



Emergency Monthly Payment Policy Under COVID-19 State of Emergency and SFY20 Contract Extension

ACTION REQUIRED BY MARCH 31, 2020

I. Purpose

This Emergency Monthly Payment policy is being issued under the authority granted the N.J. Division of Mental Health and Addiction Services (DMHAS) under the COVID-19 State of Emergency. This policy applies to all provider agencies under fee-for-service (FFS) and/or cost-based contract with DMHAS to provide mental health (MH) and/or substance use disorder (SUD) treatment and services. The purpose of this policy is to set forth the standards and procedures for provider agencies to receive emergency Monthly Payments (Monthly Payments) through this SFY and to extend SFY20 contracts through December 31, 2020. Emergency Monthly Payments will be made through the end of the usual SFY20 contract cycle (June 30, 2020), and revert to typical contracting processes from July 1, 2020 through December 31, 2020.

Provider agencies must comply with all of the terms and conditions contained in this policy during the time period of March 1, 2020 to June 30, 2020.

II. General Criteria

- a. Provider Agency must make a good faith effort to provide all mental health and substance use disorder treatment and services for which Provider Agency is obligated under Fiscal Year 2020 contract(s) with DMHAS; and
- b. Provider Agency is obligated to be available for admission of new consumers, and to provide vital services that contribute to consumers' health and well-being that are reasonably feasible under staffing conditions, consumer demand and federal, state and local mandates and guidance relate to the COVID-19 State of Emergency; and
- c. Provider Agency shall make it a priority to: triage and assess existing clients/consumers and potential clients/consumers for levels of risk, including but not limited to risk of hospitalization or relapse; shall prepare a treatment plan informed by the risk assessment; and shall provide directly or arrange for vital services, including but not limited to medication management; and

- d. Provider Agency must use all Monthly Payments provided by DMHAS exclusively to support its Fiscal Year 2020 contract(s) with DMHAS; and
- e. Mental Health Provider Agency must maintain a monthly roster of clients/consumers (see attached suggested roster format) served with emergency Monthly Payments and must make the roster available to DMHAS upon demand. Substance Use Disorder Provider Agency must continue to enter client admissions into NJSAMS.

III. Cost-Based Mental Health and Substance Use Disorder Contracted Providers

- a. Provider Agencies receiving advance payments under existing terms of contract will continue to receive them provided the agency attests that it is making a good faith effort to be available to new consumers and provide vital services in accordance with the attached Attestation. DMHAS will temporarily suspend all emergency Monthly Payments if a provider agency already receiving payments fails to provide the requisite Attestation before March 31, 2020.
- b. Provider Agencies that receive payments on a cost reimbursement basis can qualify for and receive Monthly Payments if they provide the requisite Attestation. Agencies that do not provide the requisite Attestation will be reimbursed for services after submission and review of interim Reports of Expenditure (ROE's) consistent with the agency's current terms of contract.
- c. DMHAS anticipates that it will not recoup ceiling payments in excess of actual spending during the emergency funding period. DMHAS will establish procedures and seek from providers (at contract close out) all of the financial data necessary to calculate surplus funds not relevant to the emergency funding period. Provider agencies must submit to DMHAS all of the financial data DMHAS reasonably deems necessary to calculate surplus funds not relevant to the emergency funding period.

IV. All Fee for Service (FFS) Providers

- a. Mental Health (MH):
 - i. MH providers under FFS contract can qualify for Monthly Payments if they provide the requisite attestation on or before March 31, 2020.
 - ii. Monthly Payments will be in an amount equal to the monthly limit for each MH FFS agency. The monthly limit is fixed in each agency's FFS contract. During the Emergency Funding period, Agency requests for increases in monthly limits (pursuant to the FFS Provider Program Manual) will not be considered by DMHAS except under exceptional circumstances.

