

SANDY FUNDING CRITERIA WORKSHEET

State Department: Department of Human Services
Name of Expenditure Program: SSBG "Recovery and Rebuilding Initiative" Addictions Treatment Fee For Service Program
Amount: \$7,000,000

<b>Overview:</b>
<p>The SSBG "Recovery and Rebuilding Initiative" Addictions Treatment Fee For Service Program (RRI) is designed to increase access and capacity for substance use disorder treatment services for consumers living in one of the nine significantly storm-impacted New Jersey counties (Atlantic, Bergen, Cape May, Essex, Hudson, Middlesex, Monmouth, Ocean, and Union) during Superstorm Sandy between October 28-30, 2012.</p> <p>Consumers served under the RRI must meet DSM-IV/V diagnostic criteria for a substance use disorder and demonstrate symptom severity/level of care need according to the American Society of Addiction Medicine (ASAM) patient placement criteria for detoxification or short-term residential treatment. In response to identified increase in eligible consumers presenting at hospital emergency rooms and screening centers seeking addictions treatment services, the RRI requires participating providers to establish affiliation agreements with at least five community-based hospital emergency departments and/or psychiatric emergency screening centers through which they agree to accept referral of RRI consumers.</p> <p>Participating RRI Treatment Network providers must be licensed by the NJ Department of Human Services, Office of Licensure to provide co-located detoxification and short-term residential services under the Standards for Licensure of Residential Substance Abuse Treatment Facilities at NJAC 10:161 A, and agree to cooperate with all monitoring activities conducted by DMHAS, including site visits, on-site review of case files, review of billing/fiscal records, interviews of staff and consumers, and data collection and reporting activities as necessary to ensure compliance with DMHAS and SSBG program accountability requirements.</p> <p>All services will be reimbursed under the RRI using the existing Addictions Treatment Fee for Service Programs rate schedule for existing initiatives.</p>
<b>Federal Department of Origin:</b>
<p>The US Department of Health and Human Services, Administration for Children and Families, Office of Community Services – The Disaster Relief Appropriations Act, 2013 (P.L. 112-2); "Hurricane Sandy Supplemental Funds" to address necessary expenses resulting from Hurricane Sandy, including social, health, and mental health services for individuals, and for repair, renovation and rebuilding of health care facilities (including mental health facilities), child care facilities, and other social service facilities.</p>
<b>Federal Requirements / Restrictions:</b>
<p>Meets the federal definition of allowable use of SSBG funding.</p>
<b>Procurement Process:</b>
<p>The DMHAS will modify provider contracts with agencies providing the same type of services under existing fee for service programs. All services will be reimbursed by the DMHAS fiscal agent according to the standard rate schedule in place for these services.</p>

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#### Eligibility Standards

##### 1. Eligibility:

To be eligible for services available through the RRI, consumers must:

- a. have been living in one of the nine storm-impacted counties between October 28-30, 2012;
- b. Be a United States citizen;
- c. Be 18 years of age or older;
- d. Meet ASAM criteria for Level III.7D or III.7 care.

##### 2. Proof of citizenship:

Proof of citizenship must be evidenced by one of the following:

- a. Original or certified birth certificate;
- b. Passport;
- c. Consular registration of birth abroad certificate;
- d. Certificate of citizenship;
- e. Certificate of naturalization or a green card.

##### 3. Proof of Residence:

Proof of residence in a storm-impacted county **must** be documented in the consumer's file **within seventy-two hours of program admission**. At least one of the following credentials displaying the name of the consumer and a valid street address (P.O. Boxes are not acceptable) must be provided:

- a. New Jersey driver's license issued before October 28, 2012;
- b. United States passport issued before October 28, 2012;
- c. School records showing an address for the period between October 28-30, 2012;
- d. Utility bill for services between October 28-30, 2012;
- e. Credit card bill for the period between October 28-30, 2012;
- f. Bank or credit union statement, with account numbers redacted, for services between October 28-30, 2012;
- g. 2012 state or federal tax return;
- h. Lease or rental agreement effective between October 28-30, 2012;
- i. Shelter records of housing between October 28-30, 2012;
- j. Property tax bill, statement, record or receipt between October 28-30, 2012;
- k. Signed attestation from a community social service provider, on agency letterhead, of the consumer's residence between October 28-30, 2012;
- l. Signed attestation from a community social service provider, on agency letterhead, of the consumer's residence between October 28-30, 2012.

##### 4. Alternative Proof of Residence:

If none of the credentials listed in 3, above, are available, the consumer may provide a signed attestation of residence for the period October 28-30, 2012; which explains why no other credential is available. The original signed attestation must be retained in the consumer's file.

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5. Payer of Last Resort:

- a. Federal funding for treatment services provided to RRI consumers may be accessed as the payer of last resort. Participating treatment providers must document the income and program eligibility status of all consumers who may be eligible for the RRI using the DMHAS Income Eligibility module.
- b. Authorization or payment for services should be obtained from other payers, including third-party insurance, if available.
- c. RRI providers may only request authorization for services provided to eligible consumers through the RRI when no other payer is available.

Consumers receiving services under the RRI must sign an attestation that they do not have third-party insurance coverage for services provided through the RRI. The original signed attestation must be retained in the consumer's file.

Implementation/Timeline:

Implementation for this program is reliant upon:

Completion of programming edits to the DMHAS client eligibility and enrollment modules to incorporate RRI requirements;

Completion of programming edits to the DMHAS fiscal agent system to include the RRI benefit packages (in scope of their current contract);

Inviting existing contracted providers to modify their contracts to offer services under the RRI and completing their network enrollment.

IT Requirements:

DMHAS will employ its existing eligibility and enrollment modules and fiscal agent system, including the web services link between these systems, to credential providers, enroll and determine consumer eligibility, issue service authorizations, and pay claims. As noted above these systems are designed to accommodate new programs with specific eligibility requirements and customized addictions treatment fee for service benefit packages as are required to implement the RRI.

Tracking/Monitoring:

The DMHAS eligibility and enrollment module/fiscal agent system will capture all client-level data, including demographics and service encounters/claims by client, by provider, and service service. The system will also support reporting by county of residence (current and at the time of the storm).

Claims paid are sampled to ensure adherence to program business rules including benefit package service limits. Utilization management reports by provider and type of service will be analyzed to support outlier management.

DMHAS contract monitoring unit staff will conduct site surveys including examination of client records to review proof of eligibility and services delivered for claims paid.

Reporting Requirements:

Contracted agencies will enter encounter data for all claims by service type, date of service, and individual client.

Allocation Formula:

All claims are paid fee for service according to the established rate schedule and client annual benefit package service limits for each service type. There is no allocation by provider or service type or by client (other than standard benefit package limits).