MEDICAID COMMUNICATION NO. 13-09

DATE: November 15, 2013

TO: County Welfare Agency Directors
    Medicaid Supervisors

SUBJECT: Revised CP-2 (Long Term Services and Supports) Form, and Procedures
Review of CP-5 (Notice of Program Enrollment) and CP-23 (Notice of Program
Disenrollment) Forms

BACKGROUND:

The County Welfare Agency (CWA) uses the CP-2 form to: (1) make a referral to the local
Area Agency on Aging/Aging and Disability Resource Connection (AAA/ADRC) for individuals
residing in the community and who are seeking placement in nursing facilities (NFs), Assisted
Living (AL) residences or Home and Community-Based Services (HCBS) Waiver programs;
(2) refer to the Office of Community Choice Options (OCCO) involving individuals residing in
Nursing or Assisted Living facilities and who are potentially or currently Medicaid eligible or
are converting from private pay to Medicaid and are within a six-month spend-down of
resources; (3) make a referral to the AAA/ADRC for those consumers potentially eligible to
participate in the Fast Track program; and; (4) verify the most current financial information as
well as Medicaid eligibility when NF residents are being transitioned to the community with
Waiver services.

The initial CP-2 referral form must always include a physician-completed PA-4 form. As the CWA caseworker begins to process financial eligibility, these forms must be sent to the appropriate office either AAA/ADRC or OCCO, as indicated in the paragraph above. This new process will provide better coordination between financial and clinical eligibility dates. If the case has incurred a penalty period or has had a financial eligibility determination a second CP-2 form must be sent to the OCCO. This second CP-2 will allow the OCCO to take appropriate action on these cases. The Division of Aging Services will track the penalty cases and send the CWA a CP-5 informing the CWA when to add the Special Program Code 32. CWA workers should not add the Special Program Code without a CP-5 Enrollment Form. A listing of AAA/ADRCs is attached to this Medicaid Communication for your reference.

The goal of the Department of Human Services (DHS) is to improve access to services for consumers by streamlining the process and expediting eligibility. As the CWA is the only entity with the knowledge and access to provide ‘real time’ evidence
via the CP-2 form, its usage can help prevent errors that adversely affect consumers seeking eligibility to services as well as timely access to them.

**CP-2 Form revisions include:**

**Penalty Case Box (Top Right)**
The penalty box identifies those cases that are being referred for Pre-Admission Screening (PAS) in order to start the penalty period. The CWA case worker must include the dates of the penalty in this box. Include the months and days of the penalty.

**Financial Information Section**
The Financial section was revised to reflect all types of financial eligibility such as those in spend-down and with Supplemental Security Income (SSI).

**A NF Transition Box**
The NF Transition Box was added and highlighted to verify continued income and resource financial eligibility for current Medicaid beneficiaries residing in a NF and being discharged into a community placement, with Home and Community Based Waivered Services.

**A Participant Information Section**
This section was expanded to clearly identify programs in which the consumer is interested. Selections of Program of All-Inclusive Care for the Elderly (PACE), Medicaid managed care and other programs were added as individual categories to ensure that appropriate referral and assessment protocols are followed.

A check box was added for consumers enrolled in a special program, including hospice, to identify proper eligibility and enrollment in other programs.

**CP-5 and CP-23 ENROLLMENT/DISENROLLMENT FORMS:**
The CP-5 is sent to the CWA from the OCCO. This form serves as a notice to the CWA to enter a Special Program Code (SPC) and an enrollment date on the Medicaid Eligibility System (MES) allowing a person to participate in home and community-based programs.

The CP-23 serves as an official notification to the CWA that the recipient is no longer participating in the Waiver program. The CWA caseworker must terminate the Special Program Code using the disenrollment date indicated on the CP-23 form. The CWA caseworker shall evaluate the financial eligibility of the recipient to determine if the person qualifies for New Jersey Care…Special Medicaid programs as this would be the only program the recipient could qualify for when not in a nursing home or participating in a Waiver program. If there is no eligibility for Medicaid then the case is terminated and the recipient is sent the appropriate notices.

