

CSS Documentation Webinar



FEBRUARY 22, 2017
10AM-12PM

Division of Mental Health & Addiction Services
wellnessrecoveryprevention



Presenters



Deborah Gravely-DMHAS
Sarah Williams-Rutgers IME
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Training Objectives



- Discuss CSS eligibility criteria
- Understand the enrollment process
- Identify best practices in rehabilitation planning
- Review sample Individualized Rehabilitation Plan (IRP)
- Explore tools that can assist with IRP approval
- Answer questions about CSS enrollment and IRPs

CSS Eligibility



Eligible consumer means a person who meets the ***medical necessity standard*** for CSS by having severe mental health needs, as evidenced by:

1. Having a current diagnosis of a serious mental illness;
2. Requiring 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, or housing domains; and

CSS Eligibility (continued)



3. Either:

- i. Is currently functioning at a level, as assessed using an instrument approved by the Division, that puts the consumer at risk for hospitalization or other intensive treatment settings, such as 24-hour supervised congregate group or nursing home; or
- ii. Exhibits deterioration in functioning that will require that they be hospitalized or treated in another intensive inpatient treatment setting in the absence of community-based services and supports; or
- iii. Does not have adequate resources and support systems to live safely in the community.

What Constitutes a SMI?



“Serious mental illness” shall include, but not be limited to, a diagnosis of, and a documented history of treatment of or evaluation for the following:

- 1. Schizophrenia *[295.30, 295.10, 295.20, 295.90, 295.60]*;
- 2. Schizophreniform Disorder *[295.40]*;
- 3. Schizoaffective Disorder *[295.70]*;
- 4. Delusional Disorder *[297.1]*;
- 5. Psychotic Disorder NOS *[298]*;
- 6. Major Depressive Disorder Recurrent *[296.3x]*;
- 7. Bipolar I disorder *[296.00, 296.40, 296.4x, 296.6x, 296.5x, 296.7]*;
- 8. Bipolar II Disorder *[296.89]*;
- 9. Bipolar Disorder NOS *[296.80]*;
- 10. Schizotypal Personality Disorder *[31.22]*; or
- 11. Borderline Personality Disorder *[301.83]*.

CSS Admission/Enrollment Form Overview



- Providers must submit an Enrollment/Admission form to the IME for all new consumers to CSS
- Prior to being officially enrolled/admitted, consumers must be pre-determined as eligible for CSS
- CSS Admission/Enrollment form must be submitted securely to the IME via Fax/Email
- IME then generates an Administrative Approval (AA)
- AA lasts for 60 days - or until submission of Individualized Rehabilitation Plan (IRP)
- Molina/Medicaid receives the AA information from the IME
- Provider then receives email from IME to confirm that AA was sent to Molina.
- Wait until receipt of Molina/Medicaid written mail correspondence before billing for CSS services



CSS Admission/Enrollment Form



- Administrative Approvals (AA) are generated based on receipt of all critical information outlined on Admission/Enrollment form
- Provider is responsible for completing all fields of Admission/Enrollment form
- Missing information will delay the process of receiving AA (needed to bill for services)
- Provider is responsible for verifying either Medicaid enrollment or Presumptive Eligibility (PE) BEFORE submitting Admission/Enrollment form to IME
- Each submission to the IME must be separate and accompanied by a separate fax coversheet.

CSS FAX to IME COVERSHEET

Please submit only one (1) request at a time with a separate cover sheet for each submission.
Avoid submitting several separate requests in the same submission to the IME. Thank you.

Please Type or Print

To: Rutgers UBHC IME UM Unit	From Provider:
Fax #: 732-235-5569	Provider Fax #:
Email: imecss@ubhc.rutgers.edu	Provider Email:
IME UM Phone #: 844-463-2771	Provider Ph. #:
# of Pages Submitted:	Date Submitted:
Consumer Name:	

Name of Provider Staff Submitting:

Request Type:

Enrollment/Admission Form

IRP

IRP Modification

Other (please specify):

Confidentiality Note

The information contained in this facsimile message is legally privileged and confidential information intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution, or copy of this fax is strictly prohibited. If you have received this fax in error, please immediately notify the sender at the telephone provided above and return the original message to use at the address listed via the United States Postal Service.

