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Newsletter

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TO: All Providers – **For Action**
Health Maintenance Organizations – **For Information Only**

SUBJECT: **Mental Health Community Support Services (CSS)**

EFFECTIVE: Claims with service dates on or after November 1, 2016

PURPOSE: To provide NJ FamilyCare (NJFC)/Medicaid Fee-for-Service (FFS) providers with information regarding a decision by the New Jersey Division of Medical Assistance and Health Services (DMAHS), in cooperation with the New Jersey Division of Mental Health and Addiction Services (DMHAS), to establish Community Support Services (CSS) for consumers discharged from a psychiatric hospital stay; those in supportive housing and residing in the community.

BACKGROUND: The New Jersey Department of Human Services received approval from the Centers for Medicare and Medicaid Services (CMS) to add mental health Community Support Services (CSS) as Fee-for-Service (FFS)-covered NJFC/Medicaid services.

CSS consist of mental health rehabilitation services and supports necessary to assist the consumer in achieving mental health rehabilitative and recovery goals as identified in the Individualized Rehabilitation Plan (IRP), including achieving and maintaining valued life roles in the social, employment, educational and/or housing domains; and to restore a consumer's level of functioning to that which allows the consumer to achieve community integration, and to remain in an independent living setting of his/her choosing.

CSS is a new service replacing supportive housing previously funded with State-only dollars. Supportive housing was provided under contract with DMHAS. NJFC/Medicaid reimbursement for CSS is provided by payment of FFS claims by the State's fiscal agent, Molina Medicaid Solutions.

DMHAS has contracted with an Interim Management Entity (IME-CSS) to provide certain utilization management (UM) services required to support the CSS Program.

ACTION: Claims with service dates on or after November 1, 2016 for consumers determined to be in compliance with CSS eligibility requirements are eligible for FFS payment consideration.

All services covered under CSS shall be reimbursed as a FFS carved-out benefit for any consumer enrolled in a NJFC/Medicaid managed care plan on the same date of service.

Important Definitions

- An **Existing Consumer** is defined as an eligible consumer admitted to CSS prior to March 1, 2017.
- A **New Consumer** is an eligible consumer admitted to CSS on or after March 1, 2017.
- The “**Admission Date**” is the date on which an eligible consumer is admitted to a particular CSS provider agency and begins to receive CSS.
- The “**Enrollment Date**” is the date on which it is determined that the consumer meets the medical necessity standard for CSS.
- The “**Eligibility Determination Period**” is the time period beginning with an eligible consumer’s admission to a CSS provider agency and ending with the submission of the consumer’s IRP to the IME-CSS which must be submitted no later than sixty calendar days from the consumer’s admission date.

Medicaid Eligibility

- Adult NJFC/Medicaid Plan A and Alternative Benefit Plan (ABP) consumers eighteen (18) years of age or older with a serious mental illness (SMI) and for whom services have been determined to be clinically necessary using criteria established by DMHAS (see N.J.A.C. 10:37B) are eligible to enroll in CSS. **CSS services are available to individuals with NJFC/Medicaid FFS coverage.**
- CSS consumers are not eligible to receive PACT, Certified Community Behavioral Health (CCBHC), AMHR-MH group home or targeted case management services.
- Individuals enrolled in a Program for All-Inclusive Care for the Elderly (**PACE**) are not eligible to receive CSS.

- CSS consumers may also be enrolled in the CCW Waiver, community and assisted living Managed Long Term Services and Supports (MLTSS), and/or Medicaid managed care.

CSS Eligibility

Requirements A – C below must ALL be met for a consumer to be determined eligible for CSS.

A. Only consumers diagnosed with a (SMI) are eligible to enroll in CSS. SMIs shall include, but not be limited to, a **diagnosis*** of, and a documented history of treatment of or evaluation for the following:

- Schizophrenia 295.30, 295.10, 295.20, 295.90, 295.60;
- Schizophreniform Disorder 295.40;
- Schizoaffective Disorder 295.70;
- Delusional Disorder 297.1;
- Psychotic Disorder NOS 298;
- Major Depressive Disorder Recurrent 296.3x;
- Bipolar I disorder 296.00, 296.40, 296.4x, 296.6x, 296.5x, 296.7;
- Bipolar II Disorder 296.89;
- Bipolar Disorder NOS 296.80;
- Schizotypal Personality Disorder 31.22; or
- Borderline Personality Disorder 301.83.