Upon receipt of the CP-5 or CP-23 forms, it is imperative that the CWAs prepare and submit the appropriate Medicaid status file input documents in accordance with related
operational procedures. Delay in entering eligibility and special program code segments can affect the delivery of Waiver program services to the recipients. Conversely, a delay in terminating these cases can cause incorrectly paid benefits which would include managed care capitation payments.

PROCEDURE:
Attached to this Medicaid Communication are copies of the newly revised CP-2 form and current instructions as well as the CP-5 and CP-23 forms. The instructions have been prepared by the Department of Human Services, Division of Aging Services to explain the use of the CP-2 form which must be completed and concurrently processed for financial and clinical eligibility when an individual, as described above, is seeking Medicaid Long Term Services and Supports (LTSS). Again, the goals are to streamline the process, expedite eligibility and improve access to services. Whenever possible, the CWA shall use computer systems to secure the most current financial information as well as other required verifications.

Should you have any questions, please contact the Trenton Central Office of Community Choice Options at (609)–943-4978.

Sincerely,

Valerie Harr
Director

VH:p
c: Jennifer Velez, Commissioner
Department of Human Services

Allison Blake, Commissioner
Department of Children and Families

Mary E. O’Dowd, Commissioner
Department of Health

Dawn Apgar, Deputy Commissioner
Department of Human Services

Lowell Arye, Deputy Commissioner
Department of Human Services

Lynn Kovich, Assistant Commissioner
Division of Mental Health and Addiction Services

Liz Shea, Assistant Commissioner
Department of Human Services

Joseph Amoroso, Director
Division of Disability Services

Jeanette Page-Hawkins, Director
Division of Family Development

Nancy Day, Deputy Director
Division of Aging Services
INSTRUCTIONS FOR THE
LONG TERM CARE REFERRAL (CP-2) FORM

Referral Process for CWA

The County Welfare Agency (CWA) uses a CP-2 form to refer to the AAA/ADRC individuals residing in the community who are seeking Nursing Facility (NF), Assisted Living (AL) residences or Waiver programs who are potentially or currently Medicaid eligible or are converting from private pay to Medicaid. The CP-2 will also be used by the CWA to refer and verify Medicaid eligibility when referring NF residents who are transitioning out of the NF into the community and are requesting Waiver services. The CP-2 referral form will serve as verification of financial eligibility and should always include a physician completed PA-4 form.

Referrals need to be made if one of the following scenarios occurs:

1. Consumers seeking long term services and supports (LTSS) who, upon initial intake, appear eligible for an expedited process. The CP-2 referrals to the AAA/ADRCs will be sent prior to and while the verification and validation process of financial eligibility is being determined.

2. Consumers seeking LTSS who do not meet any of the above requirements, but can benefit from home and community based services (HCBS) that can potentially be provided by other federal, state or locally funded programs.

FORMS INSTRUCTIONS:

ADRC REFERRALS: (Community Case)

1. Upon initial receipt of a case, CWA worker must complete the entire top part of the CP-2 form including the location of the Office of Community Choice Options (OCCO) Regional Office (Northern, Central or Southern) as well as the referral source (CWA) and name of the person making the referral.

2. A Medicaid number must be on the form. A PA-4 is required for all NF and Waiver referrals, including AL.

3. The CP-2 referral form can be faxed or emailed to the local AAA/ADRC designated staff, where it will be processed for screening, initial options counseling and assessment

4. Once a financial determination is made a second CP-2 is sent to the OCCO. This CP-2 will indicate if there is a penalty period (months and days) or that the case is ready to enroll in the Waiver.

5. The OCCO will send a CP-5 indicating the Waiver enrollment date. If there is a penalty period the OCCO will issue a CP-5 to the CWA just prior to the expiration of the penalty period.

