Physician and Health Care Professional Manual Supplement

Thank you for being a participating provider with Horizon NJ Health. This document is a supplement to our Physician and Health Care Professional Manual (February 2014) that contains information specifically pertaining to Horizon NJ Health’s Managed Long Term Services and Supports (MLTSS) benefits. These benefits focus on preventive in-home, medically appropriate care, offering a comprehensive menu of service options across beneficiary groups or care settings in the home, an alternate community setting like assisted living or in a nursing facility. Services offered range from assisted living services to home-delivered meals to home and vehicle modifications to lawn care.

Effective July 1, 2014, members receiving Managed Long Term Services and Supports (MLTSS) benefits will be mandated into managed care from the fee-for-service Medicaid environment. This includes members in the following waiver programs:

- AIDS Community Care Alternatives Program (ACCAP)
- Community Resources for People with Disabilities (CRPD)
- Global Options for Long-Term Care (GO)
- Traumatic Brain Injury (TBI)
- Qualifying for New Jersey Care (with income at or below $4,000).
- Qualifying for Medicaid Only - Institutional Level, or
- Qualifying for SSI in the community, or
- Qualify for Medicaid financial eligibility by:
  - Be a resident of New Jersey
  - Be 65 years of age or older, or between the ages of 21 and 64 and determined physically disabled by the Social Security Administration or by the Disability Review Section of the Division of Medical Assistance and Health Services.
  - Qualify for Medicaid financial eligibility by:
    - Qualifying for SSI in the community, or
    - Qualifying for Medicaid Only - Institutional Level, or
    - Qualifying for New Jersey Care (with income at or below 100% of the Federal Poverty Level and resources at or below $4,000).

Credentialing applications should be submitted to: Horizon NJ Health Credentialing Department of Professional Contracting and Servicing 210 Silvia Street West Trenton, NJ 08628 Fax: 1-609-538-3004

1.1 About This Supplement

This Provider Manual Supplement outlines policies and administrative procedures of Horizon NJ Health that pertain specifically to MLTSS. This Supplement should be kept in your office or facility for easy access and referral, preferably in the same place as the Physician and Health Care Professional Manual. Use it as a guide to answer questions about issues regarding MLTSS that are not covered in the regular Provider Manual. This Supplement contains only information that is not covered within the Provider Manual.

If you or your staff have any questions or concerns about the information not covered in this Supplement, please contact Horizon NJ Health’s Professional Contracting and Servicing department at 1-800-682-9091.

1.5.1 Provider Enrollment

To enroll as a network provider with Horizon NJ Health, a PCP, Specialist or MLTSS provider must fill out a Credentialing Application Packet, sign two contracts and submit them to Horizon NJ Health’s Department of Provider Contracting and Servicing (PC&S). PC&S will, within two weeks, review the provider’s application and contact the prospective provider if any discrepancies arise or if more information is required from the provider. It will take up to 90 days for the credentialing process to be completed. Upon acceptance, the provider will be notified of the credentialing committee’s decision and, if approved, be added to the Horizon NJ Health Provider Network.

All PCPs or Specialists seeking applications or more information on the credentialing process should contact Sandra Muschett, Senior Manager of Network Relations, at 1-800-682-9094, extension 89489. All MLTSS providers seeking applications or credentialing information should contact Lori Jackson, Manager of MLTSS Network Relations, at 1-800-682-9094, extension 89887.

If a provider wishes to refer a current or potential member for consideration for MLTSS services, he or she can call MLTSS Member Services at 1-844-444-4410.

2.2 Assessment for Risk of Nursing Facility Level of Care

Only individuals who are determined to require Nursing Facility Level of Care (NFLoC) may be enrolled in MLTSS. The process and standardized tool that is used in New Jersey to make this determination is the NJ Choice Assessment System as approved and codified by the State of New Jersey. Upon enrollment, the Care Manager will conduct an initial assessment of each patient. This initial assessment is conducted by communicating with the member and primary caregiver/family member (if available), observing the member in his or her home environment, and reviewing any secondary documents when available. The member is considered to be the primary source of information; the Care Manager is encouraged to talk with the member in private if at all possible.

