



State of New Jersey
Department of Human Services
Children's System of Care Initiative

Volume 01 No. 04

December 2001

TO: Hospitals, Physicians, Certified Nurse Practitioners, Federally Qualified Health Centers, Mental Health Clinics, Residential Treatment Centers, Psychologists, and Mental Health Rehabilitation Providers -- **For Action**
Health Maintenance Organizations -- **For Information Only**

SUBJECT:

- 1. Care Management Organization (CMO) Services as Part of the Children's System of Care Initiative**
- 2. Implementation of CMO Services in Burlington, Monmouth and Union Counties**

EFFECTIVE: Immediately

BACKGROUND: The Children's System of Care Initiative (CSOCI) was developed by the Department of Human Services (DHS), and represents the collaborative efforts of the Division of Youth and Family Services (DYFS), the Division of Mental Health Services (DMHS) and the Division of Medical Assistance and Health Services (DMAHS). The purpose of the CSOCI is to redirect and refocus services offered under the current mental health system and develop a complement of support services to meet the unique needs of emotionally and behaviorally disturbed children and their families and/or caregivers.

The CSOCI addresses the needs of children with emotional and behavioral disturbances and their families/caregivers who are served by the Department of Human Services (DHS) and other child-serving systems. These children may or may not be involved with the Juvenile Justice Commission, the court system, probation or be receiving substance abuse services in addition to their involvement with a DHS agency or a DHS-contracted provider. This includes children eligible for child welfare, mental health and/or Medicaid/NJ FamilyCare services. CSOCI services are available to children and adolescents up to age 18, and young adults up to age 21, who had been

receiving services under the child serving system prior to their 18th birthday and who are in need of continued services while transitioning into the adult system.

For more detailed information related to the CSOCI, please refer to the CSOCI Newsletter, Vol. 1, No. 1, dated March 2001.

The three significant components of the CSOCI are the Care Management Organization (CMO), the Contracted Systems Administrator (CSA), and the Family Support Organization (FSO). This Newsletter is intended to provide specific information about CMO services only. Information specific to the CSA and the FSO will be communicated in future Newsletters.

The first three CMOs (Burlington, Monmouth and Union Counties) began providing services to CSOCI-enrolled children in February 2001. The CMOs for the remaining counties are being developed, with a total of nine CMOs expected to be operational during 2002.

A directory of the currently operating CMOs is attached to this Newsletter for your reference. This directory will be updated as the CMOs in the remaining counties are implemented.

What is the Care Management Organization (CMO)?

The CMO is an integral, community-based linkage of the CSOCI that coordinates traditional and non-traditional mental health services provided to the children and young adults who require the most intensive level of care management.

The CMOs are dedicated to assuring that necessary services are provided in the least restrictive setting possible while maintaining and improving existing ties between the children, their families, and their communities. The CMOs focus on delivering effective care, treatment and social support services for children with severe emotional and/or behavioral disturbances, regardless of the initial point of entry into the child-serving system.

With the introduction of CMOs into the service delivery system, children and their families will benefit from:

- Improved clinical outcomes and increased emotional/ behavioral stability;
- Increased participation in treatment by families and children;
- Stability in living environments for families and caregivers;
- Improved educational performance and overall social functioning for children;
- Reduction in delinquent behavior among the children involved with services;
- Improved crisis management;

- Improved permanency in community placements;
- Reduced lengths of stay in residential care;
- Reduced re-admissions to acute psychiatric hospitals; and
- Increased satisfaction level of the child and their family/caregiver with the services and outcomes.

Who is Eligible for CMO Services?

The CMOs focus their efforts on a subset of the general CSOCI population, specifically addressing the special needs of those children and young adults with the most serious emotional or behavioral disturbances, who are involved with multiple child-serving systems. This includes children who are currently living with relatives or other caregivers, those in foster care, group homes or those who are currently in institutional settings such as residential treatment centers or detention centers.

CMO services are available to all children enrolled in the CSOCI who are determined to need those services by the DHS CSOCI Team, or an authorized or contracted agent of the DHS, who require an intensive level of care management due to any one or any combination of the following factors:

- ✓ Severe emotional and behavioral disturbance resulting in significant functional impairment;
- ✓ Involvement in multiple child-serving systems, including mental health, child welfare, or the juvenile justice system;
- ✓ The risk of psychiatric re-hospitalization;
- ✓ At risk of the disruption of a current therapeutic placement; or
- ✓ In, or at risk for, placement outside the home or community, except for foster care placement, if none of the other criteria listed above are met.

No child or young adult is referred for CMO services if their sole diagnosis is substance abuse or developmental disability absent any other emotional or behavioral disturbances that require the need for CMO services.

What Is Included In CMO Services?

Children/young adults receiving CMO services and their families/caregivers receive community-based care management services and an Individual Service Plan (ISP) based on a comprehensive assessment. Treatment goals for these children and their families/caregivers focus on stabilizing and sustaining family and community life, delivering needed traditional and non-traditional mental health services and social supports, and maintaining the opportunity for the normal social development of the

child. The child and the child's family/caregivers actively participate in ISP treatment planning and service delivery as full members of the ISP Team.

