April 26, 2016

Dear Stakeholder,

Community Support Services (CSS) is in its final implementation stages.

Since February 2014, more than 1,000 individuals have participated in 56 hours of training on the new rehabilitation model, sponsored by the Division of Mental Health and Addiction Services (DMHAS) and conducted by the Rutgers, School of Health Related Professions (SHRP). This includes the specialized training made available to equip and prepare supervisors for the service management and implementation.

Agencies also were given the opportunity to participate in a self-assessment to identify their readiness and to meet individually with SHRP and DMHAS staff to review their progress. As a result of that process, technical assistance related to documentation requirements was provided in the form of training and response templates for the two primary documents needed to provide CSS, the Comprehensive Rehabilitation Needs Assessment and the Individualized Rehabilitation Plan.

In addition, DMHAS is creating a tool to help agencies assess and monitor their compliance with the CSS regulations, which will help prevent billing errors and any associated penalties. Concurrently, Molina, the fiscal agent for the Division of Medical Assistance and Health Services (DMAHS), is preparing a bulletin, scheduled for distribution in May that will specify the billing codes and rates for CSS.

It’s important to note that DMHAS staff continues to review a couple of the CSS rates in response to provider feedback and data offered by several agencies. The DMHAS will publish revised rates upon completion of this review.

At this time, DMHAS is advancing towards promulgating the CSS regulations in July 2016. Once formalized, the Department of Human Services’ Office of Licensing (OOL) will release attestation forms for providers to complete and submit for review. Upon approval, the OOL will issue conditional licenses to provide CSS services.
Once licensed, provider agencies will need to submit an application to DMAHS for a Medicaid provider number and/or CSS Special Program Code, which will enable them to bill Medicaid. Providers will commence billing CSS once they are issued a CSS Special Program Code.

In related news, DMHAS will delay implementation of the deficit-funded contracts transition for CSS to July 1, 2017. This delay will enable DMHAS staff to focus closely on CSS implementation and to provide technical assistance and support to provider agencies, as needed.

Moreover, the longer glide-path offers providers more time to deliver services in a way that comports with the Centers for Medicare and Medicaid Services (CMS) approved rate setting methodology. Specifically, to meet the requirement that staff spend a minimum of 50% of their time in providing services face-to-face with consumers.

As always, we value our partnership with the provider community and the work we do collectively to serve NJ residents.

Sincerely,

Valerie L. Mielke
Assistant Commissioner

VLM:pjt

C: Mental Health & Addictions Constituency Leadership
   Renee Burawski
   Roger Borichewski
   Matt Shaw
   Susanne Rainier
   Harry Reyes
   Lenore Velez-Rigney
   Roxanne Kennedy

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