

Division of Mental Health & Addiction Services  
**wellnessrecoveryprevention**  
*laying the foundation for healthy communities, together*

# FFS Transition

## Listening and Feedback Session

May/June 2016

# Introduction

During his 2016 State of the State and Budget Addresses, Governor Chris Christie announced that \$127 million would be invested in enhanced behavioral health services rates for providers. It is the largest overall increase to this community in over a decade and it's designed to strengthen the organizations that provide critical programs for some of New Jersey's most vulnerable residents.

# Why Transition to FFS

- Goal of creating equity across the DMHAS system
  - Increased system capacity
  - Create greater access for individuals seeking treatment to access the level of care needed at the time needed
  - Standardization of reimbursement across providers
  - Create greater budgeting and expenditure flexibility for providers

# MH Transitions to FFS

MH FFS 1/1/17	Not Transitioning 1/1/17
Program of Assertive Community Treatment (PACT)	Training and TA
Intensive Case Management Services (ICMS)	Specialized Services
Outpatient	Intensive Outpatient Treatment Support Services (IOTSS)
MH Residential (group homes)	Involuntary Outpatient Commitment (IOC)
Supported Employment/Education	Psychiatric Emergency Services/Designated Screening Center (PES/DSC)
Partial Care	Intensive Family Support Services (IFSS)
Partial Hospitalization	Self Help
	Recovery Centers
	Justice Involved Services

# SUD Transitions to FFS

SUD FFS 7/1/16	Not Transitioning 7/1/16
Outpatient	County Alcohol Education Rehabilitation and Enforcement Funds (AEREF)
Intensive Outpatient Program	Council on Compulsive Gambling Contracts
Partial Care	Opioid Overdose Recovery Programs
Detox	Opioid Overdose Prevention Programs
Short Term Residential	Recovery Centers
Long Term Residential	Women's Set Aside Services
Halfway House	HIV Case Management
Methadone Outpatient	Medication Assisted Treatment Initiative Vans
	Transitional Support
	Information and Referral Services
	Other Specialized Programs

# DHS/DMHAS Planning

- 7 internal workgroups
- A mental health stakeholder workgroup
- DHS hired director of Behavioral Health Management
- DMHAS designated a point person
- In process of adding additional resources
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# FFS Medicaid

- The appropriate Medicaid members and Medicaid covered services are to be billed to Medicaid prior to seeking state funding.
- Providers are required to enroll as a Medicaid provider if receiving state funds. A provider can submit application at <http://njmmis.com>
- SUD and CSS services funded through Medicaid and State dollars will be prior authorized by the Interim Managing Entity (IME).
- **True Up:** The alternative benefit plan includes SUD treatment services: intensive outpatient, outpatient, partial care, short term residential (non-IMDs), detox (non-IMD), IOP and opioid treatment. Currently the NJ FamilyCare Plan A only includes methadone. As of 7/1/2016, the *True Up* expands these services to all Plan A members.“
- Medicaid is to be billed for individuals 21 years old and younger as well as individuals 65 years of age and older for individuals in IMDs in short term residential and detox level of care as of 7/1/2016.

# FFS Timeline for Implementation

July  
2016

- Medicaid rates for MH and SUD become effective
- Medicaid True-Up\* for SUD becomes effective
- State rates for SUD becomes effective and SUD state rates become fully FFS
- IME Prior Authorization for SUD

January  
2017

- State rates for MH becomes effective
- MH providers can opt to transition to FFS

July  
2017

- All MH providers to transition to FFS

Next

- Managing BH services

\*The alternative benefit plan includes SUD treatment services: intensive outpatient, outpatient, partial care, short term residential (non-IMDs), detox (non-IMD) and opioid treatment. NJ FamilyCare Plan A only includes methadone. The *True Up* expands Plan A coverage to mirror the ABP.

# MH FFS Application for State Dollar

- Collect only minimal consumer data necessary to provide billing info to Molina to pay agency
- Only collecting data for consumers who qualify for state initiatives/funding (not Medicaid or private pay)
- Will provide an EHR/EMR interface – the ability to download consumer data to reduce duplicate data entry
- USTF and QCMR
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# Policy Decisions for MH FFS Transition

- Medicaid companion regulations will be used to establish business rules
- MH and SUD Providers will be able to get a cash advance for 2 months with 10 months to repay
- MH Providers have the option to transition to FFS beginning 1/1/17 or 7/1/17, decision by September 15, 2016

# Stakeholder update:

- DMHAS and DHS have been meeting with providers and trade organizations about the rates and as a result, some rates had been adjusted.
- DMHAS has formed a Stakeholder Work Group comprised of providers, consumers, family members and other stakeholders.
- DMHAS is holding a listening session for consumers and family members in June.
- DMHAS has scheduled three regionally-based sessions to be attended by providers to obtain feedback to further inform DHS/DMHAS planning activities
- BH Business has been offered to assist providers in making business decisions related to his transition.

Questions can be submitted to:

[FFS.Transition@dhs.state.nj.us](mailto:FFS.Transition@dhs.state.nj.us)

Additional Information about the FFS Transition can be found by visiting :

[www.nj.gov/humanservices/dmhas/initiatives/managed/](http://www.nj.gov/humanservices/dmhas/initiatives/managed/)

Thank you,  
The Fee for Service Transition Team