

NJ Department of Human Services

FREQUENTLY ASKED QUESTIONS (FAQs) NJ FamilyCare MANAGED LONG TERM SERVICES AND SUPPORTS (MLTSS) (Revised May 2015)

Overview of Managed Long Term Services and Supports (MLTSS)

1. What are NJ FamilyCare Managed Long Term Services and Supports (MLTSS)?

The Managed Long Term Services and Supports (MLTSS) benefit refers to the long-term care a person is determined to need, coordinated through a NJ FamilyCare managed care organization (MCO). MLTSS includes services such as:

- Personal Care;
- Respite;
- Care Management;
- Home and Vehicle Modifications;
- Home Delivered Meals;
- Personal Emergency Response Systems;
- Mental Health and Addiction Services;
- Assisted Living;
- Community Residential Services; and
- Nursing Home Care.

2. What does MLTSS do?

MLTSS enables a beneficiary to live in the community with long-term supports for as long as possible.

MLTSS provides comprehensive services and supports, whether you live at home, in an assisted living facility, in community residential services or in a nursing home.

3. How does someone qualify for MLTSS?

A person qualifies for MLTSS by meeting the following established NJ FamilyCare requirements:

- Financial Requirements – These include monthly income, as well as total liquid assets. For more detailed information on NJ FamilyCare financial eligibility go to: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/abd/>

Note that for children applying for MLTSS and who meet the nursing home level of care, parental income and resources are not counted in determining financial eligibility.

- Clinical Requirements – A person meets the qualifications for nursing home level of care, which means that s/he requires assistance with activities of daily living (ADL) such as bathing, toileting and mobility.
- Categorical Requirements – These refer to age (65 years or older) or disability (under 65 years of age and determined to be blind or disabled by the Social Security Administration or the State of New Jersey).

4. How do I apply for MLTSS?

If you wish to apply for NJ FamilyCare MLTSS for yourself, you can do so by contacting your local [County Welfare Agency \(Board of Social Services\)](#) or your [Aging and Disability Resource Connection \(ADRC\)](#), also known as the local county Area Agency on Aging (AAA). If you are applying on behalf of your child or an individual under 21 years of age, you can do so by contacting your local County Welfare Agency or the Division of Disabilities Services (DDS) at 1-888-285-3036 (press 2 after prompt and then press 1 after next prompt) to speak with an Information and Referral Specialist.

There is another option known as the Program of All-Inclusive Care for the Elderly (PACE) program. To be eligible to enroll, you must be 55 years of age or older, able to live safely in the community with supports at the time of enrollment, and live in the PACE provider service area. There currently are four PACE organizations in seven counties.

5. Did current Medicaid fee-for-service beneficiaries living in a nursing home or a specialized care nursing facility (SCNF) start receiving MLTSS as of July 1, 2014?

No. Current custodial nursing home residents on Medicaid remained in a fee-for-service environment.

After July 1, 2014, however, any individuals with Medicaid entering a nursing home for the first time will have their acute and primary health care managed by a PACE program or the NJ FamilyCare MCOs with MLTSS. At this time, individuals on MLTSS will also have their acute and primary health care services and nursing home care managed by a NJ FamilyCare MCO.

Medicaid beneficiaries living in SCNFs as of July 1, 2014 will remain in the current fee-for-service environment for two years. Beginning on July 1, 2016, however, these beneficiaries will have their care managed by the NJ FamilyCare MCOs with MLTSS.

Individuals who enter a SCNF after July 1, 2014 will have their acute and primary health care services and their nursing home care managed by a NJ FamilyCare MCO through the MLTSS program.

6. Will beneficiaries newly eligible to NJ FamilyCare living in a nursing home after July 1, 2014 receive their Medicaid benefits, including nursing home care, through a NJ FamilyCare MCO?

Yes. Any individual who is newly eligible for NJ FamilyCare and living in a nursing home after July 1, 2014 will have his/her care managed by an MCO through the MLTSS program.