The purpose of the NJ Choice Assessment system is to complete a comprehensive assessment of the member with the goal of:

- Maximizing the individual’s functional capacity and quality of life
- Addressing health problems through integrated care
- Ensuring that the individual remains in his or her home as long as possible

The Office of Community Choice Options (OCCO) of the New Jersey Department of Human Services’ Division of Aging Services makes the final eligibility determination and is responsible for issuing the final approval or denial letter to the member with a copy to Horizon NJ Health.

When an individual is determined not to require NF LoC, the person is informed by OCCO by letter of their right to request a Fair Hearing to appeal the determination.
3.1 MLTSS Services and Benefits

MLTSS services are provided by a network provider. The benefits provided, and the frequency and length of time they are provided depend on the medical, health and social needs of the member. A service is medically necessary if it is needed to prevent, diagnose, correct or cure conditions that may cause acute suffering, endanger life, result in illness, interfere with a member’s capacity for normal activity, or may cause a serious handicap.

In addition to NJ FamilyCare A benefits, the following services may be available to MLTSS members:

- Adult Family Care
- Assisted Living Services
- Assisted Living Program
- TBI Behavioral Management (Group and Individual)
- Caregiver/Participant Training
- Chore Services
- Cognitive Therapy (Group and Individual)
- Community Residential Services
- Community Transition Services
- Home-Based Supportive Care
- Home-Delivered Meals
- Adult Day Health
- Pediatric Day Health
- Medication Dispensing Device
- Personal Care Assistant
- Non-Medical Transportation
- Nursing Facility Services (Custodial)
- Occupational Therapy (Group and Individual)
- Personal Emergency Response Systems
- Physical Therapy (Group and Individual)
- Private Duty Nursing (Adult)
- Residential Modifications
- Respite (Daily and Hourly)
- Social Adult Day Care
- Speech, Language and Hearing Therapy (Group and Individual)
- Specialized Medical Equipment and Supplies
- TBI-Structured Day Program
- TBI-Supported Day Services
- Vehicle Modifications

3.2 MLTSS ID Card

Each Horizon NJ Health MLTSS member is mailed an ID card that has “MLTSS” printed on the front of the card. The member is required to show their card every time they visit their Horizon NJ Health doctor or dentist, when they are referred to a specialist, when they fill a prescription or have lab work done, and if they go to a hospital emergency room. Members must keep their Horizon NJ Health MLTSS member ID card safe and never loan it to anyone. Anyone who does so could lose their NJ FamilyCare benefits and face prosecution.

3.3 MLTSS Care Management

Horizon NJ Health provides every MLTSS member with a Care Manager and care management team. The Care Manager, usually a nurse or social worker, leads the coordination and care of the member’s health care needs. The care management team also includes a clinical support coordinator as well.

The plan of care is based on the member’s health status and health care needs. The role of the provider (Primary Care Physician, specialist or other provider) is very important. The member, along with his/her Care Manager, will work together to develop a plan of care. The plan of care will outline the member’s health care needs, what services the member may receive, frequency of service and name of provider decided upon by the member. MLTSS Services will be provided within 30 calendar days of enrollment and member agreement to the plan of care, except for residential modification and vehicle modification. The plan of care is facilitated by the Care Manager who ensures direct involvement of the member, member’s family and/or authorized representative. The Care Manager is responsible for facilitating placement/services based on assessed needs and member’s preference. The provider may receive a copy of the plan of care via fax.

The Care Manager will follow up telephonically with the member at least every 30 days and will make a face to face visit every 90 days. The Care Manager will review the member’s plan of care at least every 90 days or sooner if there are changes in the member’s condition. Horizon NJ Health members must use in-network, contracted providers to get covered MLTSS services. Horizon NJ Health will make every attempt to arrange services with the provider chosen by the member. If the contracted provider cannot provide the service, the MLTSS care management team then will try to identify a provider who can provide the services. This process continues until a provider can be found to meet the expectations of the plan of care.

Once it is confirmed that the provider is able to provide the service, an authorization is created in the medical management system for that specific provider with the authorization limits/requirements listed in the plan of care. The provider is given an authorization number, the start and end date of the service, and the type of service that will need to be provided. An authorization letter with the above information is also triggered from the medical management system and mailed to the provider.

