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JENNIFER VELEZ  
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VALERIE L. LAROSILIERE  
Acting Assistant Commissioner

MEMORANDUM

**TO:** Mental Health Provider Agencies

**FROM:** Valerie L. Larosiliere, Acting Assistant Commissioner  
Division of Mental Health and Addiction Services

Valerie J. Harr, Director  
Division of Medical Assistance and Health Services

**DATE:** June 20, 2011

**SUBJECT:** Community Support Services (CSS)

The Division of Medical Assistance and Health Services in collaboration with the Division of Mental Health and Addiction Services (DMHAS) submitted a State Plan Amendment to CMS (the Centers for Medicare and Medicaid Services) requesting permission to provide a new Medicaid billable rehabilitation service - Community Support Services (CSS).

It is with pleasure that we are able to share with you that CMS has approved our State Plan Amendment (SPA) submission. Community Support Services is a mental health rehabilitation and support service that assists individuals diagnosed with a mental illness attain the skill necessary to achieve and maintain their valued life roles in employment, education, housing and social environments. In broad terms, Community Support Services consists of a comprehensive needs assessment; partnering with consumers to develop, implement and monitor individualized rehabilitation plans; therapeutic rehabilitative skill development; illness management and recovery training; and, support, crisis intervention and the coordination of services.

One of the significant components of this service is that the Medicaid reimbursement rates for the service provided is dependent on the credentials of the individual providing a service that the SPA deems is appropriate for that level of credentialed staff. For example, the reimbursement rate for services provided by a psychiatrist is higher and different than a service provided by someone whose highest credential is a bachelor's degree. In addition, we are very excited to share with you that this new service will enable providers to bill for services provided by individuals in recovery who do not have a degree.

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Mental Health Providers

June 20, 2011

Page 2

Community Support Services (CSS), as a Medicaid billable service, can only be offered by a provider licensed to provide this service. During the next year, the DMHAS will develop regulations, as a part of our Supportive Housing regulations, to enable supportive housing providers to be licensed to provide the service. In addition, the DMHAS will offer training to prospective providers about CSS.

The State Plan Amendment approved by the CMS will be posted on the Medicaid and DMHAS websites in the near future. However, we have attached to this correspondence excerpts from the State Plan Amendment so that you have additional information concerning its contents.

VLL:VJH:pjt

Attachment

**Division of Mental Health and Addiction Services (DMHAS)  
State Plan Amendment under Title XIX (Medicaid) for  
Mental Health Community Support Services (CSS)**

**Proposed start date for service:**                      **October 1, 2011**

**Eligible providers:**                      **Supportive Housing providers licensed by DMHAS to provide Community Support Services.**

**Eligible Staff:**                      **Physician/Psychiatrist, psychologist, Advanced Practice or Registered Nurse, Licensed Practitioner of the Healing Arts including: Clinical Social Worker, Licensed Rehabilitation Counselor, Licensed Professional Counselor, Licensed Marriage and Family Therapist. Master's degree in Social Work, Rehabilitation Counseling, Psychology, Counseling, or other related behavioral health or counseling program, Bachelor's degree in one of the helping professions such as social work, human services, counseling, psychiatric rehabilitation, psychology or criminal justice, or if B.A. in another field certain experience is required. Licensed practical nurse, associate's degree in a helping profession such as social work, human services, counseling, psychiatric rehabilitation, psychology, criminal justice, etc., and experience, high school diploma/equivalent and experience, Certified Psychiatric Rehabilitation Practitioner plus experience or certified wellness coach or Community mental health associate certificate plus experience.**

**(Within the licensed entity, certain service components can be provided by staff with certain credentials and in some instances with certain supervision.)**

**Eligible Services:**                      **1. Comprehensive Rehabilitation Needs Assessment (CRNA);  
2. Contributing to the development, implementation, monitoring and updating of the Individualized Rehabilitation Plan;  
3. Therapeutic Rehabilitative Skill Development;  
4. Illness Management and Recovery;  
5. Crisis Intervention;  
6. Coordinating and Managing Services**

**Eligible Consumers:**

**Eligible participants will meet standards for medical necessity by having severe mental health needs evidenced by having a current diagnosis of mental illness and item 1, and one or more of items 2, 3, or 4:**

