



State of New Jersey  
Department of Human Services  
Division of Medical Assistance & Health Services

# NEWSLETTER

Volume 29 No. 07

April 2019

**TO:** Independent Clinics Mental Health – **For Action**  
Health Maintenance Organizations – **For Information Only**

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

**EFFECTIVE:** Immediately

**PURPOSE:** To provide clarification for the provision and billing of Community Support Services (CSS) as Fee-for-Service (FFS)-covered NJ FamilyCare (NJFC) services.

**BACKGROUND:** The New Jersey Division of Medical Assistance and Health Services (DMAHS), in conjunction with the New Jersey Division of Mental Health and Addiction Services (DMHAS), seeks to answer questions or clarify issues surrounding the mental health rehabilitation services and supports allowed by regulation, and billable to NJFC, as raised after a recent CSS provider time study designed and conducted by DMHAS. This Newsletter shall clarify the services that may or may not be billed.

CSS consist of mental health rehabilitative services and supports necessary to assist the eligible 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, education and/or housing domains; 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. Providers must comply with the program regulations at N.J.A.C. 10:37B-1.1 et seq. (applicable to NJFC/Medicaid in accordance with N.J.A.C. 10:79B). Providers also must comply with the IME-CSS Utilization Management (prior authorization) process.

**ACTION:** Claims for eligible consumers with service dates on or after April 1, 2019 are eligible for FFS payment consideration.

## Services on Behalf of a Consumer

Certain CSS may be provided on behalf of the consumer. Allowable face-to-face services (provided on behalf of the consumer) include those needed to assist with the development, oversight, or coordination and monitoring of goals, objectives and strategies identified in the IRP. Services may include face-to-face interaction with clinicians and staff from other provider agencies that are part of the consumer's multi-

disciplinary team, family members or individuals who are involved in assisting a consumer meet the goals, objectives and strategies identified in the IRP.

Numerous other services may also be provided on behalf of, and not directly to, the consumer. Allowable face-to-face services (provided on behalf of the consumer) include, but are not limited to, the various support services identified in N.J.A.C. 10:37B-4.4(b) that require interaction with landlords, clinical service providers, or providers of social supports.

### **Services Case Management**

“Services case management” is eligible for FFS payment consideration. Services case management is the coordination and management of the delivery of the CSS identified in the consumer’s IRP. It includes:

- providing oversight for the integrated implementation of goals, objectives and strategies identified in the IRP;
- assuring stated measurable goals, objectives and strategies are met within established timeframes;
- assuring all service activities, including collaborative consultation and guidance to staff from other provider agencies serving the recipient and family, as appropriate;
- coordination to gain access to necessary rehabilitative and medical services; monitor and follow up to determine if the services accessed have adequately met the consumer’s needs.

Services case management is limited to the management and coordination of activities and services covered as rehabilitative CSS. Reimbursable services case management must be delivered in conjunction with mental health rehabilitative treatment planning, the three (3) month review of IRPs, the coordination and referral of psychiatric rehabilitation services and supports, monitoring of such services, and/or the advocacy for such services. Services case management activities must relate to, and be delivered in connection with, the consumer’s mental health rehabilitative and support services identified in the IRP.

Services case management may be provided by staff who provide other billable community support services consistent with the credentialing standards. However, only one service may be furnished to a consumer at the same moment in time.

### **Licensed Practitioner of the Healing Arts: PRNA and CRNA**

Only staff possessing the appropriate education and experience may perform CSS, including the completion of the Preliminary Rehabilitation Needs Assessment (PRNA) and the Comprehensive Rehabilitation Needs Assessment (CRNA).

Licensed practitioners of the healing arts are eligible to complete the PRNA and CRNA, provided they are authorized to perform the service under their professional licensure, certification, or credentialing standards. Licensed practitioners of the healing arts are defined to include, but not be limited to: licensed clinical social workers; licensed social workers; licensed rehabilitation counselors; licensed professional counselors; licensed associates counselors; and licensed marriage and family therapists.

