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HUMAN SERVICES

DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

Community Support Services for Adults with Mental Illnesses

Proposed New Rule: N.J.A.C. 10:79B

Proposed Amendments: N.J.A.C. 10:77A-2.2 and 3.2

Authorized By: Elizabeth Connolly, Acting Commissioner, Department of Human Services.

Authority: N.J.S.A. 30:4D-1 et seq.

Calendar Reference: See Summary below for explanation of the exception to the calendar requirement.

Agency Control Number: 13-P-17.

Proposal Number: PRN 2015-092.

Submit comments by October 5, 2015, to:

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The agency proposal follows:

Summary

The Department of Human Services (Department) is proposing new N.J.A.C. 10:79B, Community Support Services for Adults with Mental Illness (CSS), to provide standards for providing, and obtaining reimbursement for, such services under the Medicaid/NJ FamilyCare program. Related amendments are also proposed within N.J.A.C. 10:77A. The specific sections of the proposed new rules are described below.

At N.J.A.C. 10:77A-2.2, Levels of care, subsection (d) is proposed for deletion. That subsection relates to Level C care, which is being eliminated with the implementation of CSS. Existing subsection (e) would be recodified as (d), with no change in text. At N.J.A.C. 10:77A-3.2, for Healthcare Common Procedure Coding System codes and maximum fee allowance schedule for adult mental health rehabilitation services provided in/by community residence programs, the Level C codes would also be deleted. Additionally, existing codes relating to other levels of care would be revised in order to comply with the Healthcare Common Procedure Code System.

Proposed new N.J.A.C. 10:79B-1.1, Definitions, would provide definitions of the terms “community support services,” “comprehensive rehabilitative needs assessment (CRNA),” “individual rehabilitation plan (IRP),” and “serious mental illness.”

Proposed new N.J.A.C. 10:79B-1.2, Purpose, scope, and eligibility, would broadly describe the implementation of CSS services by the Medicaid/NJ FamilyCare program and the necessity of providers meeting the requirements of both Division of

Medical and Health Services (DMAHS) and Division of Mental Health and Addiction Services (DMHAS) related to CSS.

Proposed new N.J.A.C. 10:79B-2.1, Beneficiary eligibility, would describe various personal, medical, and program classification requirements that must be met in order for a person to receive CSS under the Medicaid/NJ FamilyCare program. It also describes assignment to a provider once such eligibility is determined.

Proposed new N.J.A.C. 10:79B-2.2, Program and licensure requirements, would generally describe such requirements that apply to providers of CSS under the Medicaid/NJ FamilyCare program.

Proposed new N.J.A.C. 10:79B-2.3, Services, would describe specific requirements applicable to CSS under the Medicaid/NJ FamilyCare program.

Proposed new N.J.A.C. 10:79B-2.4, Conditions on claims for reimbursement for services, would describe various billing requirements and conditions regarding CSS under the Medicaid/NJ FamilyCare program.

Proposed new N.J.A.C. 10:79B-2.5, Recordkeeping, would describe various documentation requirements for CSS under the Medicaid/NJ FamilyCare program.

Proposed new N.J.A.C. 10:79B-2.6, Staffing, would describe specific staffing requirements regarding program coordinators of CSS under the Medicaid/NJ FamilyCare program.

Proposed new N.J.A.C. 10:79B-2.7, Prior authorization, would describe the various requirements regarding the need for prior authorization for CSS under the Medicaid/NJ FamilyCare program.

The Department has determined that the comment period for this notice of proposal will be at least 60 days; therefore, pursuant to N.J.A.C. 1:30-3.3(a)5, this notice is excepted from the rulemaking calendar requirement.

Social Impact

The proposed new rules and amendments are expected to have a positive social impact on beneficiaries, who will benefit from receiving CSS through the Medicaid/NJ FamilyCare program. Beneficiaries will be receiving these services with the goal of having support in the community to facilitate their recovery and provide choice in community integration. This program is designed to increase the opportunities for beneficiaries to further their wellness and recovery activities and benefit from the principles of supportive housing in community settings. Beneficiaries who were previously living in State institutions awaiting housing and support services will be able to return to the community and continue in their recovery with their families.

Economic Impact

The proposed new rules and amendments are expected to have a positive economic impact on beneficiaries, who will benefit from receiving Medicaid/NJ FamilyCare coverage of CSS.

The proposed new rules are expected to have a positive economic impact on providers of CSS, who will benefit from receiving payment for CSS to Medicaid/NJ FamilyCare beneficiaries.