3.4 MLTSS Prior Authorization Process

When the plan of care is complete and the Care Manager and member are in agreement with this plan, authorizations will be entered into the medical management system in accordance with the agreed upon plan of care. Services are authorized exactly as written in the signed plan of care. If there are questions about authorizations, those questions are discussed with the MLTSS Care Manager prior to completing and signing the plan of care.

The MLTSS care management team will make all the necessary arrangements to ensure that services mandated via the plan of care are executed timely. Horizon NJ Health will make every attempt to arrange services with the provider chosen by the member. If the contracted provider cannot provide the service, the MLTSS care management team then will try to identify a provider who can provide the services. This process continues until a provider can be found to meet the expectations of the plan of care.

3.5 MLTSS Member Services

Horizon NJ Health cares about making sure that members in the MLTSS program have the information they need to make informed decisions and have someone they can speak to if they have any issues or questions. Member services are available to MLTSS members 24 hours a day, 7 days a week. Member Services will:

- Internally represent the interests of MLTSS members and assist them in understanding the MLTSS Services versus Plan Benefit
10. Ask for and receive from their Care Manager a list of names and duties of any person assigned to provide services to them under the plan of care.

11. Receive support and direction from their Care Manager to resolve concerns about their care needs and/or complaints about services or providers.

12. Be told about a list of resident rights, and receive a copy in writing, upon admission to an institution or community residential setting.

13. Be told of all the covered/required services they are entitled to, required by and/or offered by the institutional or residential setting, and of any charges not covered by Horizon NJ Health while in the facility.

14. Not to be discharged or transferred out of a facility unless it is medically necessary; to protect their welfare and safety as well as the welfare and safety of other residents; or because of failure, after reasonable and appropriate notice, to pay the facility from available income as reported on the statement of available income for Medicaid payment.

15. Have Horizon NJ Health protect and promote all their rights.

16. Have all rights and responsibilities outlined here shared with their authorized representative or court-appointed legal guardian.

Along with rights come responsibilities. Here are some of the key responsibilities for MLTSS members:

1. Provide all health and treatment-related information, including but not limited to, medication, circumstances, living arrangements, and informal and formal supports, to the Care Manager to identify care needs and develop a plan of care.

2. Understand their health care needs and work with their Care Manager to develop or change goals and services.

3. Work with their Care Manager to develop and/or revise their plan of care to facilitate timely authorization and delivery of services.

4. Ask questions when they need more information.

5. Understand the risks that come with their decisions about care.

6. Understand that Horizon NJ Health does not provide 24-hour/seven-day-a-week care management services and that they will need to work with family and friends to safeguard against potential risks.

7. Develop an emergency backup plan for care and services with their Care Manager.

8. Report any major changes about their health condition, medication, circumstances, living arrangements, informal and formal supports to the Care Manager.

9. Notify their Care Manager should any problems occur or if they are not pleased with the services being provided.

10. Pay their room and board in a nursing facility or community residential setting and their cost share on time each month (if applicable).

11. Treat service workers and care providers with dignity and respect.

12. Keep all Horizon NJ Health documents, such as their plan of care, emergency backup plan, etc., for their personal records and future reference.

13. Follow Horizon NJ Health’s rules and/or those rules of institutional or community residential settings.

### 3.16.3 Dental Director

Horizon NJ Health shall retain on staff at all times a Dental Director who is currently licensed in New Jersey as a Doctor of Dental Surgery (DDS) or Doctor of Dental Medicine (OMD). The Dental Director must have practiced in New Jersey and is responsible for:

- The development, implementation and interpretation of dental policies and procedures to guide and support the provision of dental care

- Oversight or shared oversight of dental provider recruitment activities

- Reviewing all dental provider applications and making recommendations to those with provider contracting authority regarding credentialing and recredentialing of all dental providers

- Surveillance of the performance of providers in their provision of dental care to members

- Administration of all Horizon NJ Health dental activities

- Continuous assessment and improvement of the quality of dental care provided to members

- Serving on the Quality Management Committee

- Oversight of dental providers’ orientation, education and in-service training

- Assuring that adequate staff and resources are available for the provision of dental care

- The review and approval of studies and responses to DMAHS concerning quality matters

- Representing Horizon NJ Health at meetings of the DMAHS Dental Advisory Council and at local dental societies and associations

- Monitoring performance of Scion Dental or that of any other dental contractor or vendor; providing direction to dental contractor or vendor; ensuring that any decisions are made in a timely and clinically important manner; addressing dental issues at the level of the contractor or vendor

- Verifying on a monthly basis that dental providers and subcontractors have not been suspended, disqualified, terminated or otherwise excluded from Medicaid, Medicare, or any other federal or state health care programs
4.3 Defining Critical Incidents

The CMS (Centers for Medicare and Medicaid Services), as well as the State of New Jersey, requires that measures be employed to protect the health and welfare of Horizon New Jersey Health MLTSS members. This includes guidelines for reporting critical incidents.

