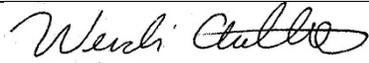


NH Department of Health and Human Services (DHHS)
Division of Long Term Supports and Services
Bureau of Elderly and Adult Services (BEAS)

105 Pleasant St.
Concord, NH 03301

STATE OF NEW HAMPSHIRE BEAS GENERAL MEMORANDUM (GM)	
DATE:	May 19, 2020
TO:	Deborah Scheetz, Division Director, Division of Long Term Supports and Services (DLTSS); Wendi Aultman, Bureau Chief, Elderly and Adult Services; Kristina Ickes, CFI Program Administrator, Jayne Jackson, DLTSS Finance Director; Shawn Martin, BEAS Finance Manager; Kerri King, IT Manager, Options Helpdesk; All BEAS Staff; BEAS contracted Nutrition Providers
FROM:	Wendi Aultman, Bureau Chief, Elderly and Adult Services
SIGNATURE:	
SUBJECT:	First payment of federal COVID-19 funding for home-delivered meals
GM NUMBER:	GM 20-21
EFFECTIVE DATE:	March 18, 2020
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
<p>The purpose of this memorandum is to:</p> <ul style="list-style-type: none"> • Notify BEAS' contracted Nutrition Providers of important updates and guidance related to service billing codes in the NH DHHS Options system. • Release updated Form 3502 – Options Contract Service Authorization

Billing Codes and Options changes:

- Bureau of Elderly and Adult Services (BEAS) Business Systems staff have set up the new service codes in the Department of Health and Human Services (DHHS) Options system; 354 (SUP Meals), 355 (FFCRA Meals), 356 (which is the HD Meals code being paid with Congregate funds), and 357 (CARES Act Meals). The CARES Act Meals (357) will not be available until after the contract amendments are approved.
- BEAS Form 3502 for Options Contract Service Authorizations has been updated to reflect these new services. The revised form and instructions will be included with this general memorandum.
- BEAS Finance staff have updated all Nutrition providers' contract price limitations which will be reflected in contract amendments currently being finalized.

- For service codes 354 and 355, BEAS Finance staff added the individual amounts that have already been paid to each provider into the Options contracts setup. Claims should be submitted against these service codes for recordkeeping purposes but **SHOULD NOT** generate a payment. **DO NOT** submit claims for these codes through the Options Electronic Billing (OEB) application. Submit paper invoices only.
- As of 5/13/20, all unspent SFY20 Congregate units have been transferred into the temporary HD/Cong code of 356. Those units will be available for any HD Meal served until 6/30/20.
- Doing this has effectively processed ALL of the unit transfer requests. The providers can use their full contract limitation for HD meals.
- Important considerations:
 - Providers cannot bill for congregate meals right now using regular code 387. If providers DO have to bill actual congregate meals (e.g. from before COVID), you should bill those under the 354 code.
 - BEAS Finance has already moved the transfer HD meals into this new temporary HD/Cong Meals code. Again, this action is effectively the same as moving the units from Cong to HD.
 - With regard to the order of which funding to use first, an important reminder is that a meal can only be counted once.

Does BEAS have a recommendation for which funds to spend first?

- BEAS is not prescribing how each agency draws down its funding, but is recommending that providers:
 - Use the funding in Service Code 386 FIRST. This is part of the standard contract and will not carry-forward. Submit invoices for those meals in order to be reimbursed for them.
 - Use the funding in Service Code 356 SECOND. This is also part of the standard contract and will not carry-forward. Submit invoices for those meals in order to be reimbursed for them.
 - Once service code 386 and 356 limitations have been reached, then BEAS is asking providers to submit invoices for those overage units for record-keeping only. They will not be paid again, but our Federal administration partners will undoubtedly want to see some data on what that initial stimulus actually provided.
- The last funding category is the SUD Supplemental code 354. Again, this has already been paid out.

Who do I contact if I have additional questions?