The proposed new rules are expected to have a positive economic impact on the State, which will benefit from receiving Federal financial participation for CSS provided through the Medicaid/NJ FamilyCare program. Additionally, the new CSS program will provide opportunities to decrease the number of more costly hospitalizations for beneficiaries covered by the Medicaid/NJ FamilyCare program.

Federal Standards Statement

The Department has reviewed the applicable Federal laws and regulations and that review indicates that the proposed new rules and amendments do not exceed Federal standards. Therefore, a Federal standards analysis is not required.

Jobs Impact

The proposed new rules and amendments will not cause a net generation or loss of jobs in the State of New Jersey.

Agriculture Industry Impact

Since the proposed new rules and amendments concern payment for community support services provided to Medicaid/NJ FamilyCare beneficiaries, the Department anticipates that the proposed rulemaking will have no impact on the agriculture industry in the State of New Jersey.

Regulatory Flexibility Analysis

Providers affected by the proposed new rules will not have more than 100 full-time employees. Therefore, they are considered small businesses, as the term is defined by the Regulatory Flexibility Act, N.J.S.A. 52:14B-16 et seq., and a regulatory flexibility analysis is required. They will be required to comply with recordkeeping requirements in order to ensure that services provided are in conformity with State and Federal laws and requirements regarding services that are reimbursable under New Jersey's Medicaid/NJ FamilyCare program. CSS providers are required to keep records as are necessary to fully disclose the kind and extent of services provided, who provided the service, the medical necessity for such services, and the place, date, and the total units of service that were provided. Recordkeeping for CSS services must include clinical records, reports for each individual beneficiary, and all documentation required under N.J.S.A. 30:4D-12, N.J.A.C. 10:49, 10:79B, and 10:37B. These reports must cover the medical, nursing, social and health-related care rendered to the beneficiary, in accordance with accepted professional standards. The Individual Rehabilitation Plan (IRP) must identify those services to be provided, the credential of the practitioner providing the service, the length of the service and the location of services to be provided. The IRP must be amended as required if services are determined necessary for the beneficiary's treatment. The provider must maintain the name and Medicaid/NJ FamilyCare health benefits identification number of the beneficiary, the dates of services, the types of services provided, the duration of the services provided, the name and title of the employee providing the service, and the specific location at which the service was provided. All documentation must be entered into the record within one calendar week.

The above-described standard medical and insurance documentation is necessary to assure the delivery of effective services to consumers and Federal financial participation, and compliance and should not require the hiring of additional or expert staff.

Housing Affordability Impact Analysis

Since the proposed new rules and amendments concern payment for community support services provided to Medicaid/NJ FamilyCare beneficiaries, the Department anticipates that the proposed new rules and amendments will have no impact on the development of affordable housing in New Jersey and there is no likelihood that the proposed new rules and amendments would evoke a change in the average costs associated with housing.

Smart Growth Development Impact Analysis

Since the proposed new rules and amendments concern payment for community support services provided to Medicaid/NJ FamilyCare beneficiaries, the Department anticipates that there is no likelihood that the proposed new rules and amendments would evoke a change in housing production in Planning Areas 1 and 2, or within designated centers, under the State Development and Redevelopment Plan.

Full text of the proposal follows (additions indicated in boldface **thus**; deletions indicated in brackets [thus]):

CHAPTER 77A

ADULT MENTAL HEALTH REHABILITATION SERVICES PROVIDED IN/BY COMMUNITY RESIDENCE PROGRAMS

10:77A-2.2 Levels of care

(a)-(c) (No change.)

[(d) Level C means community mental health rehabilitation services provided in the community residence or in a community setting a minimum of one hour per week, but less than four hours per day, delivered by the provider. Reimbursement shall be provided for complete quarter-hour units of service.]

[(e)] **(d)** (No change in text.)

10:77A-3.2 HCPCS codes and maximum fee allowance schedule for adult mental health rehabilitation services provided in/by community residence programs

HCPCS Code	MOD	Definition	Maximum Fee Allowance
[Z7333] **H0019**	**U1**	Adult MH Rehab. Svcs. Level A+ Group Home (per diem)	$164.00
[Z7333] **H0019**	52 **U1**	Adult MH Rehab. Svcs. Level A+ Supervised Apartment (per diem)	$164.00

