

Fee for Service Revisions SFY17-18

Overview for Providers

Division of Mental Health & Addiction Services
wellnessrecoveryprevention

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April 2016

Introduction

The PowerPoint is offered to assist in identifying and clarifying the revisions that will be implemented in Fee for Service Network for the SFY17-18 contract period. Revisions to rates, units, time frames, duration, frequency, package values and related service parameters will be discussed. Please review the SFY17-18 FFS Level of Care and Enhancement documents and the Annex A, A1-3 contracts. Please note that all providers are responsible for all FFS contract requirements, even if the information is not reviewed in this presentation. You may access the SFY17-18 FFS Level of Care and Enhancement documents and Annex A, A1-3 contracts at <https://njsams.rutgers.edu/njsams/Documents.aspx> Access the **Contract/FFS documents** folder which contains the **Benefit/Business Rule Package** drop down for the Level of Care and Enhancement excels. Please ensure you are referencing the 2017 packages. Also under the **Contract/FFS documents** tab under the **Contract Renewal SFY 2017-2018** are Annex A documents.

Also, please reference the DMHAS PowerPoint:

Transition to Fee for Service—Overview for Provider Meetings (Feb/Mar 2016)

FFS Specific Documents

- Agency Administrative Information and Contract Application Signature Page
- Annex A - Standard Fee-For-Service (FFS) Network Agreement
- Annex A1 - ASAM Level of Care Service Descriptions
- Annex A2 - Initiative Specific
- Annex A3 - Enhancement Package Descriptions
- Agency Site Summary sheets

Agency Administrative Information and Contract Application Signature Page

Revisions include:

- Each provider must designate a staff person to be identified as the Billing Contact
- Medicaid provider numbers required for all licensed sites in the FFS

Annex A – Standard Fee-For-Service (FFS) Network Agreement

Please reference:

- **Medicaid requirement** - Page 2, item 9; Page 4, item g and i
- **Reimbursement for Services Rendered Payer Hierarchy (Payor of Last Resort Guidelines)** - Page 4, item h
- **Residential Room and Board Rates** - Pages 4-5, item 3
- **Agency Sliding Fee Scale** - Page 5, item 4
- **Off Line payment request** - Page 5, item 10
- **Notification Change** - Pages 5-6, item 11
- **IME Affiliation Agreement requirement** - Pages 6-7, item 3
- **42 CFR Part 2 and HIPAA amendment** - Pages 8-9, item 15
- **Addition of Opioid Phase caseloads** - Page 9, item 17
- **Revision to HIV pre-testing counseling** - Page 11, item 3

Annex A1- ASAM Level of Care Service Descriptions

Document is not site-specific. Providers are required to sign for all licensed levels of care that are approved in the FFS.

Revisions include:

- **Methadone Outpatient Services (MOP)** added. Offered for providers under contract in SFY16
- Inpatient Detoxification revised to **Inpatient Withdrawal Management (IWM)**
- Service descriptions - more comprehensive while aligning with Medicaid service descriptions, including **Assessment, Group Therapy, Family Therapy**, and others
- Length of services (e.g. Individual: was 60 minutes, now 45-50 minutes, etc.)
- **Treatment Engagement** removed

Annex A2 – Initiative Specific Annex

Details various FFS funding sources, including initiative specific information.

Providers should sign for all FFS approved initiatives as this form is not site specific.

Revisions include:

- Two New Initiatives available represent previously contracted funds converted to FFS
 - New Jersey Statewide Initiative (NJSI)
 - Substance Abuse Prevention Treatment Initiative (SAPTI)
- Only those providers contracted under this funding as of June 30, 2016 are eligible to participate – only under license and LOC contracted for.

Annex A3- Enhancement Package

Descriptions

Details various enhancements including services descriptions for specific services funded under the enhancements.

Providers should sign for all FFS approved enhancements as this form is not site specific.

