

**Professional Advisory Committee
of the
Division of Mental Health and Addiction Services
New Jersey Department of Human Services**

Meeting Location: 3000 Kozloski Road, Freehold NJ 07728

Date: October 4, 2013

Attendance: James Curtin, Benjamin John Gonzalez, Manuel Guantez, Jean Hennon, Diane Litterer, Susan Neshin, Alan Oberman, Dharmesh Parikh, Vera Sansone, Michael Santillo, Barbara Schlichting, Sue Seidenfeld, Donald Starn, Linda Voorhis, Donald Weinbaum, Ernestine Winfrey

State Staff: Lynne Alexander, Joel Boehmler, Suzanne Borys, Andrea Connor, Jean Devitto, Nitin Garg, Mollie Greene, Lynn Kovich, Dona Sinton

Chairperson Barbara Schlichting called the meeting to order.

PAC Business

Minutes of July 2013 approved as written, with no corrections

Presentations

Revised NJSAMS - Presented by Suzanne Borys and Nitin Garg

- Preview of the revised NJSAMS presented – **[See Handout]**
- This redesign has a user friendly interface and an expanded drug list; is designed for less memory usage and improved performance; and includes a reduction in the number of screens
- The consumer information entered can be printed and can be saved
- Q - Will the system allow providers to make corrections? A – Yes, other than to the Unique Identifiers (UI - name, SS, DOB); for these the Division will make the correction. Upon discharge all data gets locked in.
- UI information will only be asked in the DASIE – that data will follow with other parts of the electronic record.
- Mollie – “For FFS there are people in the office who can correct the UI to expedite the correction process and therefore reduce the need for manual payments.”
- HIPAA compliant – will need to change passwords every 45 days; each agency will designate an administrative person to assist with this process.
- Access to the revised NJSAMS system will be based upon staff “role”. Staff will only see what they need. They will see what is relevant to that consumer.
- Sections are grouped using an accordion design
- Existing provider data will be converted to the new system

Discussions:

- Regarding Electronic Signatures – this will be addressed by the Division going forward.
- Regarding DSM 5 – The system is currently set up based on DSM IV-TR but will move to DSM 5 in 2014.
- JCAHO Supplement is in the Bio-Psycho-Social section
- Gambling Screen will have an internet gambling question added

All questions and comments are to be sent to Suzanne Borys, Nitin Garg or Ann Wanamaker.

NJSAMS Trainings will be set up as webinars and providers will be notified about dates and times soon. The Division is hoping to roll out the Revised NJSAMS in early November.

Discussion/Announcements

Rate Setting Process Update: Mollie Greene and Joel Boehmler

- The data collection tool was distributed to a representative sample of providers selected for site observations on August 27th and are due back to Meyers & Stauffer September 27th; with some providers granted extensions to the week of October 7th.
- Practice Groups will start to be convened in November 2013 and are around different service groups: [OP/IOP, PC/PH, Residential, Supportive Housing, OMT, Case Management, PACT]. Participants will include the providers that participated in the site surveys, additional providers, and consumers. Participants in both the site surveys and practice groups were selected to ensure a representative group.
- The new rates will not be implemented until the launch of the MBHO.

Medicaid Expansion update: Lynn Kovich and Mollie Greene

- Medicaid is preparing to submit the Alternative Benefit Package (ABP) for CMS approval. This is the plan that will cover newly eligible populations and must meet the requirements for parity under the MHPAAEA (parity act) as mandated by the ACA.
- Providers must become enrolled as a Medicaid Provider in order to receive reimbursement for these services.
- Medicaid is working to identify appropriate existing procedure codes and rates for the services being included in the ABP that are not in the current state plan.
- Medicaid GA Plan G consumers will be auto-enrolled in the ABP as of January 1 2014.
- Discussion ensued about how the IMD impacts substance abuse facilities and consumers.

- DMHAS and DMAHS are reviewing current service requirements and determine how the IMD exclusion applies to SA facilities and consumers. Both divisions are aware of the importance of maintaining health coverage for consumers and are exploring options to preserve coverage.
- The parity issue was also discussed regarding Commercial Insurance benefit packages.
- There will be trainings set up throughout the state for individuals and agencies to learn how to enroll and how to assist consumers with enrollment.

Contract Transition Options: What happens to Slot Contracts?

- Conversion from Non-FFS to FFS contracts. MH providers participate in Medicaid FFS and DMHAS maintains cost-reimbursement contracts with an established reimbursement ceiling. Currently SA providers participate in some Medicaid FFS and DMHAS maintains both slot and FFS contracts for BG and state funds. The slot contracts include a fixed rate for a specific level of service.
- One option to transition the slot contracts is to implement an interim cost-reimbursement method as the new rate schedule and Medicaid reimbursement becomes available. In this scenario, a “Cost Corridor” is set up for each provider based on their contract – they operate within this corridor for a period of time determined by the Division. They will not be reimbursed more if they go over the ceiling.
- Another option is to convert slot contracts to FFS.
- In either option there are different ways to ensure a “glide path” to prevent cash flow issues.
- For all options it is incumbent on providers to get or facilitate the process of enrolling people in Medicaid, SSI or SSD. It is estimated that there are about 190,000 people eligible but not currently enrolled in Medicaid in NJ.
- Suggestion made by Manuel Guantez was to pilot some agencies of different sizes with an incentive or “draw” type system. Therefore do not advance pay but agencies can draw down some advance fees to help cash flow while having the ability to get paid for all eligible FFS billing services.
- Question - How to incentivize agencies when DMHAS also supports them. Answer (Mollie) – Incentives are built into the contract transition plan to motivate providers to support enrollment.

Issues for consideration –

- Medicaid regulations require specific credentials (i.e., medical oversight in independent clinics) for service provision in order to be eligible to participate. Need to consider the gaps that may exist in NJ within agencies.
- Concerns expressed regarding FFS Network Expansion, especially near urban areas where adding many new providers will impact the already existing providers as far as competition for limited consumer pools.
- DMHAS and DMAHS should look at and perhaps consolidate or make consistent facility license versus Medicaid requirements regarding workforce credentials.