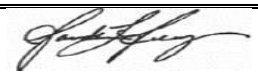
NH Department of Health and Human Services (DHHS) **105 Pleasant St.**
Division of Long Term Supports and Services **Concord, NH 03301**
Bureau of Developmental Services (BDS)

STATE OF NEW HAMPSHIRE BDS GENERAL MEMORANDUM (GM)	
DATE:	May 2, 2023; Revised June 13, 2023; Revised July 31, 2023
TO:	Designated Area Agencies
FROM:	Sandy Feroz, Bureau Chief, Bureau of Developmental Services (BDS)
SIGNATURE:	
SUBJECT:	Designated Area Agency Operations and Billing
GM NUMBER:	GM #23-003
EFFECTIVE DATE:	July 1, 2023
REGULATORY GUIDANCE:	This memo is a communication tool circulated for informational purposes only. The goal is to provide information and guidance to the individuals to whom it is addressed. The contents of this memo and the information conveyed are subject to change. This communication is not intended to take the place of or alter written law, regulations or rule.

MEMORANDUM SUMMARY

The purpose of this memorandum is to:

- Provide an overview of area agency Medicaid administrative functions;
- Explain the payment processes for area agency Medicaid administrative reimbursement for functions completed on behalf of prospective beneficiaries and Developmental Disabilities (DD), Acquired Brain Disorder (ABD), and In Home Supports (IHS) Waiver service recipients.

I. Designated Area Agency Delivery System Responsibilities Associated with Medicaid Administrative Reimbursement

Area agencies are responsible for completing a variety of responsibilities that align with fifteen (15) key areas of activities. The responsibility areas are as follows:

Intake and Eligibility Related Responsibilities:

- 171-A and He-M 522 intake
- Initiation of initial waiver services
- Service eligibility and access support
- Information, education, and referrals
- Registry management

Ongoing Maintenance Related Responsibilities:

- Managing transfers
- Utilization and quality review
- Critical incident management
- Human rights committee
- Risk management committee
- Health Risk Screening Tool (HRST) Support
- Guardianship
- Medication administration
- Surveys
- Record retention

II. Reimbursement Processes

Area agencies may claim Medicaid administrative reimbursement for some of the activities they complete as they assist individuals with developmental disabilities and acquired brain disorders access services. Two types of payments are possible:

1. **Intake and Eligibility** – This one-time payment reimburses area agencies for the work of eligibility determination and Medicaid benefit support for prospective Medicaid beneficiaries. To receive this reimbursement, the area agency must attest that they have found the individual 171-A eligible (or conditionally eligible), or He-M 522 eligible; and, that the area agency has assisted the individual throughout the Medicaid application process.

2. **Ongoing Maintenance –** This ongoing, monthly payment reimburses area agencies for the ongoing work of supporting individuals once they begin receiving waiver services. This payment is made on monthly basis for all individuals who have at least one paid claim for a Medicaid waiver service within the month.

If the area agency discovers that an intake and eligibility payment or an ongoing maintenance payment was paid erroneously, the area agency is responsible for alerting BDS of the payment error.

Intake and Eligibility Reimbursement Process and Details

To receive a one-time intake and eligibility payment for an individual, area agencies must:

1. Complete an individual's 171-A or He-M 522 eligibility determination and assist the individual throughout the Medicaid application process;
2. Attest in NH Easy that 171-A or He-M 522 eligibility has been determined (eligible, ineligible, or conditionally eligible);
3. Payments will only be remitted for individuals found eligible or conditionally eligible
4. Upload confirmation of the determination (the eligibility letter) and any necessary supporting documents to NH Easy;
5. Utilize tracking systems to maintain accurate and complete intake and eligibility records; and
6. If the area agency finds that payment for a newly eligible individual was not remitted, the area agency must invoice BDS

a. Invoices must include, at minimum, identifying information for the individual(s) (Name, Date of Birth, Medicaid ID) and the month in which the intake and eligibility was completed. Multiple individuals may be included on the same invoice.

To process payments, BDS will:

1. On a monthly basis, utilize Medicaid Management Information System (MMIS) and NH Easy reporting to generate a list of all individuals who have been found newly eligible or conditionally eligible under RSA 171-A or He-M 522;
2. Remove individuals who have previously been associated with an intake and eligibility payment;
3. Generate payment requests on behalf of each area agency based on the number of newly eligible or conditionally eligible under 171-A or He-M 522 individuals in their regions;
4. Send payment through MMIS to area agencies in the month following the month that the eligibility activity took place; and
5. If an area agency submits an invoice for an unremitted payment within the last twelve (12) months, BDS will process these invoices on a case-by-case basis.

Please note, payment processing timelines may result in area agencies receiving payment up to two months after the eligibility determination was submitted in NH Easy.

Area agencies will not receive an intake and eligibility payment for any individuals that have previously had an intake and eligibility payment dispersed on their behalf. Additionally, area agencies will not receive additional payment upon completion of periodic reviews of conditional eligibility status; only the initial determinations are eligible for payment.

