

**Professional Advisory Committee
of the
Division of Mental Health and Addiction Services (DMHAS)
New Jersey Department of Human Services
Meeting Minutes**

Meeting Location: Monmouth County Human Services Building, Kozloski Road,
Freehold, NJ

Date: April 17, 2015

Attendance: LeeAnn Cianci, Tony Comerford, Roberto Flecha, Ian Gershman, Benjamin John Gonzalez, Manuel Gonzalez, Jean Hennon, Diane Litterer, Kendria McWilliams, Michael Paoello, Dharmesh Parikh, Vera Sansone, Michael Santillo, Barbara Schlichting, Sue Seidenfeld, LeeAnn Wagner, Ernestine Winfrey

State Staff: Robert Eilers, Vicki Fresolone, Carol Grant, Nancy Hopkins, Lynn Kovich, Valerie Mielke, Susanne Rainier, Brian Regan, Dona Sinton, Irina Stuchinsky, Steven Tunney, and Catherine Vahey

Guests: Gary Abraham, Nick Armenti, Bob Kley, Chris Kosseff, Shauna Moses, Stephanie Mulfinger, John Pellicane, Rosemarie Rosati, and Debra Wentz

Welcome and introductions of members and guests.

PAC Business

The meeting was called to order and the March 2015 minutes were approved with one revision. Michael Paoello noted that he was in attendance at the March meeting, but not in the list of attendees published in the minutes. This will be corrected.

IME Discussion

Addictions Hotline

DMHAS will terminate its contract with NJ 211 as of 7/1/2015. These services will be provided through the IME and termination of this contract will eliminate duplication of services. In addition to the current 211 functions, the IME will also provide increased care management to clients who call to ensure engagement in services. PAC members noted that the 211 number is well known and is published on agency brochures, websites, etc. as "who to call for help". UBHC reports that there is a new number, but this is not published yet. Providers will receive the number in the future in order to update their information and information provided to clients. Additionally, whether or not 211 could forward calls to the new IME number will be explored.

Phasing of IME

Phase I:

- Will launch 7/1/2015. At that time the IME call center will be ready with 24/7 coverage and will provide care coordination. The IME will complete the screening tool (UNCOPE and Immediate Needs Profile ([NP])). All providers will need to complete the INP as part of their screening.
- Additionally, on 7/1/2015 providers will need to request prior authorizations for assessments through NJSAMS once DASIE and INP are completed. This will only apply to the State FFS initiatives that will move to being managed by the IME on 7/1/2015. This does not include Medicaid.
- IME will handle Extension Requests on 7/1/2015 and will manage them as the State does now.
- IME will not be authorizing treatment in Phase I.
- During Phase I the ASI will not be required in NJSAMS, but the DSM IV diagnosis module and LOCI will be required.
- On 7/1/2015 the interim rates will go into effect for ambulatory addiction services and OTP. This will raise Medicaid reimbursement to the current State FFS Initiative reimbursement rates. Again, these are not the Myers and Stauffer rates; those remain to be determined. However, please use these rates for agency budget planning for FY 2016.

-Additional discussion items:

- Turn around times for assessment authorizations and the hope is that this will be almost immediate.
- Can a provider proceed to complete the rest of the assessment in NJSAMS without an authorization? Providers encouraged this option so as to eliminate waiting for an authorization to proceed with an assessment. NJSAMS is currently set up so that you can't move on to the next module until you complete the previous one so this will need further exploration. It is thought that there should be very few cases where assessment authorizations would be denied, so even if this can't be permitted, it shouldn't pose a problem for providers.
- Additional NJSAMS "Wish list" items were noted such as the ability for an electronic signature to prevent having to print and sign all NJSAMS documents. This is time consuming and agencies with Electronic Health Records then need to upload and attach the document as a PDF to their intakes as the systems do not interface.

Phase II:

- Slot contracts for ambulatory addiction services and OTP will move to FFS during this phase, effective 1/1/2016. A very detailed conversion plan is being developed for this transition. The Slot contracts for residential services will not transition at this time.
- In Phase II, all of the items in Phase I will continue as well as additional changes.
- The IME will begin authorizing treatment for all affected FFS initiatives, Medicaid clients, and slot contracts at this time.

- Decision on the back up information to support decisions made on the LOCI will have to be decided. The plan for the use of the ASI or a different assessment tool will need to be finalized by 1/1/2016
- Communication will go out to providers regarding the Phasing process/plan.

Training:

- Training is a focus during Phase I so that providers become familiar with the new system.
- 5/2015- John White will do trainings on ASAM, the UNCOPE and NP for providers. Training will be provided in each region of the state. These trainings will be geared for direct care staff/staff utilizing NJSAMS.
- Throughout June 2015, DMHAS and UBHC will provide eight (8) full-day trainings. These trainings will be targeted for both direct care and supervisory/administrative staff. The trainings will cover the following items: affiliation agreements with UBHC, contract conversion, Medicaid vs. Non-Medicaid, MMIS training, and a walk-through the changes in NJSAMS, screen-by-screen. Materials will be given to providers, including screen shots, so that they can be referenced at a later date. Lastly, these trainings will cover the UBHC bed/slot management system that will be implemented to track available capacity. This will also be a walk-through of the system, screen-by-screen, with handouts containing screen shots for later reference.
- The goal is to have as many agency staff attend these trainings as desire to attend. A webinar option will also be considered as well as posting the trainings online for providers to view at their convenience or to use as a training option for new staff.

