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STATE OF NEW JERSEY

Limitations on Amount Duration and Scope of Services provided to the Categorically Needy
Rehabilitation Services – Mental Health Community Support Services

Service Description

Community Support Services consist of mental health rehabilitation services and supports necessary to assist the client 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 client, 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

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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

Evidence Based Practices (EBP). EBPs demonstrate effectiveness as a treatment or intervention for specific problems through repeated empirical research. EBPs to be delivered are:

1. Motivational Enhancement. Motivational enhancement is a directive, client centered counseling style for eliciting behavior change by helping clients explore and resolve their ambivalence and achieve lasting change for a range of problematic behaviors.

2. Behavior Modification. Behavior modification techniques is a treatment approach based on the principles of operant conditioning that replaces undesirable or unproductive behaviors with more desirable and effective ones through positive or negative reinforcement.

3. Cognitive-Behavioral Techniques (CBT). CBT integrates features of behavior modification into traditional cognitive restructuring approach to change unhealthy and unproductive behaviors

5. Crisis Intervention -- face to face, short term interventions with a client who is experiencing increased distress and/or an active state of crisis. Interventions and strategies include:

a. Contributing to the development and implementation of the recipient's crisis contingency plan and Psychiatric Advance Directive;

b. Brief, situational assessment;

c. Verbal interventions to de-escalate the crisis;

d. Assistance in immediate crisis resolution;

e. Mobilization of support systems;

f. Referral to alternative services at the appropriate level.

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;

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Consumer Participation Criteria

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.

Provider Participation Criteria

Provider entities shall be community mental health service providers licensed by the NJ Division of Mental Health Services to provide Community Support Services. Within a licensed entity, the following chart details what service components can be provided by staff with what credentials and supervision.

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Eligible Staff	Qualifications	Supervision (Lowest credentialed staff who can supervise)	Community Service Services components eligible staff is able to deliver
Physician/Psychiatrist; Psychologist; Advanced Practice or Registered Nurse;	Licensed by applicable New Jersey State Board	These positions do not need supervision; these positions supervise others.	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; Evidence Based Practices; Crisis Intervention; Coordinating and Managing Services.

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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 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	These positions do not need supervision; these positions supervise others.	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; Evidence Based Practices; Crisis Intervention; Coordinating and Managing Services;
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	Contributing to the development , implementation, monitoring and updating of the Individualized Rehabilitation Plan; Therapeutic Rehabilitative Skill Development;

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			Illness Management and Recovery; Evidence Based Practices; Crisis Intervention; Coordinating and Managing Services;
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 work, human services, counseling, psychiatric rehabilitation, psychology, criminal justice. 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; 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; Evidence Based Practices; Crisis Intervention; Coordinating and Managing Services;

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Licensed Practical Nurse (LPN)	Graduation from an accredited nursing training program and licensed in the state of New Jersey as a LPN	Under the supervision of a Registered Nurse	Contributing to the development , implementation, monitoring and updating of the Individualized Rehabilitation Plan; Therapeutic Rehabilitative Skill Development; Illness Management and Recovery; Evidence Based Practices; Crisis Intervention; Coordinating and Managing Services;
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	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;

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	Practitioner (CPRP) may be substituted for one year's experience		Evidence Based Practices; Crisis Intervention; Coordinating and Managing Services;
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 Recovery; Evidence Based Practices;
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.	Contributing to the development , implementation, monitoring and updating of the Individualized Rehabilitation Plan; Therapeutic Rehabilitative Skill Development; Illness Management and Recovery

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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.

Freedom of Choice

Each client enrolled in the program shall select one agency that will be his/her Community Support Services provider. Within this agency, the client will have access to one Community Support Worker who will be identified as the primary point of contact, and while this person may provide a majority of services and interventions, the client will have access to a team of Community Support Workers and has free choice to choose other providers. As such, enrollees have the option of selecting different staff within an agency, or a different agency if desired.

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Reimbursement for Rehabilitation Services – Mental Health Community Support Services

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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.

Rate Setting Methodology

1. The Division of Mental Health Services (DMHS) conducted an analysis of all of the cost reimbursement contracts for Community Support Services (CSS) of providers under contract which consisted of 66 programs for contract years ending 6/30/09 and 12/31/08.
2. Contracts for specialty programs which are more resource intensive were identified and excluded from ensuing analysis.
3. Projected costs of each non-specialty CSS contract were arrayed for all providers by budget category.
4. Every line item in every contract was analyzed, and directly identifiable unallowable costs were reclassified to the budget category "specific assistance to clients" for exclusion from rate calculation. Unallowable costs included such items as rental assistance, room and board, personal items and medication.
5. Personnel salary costs were segregated according to allowable direct services vs. allowable administration and support. Direct service personnel salary costs and related hours were further segregated according to educational credential. Direct service salaries and hours for positions with like credentials were grouped at each provider and an average cost/hour at each provider for each credential computed. Average cost/hour for each credential from each provider were aggregated across all providers to develop an overall average cost per hour for each educational credential.
6. Fringe benefits were aggregated across all providers and were expressed as a percentage of aggregated salaries to yield an average fringe benefit rate across all providers.

7. Remaining otherwise allowable "Other than Personnel Services" (OTPS) costs including Consultants and Professional Fees, Materials and Supplies, Facility Costs, General and Administrative and Other costs were allocated for each provider between directly identifiable allowable salary and fringe costs and directly identifiable unallowable costs using the proportion of each to the sum of directly identifiable allowable salary and fringe and directly identifiable unallowable costs.

   Directly identifiable allowable salary and fringe costs, and the allocable portion of allowable OTPS at each provider were added to yield total allowable costs. Total allowable costs were aggregated across all providers.

   Allowable salary and fringe from each provider were then aggregated across all providers and expressed as a percentage of total aggregated allowable costs to yield the average % of total cost represented by allowable salary and fringe.

   Likewise allowable allocable OTPS costs from each provider were aggregated across all providers and expressed as a percentage of aggregated total allowable cost to yield the average % of total cost represented by allowable allocable OTPS.

   The average salary cost per hour including fringe benefits for each of the educational credentials was divided by the average proportion of total costs represented by salary and fringe to yield an average fully loaded cost per hour for allocable salary fringe and allocable OTPS.

8. Credentials were grouped into 5 bands: (1) Physician, (2) Advanced Practice Nurse, (3) RN and Masters level staff, (4) BA and LPN, (5) Associates Degree, High School, and peers not otherwise having an educational credential. Fully loaded costs for direct care salary, fringe and OTPS for each credential within each band were averaged to develop one average cost/available service hour/band.

9. The average fully loaded cost/hour/band was adjusted to account for the average number of available service days/year. The number of available work days/year was estimated applying the criteria for new NJ State employees working 5 days/week i.e. 12 vacation days, 12 sick days, 3 personal days and 12 holidays to arrive at 222 days during which service can be expected to be delivered. It was also assumed 5 days/year would be dedicated to continuing staff education and this is unavailable for service provision yielding 217 available service days. The available service days/year represent 83.46% (217/260) of the year.