

Medicaid Update for Persons with I/DD

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The Arc of New Jersey

- Largest non-profit advocacy organization for people with intellectual and other developmental disabilities and their families.
- Parent directed membership organization founded in 1946.
- Chapters in all 21 counties.
- Affiliated with The Arc of the United States.
- Governed by a volunteer Board of Directors.

Mission Statement

The Arc of New Jersey is committed to enhancing the quality of life of children and adults with intellectual and developmental disabilities and their families, through advocacy, empowerment, education and prevention.

Departments of The Arc of NJ

- The Arc Family Institute.
- Governmental Affairs/Public Policy.
- Public Affairs/Communications.

Programs & Projects

- Mainstreaming Medical Care.
- New Jersey Self-Advocacy Project.
- Project HIRE.
- Criminal Justice Advocacy Program.
- Planning for Adult Life.

Medicaid Expansion

- This type of Medicaid is made possible in NJ through the federal health care law (Obamacare).
- **It is for anyone who has low income. No need to demonstrate that the person has a disability.**
- Eligible if below 138% of poverty (2015 data) = \$1,354 per month.
- This type of Medicaid is accepted by DDD. This type of Medicaid is helpful if person with I/DD was denied SSI and is appealing.
- Can apply as a single adult at age 19 (parent's income ignored).
- Apply at County Board of Social Services.
- *Note: Cannot have both Medicaid expansion and Medicare.*

Continuation of Parent's Private Health Insurance

- All young adults can stay on parent's health insurance until age 26.
- Special process for young adults with disabilities who are not capable of self-sustaining employment to stay on parent's private health insurance.
- Can have Medicaid **and** private health insurance. Medicaid is always payer of last resort.
- The Arc of NJ's fact sheet on private insurance.

If Just Starting in the Medicaid System

- Fee-for-service Medicaid available only during the first couple of weeks of enrollment. Then must be in an HMO – Must use HMO's network.
 - ***However, with private insurance plus Medicaid, can continue to use providers in private insurance plan.***
- Will be randomly assigned to an HMO if no choice is made.
- HMO care management may be helpful.

Switching from One Medicaid HMO to Another

- To switch to another Medicaid HMO, call **1-800-701-0710**.
- ***IMPORTANT: At any time, Medicaid HMO enrollees with disabilities will be able to switch to another HMO for “good cause” i.e., an essential provider leaves the HMO's network.***

Difference between HMO customer service and care management

- HMO customer service can handle simple requests, e.g. switching to another primary care doctor at the same HMO – but problems may occur when parent is calling for child 18 or older with a disability who is nonverbal.
- HMO care management – should be more helpful, e.g., locating in-network providers.
- HMO Care manager – available upon request.

Medicaid HMO Care Management Phone Numbers

Aetna Better Health, New Jersey
609-282-8227 (Care manager supervisor)

Amerigroup Community Care
1-800-452-7101 ext. 66050

Horizon NJ Health
1-800-682-9094, ext. 89385

United Healthcare Community Plan
1-877-704-8871, ext. 5260

WellCare
1-855-642-6185

Medicaid HMO Services – Examples. Must Use Providers “In-Network”

- HMO Care Management.
- Primary care and all specialties – find out if referral is needed before making appointment with a specialist.
- Transportation to medical and dental appointments – current contract with Logisticare.
- Prescription medication; no copay - formulary issues.
- Durable medical equipment (including wheelchairs).
- Dental care, including general anesthesia, if necessary.
- Personal Care Assistance (PCA), or Personal Preference Program (PPP).
- Incontinence supplies.
- PT, OT, and speech therapy.
- Thick-It.

LogistiCare Medical Transportation

- Free transportation to medical and dental appointments for Medicaid beneficiaries.
- For transportation reservations, call 1-866-527-9933.
- If your ride is late or doesn't show, call “Where's my Ride?” at 1-866-527-9934.
- To file a complaint about your transportation provider with LogistiCare, call 1-866-333-1735.

LogistiCare Website:

<http://www.nj.gov/humanservices/dmahs/home/logisticare.html>

Difference between PCA and PPP

- PCA and PPP are available from Medicaid HMOs, when person with a disability needs help with activities of daily living (ADLs) e.g., dressing, bathing, feeding, personal hygiene, etc.
- Must have assessment from Medicaid HMO nurse to determine necessity and number of approved hours per week.
 - Can file appeal if family thinks the approved number of hours are not sufficient.
- Personal Care Assistance (PCA) services: provided by a home health agency.
- Personal Preference Program (PPP) services: a parent chooses a relative, friend or neighbor to provide the ADL assistance.

Personal Preference Program (PPP)

- The Personal Preference Program (PPP), offers an alternate way for individuals to receive their Medicaid Personal Care Assistant (PCA) services.
- After a Medicaid HMO nurse does assessment to confirm doctor's letter of medical necessity, PPP (or PCA) pays for help with activities of daily living (ADLs), such as: bathing, dressing, feeding, and personal hygiene.
- PPP allows the individual (and caregiver) greater control of the services consumer receives.
- Note: Fiscal management oversight to ensure PPP funds being spent appropriately.

PPP Allows Eligible Consumers to:

- Choose home care services they want.
 - Hire workers, people they know and trust including relatives, friends and neighbors.
 - Schedule services to meet their needs.
 - Exercise greater control over their lives.
- ❖ *Note:* Families participating in PPP must follow strict financial and reporting guidelines.

Possible Additional Uses of the Monthly PPP Allowance Include:

- Purchasing services from an agency.
 - Home modification to increase one's ability to live more independently (i.e., ramp or chair-lift).
 - Purchasing equipment, appliances, technology or other items that increase independence, (i.e., microwave oven or washing machine).
- *Note:* The cost of the above items cannot exceed monthly allowance.

