

COMMUNITY SUPPORT SERVICES

FEE-FOR-SERVICE PROVIDERS

ANNEX A

NAME OF AGENCY:

CONTRACT NUMBER:

CONTRACT TERM:

TO

BUDGET MATRIX CODE: 27

The above-referenced provider agency (“Provider Agency”) is authorized to participate in the Mental Health Fee-for-Service Program as a provider of Community Support Services. As a licensed community support services provider, the Provider Agency is required to comply with the standards set forth at N.J.A.C. 10:37B, as well as the applicable standards set forth at N.J.A.C. 10:37, N.J.A.C. 10:37D, and N.J.A.C. 10:190 and with the terms contained in the Mental Health Fee-for-Service Contract to which this Annex A is attached and incorporated.

This Annex A sets forth additional terms and conditions applicable to the Provider Agency with respect to the delivery of Community Support Services under the Mental Health Fee-for-Service Contract.

I. Pre-Admission Services

A. Consumers assigned to the Provider Agency by a State psychiatric hospital

1. The parties acknowledge and agree that consistent with the target population requirements set forth at N.J.A.C. 10:37-5.2 and pursuant to Administrative Bulletin 5:11, the Division of Mental Health and Addiction Services (“the Division”) and the Provider Agency are obligated to maximize the utilization of all Division-contracted services for consumers being discharged from State psychiatric hospitals.

2. The Provider Agency shall provide the following pre-admission services to consumers assigned to the Provider Agency by a State hospital:

a. Complete a preliminary rehabilitation needs assessment in consultation with the hospital treatment team and the consumer as set forth at N.J.A.C. 10:37B-2.3.

b. Complete a preliminary individualized rehabilitation plan, in consultation with the hospital treatment team and the consumer, as set forth at N.J.A.C. 10:37B-2.4.

c. Participate in hospital discharge meetings and other meetings as requested by State hospital staff ;

d. Meet with the consumer to establish rapport and to engage consumers that are discharge reluctant.

e. For consumers without post-discharge housing, provide housing search assistance as described at N.J.A.C. 10:37B-4.4(b)1.

f. Comply with other requirements as set forth in Administrative Bulletin 5:11.

B. Consumers referred from sources other than State psychiatric hospitals.

1. The Provider Agency shall provide the following pre-admission services to consumers referred to the Provider Agency by an entity other than a State hospital:

a. The Provider Agency shall determine whether the referred consumer meets the eligibility requirements for community support services and complete the CSS Eligibility Criteria Checklist form provided by the Division.

b. For eligible consumers, the Provider Agency shall:

i. Complete a preliminary rehabilitation needs assessment in consultation with the hospital treatment team and the consumer as set forth at N.J.A.C. 10:37B-2.3.

ii. Complete a preliminary individualized rehabilitation plan, in consultation with the referring entity and the consumer, as set forth at N.J.A.C. 10:37B-2.4

C. Payment for Pre-Admission Services

1. Payment shall be at the rate set forth in Annex B-2 subject to the limitations set forth in the business rules.

II. In-Reach Services.

A. The Provider Agency shall provide in-reach services in accordance with the In-Reach Guidelines included as Appendix A in the Mental Health Fee-for-Service Program Provider Manual.

B. In-reach services shall be provided with the goal of maintaining the connection between the consumer and the Provider Agency and to facilitate a smooth transition back to the community. In-reach activities may include, but are not limited to:

1. Attendance and participation in hospital discharge planning meetings for consumers in inpatient settings;

2. Attendance and participation in the initial treatment plan meeting and other treatment meetings as requested by hospital staff;

3. Face-to-face meeting(s), when necessary, with consumers who are discharge reluctant;
4. For consumers in correctional facilities, collaborate with the social service department and participate in discharge planning; and
5. For consumers without post-discharge housing, provide housing search assistance as described at N.J.A.C. 10:37B-4.4(b)1.; and

C. The Division shall pay the Provider Agency for in-reach services in accordance with In-Reach Guidelines included as Appendix A in the Mental Health Fee-for-Service Program Provider Manual at the rate set forth in Annex B-2.

III. Prior Authorization Requirements

A. The Provider Agency shall complete the Enrollment/Admission Form provided by the Division and submit to the Division or its designated management entity.

B. The Provider Agency is authorized to provide the services listed in a consumer's preliminary individualized rehabilitation plan for a period of up to 60 days without any prior authorization requirement.

C. At the expiration of the initial 60 day period, the Provider Agency shall obtain prior authorization for services from the Division or its designated management entity. The Division shall not pay for services delivered following the initial 60 day period without prior authorization.

D. The Provider Agency shall follow the guidelines and procedures for obtaining prior authorization for community support services as set forth in the Mental Health Fee-For-Service Program Provider Manual.