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Updates to Adult Medical Day Care Service Delivery during COVID-19 Emergency Frequently Asked Questions

FAQ Updated January 7, 2022

This FAQ provides additional detail regarding New Jersey Medicaid Newsletter [Volume 31, Number 19](#) effective October 1, 2021.

Reopening requirements for Facilities

- 1. What are the reopening requirements for Adult Medical Day Care (AMDC) providers?**
AMDC providers must have reopened under the [guidance administered by the Department of Health](#) in order to serve Medicaid/NJ FamilyCare members on-site and/or through telephonic and in-home means.

Remote and On-Site Service Guidelines

***Important reminder to providers:** For program integrity purposes, this service will be reviewed post-payment. Detailed documentation of remote service, including telephone records, must be made available on request.

- 1. Are members still able to receive remote services 5 days a week?**
Members should receive AMDC services up to the amount authorized by their Managed Care Organization (MCO). The maximum for remote services is three (3) days per calendar week. Limited exceptions will be granted based on unique circumstances as described in Medicaid Newsletter Vol. 31 No.19.
- 2. What if a member needs more than 3 days a week of remote services?**
Members may make exception requests directly to their MCO for remote services exceeding three (3) days per calendar week. DMAHS has provided guidance to MCOs to approve remote services when:
 - a) Member needs delivery of services that would have been provided on site and cannot be met through other means; or
 - b) Member is in quarantine due to positive COVID test or close contact.MCOs will make determinations to exception requests based on information collected from the member, the adult medical day care provider, and other clinical professionals. MCOs will submit the AMDC Exception Report to DMAHS in the form and manner described by DMAHS.
- 3. Is there a clear guideline as to what constitutes remote AMDC services?**
As indicated in the Newsletter, each claim for remote service delivery requires appropriate documentation of: a) telephonic contact with the member, b) delivery of meal or supplies as requested by the member, and c) face-to-face visit as requested by the member. Therefore,

member choice will dictate frequency of home visits.

4. When will the hybrid sunset June 1st or June 30th, 2022?

June 30, 2022, or as otherwise required by CMS guidelines and authority provided under the federal public health emergency.

5. Can the MCOs or AMDC providers require a minimum number of in-person days per week?

No, members will choose their attendance preference pursuant to the guidelines in the Newsletter. MCOs and providers will document accordingly.

6. How will license capacity be impacted by in person & remote services? Can a center provide services beyond their licensed capacity including clients who are being served off-site?

AMDC must follow all DOH licensure requirements at all times.

MCO Coordination

1. How do AMDC providers notify the MCOs of the frequency of individual member attendance?

As stated in the Newsletter, when a member requests to return to on-site service, the provider shall transmit a notice to the member's MCO providing the date on which the member intends to resume on-site services, and the frequency of on-site attendance. Alternatively, providers and MCOs may agree on a roster submission or other format that ensures this information is transmitted efficiently for purposes of care coordination and appropriate service delivery. AMDC providers should coordinate with MCOs on these arrangements.

2. The guidance states that MCOs have to be notified ten (10) days in advance of the date the member resumes on-site services, as well as notify them of the intended frequency of in-person services. Is there a standard process for notification across MCOs?

AMDC providers should coordinate with MCOs on these arrangements.

3. Why are providers required to provide weekly spreadsheets to the MCOs indicating remote vs. in-person as well as indicate it with the billing codes?

AMDC providers should coordinate with MCOs on these arrangements. Providers are required to notify MCOs of member choice in order to ensure appropriate care coordination and documentation. Providers are required to bill with specific codes per the newsletter in order to ensure program integrity.

4. Is the Provider required to request a revised Prior Authorization for all members they are currently serving from the individual MCOs if the facility is closed due to outbreak?

AMDC providers should coordinate with MCOs on these arrangements. In the event that a provider needs to return fully to remote status due to closure of the site, the provider must immediately notify MCO care management departments of impacted members. This is critical to ensure that MCOs can coordinate any needed services which may exceed what can be provided remotely by the AMDC. MCOs shall immediately begin outreach, prioritizing members with the highest level of need.