7. How do I begin the process if I want to apply for MLTSS?

The MLTSS program has a component that is referred to as Options Counseling. It is a process by which prospective applicants can receive assistance from their local Aging and Disability Resource Connection (ADRC) or the Division of Disability Services for individuals under 21 years of age to help identify their current needs and the services that may be helpful. Options Counseling includes these steps: 1) a one-on-one discussion and a screening for any public programs, 2) a facilitated decision-making process that will help you to weigh pros and cons, and 3) the development of an action plan tailored for you.

8. Does MLTSS affect the services currently received by persons with developmental disabilities?

NJ FamilyCare members who are seeking MLTSS, who may have a diagnosis of a developmental or intellectual disability and may not be known to the Division of Developmental Disabilities (DDD), are to be referred to DDD. MLTSS does not affect individuals who are enrolled in the DDD's Community Care Waiver (CCW).

9. Has the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) process for the transition of children who are turning age 21 changed with the implementation of MLTSS?

Yes, there were important changes made to New Jersey's Medicaid program, NJ FamilyCare, and to long-term services and supports, including the Community Resources for People with Disabilities (CRPD) Waiver. Beginning on July 1, 2014, CRPD beneficiaries automatically began receiving MLTSS through their current NJ FamilyCare managed care organization (MCO). MLTSS uses MCOs to coordinate ALL services.

10. Does the Division of Disability Services (DDS) have a transition process for children currently receiving EPSDT who turn age 21?

While DDS continues to be a source of information and assistance to families, the referral mechanism for kids with EPSDT services, and adults in the MLTSS system of care, is now conducted internally through the MCOs.

Managed Care Organizations (MCOs), PACE and Other Health Insurance Coverage
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11. Why do I have to enroll in a NJ FamilyCare managed care organization (MCO) to be eligible for MLTSS?

The State of New Jersey has chosen a managed care approach to long term services so that consumers have better coordinated health care services and supports through a broad array of health care providers.

12. If I only have NJ FamilyCare, what are my managed care plan options for MLTSS?

Under this scenario, an individual has the following two options:

- **Option 1:** NJ FamilyCare Managed Care Organization (MCO), also known as a Health Maintenance Organization (HMO).
- **Option 2:** Program of All-Inclusive Care for the Elderly (PACE), includes all Medicare and NJ FamilyCare services, including prescription drugs, as well as other services required, all coordinated and provided or subcontracted by the PACE organization.

13. If I have both NJ FamilyCare and Medicare, what are my managed care plan options for MLTSS?

Under this scenario, an individual has the following three options:

- **Option 1:** NJ FamilyCare MCO + Traditional Medicare + Medicare Part D
- **Option 2:** NJ FamilyCare MCO + Medicare Advantage Plan (Medicare MCO) with a drug benefit.
- **Option 3:** PACE includes all Medicare and NJ FamilyCare services, including prescription drugs, as well as other services required, all coordinated and provided or subcontracted by the PACE organization.

It is important for an individual who has private health or drug insurance from an employer, union or retirement plan (which he/she wants to keep), that the individual checks with the plan before enrolling in a Part D Plan or a Medicare Advantage Plan.

Also, if an individual has a Medigap/Medicare Supplemental Policy and wants to keep it, the individual should choose *Option 1* to stay with Traditional Medicare.

14. How do NJ FamilyCare MCOs and PACE differ?

NJ FamilyCare Managed Care Organizations (MCOs)

- NJ FamilyCare MCOs (also known as health maintenance organizations or HMOs) provide a full range of coordinated Medicaid health services, long-term services and supports, as well as prescription drug benefits.
- **If you only have NJ FamilyCare coverage**, you will have all of your health care benefits coordinated (care managed) by your NJ FamilyCare MCO.
- **If you have both NJ FamilyCare and Medicare coverage** (known as “dual eligible”) and you select a NJ FamilyCare MCO, your Medicare health and prescription plans will not change. Medicare will be your primary insurance and NJ FamilyCare will be secondary.
- To enroll in a NJ FamilyCare MCO, you must live in a county served by the MCO you select.
- To enroll in a NJ FamilyCare MCO, call [NJ FamilyCare](#) at 1-866-472-5338 (TTY 1-800-701-0720). Please see the chart at the end of these FAQs for MCOs, contact information and counties served.
- For more information about NJ FamilyCare’s MCOs, click on [NJ FamilyCare](#) or see the chart at the end of these FAQs for contact information.