[Z7334] **H0019**		**U2**	Adult MH Rehab. Svcs. Level A Group Home (per diem)	$131.00
[Z7334] **H0019**	52	**U2**	Adult MH Rehab. Svcs. Level A Supervised Apartment (per diem)	[$ 66.00] **$66.00**
[Z7335] **H0019**		**U3**	Adult MH Rehab. Svcs. Level B Group Home (per diem)	$102.00
[Z7335] **H0019**	52	**U3**	Adult MH Rehab. Svcs. Level B Supervised Apartment (per 15 minutes)	[$ 3.75] **$3.75** ($15.00/hour)
[Z7336			Adult MH Rehab. Svcs. Level C Group Home (per 15 minutes)	$ 3.75 ($15.00/hour)
Z7336	52		Adult MH Rehab. Svcs. Level C Supervised Apartment (per 15 minutes)	$ 3.75 ($15.00/hour)]
[Z7337] **H0035**			Adult MH Rehab. Svcs.	[$ 40.00] **$40.00**

Level D

(per diem)

CHAPTER 79B

COMMUNITY SUPPORT SERVICES FOR ADULTS WITH MENTAL ILLNESS

SUBCHAPTER 1. GENERAL PROVISIONS

10:79B-1.1 Definitions

The following words and terms, when used in this chapter, shall have the following meanings, unless the context clearly indicates otherwise.

"Community support services (CSS)" shall have the same definition as that provided at N.J.A.C. 10:37B.

"Comprehensive rehabilitative needs assessment (CRNA)" shall have the same definition as that provided at N.J.A.C. 10:37B.

"Individual rehabilitation plan (IRP)" shall have the same definition as that provided at N.J.A.C. 10:37B.

"Serious mental illness" shall have the same definition as that provided at N.J.A.C. 10:37B.

10:79B-1.2 Purpose, scope, and eligibility

(a) The purpose of this chapter is to set forth the rules governing the provision of CSS to New Jersey Medicaid/FamilyCare Plan A and Alternative Benefit Plan beneficiaries.

(b) Community support services are community-based, intensive, comprehensive, integrated mental health rehabilitation services provided by a professional, multi-disciplinary team to adults who have a serious mental illness, with the intent to assist the beneficiary to achieve and maintain valued life roles in employment, education, housing, and social environments.

(c) To participate in the Medicaid/NJ FamilyCare program, all providers shall be under contract with the Division of Mental Health and Addiction Services (DMHAS) as a licensed provider of CSS and shall meet the requirements set forth by Division of Medical Assistance and Health Services (DMAHS) and by the DMHAS related to CSS in accordance with N.J.A.C. 10:37B.

SUBCHAPTER 2. PROGRAM STANDARDS

10:79B-2.1 Beneficiary eligibility

(a) Adult Medicaid/NJ FamilyCare Plan A and Alternative Benefit Plan beneficiaries (18 years or older) shall be eligible for adult CSS provided in/by community support service providers, if the client has a serious mental illness and such services have been determined by the Division of Mental Health and Addiction Services (DMHAS) or an authorized agent contracted with the Department of Human Services to be clinically necessary using the criteria established by DMHAS (see N.J.A.C. 10:37B). Other diagnoses not listed in

N.J.A.C. 10:37B may be approved by DMHAS or their authorized agent if determined appropriate. The diagnoses shall be made by the referring agency or provider.

(b) NJ FamilyCare-Plans B, C, and D beneficiaries are not eligible for CSS.

(c) Beneficiaries eligible as "medically needy" in accordance with N.J.A.C. 10:70 shall not be eligible for CSS provided in/by community support service providers.

(d) DMHAS or a designated entity acting on behalf of DMHAS shall offer to eligible beneficiaries the opportunity to choose a CSS provider.

10:79B-2.2 Program and licensure requirements

(a) CSS provided in/by a provider agency or PA to Medicaid/NJ FamilyCare beneficiaries shall meet all program, licensure, and other applicable requirements contained in the Department's rules including, but not limited to, N.J.A.C. 10:37B.

(b) To participate in the Medicaid/NJ FamilyCare program under this chapter, all providers shall be providers under contract with the Division of Mental Health and Addiction Services (DMHAS) as a provider of CSS and shall meet all program, licensure, and other requirements set forth by DMHAS related to CSS.

10:79B-2.3 Services

(a) CSS shall include those services listed in N.J.A.C. 10:37B.

(b) CSS shall be provided directly by, or under the direction or coordination of, CSS provider agency staff assigned to the CSS program.

(c) CSS to be provided shall be identified in the Individual Rehabilitation Plan (IRP) and provided by the level of clinician identified. CSS shall be provided by the level of clinician most appropriate to provide the service requested and shall not be determined by the availability of staff at the time of the intervention.

(d) CSS providers must provide 24-hour-a-day access to clinical staff capable of providing crisis intervention on an as needed basis.