OCCO REFERRALS: (Nursing Facility)

1. CWA worker must complete the first page of the form including the location of the OCCO Regional Office (Northern, Central or Southern) as well as the referral source (CWA) and name of the person making the referral.

2. The CWA worker will complete and mail/fax a CP-2 form along with the PA-4 to the Office of Community Choice Options (OCCO) upon initial receipt of the case.

3. A Medicaid number must be on the form. The resident’s date of financial eligibility and income must be recorded in the financial section.

4. The CWA worker must also check the appropriate box in the participant information section indicating interest in either a community-based Waiver or NF placement.

5. If an individual is currently in a NF, include the admission date.
6. A PA-4 is necessary for all NF and Waiver referrals, including AL. The CP-2 referral form can be faxed or emailed to the appropriate OCCO Regional office designated staff, where it will be processed for level of care assessment.

<table>
<thead>
<tr>
<th>For NF Transitions Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persons being discharged to community on Waiver or community programs</td>
</tr>
<tr>
<td>A. OCCO will forward a completed CP-2 form, minus the financial information, to the CWA to verify that an individual that is being discharged to the community from a NF on a Medicaid Waiver is financially eligible.</td>
</tr>
<tr>
<td>B. The CWA completes the Financial Section of the CP-2 form and returns it to OCCO within three business days.</td>
</tr>
</tbody>
</table>

**Fast Track Referral from CWA**

When a CWA worker wants to refer a consumer for Fast Track, the CP-2 will serve as a referral form. The CWA worker will check the appropriate Fast Track box selection in the participant information section and must follow Medicaid Communication No. 09-06 which states:

1. The CWA worker will complete and forward to the ADRC Support System Designee an INITIAL CP-2 to refer a consumer that appears to be eligible for Fast Track while his/her financial application is being processed.
2. The CWA worker will complete a clearly marked FINAL CP-2 and forward to the respective OCCO Regional Office with the completed information section to confirm the financial eligibility/ineligibility determination.

**Information:**

The email addresses and fax number for the OCCO are as follows:

- Essex – csessexltcfo@dhs.state.nj.us  FAX 973-693-5046
- Middlesex – csmiddlesexltcfo@dhs.state.nj.us  FAX 732-777-4681
- Atlantic – csatlanticltcfo@dhs.state.nj.us  FAX 609-704-6055
DEPARTMENT OF HUMAN SERVICES  DIVISION OF AGING SERVICES
Office of AAA Administration
PO Box 807
Trenton, NJ 08625-0807

AREA AGENCIES ON AGING

◆ Atlantic County Division of Intergenerational Services
Marilu Gagnon, Division Director
Shoreview Building, Office #222
101 South Shore Road
Northfield, NJ 08225
609-645-7700, ext.4700
Fax: (609) 645-5940
Email: gagnon_marilu@aclink.org

◆ Bergen County Division of Senior Services
Lorraine Joewono, Executive Director
One Bergen County Plaza, 2nd Floor
Hackensack, NJ 07601-7000
(201) 336-7400
Fax: (201) 336-7424
Email: ljewono@co.bergen.nj.us

◆ Burlington County Office on Aging
Jeanne Borkowski, Executive Director
49 Rancocas Road
PO Box 6000
Mount Holly, NJ 08060
(609) 265-5069
Fax: (609) 265-3725
Email: jborkowski@co.burlington.nj.us

◆ Camden County Division of Senior & Disabled Services
Maureen Bergeron, Executive Director
512 Lakeland Ave. 4th fl.
Blackwood, NJ 08012
(856) 858-3220
Fax: (856) 401-6405
Email: maureenb@camdencounty.com

◆ Gloucester County Division of Senior Services
Anna Docimo, Executive Director
115 Budd Blvd.
West Deptford NJ, 08096
(856) 384-6900
Fax: (856) 686-8344
Email: adocimo@co.gloucester.nj.us