- 1. Requires active rehabilitation and support services to achieve the restoration of functioning to promote the achievement of community integration and valued life roles in the social, employment educational and/or housing domains, and;**
- 2. At risk for hospitalization or other intensive treatment settings such as 24 hour supervised congregate group or nursing home as assessed using a predefined instrument, or;**
- 3. Deterioration in functioning in the absence community based services and supports that would lead to #2, or;**
- 4. The individual's own resources and support systems are not adequate to provide the level of support needed to live safely in the community.**

**Billable activity:**

**All face to face contact with or on behalf of the consumer.**

**Description of Community Support Services**

**Community Support Services** consist of mental health rehabilitation services and supports necessary to assist the consumer in achieving mental health rehabilitative and recovery goals as identified in the individualized rehabilitation plan; including achieving and maintaining valued life roles in the social, employment, educational and/or housing domains; and to restore a consumer's level of functioning to that which allows the consumer to achieve community integration, and to remain in an independent living setting of his/her choosing.

**The following are components of Mental Health Community Support Services (CSS):**

**1. Comprehensive Rehabilitation Needs Assessment.**

The behavioral health and rehabilitation needs assessment process is a consumer-driven process that consists of a face-to-face comprehensive assessment with the consumer, and may also include identified family members and other collateral service providers. The purpose of this assessment is to gather all information required to determine need for, scope of and anticipated outcome of rehabilitation services. This includes individual strengths, preferences, needs, abilities, psychiatric symptoms, medical history, and functional limitations.

**2. Contribution to the development, implementation, monitoring and updating of rehabilitation plan agreements, in partnership with the client, and in consultation with identified providers and significant others.**

The individualized rehabilitation plan includes the rehabilitation and recovery goals, objectives, strategy/intervention to be employed, anticipated outcomes, the expected frequency and duration of each Community Support Service activity, the type of practitioner to provide the service, location where the service is to be delivered and the schedule of updates to the plan. Such plan is to be reviewed quarterly and modified or updated as needed. Each rehabilitation plan and subsequent revisions must be authorized by a physician or licensed practitioner authorized by state law to recommend a course of treatment.

**3. Therapeutic rehabilitative skill development** with the aim of promoting community integration and restoring the individual to the maximum possible functional level by improving functional, social, interpersonal, problem-solving, coping and communication skills. ***Reimbursable activities are those that involve teaching the consumer various physical, cognitive/intellectual and behavioral skills related to identified goals in a focused manner that leads to increased competence and proficiency in identified skills.*** At a minimum, skill teaching involves the following: discussions with the consumer about the skill to be learned, including past experience in using the skill, what the skill entails, when to use the skill; and the benefits of learning the skill; breaking the skill down into its component parts; showing examples of how the skill is correctly used or performed; arranging opportunities to practice skill use in community settings where the skill is to be used; and providing evaluation and feedback on skill performance.

Skills development may target one or more of the following areas:

- a. Skill development to promote the restoration of daily living skills (e.g. health and mental health education, money management, maintenance of living environment, personal responsibility, nutrition, menu planning and grocery shopping, personal hygiene, grooming);
- b. Social skills development to promote the restoration of appropriate social functioning in various community settings, communication and interpersonal relationships, the use of community services; and the development of appropriate personal and natural support networks;
- c. Skills related to accessing and using appropriate mainstream medical, dental and mental health services (for example, making and keeping appointments, preparing questions to ask the doctor, asking an employer for time off to attend a doctors appointment, arranging transportation, etc.);
- d. Skills related to accessing, renewing, and using appropriate public entitlements such as Social Security, Section 8, food stamps, Medicaid, and Medicare (for example, completing applications, preparing for interviews,

navigating the social services agency, determining which benefits are needed, etc.);

- e. Skills related to how to use recreation and leisure time and resources (for example, engaging in hobbies, inviting friends, learning about community resources, applying for club memberships, adhering to club member requirements, researching available resources, etc.);
- f. Skill training in self-advocacy and assertiveness in dealing with citizenship, legal, and/or other social needs (for example, how to vote, appropriate participation in community meetings and civic activities, participating in mental health advocacy activities, testifying at public hearings, expressing needs in appropriate manner, etc.);
- g. Skills of negotiating landlord/neighbor relationships;
- h. Cognitive and behavior skills including, but not limited to, the handling of emergencies, and problem solving;
- i. Skills development related to leading a wellness and healthy lifestyle (for example engaging in health promoting habits, practicing stress management activities, developing wellness plans, establishing and maintaining regular exercise, participating in spiritual or religious community, etc);
- j. Work readiness activities (excepting skills related to a specific vocation, trade, or practice) including: work related communication skills, work related personal hygiene and dress, work related time management, other related skills preparing the recipient to be employable;