Revisions include:

- Medication Assisted Treatment Services Enhancement require an opioid license. *This was always the requirement but was not previously noted on the signature page*
- Service descriptions revised to be more comprehensive while aligning with Medicaid Service descriptions
- Co-occurring Enhancements are limited in Ambulatory setting
- Co-occurring - Page 3
- Medication Assisted Treatment Phase info - Page 10
- Transportation mileage revision - Page 14

Agency Site Summary Sheets

No revisions, however please note the following:

- Each licensed site approved for FFS should have a separate site summary sheet (deadline: May 4, 2016)
- The Enhancements your organization are approved to provide through FFS are displayed at the top of the first page only
- Not all enhancements are funded by every initiative

Service Limits - General

- Removal of Annual Client Limits for Assessment and for all levels of care within **MATI, DUII, SJI** and now **NJSI** and **SAPTI**.
- State rates are 90% of Medicaid rate if there is a Medicaid rate and/or service.
- The Utilization Rate Performance Criteria for all Residential LOCs is being raised from 50% to 75%. Ambulatory remains the same: 25%.

Ambulatory

- Removal of *Treatment Engagement* as a reimbursed service.
- All Outpatient Services revised to reflect “units” within package identifier.
- *Intensive Outpatient x4* package removed. Intensive Outpatient authorization package now allows for up to 4 units per week.
- Unit for *Individual Therapy* (formerly Individual Counseling and Individual Therapy [60 minutes]) revised to 45-50 minutes.
- Duration for *PsychoEducational Group Services* unit increased to 90 minutes.
- *Family Counseling/Education* replaced with *Family Therapy* as part of Outpatient.
- Duration for *Group Therapy* unit increased to 90 minutes.

Ambulatory *(continued)*

The following services are approved components of Outpatient:

- Family Therapy New rate: \$102.55
- Individual Therapy [30 min] New rate: \$ 61.39
- Individual Therapy [45-50 min] New rate: \$ 81.23
- PsychoEducational Group Services [90 min] New rate: \$ 5.95
- Group Therapy [90 min] New rate: \$ 24.75

For all FFS initiatives, the maximum units allowed per diem for these OP services are set as follows:

- Family Therapy: 1
- Individual Therapy [1/2 hour]: 1
- Individual Therapy [1 hour]: 1
- PsychoEducational Group Services [90 min]: 3
- Group Therapy [90 min]: 2

Residential

- Medically Enhanced Inpatient Detox no longer a reimbursed service in FFS.
- State Rates for residential services include a per diem room and board rate specific to each level of care (see slide 10). The contractee of residential services can receive Emergency Assistance Supplement (EA) dollars from a consumer while collecting the room and board state rate for residential services. In services where consumers receive EA from the Board of Social Services, the use of those dollars is not specific to room and board, such as Halfway House services. Agencies will not be precluded from receiving the room and board state rate while consumers are participating in the cost of their care and treatment. Revenues collected from consumers will be subject to the sliding fee scale policy.

Extension Requests

ERL requirements for **MATI, DUII, SJI, NJSI** and **SAPTI** are:

OP - Initial authorization: 30 days. No ERL requirements.

IOP - Initial authorization: 30 days. ERL required after 60 days, then every 30 days thereafter.

PC - Initial authorization: 30 days. ERL required after 60 days, then every 30 days thereafter.

MOP - Initial authorization: 30 days. No ERL requirements.

HWH - Initial authorization: 7, 14 or 30 days. ERL required after 90 days, then every 30 days thereafter.

LTR - Initial authorization: 7, 14 or 30 days. ERL required after 60 days, then every 30 days thereafter.

STR - Initial authorization: 7 or 14 days. ERL required every 14 days thereafter.

IWM - Initial authorization: 5 days. ERL required every 5 days thereafter.

ERL Gap

The ERL Gap to be used for all initiatives:

Assessment:	0
OP:	0
OMO:	0
IOP:	10
PC:	10
HWH:	10
LTR:	10
STR:	3
IWM:	3

New FFS Package Values

Ambulatory

Outpatient 2 units per 30 day authorization package value:	\$ 183.78
Outpatient 6 units per 30 day authorization package value:	\$ 551.34
Outpatient 2 units per week authorization package value:	\$ 918.90
Outpatient 3 units per week authorization package value:	\$1,042.65
Outpatient 5 units per week authorization package value:	\$1,572.55
Outpatient 6 units per week authorization package value:	\$1,696.30