◆ Hudson County Office on Aging
Sandra Vasquez, Executive Director
595 County Avenue, Building #2
Secaucus, NJ 07094
(201) 369-4313
Fax: (201) 369-4315
svasquez@hcnj.us
DEPARTMENT OF HUMAN SERVICES

DIVISION OF AGING SERVICES

 sinon, Disabilities and Veterans’ Services
Laine Nauman, Executive Director
PO Box 2900
Flemington, NJ 08822-2900
(908-788-1267, 1362 & 1363
Fax: (908) 806-4537
Email: lnauman@co.hunterdon.nj.us

Mercer County Office on Aging
Eileen E. Doremus, Executive Director
PO Box 8068
640 South Broad Street
Trenton, NJ 08650
(609) 989-6661 & 6662
Fax: (609) 393-2143
Email: edoremus@mercercounty.org

Middlesex County Office of Aging and Disabled Services
Laila Caune, Executive Director
John F. Kennedy Square, 5th Floor
New Brunswick, NJ 08901
(732) 745-3295
Fax: (732) 246-5641
Email: laila.caune@co.middlesex.nj.us

Monmouth County Division on Aging, Disabilities & Veterans Services
Michael T. Ruane, Executive Director
21 Main and Court Center
Freehold, NJ 07728
(732) 431-7450
Fax: (732) 303-7649
Email: michael.ruane@co.monmouth.nj.us

Morris County Division on Aging, Disabilities and Veterans
Theresa Davis, Executive Director
340 West Hanover Avenue, Ground Floor
PO Box 900
Morrustown, NJ 07963-0900
(973) 285-6848
Fax: (973) 285-6883
Email: divaging@aol.com

Ocean County Office of Senior Services
Jane Maloney, Executive Director
PO Box 2191
Toms River, NJ 08754-2191
(732) 929-2091
Fax: (732) 506-5019
Email: jmaloney@co.ocean.nj.us

Passaic County Department of Senior Services, Disabilities and Veterans’ Affairs
Mary Kuzinski, Executive Director
930 Riverview Drive, Suite #200
Totowa, NJ 07512
(973) 569-4060
Fax: (973) 256-5190
Email: maryk@passaiccountynj.org

Salem County Office on Aging
Sherri Hinchman, Executive Director
98 Market Street
Salem, NJ 08079
(856) 339-8622
Fax: (856) 339-9268
Email: sherri.hinchman@salemcountynj.gov

Somerset County Aging and Disability Services
Joanne Fetzko, Executive Director
Somerset County Office on Aging & Disability Services
27 Warren Street, First Floor
P.O. Box 3000
Somerville, NJ 08876-1262
(908) 704-6346
Toll Free: 1 (888) 747-1122
Fax: (908) 595-0194
Email: fetzko@co.somerset.nj.us

Sussex County Office on Aging
Lorraine Hentz, Executive Director
Sussex County Administration Building
1 Spring Street, 2nd Floor
Newton, NJ 07860
(973) 579-0555
Fax: (973) 579-0550
Email: lhentz@sussex.nj.us
### To

<table>
<thead>
<tr>
<th>OCCO Regional Office or AAA/ADRC Location</th>
<th>Date</th>
</tr>
</thead>
</table>

### From (Agency Name/Care Management Site/NF Provider/CCC)

<table>
<thead>
<tr>
<th>Name of Caseworker/CM/D/C Planner</th>
<th>Title</th>
<th>Telephone Number</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Participant</th>
<th>Date of Birth</th>
<th>Medicaid No./JACC No.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Participant Address</th>
<th>Telephone Number</th>
<th>SSN</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Caregiver/Authorized Representative:</th>
<th>Relationship to Participant:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Address:</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Telephone Number (Work/Home):</th>
<th>E-mail:</th>
</tr>
</thead>
</table>