**4. Illness Management and Recovery** training and support (includes co-occurring substance use disorders). This includes:

- a. Symptom monitoring and self management of illness and symptoms, which shall have as its objective the identification and minimization of the negative effects of psychiatric symptoms which interfere with the individual's daily living;
- b. Medication management;
- c. Education and training on mental illness, relapse identification, prevention and the promotion of recovery;
- d. Relapse prevention;
- e. Evidence based practices including motivational enhancement, cognitive-behavioral and behavioral shaping interventions.

**5. Crisis Intervention** -- face to face, short term interventions with a client who is experiencing increased distress and/or an active state of crisis. Includes developing and implementing recipient's crisis contingency plan and Psychiatric Advance Directive.

**6. Coordinating and managing services by:**

1. Providing oversight for the integrated implementation of goals, objectives and strategies identified in the recipient's service agreement;
2. Assuring stated measurable goals, objectives and strategies are met within established timeframes;
3. Assuring all service activities including collaborative consultation and guidance to other staff serving the recipient and family, as appropriate;
4. Coordination to gain access to necessary rehabilitative and medical services;
5. Monitoring and follow up to determine if the services accessed have adequately met the individual's needs.

**Location of Service**

Community Support Services may be furnished in any relevant setting as it pertains to the specific services to be rendered (e.g. supermarket, banks, healthcare provider office, etc).

All face-to-face discussions delivered by providers as enumerated above, consisting of qualifying activities as described above, advancing the rehabilitative goals enumerated in the plan of care, provided directly to or on behalf of the service recipients, regardless of the physical location where or when the service is provided, including in a vehicle, shall be allowable.

**Basis of Reimbursement**

Reimbursement will be a fixed rate fee-for-service. The unit of service will be fifteen contiguous minutes of face-to-face contact with or on behalf of the client. Group size is limited to six.

The rate was adjusted to account for the proportion of time that services will be delivered face to face. The activity supporting the face to face encounters such as phone contacts, travel time, etc is built in to the rate.

**Proposed State Plan Amendment under Title XIX (Medicaid) for  
Mental Health Community Support Services (CSS)**

<b>Eligible Staff</b>	<b>Qualifications</b>	<b>Supervision</b>	<b>Community Service Services components eligible staff is able to deliver</b>	<b>Proposed Rate/15 min</b>
<p>Physician/Psychiatrist; Psychologist; Advanced Practice or Registered Nurse;</p>	<p>Licensed by applicable New Jersey State Board</p>	<p>Can supervise others</p>	<p>Comprehensive Rehabilitation Needs Assessment (CRNA); Contributing to the development, implementation, monitoring and updating of the Individualized Rehabilitation Plan; Therapeutic Rehabilitative Skill Development; Illness Management and Recovery; Crisis Intervention; Coordinating and Managing Services;</p>	<p>MD \$60.27(Individual) APN \$50.11(Individual)</p>
<p>Licensed Practitioner of the Healing Arts, including: Clinical Social Worker; Licensed Rehabilitation Counselor; Licensed Professional Counselor; Licensed Marriage and Family Therapist</p>	<p>Master's degree in Social Work, Rehabilitation Counseling or other related behavioral health or counseling program For LMFT, plus one year experience in community behavioral health setting Certified Psychiatric Rehabilitation Practitioner (CPRP) may be substituted for one year's experience</p>	<p>Can supervise others</p>	<p>Comprehensive Rehabilitation Needs Assessment (CRNA); Contributing to the development, implementation, monitoring and updating of the Individualized Rehabilitation Plan; Therapeutic Rehabilitative Skill Development;</p>	<p>Masters-\$28.82(Individual)</p>