Per the state of New Jersey, critical incidents include but are not limited to the following situations.

• Unexpected death of a member
• Missing person or unable to contact
• Severe injury or fall resulting in the need for medical treatment
• Medical or psychiatric emergency, including suicide attempt
• Medication errors with serious consequences
• Inappropriate or unprofessional conduct by a provider involving the member
• Sexual abuse and/or suspected sexual abuse
• Abuse and neglect, including self-neglect, and/or suspected abuse and neglect
• Elopement/wandering from home or facility
• Eviction/loss of home
• Cancellation of utilities
• Natural disasters
• Frequent falls that result in serious injury
• Repeat hospitalizations for unexplained reasons

4.4 Reporting Requirements for Critical Incidents

MLTSS providers with suspicion or evidence of critical incidents must report them to Horizon NJ Health within one business day of discovery. Upon discovery of a critical incident, providers are to take steps to prevent further harm to members and promptly respond to these members’ needs. These steps may include reporting potential violations of criminal law to law enforcement authorities.

Providers should contact the following appropriate authorities, as applicable, including but not limited to:

• The designated County Adult Protective Services (APS) agency. For a listing, contact the NJ State Division of Aging Services at 1-800-792-8820.
• The NJ Office of the Ombudsman for Institutionalized Elderly (OOIE) at 1-877-582-6995.
• The NJ Division of Child Protection and Permanency Child Abuse Hotline at 1-877-652-2873.

In addition, providers are required to complete the MLTSS Critical Incident Reporting form, available at horizonnjhealth.com, and fax to the Horizon NJ Health Quality Management Department, along with any supporting documentation, at 609-583-3003. Horizon NJ Health’s Quality staff will subsequently contact/follow up with the provider as warranted, and will retain subsequent Provider Investigation Findings and Resolution summaries from providers to ensure incidents are resolved promptly though appropriate referrals and corrective action. The Horizon NJ Health Quality staff will notify the State of New Jersey of any critical incidents via a state-specified web-based system.

MLTSS providers who have reported critical incidents are required to independently conduct an internal critical incident investigation and submit a report on their findings to Horizon NJ Health. The report should be submitted no longer than 15 calendar days after the date of the incident or discovery of its occurrence. Under extenuating circumstances, but only with the approval of Horizon NJ Health, the report can be submitted within 30 calendar days after the date of the incident.

9.1. MLTSS Billing

When services are rendered by MLTSS providers, facilities should file a UB04 form with Horizon NJ Health, and non-facilities should use the CMS 1500. For more information, please go to horizonnjhealth.com/fac-providers.

9.1.2 Paper Claims Submissions

For timelier processing of claims, providers are encouraged to submit electronically. If permitted under the Agreement and until the provider has the ability to submit electronically, to assure clean claim submission, paper claims (UB-04 and CMS 1500, or their successors) must adhere to the following CMS-mandated elements and formatting guidelines:

• Paper claims must only be submitted on original (red ink on white paper) claim forms.
• Any missing, illegible, incomplete or invalid information in any field will cause the claim to be rejected or processed incorrectly.
• Information must be aligned within the data fields and must be on an original red ink on white paper claim form.
• The information should be typed. Do not print, handwriting, or stamp any extraneous data on the form.
• All information should be written in capital letters in any field.