When applicable to drug and alcohol this information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient. If there is any problem with this transmission, please call the telephone number listed above.

*Please submit only one request at a time with a separate cover sheet for each submission.

*Be sure to complete **ALL** provider sections of the Fax Coversheet to include:

- Name of consumer
- Name of provider submitting the form

X Mark off the appropriate Request Type:

- Enrollment/Admission form
- IRP
- IRP Modification
- Other (please specify):

CSS Admission/Enrollment Form

Required Information



- Consumer Last Name, First
- Social Security Number
- Referral Source Types:

Hospital: (State or County):

CSS Consumer was referred from the State or County Hospital

Community:

CSS Consumer was referred within the community

Inter-Agency:

CSS Consumer was referred within your agency

- Enrollment Date: Date Consumer was determined eligible for CSS per medical necessity criteria
- Admission Date: Date Consumer was admitted to your agency - this is the start date of 60 day administrative approval generated by the IME

***Referral Source:**

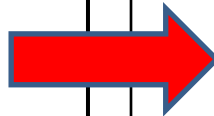
- Hospital
State: (Drop down)
County:
- Community
- Inter-Agency

***Enrollment Date:**

Date the consumer was determined eligible for CSS per medical necessity criteria.

***Admission Date:**

Date that the consumer is in the community/admitted to your agency.



CSS ENROLLMENT/ADMISSION FORM

*Consumer Name (Last, First):								
*SSN:								
Referral Source:	Hospital	State	County	Community	Inter-Agency			
*Enrollment Date: (Date consumer was determined eligible for CSS per medical necessity criteria):								
*Admission Date (Date consumer is in the community):								
Date of Birth (M/D/YYYY):				Gender: M F				
CSS Eligible: Y N								
Diagnosis (DSM-V):				* Consumer Medicaid #:				
* Medicaid Only				* NJ State Funding Only				
CSS Initiative:	Generic SPC 19	RIST SPC 20	DDMI SPC 21	MESH SPC 23	Forensic SPC 24	ESH SPC 25	RIST/MESH SPC 26	At Risk SPC 39
Consumer's County of Residence:								
CSS Service Provider Name:								
CSS Provider Address:								
Phone Number:				Fax Number:				
Email Address:					* CSS Medicaid Provider #:			

***Must be completed**

Agency Staff /Credential

Signature

Date

CSS Admission/Enrollment Form Required Information

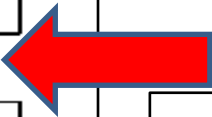


- Date of Birth
- Gender
- CSS Eligible
- Diagnosis (DSM-V)
- Consumer Medicaid #: Obtained from eMevs under Medicaid eligibility data - “recipient Id# for Billing” (is a 12 digit number)



CSS ENROLLMENT/ADMISSION FORM

* Consumer Name (Last, First):	
* SSN:	
Referral Source:	Hospital State County Community Inter-Agency
* Enrollment Date: <i>(Date consumer was determined eligible for CSS per medical necessity criteria):</i>	
* Admission Date: <i>(Date consumer is in the community):</i>	
Date of Birth (M/D/YYYY):	Gender: M F
CSS Eligible: Y N	
Diagnosis (DSM-V):	* Consumer Medicaid #:
* Medicaid Only	* NJ State Funding Only
CSS Initiative:	Generic RIST DDMI MESH Forensic ESH RIST/MESH At Risk SPC 19 SPC 20 SPC 21 SPC 23 SPC 24 SPC 25 SPC 26 SPC 39
Consumer's County of Residence:	
CSS Service Provider Name:	
CSS Provider Address:	
Phone Number:	Fax Number:
Email Address:	* CSS Medicaid Provider #:



Consumer Medicaid Number:

-12 Digit number that is Found by checking/verifying eMEVS.