***Equivalent ICD-10-CM Diagnosis Codes**

| | |
|--|---------------------------------------|
| Schizophrenia | F20.x |
| Schizophreniform Disorder | F20.81 |
| Schizoaffective Disorder | F25.x |
| Delusional Disorder | F22 |
| Major Depressive Disorder Recurrent | F33.x |
| Bipolar I disorder | F30.1x, F31.1x, F31.6x, F31.3x |
| Bipolar II Disorder | F31.81 |
| Bipolar Disorder NOS | F31.9 |
| Schizotypal Personality Disorder | F91.2 |
| Borderline Personality Disorder | F60.3 |

Providers considering the enrollment of a consumer with a SMI other than those listed above must contact CSS using its public email address: dmhas.css@dhs.state.nj.us. The IME cannot authorize the enrollment of a consumer with a diagnosis other than those listed above without expressed permission from DMHAS.

B. The consumer requires active rehabilitation and support services to achieve the restoration of functioning to promote the achievement of community integration and valued life roles in the social, employment, educational and/or housing domains.

C. The consumer meets at least one of the following three criteria:

- i. Currently functions at a level, as assessed by an instrument approved by the DMHAS, that puts the consumer at risk of hospitalization or other intensive treatment setting, such as 24- hour supervised congregate group or nursing home;
- ii. Exhibits deterioration in functioning that will require hospitalization or treatment in another intensive treatment setting in the absence of community based services and supports;
- iii. Does not have adequate resources and supports to live safely in the community.

Provider Responsibilities

- A **Preliminary Individualized Rehabilitation Plan (PIRP)** must be developed by the referring agency or health care provider and the eligible consumer in consultation with the CSS provider agency, prior to the eligible consumer's admission to CSS and during the eligibility determination period.
- All providers must be licensed by DHS Office of Licensing and must be approved by DMHAS to provide CSS.
- To receive NJFC/Medicaid payments for CSS, providers must enroll in the NJFC FFS program. The provider application may be downloaded at www.njmms.com by selecting **Provider Enrollment Application**; then selecting the **Community Support Services (CSS)** application. As part of the application process, DMHAS reviews and approves a provider's participation in the CSS program.
- Consumer records retained by providers may be subject to audits conducted by or on behalf of DHS or other involved agencies.
 - Providers shall submit all required CSS forms, including the **CSS Enrollment/Admission Form**, the **Individual Rehabilitation Plan (IRP)** and the **IRP Modification Form** to the IME-CSS Utilization Management (UM) Unit for review of information relevant to achieving the rehabilitative, skills-based goals presented in the IRP. Each submission to the IME-CSS must be separate and accompanied by a separate **CSS Fax Cover sheet**.
 - **CSS forms may be downloaded from the DMHAS website found at <http://www.nj.gov/humanservices/dmhas/initiatives/>**

Documentation Requirements

- The **CSS Eligibility Form** is completed by a provider to establish that a consumer meets CSS eligibility criteria.
- The **CSS Enrollment/Admission Form** provides the IME-CSS both CSS consumer and provider information to be entered into the NJFC/Medicaid eligibility system. The '**CSS Initiative**' entry on the CSS Enrollment/Admission Form represents one of eight (8) CSS initiatives and is reflected as a 2-digit Special Program Code (SPC), as indicated below. The SPC is typically provided by a State psychiatric hospital. When the initiative is provided by a community provider, the provider is responsible for reporting the SPC for the initiative. The addition of the SPC to a NJFC/Medicaid recipient's eligibility record indicates, within the Medicaid claims processing system, the admission of a consumer into the CSS program. The SPCs found on the **CSS Enrollment/Admission Form** are described below.

| |
|--|
| <p>CSS-Generic (SPC 19)</p> <p>CSS-RIST (Residential Intensive Support Team) (SPC 20)</p> <p>CSS-DD/MI (SPC 21)</p> <p>CSS-MESH (Medically Enhanced Supportive Housing) (SPC 23)</p> <p>CSS-Forensically Involved (SPC 24)</p> <p>CSS-ESH (Enhanced Supportive Housing) (SPC 25)</p> <p>CSS-RIST MESH (Residential Intensive Support Team-Medically Enhanced Supportive Housing) (SPC 26)</p> <p>CSS- At Risk (SPC 39)</p> |
|--|

- The Community Support Rehabilitative Needs Assessment (CRNA) must be completed by provider staff in preparation for completing the IRP. **The CRNA must be completed within fourteen (14) days of the start date of the sixty (60) day administrative approval period.**
- The IRP is the CSS consumer's rehabilitation plan that is limited to a one hundred and eighty (180) day service period.

Important Note: The CSS consumer and licensed clinical staff are required to sign the IRP on the same date as the signature date reported on the IRP in the 'Date of New Plan' field on Page 1 of the IRP. However, the start date of the IRP shall not be more than two (2) business days from the IRP signature date.

- The **IRP Modification Form** is submitted to the IME-CSS when a provider is: requesting (1) additional units for a previously approved IRP band; (2) reporting an additional goal for a previously approved band with additional units; or (3) requesting an authorization for an additional band for a previously approved IRP. The **IRP Modification Form** may not be submitted to delete goals previously approved in an IRP. If multiple goals need to be added, a new IRP may be submitted to the IME-CSS for approval.