12.1 Reporting Abuse, Neglect or Exploitation

All members have the right to be free from exploitation, fraud and abuse. Providers, including Care Managers, are required to report suspected abuse, neglect or exploitation of any:

• Child or adult who resides in a community setting
• Elderly living in nursing homes or other long-term care facilities

Adult Protective Services

The New Jersey Adult Protective Services (APS) program has offices in each of the 21 counties. Reports may be made to those County APS offices or to:

The Public Awareness, Information, Assistance & Outreach Unit
1-800-792-8820

Child Protective Services

The New Jersey Division of Child Protection and Permanency (DCP&P) handles all reports of child abuse and neglect, including those occurring in institutional settings such as child care centers, schools, foster homes and residential treatment centers. These must be reported to the State Central Registry (SCR).

Child Abuse Hotline (SCR)


Facility-Based Complaints and Investigation

Office of the Ombudsman for the Institutionalized Elderly investigates claims of abuse and neglect of people age 60 and older living in nursing facilities and other long-term health care facilities, such as assisted living facilities.

24-Hour Toll-Free Hotline: 1-877-582-6995
Email: ombudsman@advocate.state.nj.us
Write:
The Office of the Ombudsman
P.O. Box 852
Trenton, NJ 08625-0852
Fax: 609-943-3479
NJ Division of Health Facilities Evaluation and Licensing investigates all complaints against health care facilities, nursing homes, assisted living residences, comprehensive personal care homes, adult medical day care, and other licensed acute and long-term care facilities.

24-Hour Toll-Free Hotline: 1-800-792-9770

Write:
New Jersey Department of Human Services
Division of Health Facilities Evaluation and Licensing
P.O. Box 367
Trenton, NJ 08625-0367

13.5 Special Needs Program After Hours Contact

Horizon NJ Health’s Special Needs Members are adults who have complex/chronic medical conditions requiring specialized health care services. Horizon NJ Health wishes to assure these members, and the providers who serve them, that there is clinical staff available 24 hours a day, 7 days a week to address any urgent or emergent needs. This staff can be reached at 1-800-682-9094.

For more information on the Special Needs Program, please consult Section 13.5 of the Physician and Health Care Professional Manual.

13.10 CHAMPS Program Unable To Reach Procedure

CHAMPS stands for Children’s Health Assessment and Maintenance of Preventive Services. Its goal is to improve education about the importance of receiving immunizations on a timely basis and increase well-child visits for children between up to the age of 21.

When CHAMPS program reminder calls are not successful because the member (or parent) cannot be reached by telephone, Horizon NJ Health sends “Unable to Reach” letters to the member and also mails the member or parent a comprehensive needs assessment to complete.

For more information on the CHAMPS program, please consult Section 13.10 of the Physician and Health Care Professional Manual.

13.11 New Jersey Vaccines for Children Program

The New Jersey Vaccines for Children (VFC) Program provides vaccines for children from birth through 18 years of age who are enrolled in Medicaid and NJ FamilyCare Plan A as well as uninsured children and children who are American Indian or Alaskan Native. The VFC program is a federally funded, state-operated vaccine supply program. The VFC program supplies most routinely recommended vaccines at no cost to all public and private health care physicians.

For NJ FamilyCare A children, providers must enroll in the VFC program and use the free vaccine if it is covered by VFC; the administration fee is covered by Horizon NJ Health for these members. For non-VFC vaccines, Horizon NJ Health will reimburse providers for vaccines and vaccine administrations.

Physicians participating in the VFC program must agree to comply with the following:

• Screen the parent/guardian of the child to determine VFC eligibility
• Maintain records of all children immunized with a VFC vaccine (these records must be made available to public health officials upon request)

• Comply with the recommended immunization schedule, as established by the Advisory Committee on Immunization Practices and state law
• No charge for VFC-supplied vaccines
• Provide vaccine information materials and maintain records in accordance with the National Vaccine Injury Compensation Act
• Comply with state ordering, accountability or quality assurance requirements through NJIIS

As of July 1, 2014, the VFC program no longer provides vaccines for children enrolled in NJ FamilyCare Plans B, C, or D. For these members, providers must obtain all vaccines from traditional market sources and administer them, and Horizon NJ Health will reimburse providers for the vaccines and the vaccine administration. If a provider office is not able to independently obtain the necessary vaccines for children enrolled in NJ FamilyCare Plans B, C, or D, it can give a prescription to a member and administer the vaccine after obtaining it – only with prior authorization – through the member’s prescription coverage. For authorization, please contact the Pharmacy Department at 1-800-682-9094.