Program of All-Inclusive Care for the Elderly (PACE)

- PACE accepts Medicare plus Medicaid (Dual Eligibles) OR Medicare only with a private pay agreement.
- A PACE organization coordinates and directly provides or subcontracts all services, including hospital, home health, physician, nursing home care, transportation, meals, prescription drugs, as well as other services required by the beneficiary. Many beneficiaries attend a community PACE center to receive services, in addition to receiving services at home, if needed.
- To participate in PACE, you must be 55 years of age or older and able to live safely in the community with supports at the time of enrollment.
- Currently there are four PACE organizations serving parts of seven counties. To be eligible to enroll, you must live in the PACE provider’s service area.

- To enroll in PACE, call the PACE program. You may also receive information by calling 1-800-MEDICARE (1-800-633-4227), (TTY 1-877-486-2048). Call the PACE program that serves the area in which you live to find out if you are eligible. Please see the chart at the end of these FAQs for specific plans, contact information and counties served.
- For more information on PACE, click on [NJ's PACE Website](#) or see the chart at the end of these FAQs for contact information.

15. Where can I call to get information about NJ FamilyCare MCOs?

- For information about NJ FamilyCare MCOs, call [NJ FamilyCare](#) at 1-866-472-5338 (TTY 1-800-701-0720).
- For information about PACE, call the [State Health Insurance Assistance Program \(SHIP\)](#) at 1-800-792-8820.
- The member and provider service contact information for each NJ FAMILYCARE MCO is also available on the DHS web-site at <http://www.state.nj.us/humanservices/dmahs/info/resources/hmo/>

16. What if I have a Medigap Policy, also called a Medicare Supplemental Policy?

Medigap Policies only work with Traditional Medicare. Therefore, if you want to continue your coverage under your Medigap Policy, you should choose Option 1 for Dual Eligibles. If you enroll in a Medicare Advantage Plan (Option 2), no claims will go to your Medigap Policy and, therefore, no benefits will be paid under it.

17. Do I still have to renew my NJ FamilyCare coverage once I enroll in a NJ FamilyCare MCO?

Yes. NJ FamilyCare is renewed annually. You will be notified in writing when it is time to renew your NJ FamilyCare coverage.

18. Can I change my managed care plan after I enroll?

Yes. What you have to do will depend upon the managed care plan in which you are enrolled, as described below:

NJ FamilyCare Managed Care Organizations (MCOs)

- All NJ FamilyCare members can change their MCO to another MCO during the annual open enrollment period which runs from October 1 to November 15.

- In addition, if you have good cause, you can call NJ FamilyCare at 1-866-472-5338 (TTY 800-701-0720) at any time to ask about changing your MCO to another MCO.
- All NJ FamilyCare members can change their MCO to another MCO within 90 days of a new enrollment.

Program of All-inclusive Care for the Elderly (PACE)

- If you want to change from PACE to an MCO, you can do so at the end of any month. Please consult your PACE organization Enrollment Agreement for instructions and request help from your current PACE care manager.
- If you want to change from an MCO to PACE, you can enroll at the beginning of any month after completing the enrollment process.

Health Care Providers in NJ FamilyCare MCOs and PACE

19. Can I keep the same doctors and other health care providers when I enroll in an MCO or PACE?

As a rule, an enrollee must choose a doctor and other health care providers that participate in the managed care plan network. Exceptions may be made on a case-by-case basis for new enrollees during their “continuity of care” period when they are transitioning to their new managed care plan, or for existing enrollees who cannot otherwise obtain the service they need from a participating doctor or other health care provider.

Individuals who have both NJ FamilyCare and Medicare coverage (known as “dual eligible”) and choose Traditional Medicare still will be able to choose their own Medicare doctors without a referral.