IT Update

- The changes to NJSAMS are in development until 4/23/15 but the plan is running on schedule.
- Independent testing will start on 4/27/2015 and run through 5/29/15. This will verify that there are no communication issues between NJSAMS and UBHC. Independent testing will be done by DMHAS staff from both IT and Programming.
- Beta Testing will begin on 5/11/2015 and run through 5/15/2015. Request for PAC agencies to participate in this testing. The agencies chosen will provide different levels of service and participate in different FFS initiatives. Overall, they will be looking for issues by level of care and initiative, as well as any issues related to transfers of clients between levels of care and agencies. The staff selected by the agency to participate must have an excellent knowledge of NJSAMS and be extremely familiar with all modules. Agencies involved in Beta Testing need to be able to allow the staff participating to designate 3-4 hours per day, for a minimum of three days, for testing related functions such as executing assigned tasks and troubleshooting problem scenarios.
- Interested parties should email the name of their agency and the staff who will participate to Dona by 4/21/2015. The number of participating agencies could be increased as needed.

- As many PAC members were not in attendance at this meeting, it was suggested that an email be sent to all PAC members to advise them of this opportunity and this was accepted.

PAC Workgroup Updates

Assessment Workgroup

- Focused on three tools: CAAPE 5, Multidimensional Assessment of Functioning (MDAF), and the Polaris
- Each was reviewed for time effectiveness, number of questions, correlation with DSM 5 and ASAM, reliability, ease of understanding for clients, ease of ability for clinicians to score/use, and cost.
- Overall, the workgroup preferred the Polaris. It was noted that this instrument would have a cost attached to it. However, it was well liked because it incorporated MI language around change, produced graphs for the client's areas of risks and where they are in each psychosocial factor, graphs out areas of concern as well as what the client wants to change, only took 15-20 minutes for the client to complete (usually done on a computer or tablet), and it allowed for ample opportunity for clinician observation. The tool is geared toward an 8th grade reading level and it contains equal parts of the client being able to contribute their thoughts as well as the clinician being able to contribute his or hers. Also, the tool picks up discrepancies in clients answers from one question to another, therefore verifying reliability.
- The tool is based on the ASI and matches clients with their service needs. It matches nicely with the INP and LOCI.
- There are questions around: procurement and payment issues as well as if the document is available in any other language (Yes- Spanish).
- This is not the final recommendation from the PAC. All documents will be sent to all PAC members to review and make a final recommendation at the next meeting. An additional tool will also be included from the NY Records Commission at the suggestion of another PAC member who had been involved in a similar project in the past.
- It is noted that, even though the PAC may make a suggestion to use a different assessment tool rather than the ASI, the recommended tool may or may not end up being the final tool utilized and this would be based on a variety of factors, some of which are mentioned above.

Sliding Fee Scale Workgroup

- Goal was to determine how to apply a sliding fee scale to clients who are at 133-350% of FPL (current block grant clients).
- All agency sliding fee scale policies were reviewed and there is not consistency at this time. Based on this review a model/template was created to establish consistent policy and implementation. However, more information is still needed at this time. As the Block Grants will not move to FFS until 1/1/2016, this workgroup will continue to review agency policies and ask questions to gather additional information.

- It was noted that, based on review of State policies/regulations, there is nothing prohibiting charging fees to clients funded by the FFS initiatives (with the exception of the Criminal Justice Initiatives) but it is common practice, currently, not to do this. Additional information is needed on slot contract regulations regarding charging fees to clients funded by the slot contract, but most providers believe that there is nothing prohibiting this as well. Consistency around these issues is needed by 1/1/2016.
- Additional questions:
 - If a client doesn't qualify for a grant, why is a sliding scale needed? Can't providers just charge their full fee?
 - If the state prohibits charging of fees to state funded clients, why is it necessary to have a sliding fee scale and corresponding policy?
 - Can we draft language that we think is appropriate if the regulations are unclear around this issue?
- The goal is resolve all of these issues by 1/1/2016. Lynn Kovich will join this workgroup and it will reconvene in May.
- Any questions or input regarding this workgroup can be sent to the MBHO email.

Medicaid Update

- Substance abuse codes are entered in Molina and ready for 7/1/2015.
- Codes will be payable only under ABP.
- Modifiers are being worked on.
- Rates have been adjusted for Ambulatory Services effective 7/1/2015.
- A newsletter will be sent out to communicate this.
- Question about how Medicaid differentiates between an SA service or a MH service which use the same code. This is determined by the modifier.

Additional Items Discussed/Questions Asked

- Several OTP clinics in Central NJ have sent out notification that they will no longer be accepting Medicaid as of 6/1/2015 and will be discharging any clients currently funded by Medicaid at that time as well. This is a problem for the clients and their access to needed care as well as the other providers involved in their treatment.
- State of NJ cannot force providers to take Medicaid. How do other states handle this?
- Discussion of new agencies in NJ who are operating using the Florida Model. (IOP/PHP treatment and a housing option (clients pay rent or fees for housing out of pocket), the IOP/PHP is licensed, the housing option is not, and the program is not Residential). This drives continued exploration of the SUD housing regulations/standards so that situations like this can be regulated.
- These providers are not interested in state funded clients.
- What is the impact on providers who do accept state funded clients if these new agencies are taking the market share of private pay/self-pay clients that have helped providers who accept state funded clients to balance their budgets/accommodate for losses as a result of state reimbursement not covering costs?

- These items will be added the next PAC agenda and Lynn Kovich will ask a representative from the Corporation on Supportive Housing to join the PAC meeting for this discussion.