Pursuant to N.J.A.C. 13:44G-3.2(a), licensed social workers are authorized to provide clinical social work services with proper supervision. Pursuant to N.J.A.C. 13:44G-

3.1(a)(1), clinical social work services include clinical assessment, subject again to proper supervision.

Pursuant to N.J.A.C. 13:34-10.3(b), licensed associate counselors are authorized to provide counseling, counseling interventions, appraisal and assessment, under direct supervision in accordance with N.J.A.C. 13:34-13. Pursuant to N.J.A.C. 13:34-10.2(3), counseling services includes the application of mental health principles to “conduct assessment and evaluations, within the scope of practice, for the purpose of establishing goals and objectives.”

As a result, licensed social workers and licensed associates counselors are licensed practitioners of the healing arts eligible to perform the PRNA and CRNA, **with proper supervision** as stated above. Consistent with Newsletter Vol. 28, No. 21, such services are eligible for FFS payment consideration provided all documentation is **cosigned by the supervising licensed professional**. Provider agencies will receive twelve (12) additional billing units (3 hours) for the completion of the CRNA by the licensed practitioner.

### Contribution to the Development of the IRP

Only staff possessing the appropriate education and experience may complete, update and sign the Individualized Rehabilitation Plan (Bands 1, Band 2 and Band 3, subject to applicable licensure standards and with proper supervision when required), thereby recommending treatment. Provider agencies will receive twelve (12) additional billing units (3 hours) for the completion of the IRP by the licensed professional. However, contribution to the “development, implementation and monitoring” of the IRP, and the “completion, updating and execution” of the IRP, are two distinct services. A fundamental component of CSS is to involve the consumer in the development of the IRP. Other band staff (bands 3 non-licensed staff, band 4 and band 5) are more likely than licensed staff to develop a close working relationship with consumers. The CSS staff most familiar with the consumer, therefore, should contribute to the development, implementation and monitoring the IRP.

Every band of staff (Band 1 physicians through and including Band 5 peers) may contribute to the development, implementation and monitoring of the IRP, and such services are eligible for FFS payment consideration so long as the service is properly supervised (when required) and within the scope of the staff member’s license, certification or credentialing standard. Consistent with Newsletter Vol. 28, No. 21, whenever proper supervision is required, all documentation must be cosigned by the supervising licensed professional. Provider agencies will receive eight (8) additional billing units (2 hours) for other bands (band 3-5) to contribute to the development of the PIRP/IRP. All billing units will be subject to existing daily and monthly billing limits, including the combined 3-hour limit on licensed clinical bands (band 1-3) for contribution to each PIRP/IRP, and a combined 2-hour limit on lower bands (band 3 non clinical-5), for contribution to each PIRP/IRP.

### IRP Timeframes

Completed and signed IRPs may have a start date up to 7 days from the date of the required signatures (consumer and licensed clinician) on the IRP. For example: An IRP signed by the consumer and the clinician on May 1<sup>st</sup> can have a requested start date between May 1<sup>st</sup> through May 7<sup>th</sup>.

**Please note:** Plans submitted with a requested start date **before** the signature date are not permissible.

### **“Other” Services**

CSS are rehabilitative services and supports necessary to assist the consumer in achieving mental health rehabilitative and recovery goals as identified in the IRP. The regulation at N.J.A.C. 10:37B-4.4(b) includes a list of specific services and supports that may be provided. With the sole exception of N.J.A.C. 10:37B-4.4(b)(16) (the provision of direct transportation), the CSS identified in N.J.A.C. 10:37B-4.4(b) are services eligible for FFS payment consideration.

The specific service must be included in the consumer’s IRP. In addition, the specific service must satisfy all of the IME-CSS utilization management and prior authorization standards.

If you have any question concerning this Newsletter, please contact the DMAHS Office of Customer Service at 609-588-2765

**RETAIN THIS NEWSLETTER FOR FURTHER REFERENCE**