CMO services focus on providing:

- ★ **A single comprehensive system of flexible, accessible community-based resources and mental health services** for all children and young adults with emotional and behavioral disturbances and their families/caregivers.
- ★ **A coordinated system of care that supports a comprehensive ISP across child-serving systems**, matching flexible services with individual child and family needs, involving mental health, child welfare, juvenile justice and other system partners in common planning, financing, and contracting processes.
- ★ **Child-centered and strength-based treatment planning** that addresses the child's needs across life domains and builds on child and family strengths in all service planning, organization, and delivery.
- ★ **Family-focused and family-friendly services**, designed to engage families and directly involve them with service planning and delivery, ensuring that their needs and goals drive the ISP development and implementation process.
- ★ **Community-based and culturally competent services** that are organized around community strengths, in local neighborhoods, and ensure sensitivity and responsiveness to the unique cultures of families living in those communities.
- ★ **Common screening and assessment tools and protocols** that are used to implement a consistent process for accessing the CMO services, without regard to the point of entry into the system.
- ★ **Crisis management services** that are available on a 24-hour/7 days a week basis, in the local community.

ACTION: Providers who are providing mental health services to Medicaid/NJ FamilyCare children in Burlington, Monmouth or Union Counties will be the first providers that are affected by the implementation of the CSOCI and the introduction of CMO services. As CSOCI services, including CMO services, are implemented statewide, providers in the other counties will be similarly affected.

Children who are receiving CMO services, as part of their enrollment in the CSOCI, have an ISP Team comprised of, at a minimum, the following members:

1. CMO care manager;
2. The child or young adult receiving services;

3. The child's parent or caregiver; and
4. The DYFS caseworker assigned to the child, if the child is receiving child protection or permanency services from DYFS.

The ISP Team may also include any interested person that the family wishes to include as a member of the team, including such individuals as clergy, family friends, coaches, or any other informal support resource. These additional members may include:

1. A representative from the local FSO;
2. Representatives from outside agencies that the child is involved with, such as current providers of services, probation/parole officers, or educators; and/or
3. A clinical staff member who is directly involved with the child or young adult.

The ISP Team is required to develop the initial ISP for the child within 7 days and the comprehensive ISP within 30 days and register the ISP with the DHS or its contracted and authorized agent.

As part of the approved ISP for an individual child, the CMO will be referring individuals to Medicaid/NJ FamilyCare approved fee-for-service providers for certain mental health services. The CMO case manager may contact the individual providers with requests to attend one or more ISP meetings and/or become a member of the ISP team, participating in the development and the review of the child's ISP. Providers are strongly encouraged to participate as members of these teams to the fullest extent possible.

Providers may be asked to provide a flexible array of traditional and non-traditional therapeutic services as part of an CMO-approved ISP. We ask the providers to work with the CMOs to provide this flexible package of services within current program guidelines.

When providing traditional therapeutic services that are currently reimbursable by the Medicaid/NJ FamilyCare programs to a CMO child, providers should submit reimbursement requests to Unisys, the fiscal agent for Medicaid/NJ FamilyCare, in accordance with the policies and procedures described in their individual provider manuals and contracts.

The CMOs have a flexible fund that enables them to directly purchase non-traditional therapeutic services that are not reimbursed by the Medicaid/NJ FamilyCare programs or funded by other DHS contracts as part of an approved ISP. When the CMO arranges with a provider to render non-traditional therapeutic services as part of an approved ISP, the providers will receive reimbursement directly from the CMO from this fund.

Providers are required to adhere to the following conditions in order to receive reimbursement for the provision of mental health services to a CSOCI enrolled child:

- Services shall be rendered by a provider only in response to a specific request by the CMO that is coordinating the child's treatment;
- Any treatment provided must be approved by the ISP Team, included in the ISP and authorized by the CMO before the services are rendered; and
- Providers must be enrolled as a Medicaid/NJ FamilyCare provider.

Questions?

The DMAHS will send additional Newsletters to provide you with updated information regarding the CSOCI, as it becomes available. We look forward to working with you to implement this system reform, which we believe will lead to better outcomes for the children, their families and the communities.

If you have specific questions regarding CMO services available in Burlington, Union or Monmouth counties, please contact the CMOs directly.

If you have specific questions regarding billing procedures, please contact Unisys Provider Services at: 1-800-776-6334.

For more information about the CSOCI please contact the DMAHS Office of Utilization Management at 609-588-2721 or visit our website at www.njkidsoc.org.

**RETAIN THIS NEWSLETTER BEHIND THE NEWSLETTER TAB
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Children's System of Care Initiative
Care Management Organization Directory

December 2001

Burlington County

Partners for Kids and Families
122B Burrs Road
Mt. Holly, NJ 08060

(609) 518-6800

Sue Ryan, Executive Director

Monmouth County

Monmouth Cares
Vantage Point, Suite 1 E
100 Route 36 East
West Long Branch, NJ 07764

(732) 222-8008

Kathy Collins, Executive Director

Union County

Families and Community Together (FACT)
3 Monroe St.
Union, NJ 07083.

Phone: 908-686-9090

Fax: 908-686-9131.

Richard Hlavacek, Executive Director