- Please direct questions regarding this Memorandum to all listed below:

Maureen Brown, BEAS Nutrition Consultant: maureen.brown@dhhs.nh.gov

Options HelpDesk for coding/billing questions: options@dhhs.nh.gov

Shawn Martin, BEAS' Finance Manager for financial questions: smartin@dhhs.nh.gov

Contract Service Authorization – New Authorization

PURPOSE

BEAS 3502, Contract Service Authorization is completed by agencies that have a contract with the Bureau of Elderly and Adult Services (BEAS) to provide services under the Older Americans Act (Title III) or the Social Services Block Grant Act (Title XX). This document provides information needed to authorize certain contract services for new clients and/or to add services for existing clients.

BEAS 3502 is to be used for the following services:

- Title III services (referred to as NAPIS Registered Services):
 - Adult Group Day Care
 - In-Home Care
 - Nutrition-Congregate Meals
 - Nutrition- Home-Delivered Meals
 - Home Health Aide Service
- Title XX Services (referred to as Title XX Block Grant Services):
 - Adult Group Day Care
 - In-Home Care
 - Nutrition-Home-Delivered Meals.
- Services Related to the COVID-19 Pandemic

BEAS 3502 can be used initially to add services for all funding sources. Completion of BEAS 3502 fulfills federal requirements by providing information needed for Title XX services under the Social Services Block Grant Act, for certain Title III services by the Administration for Community Living (ACL) National Aging Program Information System (NAPIS) and for services related to the COVID-19 Pandemic.

INSTRUCTIONS

I. Contract Agency:

- BEAS 3502 is completed by the **Contract Agency Representative** after completing the Form 3000 Adult's Application for Social Services, for Title XX only.
- A BEAS 3502 does not have to be completed by those agencies directly entering the information in the Options information system. The direct entry of the data replaces the need for a BEAS 3502.
- All initial BEAS 3502s must be typed or hand printed.
- When both a husband and wife, or parent and adult child, are authorized to receive a Title XX service or a Title III NAPIS registered service(s), a separate BEAS 3502 must be completed for each individual.

- A completed BEAS 3502 must be signed and dated by the Contract Agency Representative who completed the form. The Contract Agency Representative shall send the original BEAS 3502 to:

**NH Department of Health and Human Services
Data Management Unit
129 Pleasant Street, P.O. Box 2000
Concord, NH 03301**

- When authorizing a Title XX service, the Contract Agency Representative shall send the BEAS 3502 or enter data in Options within 5 days from the date that Title XX eligibility has been determined.
- When authorizing a Title III NAPIS service, the Contract Agency Representative must send the BEAS 3502 or enter data in Options by the last day of the month in which the client is to be registered.
- When authorizing services during the COVID-19 Pandemic, additional leeway is allowed to submit the BEAS 3502 or directly enter data into Options. For services performed in SFY20, the BEAS 3502 must be submitted or data entered into Options by September 30, 2020. For services that are billed by the client, the BEAS 3502 must be submitted or data entered before payment can be made.
- When adding new service authorizations for existing clients, NAPIS information does not have to be updated unless there have been changes from the previous submission.
- If a Contract Agency with multiple sites requests that the Data Management Unit (DMU) return the BEAS 3502 to a site other than the main site or office, the Contract Agency Representative must first contact the BEAS Helpdesk at **(603) 271-9484** to enroll the site or sites.
- A photocopy of the BEAS 3502 should be retained by the Contract Agency until a Turnaround Document (BEAS 3502 TD) for the service being authorized has been returned by the Data Management Unit and reviewed for accuracy by the Contract Agency Representative.

II. DMU

- The DMU will be responsible for keying the BEAS 3502 into the BEAS Options system.
- If the DMU reviews the BEAS 3502 and finds that all required information is complete, the DMU will generate BEAS 3502 TD, the Contract Service Authorization Turnaround Document(s), for each individual service authorized. This form is returned to the Contract Agency's central site, or if arranged in advance, to another site designated by the Contract Agency. All the information originally submitted by the agency will be printed on the BEAS 3502 TD.
- If the DMU reviews a BEAS 3502 with incomplete, inaccurate, improperly coded, or missing data, the DMU will return the original BEAS 3502 to the Contract Agency. A note will be attached giving the reason(s) why the form cannot be processed as submitted.