Before you enroll, check with your health care providers to see if they participate in the managed care plan that you are considering.

20. Can a private health insurance doctor serve a managed care plan beneficiary?

If you choose to go to a private doctor who is not in your managed care plan (MCO or PACE) network, you will generally be responsible for paying his/her full fee. You should check with the private doctor and your insurance plan before making this decision.

21. Can a Medicare doctor serve a NJ FamilyCare member?

Yes. Your Medicare doctor can bill your NJ FamilyCare MCO for any copayments or balances and must accept that as payment in full.

22. Can the Medicare doctor bill me for additional amounts if I have both Medicare and NJ FamilyCare?

No.

23. What card should I use if I have private health insurance, Medicare and/or NJ FamilyCare coverage?

When you have a medical visit or have a prescription filled at the pharmacy, you should present ALL of your health care identification cards.

24. Will I have to get a referral from my managed care plan to see a specialist?

You will have to follow your managed care plan's (MCO or PACE) policies regarding referrals to specialists. You can find these policies in your Member Handbook or call the Member Services department phone number on the back of your managed care plan member identification (ID) card. Individuals who have both NJ FamilyCare and Medicare coverage (known as "dual eligible") and choose Traditional Medicare will still be able to choose their own Medicare doctors without a referral. If you are a PACE beneficiary, you can find this information in your enrollment agreement.

Care Management in NJ FamilyCare MCOs and PACE

25. What will my care manager do for me?

Your care manager will visit you and provide the following services:

- Evaluate your service and care coordination needs on an annual basis and as your care needs change;
- Help you develop a Plan of Care (POC);
- Help you select and arrange your services;
- Work with you and your doctors to ensure that all needed medical and dental visits and screenings take place;
- Assist with service problems or concerns, and
- Assist with your managed care plan participant rights.

Services in NJ FamilyCare MCOs and PACE

26. Can I still choose to get services outside of my managed care plan network?

No. All services must be provided by individuals or agencies in your NJ FamilyCare MCO network or PACE program or authorized by your NJ FamilyCare MCO or PACE program.

27. Will I be able to get my medical and surgical supplies from the same company?

You may be able to get your medical and surgical supplies from the same company if that company is in your managed care plan's network. If it is not, you will have to select another company that is in-network.

28. I am currently receiving behavioral health services. Will these services be covered by my NJ FamilyCare MCO? Does this change the mental health services and care management I receive through the Division of Mental Health and Addiction Services (DMHAS)?

If you are a MLTSS managed care plan member in NJ FamilyCare or a PACE beneficiary, you will receive your behavioral health services, including mental health and addiction services, through your NJ FamilyCare MCO or PACE program. The managed care plan's care manager will coordinate all your medical, long term services and supports and behavioral health service needs. In a behavioral health crisis, you can contact your MCO or PACE program and be directed to the appropriate behavioral health service.

29. Will my private duty nursing services continue when I enroll in an MCO?

For beneficiaries up to age 21, private duty nursing is included as a NJ FamilyCare benefit. After age 21, private duty nursing in MLTSS is based on a beneficiary's needs as assessed by the managed care plan.

If you are receiving private duty nursing services under your current NJ FamilyCare waiver, these services may continue based upon your needs, as assessed by your managed care plan.

Pharmacy Services in NJ FamilyCare MCOs and PACE

30. As a NJ FamilyCare or PACE member, will I get my pharmacy benefits?

Yes. You must present ALL of your health insurance identification cards to the pharmacist.

31. Will my NJ FamilyCare MCO honor my current prescriptions?

Your prescriptions will be filled according to the NJ FamilyCare MCO or PACE program's formulary (list of medications). For specific information regarding prescription coverage, contact the Member Services department phone number on the back of your managed care plan Member ID card.

32. If I have a Medicare Part D prescription plan, will my pharmacy benefit be changed once I enroll in a NJ FamilyCare MCO or PACE organization?

