## Division of Mental Health & Addiction Services

# **Update on the Mental Health Fee for Service (MH-FFS)Program**

# April 26, 2018





Commissioner Shereef M. Elnahal, MD, MBA



Today's Agenda is focused on providing DMHAS audiences a status update on the rollout of the Mental Health Fee for Service (FFS) program.



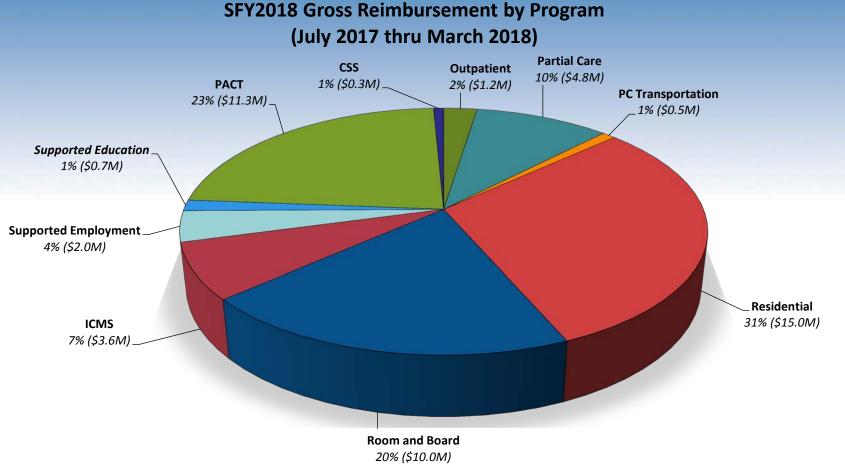
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### Where Are We Now?

- **FFS eligible program elements include:** 
  - Outpatient
  - ICMS
  - PACT
  - Partial Care
  - Partial Hospital & Acute Partial Hospital
  - Residential
  - Supported Employment
  - Supported Education
  - CSS
- **79 provider agencies** are participating in FFS
- Approx. *11,964 consumers* are registered in the New Jersey Mental Health Application for Payment Processing (NJMHAPP)
- Total gross claims since inception (Jan 2017): **\$54,467,868**



### Where Are We Now?



FY 18 Gross = \$49.1M



#### **Executive Report** SFY2018 % of Consumer Count by Program (Jul 17 - Mar 18) CSS PACT Outpatient 7% (913) \_ 8% (1,121)\_ 20% (2,646) Supported Education \_ 3% (357) Supported Employment **Partial Care** 10% (1,283) 10% (1,325) PC **Transportation** 6% (861) ICMS 19% (2,523) Residential 6% (794) Room & Board 13% (1,727)



### Where Are We Going?



- For Phase IV, FFS will pause on transitioning new mental health programs
- DMHAS will focus on the following FFS programs where provider agencies have voiced concern about current rates and/or nonbillable service components :
  - Community Support Services
  - Integrated Case Management Services
  - Outpatient
  - Supported Employment



# Housing Subsidy Process Performance Improvement Project



# **Opportunity**

- Improve Housing Subsidy Process from time of housing subsidy award to discharge
- Currently 79% of individuals in a state psychiatric hospital have a lease date within 90 days of award of the housing subsidy
  - Target for Improvement: 85%
- Currently 76% of individuals are discharged within 14 days of the lease date
  - Target for Improvement: 85%



## **Why It Matters**

- Improve discharge flow to the community.
- Improve satisfaction of individuals served at the state hospitals.
- Discharge-ready individuals are remaining in state psychiatric hospitals while awaiting housing.
- Have a positive impact on hospital census by discharging individuals in a timely manner to a community of their choice.
- Decrease the time for community mental health agencies to be able to bill for one-time funds for acquiring housing for state psychiatric hospital patients.



# **Collaborative Effort**

- Division of Mental Health and Addiction Services Central Office (Housing Unit, Olmstead and Quality Management)
- State Psychiatric Hospitals
- Community Mental Health Agencies
- Housing and Mortgage Finance Agency, Supportive Housing Connection





- Present PI Team Project to 54 Provider Agencies
- Pilot the standardized processes with agencies and state hospitals for 110 days
- Review data and adjust, as needed.