How to Apply for PPP

- **Must have letter of medical necessity from consumer's doctor!**
- Contact Medicaid HMO care manager who will complete an initial enrollment packet and will forward it with a referral to the Personal Preference Program. Phone numbers for PPP at each HMO:

Aetna

1-855-232-3596

Amerigroup

1-855-661-1996

Horizon NJ Health

1-855-465-4777

United Healthcare Community Plan

1-800-645-9409

WellCare

1-855-642-6185

People Who Have Medicaid Only: No Bills From the Medicaid HMO

- If a person has Medicaid only, with no private health insurance, you should **never** receive a bill from the Medicaid HMO as long as you follow the HMO's "rules," e.g., must see in-network providers!
- If you do receive a bill, contact the HMO care manager about it.
- If the care manager cannot help, file a complaint.

Managed Long-Term Services and Supports (MLTSS)

- To be eligible for MLTSS – must need nursing facility level of care.
- Cannot have DDD and MLTSS services at the same time with one important exception - see next slide.
- If person receiving DDD services has additional, major health problems (e.g., dementia) and needs nursing home or assisted living care – will need to disenroll from DDD.
 - - MLTSS financial eligibility – Max. of \$2,199/mo. in 2016.
 - - Miller Trust possible for higher monthly income.

MLTSS & Private Duty Nursing

- Private duty nursing (PDN) for persons who are medically fragile, is covered by MLTSS, when medically necessary. **Can receive both PDN from MLTSS and DDD services!**
- If medically fragile and in need of PDN, a child (under age 18) can qualify for MLTSS even though family income is above the Medicaid limit.
 - E.g., Parents of children needing PDN may have private health insurance, but if it doesn't cover PDN, child may be able to receive nursing from MLTSS.
- Can have PCA/PPP through regular Medicaid HMO or MLTSS. **Don't need to be moved to MLTSS to have PCA/PPP services.**

Medicaid HMO Problem Form


 The Arc of New Jersey's Mainstreaming Medical Care Program
 Medicaid Problem Report Form
 www.mainstreamingmedicalcare.org

Date of Report: _____

Consumer Name		Medicaid Number	Date of Birth
Address		Contact Person's Telephone	Age
Name of Contact Person		Email	
Relationship to Consumer		Medicaid HMO Number	County
Name of Medicaid HMO		Name of Private Insurance Company	
Does Consumer have Medicare? <input type="checkbox"/> Yes <input type="checkbox"/> No		Private Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Brief Description of Consumer's Diagnosis/Health Issues:			
Brief Description of Problem:			
Medication co-pay problem? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, name of medication(s):	
Covered under Medicare Part D? <input type="checkbox"/> Yes <input type="checkbox"/> No		Medicare Part D drug plan:	
Covered Under Private Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of Insurance Company:	
Brief Description of the Medication Co-pay problem:			
If problem is with the medication co-pay, name and phone number of pharmacy:			
Have you contacted a Medicaid HMO Care Manager? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of Care manager (if known) and brief description of what happened:			
Other Comments:			
I give permission for this information to be forwarded to The Arc of New Jersey, and also give permission for it to be forwarded to the NJ Division of Medical Assistance and Health Services (NJ Medicaid). Signature: _____ Date: _____			

Please email or fax this completed form to Beverly Roberts at broberts@arcnj.org / fax (732)246-2567 or to Jennifer Lynch at jlynch@arcnj.org / fax (732)784-6397. We will get back to you as soon as possible.

*Electronic Signature accepted. Typed signature with date indicates electronic verification of the information provided. Revised 8/2016

Appeals Process

- If medically necessary service is denied by Medicaid HMO, the denial should be appealed. Often, the problem is reduction in PCA or PPP hours or private duty nursing.
- If Medicaid HMO reduces or denies medical care, family should be notified *in writing*. Appeal procedures should be provided by the HMO.
- When appealing reduction or denial of medical care, request that the previous level of care continue throughout all appeals.
- Medicaid fair hearing – before an impartial administrative law judge.
 - May want assistance from attorney for Medicaid fair hearing. Contact The Arc of NJ for suggestions.

Dual Eligibles – Medicare and Medicaid

- Person with I/DD receives Social Security Disability Insurance benefit upon parent's retirement, disability, or death. Person with I/DD starts to receive Medicare 24 months later.
- If person has both Medicare and Medicaid – called a dual eligible.
- Medicare Part A = hospital care; no cost.
- Medicare Part B = doctors' visits and other out-patient health care:
 - \$121.80/month if new to Part B.
 - \$104/month if had Part B before 2016.
 - If person has Medicaid also, then Medicaid pays the Part B premium.
- Medicare Part D – prescription drugs. The Arc of NJ does free Webinar in Nov. on drug plan changes.

Changes when Person with Medicaid Starts Medicare

- When more than one insurance, Medicaid is the last payer.
- Prescription drugs will be obtained from Medicare Part D, unless person also has private insurance.
- Should not have drug coverage through both Medicare Part D and private insurance; should decline Part D if medications covered by private insurance.
- Medicare Part D has small drug co-pays – amount can change annually.
 - In 2016, \$1.20 for generics; \$3.60 for brand name; no drug co-pay if on CCW.

State Health Insurance Assistance Program (SHIP)

- **Free** objective help for everyone who has Medicare – including having Medicare & Medicaid or private insurance.
- Statewide phone number: **1-800-792-8820**
- Offices in every county. [List By County and Phone Number](#)

Questions?

