

**FAQ's for Medicaid March 7<sup>th</sup> Release**

**Medicaid Verification in DASIE and Admission module:**

**1. Does selecting Medicaid apply to Long Term Residential?**

If it is indicated in the DASIE that a client has Medicaid, this does not lock Medicaid in as the funding source that must be selected in the Admission module. Medicaid should be used as a payer of first resort for covered services but another funding source could be selected if a client qualifies for services not covered by Medicaid.

**2. Will this also include Presumptive Eligibility?**

If a client you applied for presumptive eligibility for your client and they have been approved and a Medicaid number has been assigned by the Medicaid system, this number will populate in DASIE and the Admissions module when eligibility is checked. However it takes about 72 hours for a presumptive eligibility application to be accepted so you may not see a number right away. In that case you may need to go back and check for eligibility after 72 hours.

**3. What about in a situation in which the client does not have a social security number?**

If a client is not a legal resident and doesn't have a social security number, 999-99-9999 should be entered and the Medicaid system should be able to verify via other identifiers, such as first and last name, gender, and date of birth.

**4. We had previously been advised that Medicaid HMO "counts" as Private Insurance in NJSAMS. Is that still correct?**

HMO Medicaid is considered Medicaid

**5. How can we add Medicaid as funding source and then drug court?**

Drug court –Medicaid can be added in the first accordion of the Admissions module, funding source drop-down by selecting Unmanaged Initiatives and then Drug Court-Medicaid.

**6. When we are transferring a client's LOC, should we "click" the Verify Medicaid Eligibility for the readmission?**

When a client's LOC is changed and they go through the admission process, Medicaid eligibility will be checked automatically by NJSAMS.

**7. Will Medicaid eligibility automatically update on the 1<sup>st</sup> of the month?**

No, Medicaid eligibility will not updated automatically but can be checked for each client by hitting the "check eligibility" button in DASIE and Admission module.

**8. If the client has a 3<sup>rd</sup> party carrier listed, will the system identify that information?**

No, the system will only auto-populate the client's Medicaid number. Information re: HMO and plan will have to be entered manually.

**9. If a client becomes enrolled in Medicaid after admission, will the Medicaid number be automatically generated in NJSAMS?**

No, but eligibility can be checked by clicking on the “Verify Medicaid Eligibility” button.

**10. Eligibility can be checked through NJSAMS instead of NJMMIS?**

Yes, as long as identifying information such as date of birth, SS#, etc. is entered

**11. If eligibility expires, will it auto populate at a later date if status changes?**

No, eligibility will not auto populate. Any changes after the admission can be checked by clicking on the “Verify Medicaid Eligibility” button

**Importing from EHR:**

**12. It seems like an extra step to import from our EHR into the module and then move the information into DASIE. Why can't NJSAMS just put it in DASIE?**

Once you import your client list into the special NJSAMS module, you have the option to select which clients you want to import into DASIE to avoid duplicate client records and opening records for inactive clients. There are also mandatory fields in DASIE that must be checked before a record can be saved that will not import from your EHR.

**13. Has there been an identified EHR that imports best?**

No, the system works with any EHR in HL7 format.

**14. How do we know if our EHR system is supported?**

You must contact your vendor to make sure that your EHR supports HL7 format.

**15. Will there be a possible expansion of other demographic information like drug of choice or other relevant information.**

This is being worked on for upcoming NJSAMS releases.

**16. Do you know of there is a way to limit the clients imported from the EHR?**

This should be an option in the EHR, when creating your HL7 file. You can also delete the clients you will not be creating a record for once you have imported into NJSAMS.

**17. This process does not support transfer of data from NJSAMS to our EHR?**

Not at this time but this may be a possibility for a future release.

**18. Is importing from our EHR mandatory? If our vendor says that we do have capability is it necessary?**

It is not mandatory and clients can be entered into NJSAMS manually as they were in the past.

**Interim Services:**

**19. What is the highlighted yellow?**

The highlighted yellow referral from the IME will indicate the client is a priority population (pregnant female IV drug user, IV drug user, other opiate user), and is eligible for interim services.

**20. How do we know that we have a referral from the IME?**

The referrals from the IME are under referred client list, under the tab “FROM IME”.

**21. What do you mean by Interim Services? A service before clients enter our agency?**

“Interim Services” are defined as services that are provided until an individual is admitted to a substance use disorder treatment program. The purpose of these services is to reduce the adverse health effects of such abuse, promote the health of the individual, and reduce the risk of transmission of the disease. At a minimum, interim services shall include counseling and education about HIV and TB, about the risks of needle sharing, the risks of transmission to sexual partners and infants, and about steps that can be taken to ensure that HIV and TB transmission does not occur, as well as referral for HIV and/or TB treatment services. If necessary, for pregnant women, interim services shall include counseling on the effects of alcohol and drug use on the fetus as well as referral for prenatal care. Interim services may also include federally authorized methadone maintenance.

Block Grant-funded programs shall ensure that each individual who requests and is in need of treatment for injection drug abuse is admitted to a program of such treatment no later than:

- *14 days after making the request for admission to such a program or;*
- *120 days if no such program has the capacity to admit the individual.*

If a Block-Grant funded program does not have the capacity to admit an individual for treatment within a 14-day period, the following two procedures are required:

- *The agency must have a mechanism for maintaining contact with individuals who are awaiting admission*
- *Interim Services must be provided to the individual no later than 48 hours after their initial request for treatment (since programs cannot always guarantee individuals will get admitted within 14 days of the request,*

*SAMHSA strongly recommends all individuals receive interim services within 48 hours of their request for treatment).*

Further information re: Interim Services will be forthcoming from the division.

### **Functional Impairments:**

**22. There is going to be 5 functional impairments under each one of the 6 dimensions?**

There will be one box under the clinical observations section in each of the six dimensions where any of the 5 areas of impairment (school, family, work, community, ADL's) that are applicable to that particular dimension should be documented.

**23. If we choose the 1st box in dimension 1 stating that there is no withdrawal potential, will a box for comments and/or functional impairments come up? Or will i continue to move on to dimension 2?**

If there are no issues in a particular dimension and the skipping mechanism is applicable (dimensions 1, 2, and/or 3), the functional impairment section can be skipped as well.

**24. In the OTP LOCI, are the functional impairments only listed once at the end of the clinical observations box and not after each specific dimension?**

Yes, in the OTP LOCI, as there is only one clinician's observations box, there will be one box to record functional impairments.

**25. Are functional impairments needed for stepping a client down to a lower level of care?**

Functional Impairment fields should be completed every time you complete a LOCI in NJSAMS, including when you are requesting a lower level of care.

**26. In doing an extension request, will functional impairments be required?**

You will be asked to document functional impairments any time you complete a LOCI for a client. When asking for an extension of care, you will be asked to document a client's functional impairments to show that continued care is required.