(e) The comprehensive rehabilitation needs assessment (CRNA) and individualized recovery plan (IRP) must be completed by a licensed clinician whose license allows them to assess a client for the purposes of completing a treatment plan.

(f) CSS providers shall follow the need for supervision and co-signature of documentation as determined by the licensing board for each professional specialty.

10:79B-2.4 Conditions on claims for reimbursement for services

(a) All units of service shall be a full 15 minutes of face-to-face contact. No rounding up is permitted.

(b) Group services are restricted to a maximum of six clients.

(c) Span billing is not permitted. Providers shall complete a separate claim line for each calendar date on which services were provided and shall include the total number of units of service that were provided on that date for each type of staff qualifications/credentials.

(d) Non-consecutive shorter time periods shall not be added together to total 15 minutes.

(e) Non-consecutive complete units rendered on the same day shall be totaled and paid.

(f) Clients may be billed for a total of seven hours (28 units) per day. Psychiatrist units are limited to eight units per day and APN services to 12 units per day. The remaining service providers (RN and masters, BA and LPN, Associate Degree, high school, and peers) may provide the balance of services up to 28 units per day.

(g) Providers may not bill for CSS that are provided while the individual is enrolled in programs of assertive community treatment (PACT), adult mental health rehabilitation (AMHR), or targeted case management (integrated case management services (ICMS) or project for assistance in transition from homelessness (PATH)).

(h) Services shall not be provided, and are not reimbursable, if provided to a client attending a partial care program for the same hours the client attends the partial care program.

(i) Services may not be billed for clients who are hospitalized prior to the date of their discharge.

(j) Transportation of a client is not reimbursable as a service. Any provision of services provided to a CSS client during travel shall be indicated in the individual rehabilitation plan prior to the travel and shall have corresponding

documentation supporting what service was provided, by whom, to whom, and the expected outcome of the intervention.

(k) Reimbursement shall be provided only if services are provided in accordance with the IRP and meet all provisions of this chapter and N.J.A.C. 10:37B.

10:79B-2.5 Recordkeeping

(a) All CSS providers shall keep such legible records as are necessary to fully disclose the kind and extent of services provided, who provided the service along with their credential, and must meet the requirements of N.J.A.C. 10:37B, as well as describe the medical necessity for such services, and the place, date, and the total units of service that were provided.

(b) Recordkeeping for CSS services shall include clinical records, reports for each individual beneficiary, and all documentation required under N.J.S.A. 30:4D-12, N.J.A.C. 10:37B and 10:49, and this chapter. These reports shall minimally cover the medical, nursing, social, and health-related care rendered to the beneficiary, in accordance with accepted professional standards.

(c) The individual rehabilitation plan (IRP) shall identify those services to be provided, the credential of the practitioner providing the service, the amount of time that will be devoted to the provision of the service, and the location of services to be provided. Only those services provided as described in the IRP are reimbursable. The IRP must be amended as required if services not previously documented in the IRP are determined necessary for the beneficiary's treatment in order to ensure proper billing.

(d) The provider shall maintain, at a minimum, the following documentation in support of all claims for payment.

1. The name and Medicaid/NJ FamilyCare health benefits identification number of the beneficiary;

2. The date(s) of service(s);

3. The type(s) of service(s) provided;

4. The duration of the service(s) provided;

5. The name, credential, and title of the employee providing the service;

6. The specific location at which the service was provided;

7. CRNA;

8. IRP; and

9. Prior and Continued Stay Authorization Form.

(e) All records shall be made available upon request to representatives of the Department of Human Services or its authorized agents.

(f) All records must be available to all CSS staff working with the client. All staff must have access to review the IRP and documentation of the services provided. All documentation shall be entered into the record within one calendar week.

10:79B-2.6 Staffing

(a) Each program shall identify a program coordinator responsible for all routine business aspects and inquiries involved in the provision of CSS. The program coordinator shall ensure that all requests for prior authorization are submitted in accordance with N.J.A.C. 10:79B-2.7, address issues identified by Department of

Human Services (DHS) staff, and respond to all DHS inquires and requests related to the provision of CSS.

(b) The program coordinator shall, at a minimum, possess a bachelor's degree in a related field.

10:79B-2.7 Prior authorization

(a) The first 60 days of CSS services shall not require prior authorization.

(b) Prior to the end of the first 60 days, the CSS provider shall submit a request to Division of Mental Health and Addiction Services (DMHAS) for prior authorization to continue services.

(c) The initial request for prior authorization must include a copy of the IRP. Subsequent submissions that include changes in the level of services requested shall also include a copy of the revised IRP.

(d) No prior authorizations may exceed six months of service.