### FINANCIAL INFORMATION

- [ ] Initial Referral  [ ] Final Financial Determination

Check appropriate box, indicating date of financial eligibility determination and monthly gross income:

- Medicaid Application: Date: ____________ Income Amount: $ ____________
- Medicaid Eligible: Date: ____________ Income Amount: $ ____________
- SSI: Date: ____________ Income Amount: $ ____________
- Potentially Medicaid Eligible (180 days): Date: ____________ Income Amount: $ ____________

### FOR NF TRANSITIONS - CWA VERIFIES FINANCIAL ELIGIBILITY FOR WAIVER PROGRAM PARTICIPATION:

<table>
<thead>
<tr>
<th>Name of CWA Employee:</th>
<th>Verification Date:</th>
</tr>
</thead>
</table>

### PARTICIPANT INFORMATION

Participant and Family interested in:

- Community-Based Waiver Program
- JACC  [ ] GO  [ ] ADHS  [ ] PACE
- Section Q Options Counseling
- Medicaid Nursing Facility Placement
- PA-4 Sent  [ ] PA-4 Given Date: ____________ To: __________________
- Physician Name: __________________

Previous Program/Waiver Enrollment: __________________

Participant’s Location at this Time:

- Own Home
- Relative’s Home
- Assisted Living Facility
- Residential Health Care Facility
- Hospital
- Nursing Home
- Other (specify): __________________

Date Admitted: ____________ Planned Discharge Date: ____________ Days ____________

Address: __________________________________________________________

Telephone Number: ________________________________________________
### PARTICIPANT INFORMATION, Continued

Participant is currently eligible for or receiving:

- [ ] HIC Medicare Number: __________________________  [ ] Part A  [ ] Part B  [ ] Part D
- [ ] Pharmaceutical Assistance to the Aged and Disabled (PAAD) Program
- [ ] Medicaid Managed Healthcare
- [ ] Other Insurance:
  - Name: __________________________
  - Policy Number: __________________________
- [ ] Other Governmental Programs (specify): __________________________
- [ ] Community Services (specify): __________________________

Is the client enrolled in any other Special Program, including Hospice?  [ ] Yes  [ ] No

### OPTIONS COUNSELING SECTION

Complete for Programs:

- [ ] JACC  [ ] PACE  [ ] GO  [ ] ADHS  [ ] Other (specify): __________________________

Participant/Family have been advised of and clearly understand:

<table>
<thead>
<tr>
<th>Overview of Program:</th>
<th>[ ] Yes  [ ] No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial Eligibility:</td>
<td>[ ] Yes  [ ] No</td>
</tr>
<tr>
<td>Medical Eligibility:</td>
<td>[ ] Yes  [ ] No</td>
</tr>
<tr>
<td>Services Available and Limitations:</td>
<td>[ ] Yes  [ ] No</td>
</tr>
<tr>
<td>No Retroactive Eligibility:</td>
<td>[ ] Yes  [ ] No</td>
</tr>
<tr>
<td>Cost:</td>
<td>[ ] Yes  [ ] No</td>
</tr>
</tbody>
</table>

Comments:

Other Pertinent Information:

(Family members or other significant persons who request to be present at the assessment; psychological/physical disabilities which would make participant interviewing difficult; foreign primary language; where the participant wants to receive services; participant/family expectation of the long-term care programs)
<p>| Other Pertinent Information:                                                                 |
| (Family members or other significant persons who request to be present at the assessment; psychological/physical disabilities which would make participant interviewing difficult; foreign primary language; where the participant wants to receive services; participant/family expectation of the long-term care programs) |</p>
<table>
<thead>
<tr>
<th>Authorized Signature</th>
<th>Telephone Number</th>
<th>Fax Number</th>
<th>Date</th>
</tr>
</thead>
</table>
This is to advise you that the individual identified below has been enrolled in the noted Medicaid Waiver Program or PACE. Please prepare and submit the appropriate Medicaid Status File input documents in accordance with related Operational Procedures.

