

## Provider Responsibilities

- Check eMEVs/REVs to verify Medicaid Eligibility and **no** MCO Enrollment
- Ensure PASRR Level I is completed (NF/SCNF only)
  - Ensure Level II (if applicable) is completed
- Contact County Welfare Agency (CWA) for copy of Cost Share Documents
  - PR1 (NF)
  - PR2 (AL)
- Notify OCCO of Admission
  - NF/SCNF = LTC2
  - AL = AL6

## ADRC and DDS Responsibilities

- Conduct Screen for Community Services (SCS)
  - ADRC ages 19 and above
  - DDS ages 18 and below
- Referral to CWA for financial eligibility
- Referral to OCCO for clinical eligibility (if appropriate)
- Conduct initial Options Counseling

## OCCO Responsibilities

- Establish clinical eligibility
- Conduct Options Counseling
- Provide Approval/Denial letter to member
- Data enter outcome into NJMMIS system

## CWA Responsibilities

- Establish financial eligibility and data enter outcome into NJMMIS system
- Forward referral to OCCO (CP2)
- Calculate members Patient Pay Liability (PPL) cost share
- Identify clinical eligibility outcome (if required for eligibility)

## MLTSS Eligibility

- MLTSS enrollment is dependent upon financial and clinical eligibility entry into NJMMIS
- MLTSS enrollment occurs on the 1st of the month prospectively
  - Cutoff date for next month enrollment is between the 18th to 21st of the month
  - Medicaid services **unavailable until MLTSS enrollment** include: Community Residential Services, Home Delivered Meals, Personal Emergency Response System, Adult Private Duty Nursing
  - Medicaid services **eligible within Fee for Service** include: Assisted Living, Nursing Facility, Medical Day Care, PCA
- MCO enrollment occurs on the 1st of the month only and often one month after MLTSS enrollment for newly eligible to Medicaid
- Welcome Packet sent from the State indicating assigned MCO

## MCO Responsibilities (upon enrollment)

- New Member enrollment packet including ID Card and Care Manager assignment no later than 7 calendar days after the effective date of enrollment
- Care Manager outreach within 5 business days of effective date of enrollment
- Face to face visit, plan of care, and initiation of services within 30 days of effective date of enrollment