Ongoing Maintenance Reimbursement Process and Details

To receive an ongoing maintenance payment on behalf of active waiver participants, the area agency must:

1. Complete activities to maintain the waiver program, pursuant to Section I above, including provider oversight, quality reviews, crisis mitigation, and maintaining community partnerships to support services;
2. Ensure that individuals are receiving the services identified in their Individual Service Agreements (ISA);
3. Provide information to BDS about service populations, including, but not limited to, changes due to individuals experiencing an out-of-state move, individuals transferring regions, individuals that decide to terminate services, and individuals transferring to a different waiver; and
4. If the area agency finds that payment for an individual who received services more than six (6) months before potential Medicaid administrative reimbursement, but less than twelve (12) months before potential Medicaid administrative reimbursement, was not remitted, the area agency must invoice BDS
    a. Invoices should include, at minimum, identifying information for the individual(s) and the month(s) in which the individual's Medicaid claim was paid. Multiple individuals may be included on the same invoice.

To process payments, BDS will:

1. On a monthly basis, use MMIS and NH Easy reporting to generate a list of all DD, ABD, and IHS waiver participants with a paid claim from the preceding month;

2. Generate payment requests on behalf of each area agency in the month following the month that the claim was paid;
3. Send payment to the area agencies through MMIS;
4. Every six (6) months, BDS will use MMIS and NH Easy reporting to identify any reimbursements for the previous six (6) months that were not fulfilled in BDS' original monthly invoicing;
5. BDS will then generate payment requests and send payment to the area agencies through MMIS; and
6. If an area agency submits an invoice for an unremitted payment outside of the six-month lookback window, but within the last twelve (12) months, BDS will process these invoices on a case-by-case basis.

Please note, payment processing timelines may result in area agencies receiving Medicaid administrative reimbursement up to two months after the relevant service provider's claim was paid. If an individual transfers, the receiving area agency, defined as the area agency of record on the last day of the month in which the transfer occurred will receive the Medicaid administrative reimbursement payment for that month.

III. Documentation

To comply with federal and state standards related to Medicaid program integrity, BDS is responsible for establishing retrospective auditing criteria for area agencies. Refer to your Medicaid Provider Participation Agreement for additional details about federal standards. Area agencies may be audited for compliance for up to six (6) years post-payment. To demonstrate compliance with applicable standards at the time of reimbursement, area agencies must maintain records including, but not limited to:

- Level of care records;
- Case notes;
- Receipts;
- Documentation of other activity completion related to supporting the waiver program;
- Invoices; and
- Payment records.

For Intake and Eligibility, in addition to attesting in NH Easy that 171-A or He-M 522 eligibility has been determined, and uploading the eligibility letter in NH Easy, area agencies must keep records indicating how they assisted the individual throughout the Medicaid application process and track on-going eligibility and intake efforts. Records should include:

- The date of the interaction;
- The individual's name;
- The individual's Medicaid ID number;
- The name(s) of the area agency staff involved;
- The type of interaction (file review, phone call, video/in-person meeting);
- The length of time of the interaction;
- Purpose & outcome of the interaction; and
- The physical location of the interaction, if held in-person or on location outside of the area agency's office.

In addition to the above, for Ongoing Maintenance Related Responsibilities for individuals receiving waiver services, area agencies must maintain monthly records of ongoing work in each of the functions and submit to BDS quarterly. Tracking shall be reported as unique individuals, when appropriate, with the cumulative number of individuals supported in each month tallied. Any Ongoing Maintenance Related Responsibilities conducted on

behalf of an individual, not captured in NH Easy or another BDS template/report, must be documented by the area agency for review upon request. This information shall include, but is not limited to:

- The date of the interaction;
- The individual's name;
- The individual's Medicaid ID number;
- The name(s) of the area agency staff involved;
- The type of interaction (file review, phone call, video/in-person meeting);
- The length of time of the interaction;
- Purpose & outcome of the interaction; and
- The physical location of the interaction, if held in-person or on location outside of the area agency's office.

In addition to the above, for ongoing Maintenance Related Responsibilities related to service utilization, training and quality oversight as outlined in He-M 505.03(a) and maintaining and enhancing community partnerships to support the integrity of the provider delivery system (e.g., with community mental health organizations, No Wrong Door Partner, hospitals, emergency response teams, social service agencies, advocacy agencies, etc) the information shall include, but is not limited to:

- The date of the meeting/interaction;
- The name(s) of the area agency staff involved;
- Purpose & outcome of the interaction, (for example meeting notes, agendas, hand-outs, list of attendees, recording of meeting etc);
- The length of time of the interaction; and
- The physical location of the interaction, if held in-person or on location outside of the area agency's office.

Additionally, in the event that unforeseeable operational challenges prevent the generation of a payment request by BDS, each area agency is responsible for maintaining documentation such that they can submit an invoice to BDS for their Intake and Eligibility and Ongoing Maintenance Related Responsibilities services.

Please contact BDS@dhhs.nh.gov with any questions. Thank you.