III. Follow-up by Contract Agency Representative

- In the event the DMU returns BEAS 3502, the Contract Agency Representative will need to provide the missing data and/or correct the information/coding and resubmit BEAS 3502 to the DMU.
- If no errors were found on the submitted BEAS 3502, receipt of the Contract Service Authorization Turnaround Document (BEAS 3502 TD) by the Contract Agency Representative will serve as confirmation that the client has been authorized to receive services on the BEAS Options system. The Contract Agency Representative should review the returned BEAS 3502 TD for accuracy.
- If the Contract Agency does not find any errors on the resubmitted BEAS 3502 TD, the photocopy of the previous BEAS 3502 that was retained by the Contract Agency may be destroyed and replaced by the new BEAS 3502 TD.
- If the Contract Agency Representative finds errors on the resubmitted BEAS 3502 TD, he/she should contact the DMU at **(603) 271- 9272**.

FORM COMPLETION

- **Multiple services** may be authorized on the original BEAS 3502.
- A separate Contract Service Authorization Turnaround Document (BEAS 3502 TD) will be generated for each Service Authorization.

#	FIELD	DESCRIPTION
1.	Date	Enter the 8-digit date upon which the Title III/ Title XX Authorization/Registration is being completed. (MM/DD/YYYY)
2.	Provider Name	This field includes the name of the Contract Agency or its site providing services to the client.
3.	Provider Address	The field includes the Mailing Address of the Contract Agency or its site providing the Title III/Title XX Service(s).
4.	City/Town	The name of the city/town in which the Contract Agency is located, or if the agency is using another site, the city/town in which the site is located.
5.	State	The 2-letter abbreviation of the State in which the Contract Agency or its site is located. (i.e. NH, MA, ME, VT, etc.).
6.	Zip (Code)	(The 5-digit (or 9-digit) Contract Agency mailing Zip Code or that of the site to which the TD is to be returned.
7.	NH IFS Vendor #	The 5-digit number assigned to the Contract Agency by the Department of Administrative Services, when the Contract Agency is authorized to provide the Title III/ Title XX Service(s).
8.	District Office Code	Enter the two-digit District Office code, selected from the listing in (Appendix A), pertaining to the District Office nearest to the town where the agency is located.

State of New Hampshire
 Department of Health and Human Services
 Bureau of Elderly and Adult Services

BEAS 3502(i)
 5/2020

#	FIELD	DESCRIPTION
9.	Provider Site Number	The Contract Agency site number where the agency wishes to have the forms sent. (See the Instructions section above on whom to contact to arrange for an Agency Site Location Number.)
10.	Client Name	Enter the client's actual first name (no nicknames, limited to 20 characters), Middle Initial (limited to 1 character), and Last Name (limited to 30 characters).
11.	Gender	Enter "M" for Male or "F" for Female.
12.	Date of Birth (DOB)	Enter the 8-digit number for the date of birth of the client, using the following format (MM/DD/YYYY). If the client is unable, or refuses to provide this information, leave this field blank.
13.	SSN (Social Security Number)	Enter the 9-digit Social Security Number of the client. If, under Title III, the client is unable, or refuses to provide her/his Social Security Number, leave this field blank.
14.	Age Range	Enter the 2-digit Age Range appropriate for the client. (See Appendix A)
15.	Living Arrangement	Enter the appropriate code which best describes the current living situation of the client. (See Appendix A for the list of Living Arrangement Codes.) If the client is unable, or refuses to provide this information, leave the field blank.
16.	Street	Enter the street number and street name where the client resides.
17.	City/Town	Enter the name of the city/town in which the client resides
18.	State	Enter the 2-letter abbreviation of the State in which the client lives (i.e. NH, MA, ME, VT).
19.	Zip (Code)	Enter either the 5-digit or 9-digit mailing Zip Code. (If the client does not know the last 4 digits of the 9-digit Zip Code, leave those last 4 boxes blank.)
20.	Monthly Income	Enter the individual client's monthly income (Required for Title XX only) . "Income" is defined as the total amount of money received by the individual on a regular, recurring basis each month, based on the sources of income listed on Form 3000, "Adult's Application For Social Services." When calculating an individual's income, the amount used is the face value for which the check(s) may be cashed. Since separate forms are completed for husbands and wives requesting services, the income of each should be reported separately.
21.	Veteran Indicator	Enter Y for Yes, N for No, or Unk for Unknown to reflect if the client is a US military veteran.
22.	Services Provided	Check the box next to the name of the Title XX/Title III service(s) that the Contract Agency intends to provide to the client. Enter the Start Date (the day on which the service will begin) and the End Date of the service whenever the

