

DIVISION OF MENTAL HEALTH & ADDICTION SERVICES

Community Support Services (CSS)

ANNEX A

Name of Agency: Contract No:

Service Commitments Period (mm/dd/yy) Budget Modification No:
 From: To: (0 = Original)

Program Element: **CSS** Budget Matrix Code: **27**

1. Total Consumers to be served:
 2. Number of New Enrollees and Transfers into the Program:
 3. Number of Terminations/Transfers out of the Program:

	Individual Units of Service					Group Units of Service		
	CSS Not Medicaid Billable		State Funded CSS			f. CSS Billable	g. CSS Medicaid	h. State CSS
	a. CSS Medicaid Billable	b. Institutional Setting	c. Community Setting	d. Institutional Setting	e. Community Setting			

4. Number of Face to Face Consumer Contacts:	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
5. Number of Face to Face Consumer Family Contacts with consumer	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
6. Number of Face to Face Consumer Family Contacts without consumer:	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
7. Number of Collateral Contacts made on behalf of the consumer:	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
8. Number of Pre-Admission Activities	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
9. Column Total Units of Service (Sum of 4 + 5 + 6 + 7) + (8 [For state funded CSS only])	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>

10. Total Individual Units of Service
 (Sum of 4 + 5 + 6 + 7) + (8 [For state funded CSS only]). Columns a. b. c. d. and e. only.

<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
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11. Total Group Units of Service
 (Sum of 4 + 5 + 6 + 7). Columns f. g. and h. only.

<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
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12. Total Units of Service
 (Sum of 10 + 11)

<input style="width: 95%; height: 20px;" type="text"/>
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COMMUNITY SUPPORT SERVICES

ANNEX A

I. Units of Service

Individual Units of Service: face to face contact with one consumer for 15 continuous minutes. If a contact exceeds more than 15 continuous minutes, count as multiple contacts. If two staff members simultaneously serve one consumer, count as one staff contact. Travel time to and from contact is to be excluded from overall contact time.

Group Units of Service: face to face contact where one staff member serves two to six consumers simultaneously for 15 continuous minutes, count as one group contact per consumer (group contacts of seven or more consumers by one staff member are not reportable). Travel time to and from contact is to be excluded from overall contact time.

Units of Service Definitions. For purposes of this Annex A, the following terms are defined as follows:

Admission to CSS occurs when a consumer is receiving services in the community.

CSS Medicaid billable: 15 continuous minutes of face-to-face skills building activities with admitted consumers.

CSS Not Medicaid billable: Consumer is CSS eligible and has Medicaid, but service is not billable to Medicaid

- *Institutional setting:*
 - Count units for consumers admitted to CSS, then entered Jail or an Inpatient setting (medical hospital, voluntary input unit, STCF unit; does not include Emergency Department since CSS face-to-face contact will be billable via Crisis Plan).
 - Count units, for example: engagement activities; apartment search/applications; furniture shopping; attendance at Tx team meetings).
- *Community setting:*
 - Count units for consumers who *are Medicaid eligible* but who are receiving *services not billable to Medicaid*; those who have Medicare; those who have other Third Party Insurance; those who are Undocumented.
 - Count units, for example: apartment search/applications; furniture shopping; picking up medications/delivering to consumer; waiting for consumer during an appointment.

State Funded CSS: Consumer is not receiving Medicaid, all CSS service units are covered by State funds

- *Institutional setting:* count units for consumers who have been readmitted to a state or county facility.
- *Community setting:* count units for consumers who need wrap services/additional supports.
- *Group:* count units for consumers who attend group, but not receiving Medicaid.

1. Total Consumers to be Served (agency capacity)

2. Number of new enrollees and Transfers (enrolled from other agencies and inter-agency transfers)

3. Number of terminations/transfers out of the program (terminations from program; transfers to another program within the agency)

4. Number of Face to Face Consumer Contacts
5. Number of Face to Face Consumer Family Contacts with consumer
6. Number of Face to Face Consumer Family Contacts *without* consumer being present
7. Number of Collateral Contacts made on behalf of a consumer--refers to all contacts face-to-face contacts with or on behalf of the consumer). Billable units are in 15 minute increments (e.g., a 7 minute conversation is not billable, a 20 minute conversation is one billable unit, and a 30 minute conversation is two billable units).
8. Number of Preadmission Activities: activities related to admitting a consumer to the agency. The *only* allowable activities counted here are: the CSS Eligibility Form, the Preliminary Rehabilitative Needs Assessment (PRNA), and the Preliminary Individualized Rehabilitation Plan (PIRP)
9. Total Units of Service (Sum of 4+5+6+7) +8 (for state funded CSS only)
10. Total Individual Units of Service (Sum of 4+5+6+7) +8 (for state funded CSS only)
11. Total Group Units of Service (Sum of 4+5+6+7).
12. Total Units of Service (Sum of 10+11).

II. Mental Health Application for Payment Processing (NJMHAPP Requirement)

- A. The Provider Agencies remaining in cost-reimbursement contracts for the delivery of Community Support Services shall register Community Support Services consumers in the New Jersey Mental Health Application for Payment Processing (NJMHAPP). This requirement does not apply to Medicaid-eligible consumers receiving a Medicaid-covered service.
 - i. The purpose of this requirement is to provide comprehensive and accurate information about the units of Community Support Services provided to consumers by the Provider Agency that the Division shall use to establish the Provider Agency's Community Support Services monthly billing limit to be implemented when the Provider Agency transitions to Fee-for-Service in January 2018.
- B. During the term of this Contract, the Division shall pay the Provider Agency for Community Support Services in accordance with the provisions of the cost-reimbursement contract notwithstanding the Provider Agency's use of NJMHAPP.
- C. The use of NJMHAPP does not negate the Provider Agency's responsibility to submit other reports or information in accordance with existing Division requirements, including but not limited the Quarterly Contract Monitoring Reports (QCMRs) and Unified Service Transaction Forms (USTFs).
- D. The Provider Agency shall follow the guidelines and procedures for submitting documents to the Division or its designated management entity that are applicable to Community Support Service Providers in fee-for-service contracts and are outlined in the Mental Health Fee-For-Service Program Provider Manual, including submitting a completed Enrollment/Admission Form for each admitted consumer and submitting individualized rehabilitation plans before the expiration of the initial 60 day period and periodically thereafter as set forth in the guidelines.
 - i. Prior authorization is not required for payment of services delivered under a cost-reimbursement contract; however, NJMHAPP functionality requires that the Division or its designated entity enter the number of authorized units per band into NJMHAPP before the provider agency may enter encounter information. For Community Support Services funded under a cost-reimbursement contract, the number of units set forth in the individualized rehabilitation plan will be authorized and entered into NJMHAPP without further review by the Division or its designated management entity.