DIVISION OF MENTAL HEALTH & ADDICTION SERVICES
Community Support Services (CSS) (02/13/18)
ANNEX A

Name of Agency:	Contract No:
Service Commitments Period From: To:	Budget Modification No: (0 = Original)
Program Element: CSS	Budget Matrix Code: **27**
CSS Initiative (Indicate <u>one</u> only): Generic ☐, DD/MI ☐, RIST ☐, MESH ☐, Forensic ☐ ESH ☐, RIST/MESH ☐, At-Risk ☐	County(ies) of Service: Include the counties of residence of *all* consumers served by *this* CSS initiative

CSS Units by Initiative & County

County	1. Unduplicated **Consumers** to be Served	2. Number of **New Enrollees & Transfers** into CSS	**Terminations / Transfers Out** of Program	4. Total **Units** of Service
a. Atlantic				
b. Bergen				
c. Burlington				
d. Camden				
e. Cape May				
f. Cumberland				
g. Essex				
h. Gloucester				
i. Hudson				
j. Hunterdon				
k. Mercer				
l. Middlesex				
m. Monmouth				
n. Morris				
o. Ocean				
p. Passaic				
q. Salem				
r. Somerset				
s. Sussex				
t. Union				
u. Warren				
v. Unknown				
w. Total				

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Note: A separate Annex A for each CSS *initiative* must be completed For items 1a. through 4.w provide data for this initiative aggregated by the county of service.

Units by Initiative

	a. CSS Medicaid billable	CSS Not Medicaid billable		State Funded CSS		f. CSS Medicaid billable	g. CSS Not Medicaid billable	h. State Funded CSS
		Individual Units of Service				Group Units of Service		
		b. Institutional Setting	c. Community Setting	d. Institutional Setting	e. Community Setting			
5. Number of Face to Face Client Contacts:								
6. Number of Face to Face Crisis Intervention Client Contacts :								
7. Number of Face to Face Client Family Contacts with consumer								
8. Number of Face to Face Client Family Contacts without consumer:								
9.1 Number of Collateral Contacts made on behalf of the consumer (FACE to FACE):								
9.2 Number of Collateral Contacts made on behalf of the consumer: (TELEPHONE)								
10. Number of Engagement Activity Contacts: For column d and column e this is the sum of #5 + 6 + 7 + 8 + 9.1 + 9.2								
11. Column Total Units of Service: (For columns a., f., g., & h. this is the sum of #5 + 6+ 7 + 8). [For columns b., c., d. & e. this is the sum of columns 5 + 6 + 7 + 8 + 9. 1+ 9.2]								
12. Total Individual Units of Service (Sum of items #11a + 11b + 11c + 11d + 11e)								
13. Total Group Units of Service (Sum of items #11f + 11g + 11h)								
14. Total Units of Service (Sum of items #12 + 13)								

Note: For items 5a. through 13 simply provide the total units to be served by a single initiative, regardless of the county of residence of the consumers—do **not** aggregate units in the table above based on *county* of service.

COMMUNITY SUPPORT SERVICES ANNEX A: DEFINITIONS

Name of Agency: Indicate the name of your agency as it appears on all legal documents, contracts, licenses, etc. with the NJ Division of Mental Health and Addiction Services

Contract No.: Indicate the contract number for this service.

Service Commitments Period: Indicate the start and end dates for this Annex A.

Budget Modification Number: Indicate the current DMHAS budget modification number (if applicable)

CSS Initiative: Use the check boxes to indicate the specific CSS initiative for this Annex A. Note: Each initiative must be reported on a separate Annex A, and each Initiative must be reported quarterly on separate QCMRs.

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County(ies) of Service: Indicate the county(ies) of service

CSS Units by Initiative & County Grid

For Items 1a. through 3.1w indicate the following values by both the initiative and the county of service

1. **Unduplicated Consumers to be Served**: Please indicate the total *unduplicated* consumers to be served by this CSS initiative in the contract period.

2. **Number of new enrollees and Transfers** (enrolled from other agencies and inter-agency transfers) during the contract year.

3. **Number of terminations/transfers out of the program**: (terminations from program; transfers to another program within the agency) during the contract year.

3.1 **Total Units of Service** To be served in the contract year.

Units by Initiative Grid (Items #5a through #14)

Individual Units of Service (#5 – 12, columns a though e): 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 (# 5 – 13, columns f, g & h): 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.

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

Admission means the consumer is in the community, in housing, in a program with an assigned provider. Full definition can be found in N.J.A.C. 10:37B

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

CSS Not Medicaid billable (Columns b & c): Consumer is CSS enrolled (and has Medicaid), but service is not billable to Medicaid
- *Institutional setting* (Column b):
    - 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 treatment team meetings).
- *Community setting* (Column C):
    - Count units for consumers who *are Medicaid enrolled* -but who are receiving *services not billable to Medicaid*.
    - Count units, for example: apartment search/applications; furniture shopping; picking up

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medications/delivering to consumer; waiting for consumer during an appointment.

State Funded CSS (Columns d , e, & h) : Consumer is not receiving Medicaid, all CSS service units are covered by State funds, this includes those who have Medicare; those who have other Third Party Insurance; those who are Undocumented.

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

5. **Number of Face to Face Consumer Contacts**:

6. **Number of Face to Face Crisis Intervention Client Contacts**:

7. **Number of Face to Face Client Family Contacts with consumer**:

8. **Number of Face to Face Consumer Family Contacts *without* consumer** (being present):

9.1. **Number of Collateral Contacts made on behalf of a consumer (Face to Face)**: 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

9.2. **Number of Collateral Contacts made on behalf of a consumer (Telephone)**: 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

10. **Number of Engagement Activity Contacts**: 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)

This is the sum of all contacts (face to face, Crisis Intervention, Family contact w/ Consumer, Family contacts without consumer, Collateral contacts made on behalf of consumer (Face to Face) and Collateral contacts made on behalf of consumer (Telephone)).

Do *not* accidentally include the value of item 10 when you calculate the value of Item 11. Doing so would erroneously double-count

11. **Column Total Units of Service:** (For columns a., f., g., & h. this is the sum of #5 + 6+ 7 + 8).
[For columns b., c., d. & e. this is the sum of columns 5 + 6 + 7 + 8 + 9. 1+ 9.2]

12. **Total Individual Units of Service**: Sum of items #11a + 11b + 11c + 11d + 11e

13. **Total Group Units of Service:** Sum of items #11f + 11g + 11h

14. **Total Units of Service**: Sum of Item #12 + 13.
[Note: The value of 14 (Total units of Service) must equal the total of the value in Item 4.w]

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I.   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.

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