- When a consumer is admitted for a psychiatric hospital stay during an approved IRP service period and returns to the CSS program during this same period, a new goal addressing crisis intervention must be added to the IRP using the **IRP Modification Form**.

- The IRP is required to report to the IME-CSS goals and objectives that address skills development using such statements as, "client will learn skills to" or "client will be assisted to acquire the ability to"

The IRP must report the HCPCS service codes, based on credentialing requirements, as well as the number of service units, for a band code to be approved by the IME-CSS (see the **CSS Band Codes and Associated Service Codes** table below).

IME-CSS Utilization Management Process

Providers are required to comply with the prior authorization requirements described in (1) and (2) below.

The State shall enforce all CSS prior authorization requirements for claims processed with service dates on or after August 15, 2017. CSS claims processed by Molina with service dates on or after August 15, 2017 shall be denied payment if not prior authorized by the IME-CSS.

- (1) **All new CSS consumers require administrative approval for the first sixty (60) days of enrollment.** The only purpose of the approval is to facilitate claim payments.
- (2) **The IME-CSS will also approve the Individualized Rehabilitative Plan (IRP) for up to one hundred and eighty (180) days.** DMHAS has grouped covered

- (3) CSS services according to the credentialing requirements for providers. Each grouping has been assigned a “band code.” The bands are numbered 1 through 5 below.

CSS Band Codes and Associated Service Codes Table

| Band Code No. | Band Code | Services Codes Covered by the Band Code |
|----------------------|--------------------|--|
| 1 | H2000 HE | H2000 HE NJ Licensed MD |
| 2 | H2000 HE SA | H2000 HE SA NJ Licensed APN |
| 3 | H2015 | H2015 HE TD NJ Licensed RN H2015 HE Masters Level Support Staff – No Clinical License H2015 HE HO Masters Level Support Staff – Licensed Clinical H2015 AH HE NJ Licensed Psychologist |
| 4 | H0039 | H0039 HN Bachelor Level Support Staff – Individual H0039 HN HQ Bachelor Level Support Staff – Group H0039 TE Licensed LPN – Individual H0039 HQ TE Licensed LPN Group |
| 5 | H0036 | H0036 High School Graduate Community Support – Individual H0036 HQ High School Graduate Community Support – Group H0036 52 Peer Level Community Support – Individual H0036 HQ 52 Peer Level Community Support – Group H0036 HM HQ Associates Level Community Support Worker – Individual H0036 HM Associates Level Community Support Worker - Group |

- **Band codes shall only be approved by the IME-CSS.** The number of band code units approved by the IME represents the ***total number of service units*** that may be billed for ***all the HCPCS procedure codes/modifiers*** found within the band identified by a band code.
- The IME shall provide authorization for a band code, **not the service codes within the group of procedure codes associated with a band code.** To request payments for one or more procedure codes within a band group, providers must report on the claim the prior authorization number assigned to the band code by the IME.

For Example:

| Service Codes Covered by the Band Code | Description | IRP Units Requested | Band Code | Authorized Units |
|--|--|---------------------|-----------|------------------|
| H2015 HE TD | NJ Licensed RN | 16 | H2015 | 54 |
| H2015 HE | Masters Level Support Staff – No License | 0 | | |
| H2015 HE HO | Masters Level Support Staff - Licensed | 20 | | |
| H2015 AH HE | NJ Licensed Psychologist | 18 | | |

Fifty-four (54) units of band code 'H2015' are approved by the IME. A provider may bill ***up to 54 units*** of HCPCS procedure codes: H2015 HETD (16 units), H2015 HEHO (20 units), H2015 HE (0 units), or H2015 AHHE (18 units), as determined by the IRP. Providers have the flexibility to vary the number of units assigned to individual services within a band to accommodate changes in a consumer's need for services as long as the total number of units approved for a band for an IRP service period is not exceeded.

Important Note: The "IRP Units Requested" to meet the intervention needs for goals set for a consumer shall only be based on rehabilitative needs. It is the responsibility of providers to base their request for IRP units on the minimal skill sets necessary to complete interventions and meet the goals set for consumers. This requirement shall be monitored closely by DMHAS.

Claim Submission

- Providers may learn more about Molina Medicaid Solutions and the claim submission and payment process by visiting www.njmmis.com; selecting ***Billing Supplement/Training Packets***; then selecting ***Home Care Provider***.
- The billing of spanned dates for service codes is not permitted.
- An ICD-10-CM diagnosis code is considered a **valid billable** ICD-10-CM diagnosis code when a more 'granular' or detailed diagnosis code does not exist. For additional information regarding the billing of ICD-10-CM diagnosis codes, please see the Medicaid Newsletter Volume 23, No. 10 which may be found at www.njmmis.com.

