

COMMUNITY SUPPORT SERVICES

FEE-FOR-SERVICE PROVIDERS

ANNEX A

NAME OF AGENCY: _____

CONTRACT NUMBER: _____ CONTRACT TERM: _____ TO _____

BUDGET MATRIX CODE: 27

This Annex A specifies the services that the above-referenced provider agency (“Provider Agency”), a licensed Community Support Services provider, is authorized and obligated to deliver pursuant to and in accordance with the Mental Health Fee-for-Service Contract to which this Annex A is attached. The Provider Agency is required to comply with the standards set forth at N.J.A.C. 10:37B, as well as the applicable standards set forth at N.J.A.C. 10:37, N.J.A.C. 10:37D, and N.J.A.C. 8:121 and with the terms contained in the Mental Health Fee-for-Service Contract to which this Annex A is attached and incorporated and with the terms contained in the Mental Health Fee-for-Service Program Provider Manual.

This Annex A sets forth additional terms and conditions applicable to the Provider Agency with respect to the delivery of Community Support Services under the Mental Health Fee-for-Service Contract.

I. Pre-Admission Services.

A. Consumers assigned to the Provider Agency by a State psychiatric hospital:

1. The parties acknowledge and agree that consistent with the target population requirements set forth at N.J.A.C. 10:37-5.2 and pursuant to Administrative Bulletin 5:11, the Division of Mental Health and Addiction Services (“the Division”) and the Provider Agency are obligated to maximize the utilization of all Division-contracted services for consumers being discharged from State psychiatric hospitals.

2. The Provider Agency shall provide the following pre-admission services to consumers assigned to the Provider Agency by a State Psychiatric hospital:

a. Complete a preliminary rehabilitation needs assessment in consultation with the hospital treatment team and the consumer as set forth at N.J.A.C. 10:37B-2.3.

b. Complete a preliminary individualized rehabilitation plan, in consultation with the hospital treatment team and the consumer, as set forth at N.J.A.C. 10:37B-2.4.

c. Participate in hospital discharge meetings and other meetings as requested by State hospital staff;

d. Face-to-face meeting(s), when necessary, with consumers who are discharge reluctant;

e. Face-to-face community contact, with the consumer's consent, with family, significant others, and/or essential community support systems (e.g. landlord), as needed, specifically for purposes of preparing the consumer for transition from the State hospital setting;

f. For consumers without post-discharge housing, provide housing search assistance as described at N.J.A.C. 10:37B-4.4(b)1; and

g. Comply with other requirements as set forth in Administrative Bulletin 5:11.

B. Consumers referred from sources other than State psychiatric hospitals.

1. The Provider Agency shall provide the following pre-admission services to consumers referred to the Provider Agency by an entity other than a State hospital:

a. The Provider Agency shall determine whether the referred consumer meets the eligibility requirements for community support services and complete the CSS Eligibility Criteria Checklist form provided by the Division.

b. For eligible consumers, the Provider Agency shall:

i. Complete a preliminary rehabilitation needs assessment in consultation with the hospital treatment team and the consumer as set forth at N.J.A.C. 10:37B-2.3.

ii. Complete a preliminary individualized rehabilitation plan, in consultation with the referring entity and the consumer, as set forth at N.J.A.C. 10:37B-2.4.

II. In-Reach Services.

The parties acknowledge and agree that consumers already enrolled in CSS at the time of admission to an inpatient hospital, inpatient substance use disorder treatment or correctional facility, continue to require CSS services to assure continuity of care and timely discharge from the facility. Accordingly, in addition to all of the services identified in this Annex A, provider agency shall provide the following in-reach services to consumers already enrolled in CSS at the

time of admission to the inpatient hospital, inpatient substance use disorder treatment, or correctional facility:

- A. Attendance and participation in facility discharge planning meetings;
- B. Attendance and participation in the initial treatment plan meeting and other treatment meetings as required t by facility staff;
- C. Face-to-face meeting(s), when necessary, with consumers who are discharge reluctant;
- D. Face-to-face community contact, with the consumer's consent, with family, significant others, and/or essential community support systems (e.g. landlord) specifically for purposes of transitioning the consumer from the facility.

III. **Prior Authorization Requirements.**

A. The Provider Agency shall complete the Enrollment/Admission Form provided by the Division and submit to the Division or its designated management entity.

B. The Provider Agency is authorized to provide the services listed in a consumer's preliminary individualized rehabilitation plan for a period of up to 60 days without any prior authorization requirement.

C. At the expiration of the initial 60 day period, the Provider Agency shall obtain prior authorization for services from the Division or its designated management entity. The Division shall not pay for services delivered following the initial 60 day period without prior authorization.

D. The Provider Agency shall follow the guidelines and procedures for obtaining prior authorization for community support services as set forth in the Mental Health Fee-For-Service Program Provider Manual.