#	FIELD	DESCRIPTION
		following services are checked: Title IIIB In Home Care Service, Title XX Adult Group Day Care, Title XX Adult In Home Care, and Title XX Nutrition Home Delivered Meals. For other Title III NAPIS services, only enter the Start Date.
23.	Nutrition Risk Score	Complete this item ONLY if the client is to receive Title III Congregate Meal or Title III Home-Delivered Meal services. Enter the Total Score derived from the Nutrition Risk Survey Form provided by BEAS.
24.	Race	Enter the appropriate 2-digit Race code number, which reflects the racial group of the client.
25.	Ethnicity	Enter the appropriate 2-digit Ethnicity code number which reflects the Ethnic group of the client.
26.	Income Range	Enter the 1-digit code, which reflects the approximate monthly income range as identified in the Income Range Code Table. Income includes Social Security, annuities, and other pensions received by the individual client. Since separate forms are completed for husbands and wives who request services, the income for each spouse is recorded only on his/her registration form.
27.	Activities of Daily Living (ADL) Status	Check the Yes box next to each item; which best describes the assistance needed by the client with respect to Activities of Daily Living (ADLs). If the client is unable, or refuses to provide information for any ADL item, the Contract Agency Representative should complete this to the extent possible, based on observations of the client.
28.	Instrumental Activities of Daily Living (IADL's) Status	Check the "Yes" box next to each item which best describes any activity with which the client needs the assistance of another person. If the client is unable to, or refuses to provide, information for any IADL item, the Contract Agency Representative should complete this to the extent possible, based on observations of the client.
29.	Without Regard to Income (WRI)	In order to check this box: <ul style="list-style-type: none"> • The Contract Agency Representative must document that BEAS has authorized the client to receive services under the Adult Protection Program. • The Contract Agency Representative must document that a BEAS State Office Representative has approved the provision of Title XX services to a client for other than protective reasons.

#	FIELD	DESCRIPTION
30.	Provider Signature	The Contract Agency Representative completing this form must sign his/her name.
31.	Date	The Contract Agency Representative enters the date he/she signs the form.

RETENTION

The Contract Agency shall retain its copy of BEAS 3502 only until the BEAS 3502 TD Document is received from the Data Management Unit.

APPENDIX A

Field # 8: District Offices

- 01 Keene
- 02 Claremont
- 03 Laconia
- 04 Conway
- 05 Concord
- 06 Seacoast
- 08 Littleton
- 09 Berlin
- 10 Manchester
- 11 Southern
- 17 Rochester

Field # 14: Age Range

- 00 <18
- 01 18-29
- 02 30-39
- 03 40-49
- 04 50-59
- 05 60-69
- 06 70-79
- 07 80-89
- 08 90-99
- 09 100+

Field # 15: Living Arrangement

- AFC Adult Family Care
- AL Assisted Living
- CH Congregate Housing
- HML Homeless
- IFH In Friend's Home
- IHF Own Home with Friends
- IHR Own Home with Relatives
- IHS Own Home with Spouse/Partner
- IRH In Relative's Home
- M/H Motel/Hotel
- OH Alone In Own Home
- OTH Other
- R&B Room & Board
- RTC Retirement Community/Life Care Com
- SH Shared Housing