Intensive Outpatient

New rate: \$98.53 per diem. Authorization package value: \$1,773.54

Partial Care

New rate: \$70.48 per diem. Authorization package value: \$1,550.56

New FFS Package Values

Residential

Halfway House

New rate: \$85.50

7 day authorization package value: \$ 598.50

14 day authorization package value: \$1,197.00

30 day authorization package value: \$2,565.00

Long Term

New rate: \$102.00

7 day authorization package value: \$ 714.00

14 day authorization package value: \$1,428.00

30 day authorization package value: \$3,060.00

Short Term

New rate: \$220.50

7 day authorization package value: \$1,543.50

14 day authorization package value: \$3,087.00

25 day authorization package value: \$5,512.50
(SPB only)

30 day authorization package value: \$6,615.00
(DC only)

Inpatient Detox

(revised to Inpatient Withdrawal Management)

New rate: \$428.28

7 day authorization package value: \$2,141.40

Co-occurring Clinical Services

New ambulatory LOC rates reflect DMHAS expectation that SUD providers will be able to provide services to individuals with co-occurring mental illness and substance use disorders. Many of the services previously available as enhancement to ambulatory SUD are no longer reimbursable through DMHAS FFS. Services that are not included in ambulatory rates and remain eligible as separately reimbursed enhancement services are:

- Comprehensive Intake Evaluation
- Medication Monitoring
- Psychiatric Evaluation

Co-occurring Clinical Services

Comprehensive Intake Evaluation

New code: 90791

New rate : \$126.22

Unit revised to 60 minutes

Allowable units revised to 1 per diem; 1 per month.

Medication Monitoring

New rate: \$40.88

Psychiatric Evaluation

New code: 90792

Unit of service no longer identifies duration

New rate: \$142.15

Allowable units revised to 1 per diem; 2 per month.

Co-occurring Clinical Services

Additional changes include:

Removal of Family Therapy w/o patient

Family Therapy w/patient

New rate: \$102.55

Unit: 60 minutes

Allowable units for each revised to 5 per month for:

- Individual Therapy (45-50 min.)
- Individual Therapy (30 min.)
- Family Therapy (60 min.)
- Group Therapy (90 min.)

Co-occurring Clinical Services

Changes to enhancement package values (all initiatives)

- Residential COOC enhancement package value increased to \$503.23
- Ambulatory COOC enhancement package value revised to \$126.22
- Residential and Ambulatory COOC Psychiatric Evaluation enhancement package values increased to \$284.30

Medically Assisted Treatment

- Revision of Suboxone to Buprenorphine and Subutex to Naloxone in all package and service names
- Allowable units for **Buprenorphine/Naloxone Maintenance (2.0mgs/0.5mgs)** are revised to 3 per diem
- **Medication Monitoring – MAT.** New rate: \$40.88
- **Methadone Maintenance.** New code: H0020 HF
- **Methadone Maintenance.** New rate: \$3.83
- Within Vivitrol Pre-Induction/On-going Induction packages:
 - **Urine Pregnancy Test – Visual Color Comp.** New rate: \$2.70
- Ambulatory and Residential Vivitrol Pre-Induction enhancement package value revised to \$100.70
- Ambulatory and Residential Vivitrol On-going Induction enhancement package value revised to \$1,030.70

Medical Enhancements

All physician visit services will be available only when a Medical Services enhancement package is secured.

Medical Services enhancement package value increased to \$300 (when applicable)

Initiative Specific

DAS Contract

Residential COOC Medication Monitoring enhancement package value revised to \$245.28.

Ambulatory COOC Medication Monitoring enhancement package value revised to \$81.76

Initiative Specific

Drug Court

Continuation of existing ambulatory and residential annual limits per service, ERL requirements, etc. STR – 30 day authorization available.

Inpatient Withdrawal Management ERL needed after 10 days

End dating of Medication Assisted - Methadone Induction/Stabilization enhancement package. All services will be available as part of the Medication Assisted – Methadone Maintenance enhancement package.

Ambulatory and Residential Medication Assisted – Methadone Maintenance enhancement package values increased to \$278.42

Ambulatory and Residential COOC Medication Monitoring enhancement package values revised to \$245.28. Ambulatory COOC Medication Monitoring allowable units increased to 6 per month

Residential Recovery Support enhancement package value increased to \$308.00

Initiative Specific

Department of Corrections - Mutual Agreement Program

Continuation of existing residential annual limits per service, ERL requirements, etc.