- Listed in eMevs as "recipient ID for Billing"

***Must be completed**

Agency Staff /Credential Signature Date

CSS Admission/Enrollment Form Required Information



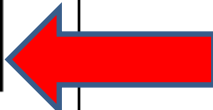
- Client funding Source
- CSS Initiative
- Consumers County of Residence
- CSS Provider Name
- CSS Provider Address
- Phone Number/Fax Number/Email
- CSS Medicaid Provider Number:
- Signatures



CSS ENROLLMENT/ADMISSION FORM

* Consumer Name (Last, First):	
* SSN:	
Referral Source: Hospital State County Community Inter-Agency	
* Enrollment Date: <i>(Date consumer was determined eligible for CSS per medical necessity criteria):</i>	
* Admission Date: <i>(Date consumer is in the community):</i>	
Date of Birth (M/D/YYYY):	Gender: M F
CSS Eligible: Y N	
Diagnosis (DSM-V):	
* Consumer Medicaid #:	
* Medicaid Only	* NJ State Funding Only
CSS Initiative:	Generic RIST DDMI MESH Forensic ESH RIST/MESH At Risk SPC 19 SPC 20 SPC 21 SPC 23 SPC 24 SPC 25 SPC 26 SPC 39
Consumer's County of Residence:	
CSS Service Provider Name:	
CSS Provider Address:	
Phone Number:	Fax Number:
Email Address:	* CSS Medicaid Provider #:

• Please note that **CSS Medicaid Provider Number** is: Issued by Molina/Medicaid And Is not the same as the Consumer Medicaid Number.



***Must be completed**

Agency Staff /Credential Signature Date

Please keep in mind



- Provider is responsible for verifying consumer has Medicaid by checking eMEVS before submission of documents to the IME
- Each agency has unique CSS Medicaid Provider ID number issued by Molina/Medicaid
- All fields must be completed on to avoid delay in processing administrative approval
- All Documents submitted to the IME must be accompanied by a fax cover page
- By signing and submitting Enrollment/Admission form you have confirmed CSS program eligibility, eMEVS/Medicaid enrollment and/or funding source type

RUTGERS IME CONTACT INFORMATION



Document Submission:

Fax #: 732-235-5569

Email: imecss@ubhc.rutgers.edu

Staff Contact:

IME UM Phone #: 844-463-2771

Email: Ime_css@ubhc.rutgers.edu

Individualized Rehabilitation Planning



- Comprehensive Rehabilitation Needs Assessment (CRNA) drives the development of the IRP
- CRNA promotes exploration of valued life roles and wellness dimensions
- Service recipients choose the goals and drive the IRP
- Goal(s) should promote community integration and independence

Best Practices in Psychiatric Rehabilitation Planning



- “Golden Thread” between assessment, plan, services provided and progress notes
- IRP reflects issues that are ***most important*** to address in the next 6 months
- Limiting to 2-3 goals keeps everyone focused
- Objectives outline specific steps towards the goal
- Interventions emphasize skill development and resource acquisition

CSS Service Recipient: “Robin”



- 57 year old woman; linked to RIST/MESH for the last 2 years
- Has settled into her new apartment and is familiar with her neighborhood and surrounding towns
- Spends most of her time alone in her apartment
- Reports feeling anxious in social situations, but would like to meet people in her community.
- Concerned that in order to meet people she will need money to attend social events
- Recently diagnosed with diabetes
- Primary care doctor says she needs to make significant changes to her lifestyle (e.g., diet and exercise)
- Motivated to learn ways to self-manage because she wants to avoid becoming insulin dependent

Robin's IRP



Refer to sample IRP sent prior to Webinar

CSS IRP Checklist



- Refer to checklist sent with other materials
- Checklist is ***not*** a required form or a DMHAS monitoring tool
- Checklist is a tool to help practitioners develop rehabilitation/recovery oriented IRPs
- Also designed to promote approval of IRP
- Key areas of focus:
 - SMART goals and objectives
 - CSS Medicaid reimbursable interventions (per CMS SPA)
 - Units of service

“Red Flags” to avoid



- Refer to “red flag” handout sent with other materials
- IME will scrutinize plans that contain red flags
- Key areas of focus:
 - Non billable services (e.g., maintenance, transportation)
 - Outliers in terms of bands and # of units
 - “Rubber stamped” IRP’s

Next Steps



- Additional documentation trainings (in person and webinars)
- On-site training and technical assistance by SHP faculty
- DMHAS technical assistance (Monitoring Tool)

QUESTIONS???



***ADDITIONAL QUESTIONS CAN
BE POSTED ON DMHAS WEBSITE***

DMHAS.CSS@DHS.STATE.NJ.US