No. Medicare Part D benefits are not affected if you remain in traditional Medicare and a Medicare Part D Drug Plan and are enrolled in a NJ FamilyCare MCO. If you enroll in PACE, your pharmacy benefit will move from the Part D Plan to PACE and be subject to the PACE formulary (list of medications) and your accessed needs.

33. Will I have to pay Medicare Part D co-payments if I participate in MLTSS?

No. You will not be charged a co-pay if you have Medicare (and are enrolled in a benchmark Part D prescription drug plan) and NJ FamilyCare, and participate in MLTSS. If you are in a PACE program, pharmacy benefits are covered.

34. If I have private health insurance, in addition to NJ FamilyCare managed care, how will my pharmacy benefits be covered?

There will be no change. If your private health insurance includes pharmacy services, your private health insurance will be the primary payer. If you are in a PACE program, pharmacy services are covered.

35. Will I have access to brand name drugs under my managed care plan?

Yes. Your managed care plan will provide access to brand name medications when no generic is available and also when your physician gets authorization for a brand name drug due to circumstances that make it medically necessary.

36. Will I have access to behavioral health medications under my NJ FamilyCare MCO?

Yes. Behavioral health medications are already covered by the NJ FamilyCare MCOs and benefits will not change.

Participant Rights in NJ FamilyCare Managed Care Plans and PACE

37. What if I disagree with the decision of my NJ FamilyCare MCO or PACE program about a particular service?

If your NJ FamilyCare MCO denies you a particular service, you have the right to appeal that decision. Your MCO will provide you with a member handbook explaining the appeals process. Please refer to your handbook in the event you wish to file an appeal. If you are enrolled in a PACE organization, your right to appeal a decision is described in your Enrollment Agreement.

38. Whom do I call if I am not satisfied with my services through my NJ FamilyCare MCO or PACE program?

You should first contact the care manager assigned to you by your NJ FamilyCare MCO or PACE program. You also can contact the Member Services department phone number on the back of your MCO Member identification (ID) card. If you are enrolled in a PACE organization, your Enrollment Agreement will provide directions. If you still are not satisfied, you may contact the NJ FamilyCare Hotline at 1-800-356-1561.

39. What are my rights if I am not satisfied with how my NJ FamilyCare managed care plan has handled my complaints or appeals?

Your MCO Member Handbook or PACE Enrollment Agreement contains information about the full range of your complaint, grievance and appeal rights. For more information you can also call the NJ FamilyCare Hotline at 1-800-356-1561.

NJ FamilyCare Managed Care Organization (MCO)		Program of All-inclusive Care for the Elderly (PACE)	
NAME	COUNTIES	NAME	COUNTIES
Aetna Better Health of New Jersey 1-855-232-3596 www.aetnabetterhealth.com/newjersey	Bergen, Camden, Essex, Hudson, Middlesex, Passaic, Somerset and Union	LIFE at Lourdes- To enroll, call (856) 675-3355	Most of Camden
Amerigroup New Jersey, Inc. 1-800-600-4441 www.amerigroup.com	All except Salem	Lutheran Senior LIFE - To enroll, call (201) 706-2091	Parts of Hudson
Horizon NJ Health 1-877-765-4325 www.horizonnjhealth.com	All	Inspira LIFE - To enroll, call (856) 418-5433	Parts of Cumberland, parts of Gloucester and parts of Salem
UnitedHealthcare Community Plan 1-800-941-4647 www.uhccommunityplan.com/	All	LIFE St. Francis - To enroll, call (609) 599-5433	Mercer and parts of northern Burlington
WellCare Health Plans of New Jersey 1-888-453-2534 www.wellcare.com	Bergen, Essex, Hudson, Mercer, Middlesex, Passaic, Somerset, Sussex and Union		
To enroll in a NJ FamilyCare MCO, call 1-866-472-5338 (TTY: 1-800-701-0720)		For more information on PACE, call 1-800 MEDICARE (1-800-633-4227), (TTY: 1-877-486-2048), or visit www.medicare.gov/Nursing/Alternatives/PACE.asp or www.npaonline.org on the web	