- iii. Monthly Payments will be available beginning on or about March 25, 2020, and will continue through June 30, 2020.
 - iv. Providers must enter claims data into NJMHAPP through to and including Saturday, February 29, 2020. Providers are not required to enter claims data into NJMHAPP beginning March 1, 2020 and ending on Tuesday, June 30, 2020. However, providers must maintain a monthly roster of clients/consumers served with emergency Monthly Payments and shall make the roster available to DMHAS upon demand. Please see attached. (Note: Providers may continue to enter Electronic Claims Adjustment System (ECAS) claims data for the service month of February until the April 5th billing deadline. Providers may also continue to enter WRAP claims, such as those associated with hospital discharges, into NJMHAPP using the current process.)
 - v. DMHAS made the regular NJMHAPP payment through DXC on March 24, 2020. The March 24th payment represents the final payment due for the service month of February. A small portion of March claims were included in the bi-weekly run. Nevertheless, DMHAS will also make the March and April emergency Monthly Payment on or around March 25th. The first Monthly Payment will be processed manually by DMHAS Fiscal.
 - vi. DMHAS will continue to make Monthly Payments for MH services in the first week of each month through June 30, 2020.
 - vii. Regular bi-weekly payments will resume July 1, 2020. Funding for the final six (6) months of the extended contract period (July 2020 through December 2020) is subject to available State appropriations.
 - viii. The only true-up that DMHAS Fiscal will execute will be with respect to March; DMHAS will subtract FFS claims paid for services provided for March 2020 from the monthly contract ceiling (because such payments were already “reimbursed” through the regular March payment).
 - ix. Providers must continue to bill Medicaid in accordance with Federal and State Medicaid guidance, rules and mandates.
 - x. Providers will not be required to secure prior authorizations for State funded consumers/services.
- b. Substance Use Disorder (SUD)
- i. SUD providers under FFS contract can qualify for Monthly Payment if they provide the requisite attestation on or before March 31, 2020.

- ii. Monthly Payments will be in an amount equal to each agency's average of the last 3 full months (December 2019 to February 2020) of spending in the SUD FFS network, State Parole Board and Drug Court Enhancement. For the March Monthly Payment, DMHAS Fiscal will subtract FFS claims already paid for services delivered in March in the last bi-weekly payment run.
- iii. Monthly Payments will be available beginning on or about March 25, 2020 and will continue through June 30, 2020.
- iv. All requirements to enter claims data into nj-das.net will be suspended beginning March 21, 2020 and ending June 30, 2020. Providers must enter client admissions into NJSAMS so DMHAS can track the number of clients served.
- v. DMHAS will continue to make Monthly Payment for SUD services in the first week of each month until June 30, 2020.
- vi. Regular bi-weekly payments will resume July 1, 2020. Funding for the final six (6) months of the extended contract period (July 2020 to December 2020) is subject to available State appropriations.
- vii. Providers must continue to bill Medicaid in accordance with Federal and State Medicaid guidance, rules and mandates.
- viii. No prior authorizations will be required for non-Medicaid clients in any level of care.

V. The Attestation

The attached Attestation must be provided by MH and SUD providers in order to qualify for Monthly Payments.

VI. Monitoring

- a. DMHAS reserves the right to monitor all provider compliance in accordance with the current contract guidance and Department of Human Services contract policies. Provider Agency will maintain and provide documentation necessary to determine compliance with this policy, the requisite Attestation and Provider Agency's good faith efforts.
- b. Provider Agencies shall maintain appropriate documentation for all services that are funded by the Monthly Payment and provided during the COVID-19 New Jersey State of Emergency. Appropriate documentation includes, but is not limited to: name of the client/consumer; the name and title of the staff person providing service; date(s) of service; time of day and length of time contact was provided; nature of the contact (face-to-face, audio only telehealth, audio with visual telehealth), name of individual(s) with whom

contact was maintained on behalf of the client/consumer (if individual refuses, such refusal must be documented); and summary of the services provided.

- c. DMHAS reserves all remedies and rights of enforcement for non-compliance, including but not limited to recoupment of funds.

VII. Contract Extensions

- a. DMHAS will be extending all FFS and Cost-Based contracts that end on June 30, 2020 to December 31, 2020, subject to available appropriations. However, as indicated above, beginning July 1, 2020, all previous contractual terms with respect to provider reimbursement will again be in effect. Specifically, FFS providers will only be reimbursed for submitted claims. Cost-based providers will be required to submit Reports of Expenditure and will be reimbursed based on the original terms of their contracts, i.e., either on a cost reimbursement or “advance pay” basis.
- b. For the period July 1, 2020 through December 31, 2020, DMHAS will recoup ceiling payment in excess of provider spending. So, for the entire contract term (July 1, 2019 to December 31, 2020), DMHAS will recoup overpayments for the period beginning July 1, 2019 through Feb 29, 2020 and for the period beginning July 1, 2020 through December 31, 2020; for the period March 1, 2020 to June 30, 2020, as indicated above, DMHAS will not recover any underspending. DMHAS reserves the right to review for reasonableness provider allocations of costs across the three different periods of the contract.