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Master's level Community Support Staff	Master's degree in Social Work, Rehabilitation Counseling, Psychology, Counseling, or other related behavioral health or counseling program	Can supervise day to day service provision of other staff	Illness Management and Recovery;  Crisis Intervention;  Coordinating and Managing Services;	Masters--\$28.82(Individual)
Bachelor's level Community Support Staff	Graduation from an accredited college or university with a Bachelor's degree in one of the helping professions such as social	Under the supervision of a Master's level Community Support Staff.	Contributing to the development, implementation, monitoring and updating of the Individualized Rehabilitation Plan;  Therapeutic Rehabilitative Skill Development;  Illness Management and Recovery;  Crisis Intervention;  Coordinating and Managing Services;	B.A>-----\$20.69(Individual) \$5.17(Group)

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<b>Eligible Staff</b>	<b>Qualifications</b>	<b>Supervision</b>	<b>Community Service Services components eligible staff is able to deliver</b>	<b>Proposed Rate/15 min</b>
	<p>work, human services, counseling, psychiatric rehabilitation, psychology, criminal justice.</p> <p>For staff with a Bachelor's level degree in a field other than helping profession listed above, a minimum of 2 years working in a community based behavioral health setting;</p> <p>Certified Psychiatric Rehabilitation Practitioner (CPRP) may be substituted for one year's experience</p>		<p>Plan;</p> <p>Therapeutic Rehabilitative Skill Development;</p> <p>Illness Management and Recovery;</p> <p>Crisis Intervention;</p> <p>Coordinating and Managing Services;</p>	
<p>Licensed Practical Nurse (LPN)</p>	<p>Graduation from an accredited nursing training program and licensed in the state of New Jersey as a LPN</p>	<p>Under the supervision of a Registered Nurse</p>	<p>Contributing to the development, implementation, monitoring and updating of the Individualized Rehabilitation Plan;</p> <p>Therapeutic Rehabilitative Skill Development;</p> <p>Illness Management and Recovery;</p> <p>Crisis Intervention;</p> <p>Coordinating and Managing Services;</p>	<p>LPN-----\$20.69(individual) \$5.17(Group)</p>

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<b>Eligible Staff</b>	<b>Qualifications</b>	<b>Supervision</b>	<b>Community Service Services components eligible staff is able to deliver</b>	<b>Proposed Rate/15 min</b>
Associate's degree level Community Support Worker	Graduation from an accredited college or university with an Associate's degree in one of the helping professions such as social work, human services, counseling, psychiatric rehabilitation, psychology, criminal justice  Minimum of 2 years working in a community based behavioral health setting;  Certified Psychiatric Rehabilitation Practitioner (CPRP) may be substituted for one year's experience	Under the supervision of a Master's level Community Support Staff.	Contributing to the development, implementation, monitoring and updating of the Individualized Rehabilitation Plan;  Therapeutic Rehabilitative Skill Development;  Illness Management and Recovery;  Crisis Intervention;  Coordinating and Managing Services;	AA-----\$15.63(Individual) \$ 3.91(Group)
High School Graduate level Community Support Staff	High school diploma/equivalent, and:  Minimum of 3 years working in a community based behavioral health setting;  Certified Psychiatric Rehabilitation Practitioner (CPRP) may be substituted for one year's experience.	Under the supervision of a Master's level Community Support Staff.	Contributing to the development, implementation, monitoring and updating of the Individualized Rehabilitation Plan;  Therapeutic Rehabilitative Skill Development;  Illness Management and	HS-----\$15.63 (Individual) \$ 3.91(Group)

**Proposed State Plan Amendment under Title XIX (Medicaid) for  
Mental Health Community Support Services (CSS)**

<b>Eligible Staff</b>	<b>Qualifications</b>	<b>Supervision</b>	<b>Community Service Services components eligible staff is able to deliver</b>	<b>Proposed Rate/15 min</b>
Peer level Community Support Staff	Certified Psychiatric Rehabilitation Practitioner (CPRP) plus one year experience in a community based self help service or behavioral healthcare setting; or Certified Wellness Coach; or Community Mental Health Associate certificate plus two years experience in a community based self help service or behavioral healthcare setting	Under the supervision of a Master's level Community Support Staff.	Recovery;  Contributing to the development , implementation, monitoring and updating of the Individualized Rehabilitation Plan;  Therapeutic Rehabilitative Skill Development;  Illness Management and Recovery;	Peer-----\$15.63(Individual) \$ 3.91(Group)