<table>
<thead>
<tr>
<th>Participant Name:</th>
<th>Medicaid Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address:</td>
<td>Social Security Number:</td>
</tr>
<tr>
<td>City, State, Zip Code:</td>
<td>Date of Birth:</td>
</tr>
</tbody>
</table>

**ENROLLMENT DATE:** ____  [Fast Track]

<table>
<thead>
<tr>
<th>Check One:</th>
<th>Program of Enrollment</th>
<th>Special Program Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>GO - Global Options.............................................. (32)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>PACE.............................................................. N/A</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other: ...........................................................( )</td>
<td></td>
</tr>
</tbody>
</table>

Care Management/PACE Site:

**SPECIAL CONSIDERATIONS FOR OFFICE OF COMMUNITY CHOICE OPTIONS (OCCO)**

Does this client have a Medicaid Managed Health Care (HMO):

- [ ] Yes
- [x] No

*If so, date of disenrollment from HMO: ______

Does this client have Supplemental Security Income (SSI):

- [ ] Yes
- [x] No

*If so, indicate the date that the Special Program Code was entered: ______

Please call this office at ______________________, if you have any questions.

**Name of OCCO FOM or PACE Administrator (Print):**

**Signature:**

| c: | Participant
|    | Contact Person
|    | Care Management Site
|    | AL/AFC Provider
|    | PACE Provider Organization
|    | OCCO File

**To:** CWA / Board of Social Services  (CP-23 not sent to CWA if on SSI)

**Date:** ______________________
From:  
☐ Care Manager  ☐ OCCO Field Office Manager (FOM)  ☐ PACE Administrator

Address

Phone

This notice advises you that the individual identified below has been disenrolled from a Medicaid Waiver Program, Global Options, or PACE, as specified below. Please prepare and submit the appropriate Medicaid Status File input documents in accordance with related Operational Procedures.

<table>
<thead>
<tr>
<th>Name:</th>
<th>Medicaid No.:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address:</td>
<td>Disenrollment Date:</td>
</tr>
<tr>
<td>City, State, Zip Code:</td>
<td>Participant Receives SSI Benefits?</td>
</tr>
<tr>
<td>check One:</td>
<td></td>
</tr>
<tr>
<td>☐ Yes</td>
<td>☐ No</td>
</tr>
</tbody>
</table>

Reason(s) for Disenrollment:
☐ Participant is deceased. Date of Death: ______
☐ Participant has chosen to reside in a nursing facility for long-term care or hospice services.
☐ Participant no longer meets the clinical eligibility criteria for nursing facility level of care under the New Jersey Medicaid Program in accordance with N.J.A.C. 8:85-2.1.
☐ The services required by the participant to be adequately cared for under the program specified above are not available in the program.
☐ Participant has resided out of the service area for more than 30 days without prior authorization.
☐ Participant voluntarily withdraws from the program specified above, for the reason(s) indicated:
☒ The services do not meet my needs
☒ I want to receive services in an institutional setting, and I would like the Office of Community Choice Options to assist me. I understand that I will continue to receive services under the Waiver program or PACE program until I enter an appropriate setting.
☐ I have been counseled on benefits for which I may be eligible and meet my needs.
☐ Other: _______________________

(Signature of Participant) ________________________ (Date) ________________________

☐ Participant never received services under the program, including care management.
☐ Participant refuses to accept two Waiver services as required.
☐ Participant was transferred to and enrolled in another Medicaid Waiver:

(Name of Program) ________________________ effective (Enrollment Date) ________________________

☐ Other: ________________________

Name of Care Manager, OCCO FOM or PACE Administrator (Print) ________________________ Signature ________________________

c: ☐ Participant ☐ Contact Person ☐ Care Management Site ☐ PACE Provider Organization ☐ OCCO File