Initiative Specific

Driving Under the Influence Initiative

- Limit for Ambulatory and Residential Urinalysis and Oral Swab increased to 5 units per month
- Limit for TB Test revised to 1 unit per month
- Limit for ZLOCI revised to 1 unit per month
- Ambulatory and Residential Clinical Review enhancement package values revised to \$75
- Ambulatory and Residential COOC Medication Monitoring allowable units per month revised to 2 units
- Ambulatory and Residential COOC Medication Monitoring enhancement package values revised to \$81.76
- Ambulatory and Residential Medication Assisted – Methadone Maintenance enhancement package values increased to \$278.42
- Ambulatory and Residential Buprenorphine/Naloxone enhancement package values revised to \$1,529.12 and \$1447 respectively
- Within the Residential Recovery Support enhancement package, the monthly limit for Case Management is increased to 16 units

Initiative Specific

Medically Assisted Treatment Initiative

- Ambulatory and Residential limit for TB Test revised to 1 unit per month
- Ambulatory and Residential limit for ZLOCI revised to 1 unit per month
- Ambulatory and Residential COOC Medication Monitoring allowable units revised to 2 units per month
- Residential Medication Assisted – Methadone Maintenance enhancement package values increased to \$278.42
- Ambulatory Medication Assisted – Methadone Maintenance enhancement package values increased to \$196.66
- Limit for Ambulatory Urinalysis and Oral Swab increased to 8 units per month

Initiative Specific

Medically Assisted Treatment Initiative

- Residential Clinical Review enhancement package value revised to \$75.00
- Residential Buprenorphine/Naloxone enhancement package value revised to \$1,529.12
- Within the Residential Recovery Support package, the monthly limit for Case Management is increased to 16 units
- Residential Recovery Support enhancement package value increased to \$192.00
- Ambulatory Clinical Review enhancement package value increased to \$99.00
- Ambulatory Buprenorphine/Naloxone enhancement package value revised to \$1,447.36

Initiative Specific

South Jersey Initiative

- Ambulatory and Residential Medication Assisted – Methadone Maintenance enhancement package values increased to \$278.42
- Ambulatory and Residential limits for Urinalysis and Oral Swab increased to 5 units per month
- Ambulatory and Residential limits for ZLOCI revised to 1 unit per month
- Ambulatory and Residential limit for TB Test revised to 1 unit per month
- Ambulatory and Residential Clinical Review enhancement package values increased to \$75.00
- Ambulatory and Residential COOC Medication Monitoring enhancement package values revised to \$81.76

Initiative Specific

South Jersey Initiative

- Ambulatory COOC Medication Monitoring allowable units revised to 2 units per month
- Ambulatory Buprenorphine/Naloxone enhancement package value revised to \$1,447.36
- Residential Buprenorphine/Naloxone enhancement package value revised to \$1,529.12
- Within the Residential Recovery Support enhancement package, the monthly limit for Case Management is increased to 16 units
- Residential Recovery Support enhancement package value increased to \$192.00

Initiative Specific

State Parole Board - Mutual Agreement Program

Continuation of existing ambulatory and residential annual limits per service, ERL requirements, etc.

Inpatient Withdrawal Management ERL needed after 10 days.

STR – 25 day authorization continues.

Ambulatory and Residential COOC Medication Monitoring authorization package value revised to \$245.28

Ambulatory COOC Medication Monitoring allowable units revised to 6 units per month.

New Initiatives

Substance Abuse Prevention and Treatment Initiative - SAPTI

- Assessment
- New level of care: MOP - Methadone OP [Phases I through VI]
Weekly bundled rate (\$82.04) includes:
 - Medication and dispensing
 - All outpatient services
 - Case management
 - Medication Monitoring
 - Continuing Care LOCI is not an allowable enhancement for MOP.
No ERL requirements for MOP at this time.
- IOP (with Methadone)
- LTR (with methadone)
- Enhancements

Disallows reimbursement for Buprenorphine and/or Vivitrol medication but allows for some Vivitrol-related enhancements (Case Management, Pregnancy Test and Liver Function Test)

New Initiatives

New Jersey Statewide Initiative - NJSI

Allows for:

- Assessment
- OP
- IOP
- HWH
- LTR
- STR
- COOC, Medical, Recovery Support Enhancements

Also allows for Buprenorphine and Vivitrol enhancements
(no Methadone)

