid/NJ FamilyCare coverage, the PE entity is required to apply for a 3560 DCBHS Eligibility Identification Number as well as Household of One benefits. Such application processing shall be incorporated and included as part of the responsibilities of the child/family team planning for the admission of a youth into an out-of-home treatment setting.
 - a. The YCM is responsible for assuring that the NJ FamilyCare application is completed, includes as much supporting documentation that is readily obtainable, and completes the Certification of Out-of-Home Treatment. (See Attachment A)
 - b. The YCM shall forward a copy of the completed application, as well as the completed Certification of Out-of-Home Treatment to the PE unit prior to the admission of the youth to the out-of-home treatment setting. Such application should indicate that the YCM is requesting processing so that the youth can be issued a 3560 number to be available to the youth upon the date of admission. The YCM shall assure that the Medicaid PE unit is aware of the date or the projected date of admission so that the 3560 number can be issued accordingly.
 - (1) Subsequent to the issuance of the DCBHS eligibility identification number (the 3560 number), the YCM shall assist the family in securing copies of all needed verification documents and process the completed application as soon as possible to the Medicaid PE Unit for processing for Medicaid Household of One coverage.

B. SUBSEQUENT ELIGIBILITY PROCESSING

Subsequent to the submission of the completed application with documentation to the DMAHS PE unit, the PE unit will make a determination as to whether the youth is eligible to apply for Medicaid Special or for Medicaid Only disability coverage. The determination of whether a youth is applying for Medicaid Special or for Medicaid Only disability coverage primarily is determined based on the number of the beds in the provider's program under the provider's unique Medicaid Provider Number. An out-of-home treatment setting of less than 17 beds, (i.e. 16 beds or less) will generally be processed as a Medicaid Special application. In these instances, the youth's monthly income cannot exceed \$185.

1. If the youth is applying for Medicaid Special, the DMAHS PE unit will forward the application to the DMAHS, Institutional Services Section (ISS) for a determination of Medicaid Special eligibility consistent with N.J.A.C. 10:69-4 et seq.

- a. Where necessary, the ISS staff shall contact the family to obtain additional information.
 - b. If the youth is determined eligible for Medicaid Special, a Medicaid number shall be assigned and Medicaid Special eligibility shall begin on the first day of the month that the child is determined eligible. Such number will usually appear with the numerals 3330 as the first four numbers of the Medicaid eligibility identification number.
 - c. Once eligibility has been established, the ISS Office will notify the family in writing with a copy to the agency responsible for the coordination of care.
2. If the youth is applying for Medicaid Only disability coverage, the DMAHS PE unit will application will forward the application to the DMAHS, Office of Eligibility Operations.

NOTE: If the PE entity is aware that the youth's application will be processed for Medicaid Only disability, the DMAHS PE unit has agreed that at the time of the submittal of the original application to the DMAHS PE Unit, the PE entity may also submit a completed copy of the PA-1G (the Medicaid Only disability application) as well as a copy of the medical records. The PE unit will process the material over to the Office of Eligibility Operations and steps a-b below are not implemented.

- a. The Office of Eligibility Operations will reach out the PE Coordinator to have the PE entity assist the family in completing the application for Medicaid Only disability coverage. In these instances, the family must also provide information on any assets that the youth may hold.
- b. In addition to assisting the family in completing a second application, the PE entity is responsible for forwarding to the Office the Office of Eligibility Operations the disability material needed by the Medicaid disability review unit to determine if the youth qualifies for Medicaid Only disability coverage under N.J.A.C. 10:72.
- c. Where necessary, the Medicaid staff may contact the family to obtain additional information.
- d. If the youth is determined eligible for Medicaid Only disability coverage, a Medicaid Only disability number shall be assigned and coverage will begin on the first day of the month that the application is processed. Eligibility established through this process will have the numerals 20 in the third and fourth digits of the Medicaid eligibility number and a 9 in the fifth digit of the number.

If the youth was in the out-of-home treatment setting prior to the first day of the month of the application, DMAHS may allow coverage to

extend retroactive 3 months from the date of application provided that the youth was also eligible in those three months.

- e. Once eligibility has been established, DMAHS will notify DCBHS and the PE entity of such eligibility.

C. FAMILY COOPERATION

1. There may be instances where the PE entity may not be able to engage the family in completing the Household of One application. The PE entity shall make all reasonable efforts to engage the family, including seeking the support of the Family Support Organization and/or the family/youth partnership component of the DCBHS system of care, as appropriate, and the out-of-home treatment provider in working with the family.
2. In those instances where, after multiple attempts to engage the family, and no later than 30 days after admission into the out-of-home treatment setting, the PE entity is unable to secure a completed application, the PE entity shall notify their community service line manager and the DCBHS eligibility manager.
3. The DCBHS staff will assist the PE entity in coordinating with other systems partners in working with the family in completing the application.

D. REDETERMINATION

1. Factors of eligibility shall be re-determined in accordance with existing DMAHS policy. The PE entity shall assist the family in any redetermination process.
2. In those instances whether the youth's eligibility for Medicaid Only disability benefits is being redetermined, the PE entity will be asked to work with the out-of-home treatment provider to secure any updated assessments, evaluations and biopsychosocial information that will support the youth's potential eligibility for continued Medicaid Only disability coverage.

E. DISCHARGE/TRANSITION FROM "HOUSEHOLD of ONE"

1. When it is determined that a youth who is eligible for Household of One benefits is to be transitioned/discharged from the out-of-home treatment setting, the PE entity of the agency coordinating the child's care shall:
 - a. If the youth is moving to a different level of out-of-home treatment (either higher or lower), the PE entity shall notify the appropriate DMAHS eligibility determination unit of the change of address for the youth.

- b. If the youth is transitioning to a community setting, including but not limited to, family residence, shelter, or other independent living situation in which DCBHS is no longer reimbursing for any care provided by the independent living provider, as part of the transition/discharge planning process, the PE entity shall investigate all possible sources of Medicaid/NJ FamilyCare coverage prior to transition/discharge into the community. As needed, the PE entity shall assist the youth and/or family/caregiver in applying for any other coverage the youth may be entitled to in the community.
 - c. If the youth is transitioning into a community setting, upon discharge, no later than 5 business days after discharge, advise the ISS office or the Office of Eligibility Operations of the change in status and date of discharge.
2. If it is determined that the youth is not eligible for Medicaid or NJ FamilyCare after discharge, and it is determined that the youth should continue to receive DCBHC services, the PE entity, as appropriate, is responsible for requesting a 3560 number through the Presumptive Eligibility Unit.



Nadezhda Robinson, Ph.D., Director
Division of Child Behavioral Health Services

ATTACHMENT A

PRESUMPTIVE ELIGIBILITY PROVIDER LETTERHEAD

Certification of Out-of-Home (OOH) Treatment

As the designated Presumptive Eligibility Coordinator for _____, I certify that the Plan of Care developed for the youth listed below includes out-of-home (OOH) treatment for more than 30 days.

Youth's Name : _____

Youth's Date of Birth: _____ Youth's SSN: _____

Planned Admission Date/Date of Admission: _____

Name of OOH Provider: _____

Address of OOH Provider: _____

Number of Beds: _____ Medicaid Provider ID Number: _____

Signature of Presumptive Eligibility Coordinator: _____

PE Agency Name: _____

PE Agency Address: _____

PE Agency Provider Number: _____ Date: _____