Procedure Codes

Attached to this Newsletter is a table that includes credentialing requirements, practitioner levels, service unit description, HCPCS procedure codes and Medicaid maximum fee allowances for covered CSS. The band codes to be approved by the IME-CSS are also included in the Table.

Rutgers School of Health Professions

Rutgers SHP CSS Website

This website includes the power point presentations and hand-outs that have been used during the CSS trainings provided by Rutgers SHP.

<http://shp.rutgers.edu/dept/psyr/programs/css/index.html>

IME-CSS Contact Information

For questions regarding administrative approvals, providers may contact the IME-CSS at 1-844-463-2771.

Only fax documentation should be sent to 732-235-5569.

Providers may also submit documentation by secure email to:

imecss@ubhc.rutgers.edu

For questions/concerns, providers may contact the IME-CSS at 1-844-463-2771 or by non-secure email to: csumstaff@ubhc.rutgers.edu

Molina Contact Information

If there are any questions regarding the submission of FFS claims, please contact Molina Medicaid Solutions Provider Services at 1-800-776-6334.

RETAIN THIS NEWSLETTER FOR FUTURE REFERENCE

Community Support Services (CSS) Bands and Procedure Code/Modifiers

| Credential Requirement | Practitioner Level | Service Unit (Mins) | HCPCS Procedure Code/Modifier | Fee Allowance |
|--|---|---------------------|-------------------------------|--|
| Band 1 Physician or Psychiatrist | NJ licensed MD | 15 | H2000 HE | 104.67 |
| Band 2 Advanced Practice Nurse (APN) | NJ licensed APN | 15 | H2000 HE SA | 53.93 |
| Band 3 Registered Nurse (RN) | NJ licensed RN | 15 | H2015 HE TD | 31.42 |
| Band 3 Psychologist | NJ licensed Psychologist | 15 | H2015 AH HE | 53.93 |
| Band 3 Licensed practitioner of the healing arts: clinical social worker, licensed rehabilitation counselor, licensed professional counselor, Licensed Marriage and Family Therapist (LMFT) | Masters in social work, rehabilitation counseling, or other related behavioral health or counseling program LMFT plus one year experience in community behavioral health setting A Certified Psychiatric Rehabilitation Practitioner (CPRP) may be substituted for one year's experience. | 15 | H2015 HE HO | 35.85 |
| Band 3 Master's level community support staff (includes LSW/LAC's) | Masters in social work, rehabilitation counseling, psychology, counseling or other related behavioral health or counseling program | 15 | H2015 HE | 31.42 (individual) |
| Band 4 Bachelor's level community support staff | Bachelor of Science (B.S.) degree in one of the helping professions, such as social work, human services, counseling, psychiatric rehabilitation, psychology or criminal justice If other, a minimum of 2 years work in a community-based behavioral health setting A CPRP may be substituted for one year's experience | 15 | H0039 HN H0039 HN HQ | 27.74 (individual) 6.94 (group) |

| Credential Requirement | Practitioner Level | Service Unit (Mins) | HCPCS Procedure Code/Modifier | Fee Allowance |
|--|--|---------------------|-------------------------------|--|
| Band 4 Bachelor's level community support staff | Bachelor of Science (B.S.) degree in one of the helping professions, such as social work, human services, counseling, psychiatric rehabilitation, psychology or criminal justice If other, a minimum of 2 years work in a community-based behavioral health setting A CPRP may be substituted for one year's experience. | 15 | H0039 HN | 27.74 (individual) |
| | | | H0039 HN HQ | 6.94 (group) |
| Band 4 Licensed Practical Nurse (LPN) | NJ licensed LPN | 15 | H0039 TE | 27.74 (individual) |
| | | | H0039 HQ TE | 6.94 (group) |
| Band 5 Associate's degree level community support worker | Associate's degree in social work, human services, counseling, psychiatric rehabilitation, psychology or criminal justice A minimum of 2 years work in a community-based behavioral health setting A CPRP may be substituted for one year's experience. | 15 | H0036 HM HQ | 16.62 (individual) |
| | | | H0036 HM | 4.16 (group) |
| Band 5 High school graduate level of community support staff | High school diploma or GED A minimum 3 years community behavioral health experience A CPRP may be substituted for one year's experience. | 15 | H0036 | 16.62 (individual) |
| | | | H0036 HQ | 4.16 (group) |
| Band 5 Peer level community support staff | A CPRP plus one year experience in a community-based self-help service or behavioral healthcare setting; or certified wellness coach or community mental health associate certificate plus two years' experience in a community-based self-help service or behavioral healthcare setting. | 15 | H0036 52 H0036 HQ 52 | 16.62 (individual) 4.16 (group) |