October 11, 2021

Ms. Margaret Rose

Division of Medical Assistance and Health Services

Office of Legal and Regulatory Affairs

P.O. Box 712

Trenton, NJ 08625-0712

RE: Comments on the New Jersey Department of Human Services, Division of Medical Assistance and Health Services Section 1115 Comprehensive Waiver Renewal Application

The New Jersey Psychiatric Rehabilitation Association (NJPRA) appreciates this opportunity to offer comments on New Jersey’s renewal application for the Section 115 Comprehensive Waiver for your consideration:

**Carve-In of Behavioral Health Services into Medicaid Managed Care Plans:**

Our provider community is especially concerned about ensuring that rates can sustain the services in the transition to managed care. It is crucial that the State plays an active role in ensuring this to maintain the behavioral health safety net that community agencies provide 24/7 in NJ.

As DMHAS proceeds towards the carve-in of behavioral health services that remain in contract we ask that the following actions take place in the following categories:

Rates: The current FFS rates are generally inadequate, and many do not meet the cost-of-service delivery. The rate study that was promised in 2017 needs to be conducted and changes made to reach rate adequacy before MCO contracting can occur.

MLTSS: Managed Long Term Support Services (MLTSS) service recipients have complained of lack of access to services, and data provided by the State has shown an underutilization of behavioral health care in the population served. We urge you to review the data to determine if there is a sufficiently robust network of providers and access to services for those who need them.

Integrated Care:  Despite years of discussion about integrating behavioral health and physical health care in NJ there has been little progress.  The waiver should include identification of measures to 1) evaluate prior projects in integration to ID successful practices that can be replicated and 2)evaluate the efficacy of any new integration projects against a consistent measure to better enable true integration and access to services.

Provider Auto-Enrollment: Delays in onboarding of provider agencies with an MCO and being required to out of network bill, paper bill, and negotiate single case agreements takes a lot of time and resources, effecting limited receivables. Consider a limited “auto enrollment” window for providers with the MCOs so they can bill electronically on the same day that a covered individual is enrolled with the MCO. The combination of auto enrollment and six (6) month window to negotiate a full contract would greatly support the solvency of provider agencies.

**Housing:**

Housing Supports:  While the attention given in the waiver to the importance of housing supports is appreciated, those supports need to be better defined and consideration of them being delivered by the contracted providers included in planning.  The local housing provider staff know the local systems best, has established relationships, “boots on the ground” and are the best option for this role to minimize fragmentation and adding silos to the service landscape.

**Community-Based Services:**

Peer Providers:  NJ has been working for many years to grow its peer workforce.  While a percentage of peer providers possess peer certification credentials, many do not have them because of the cost to obtain them.  Advocacy groups across the State are making efforts to find ways to alleviate costs.

At this time, It is our recommendation that a grandfathering period be utilized for peers who are not certified at the inception of managed care contracts to enable the workforce time to obtain certification.  Additionally, there should also be a place in the system for the services of non-certified peers to be reimbursed.

Community Based Supports: Community support providers are skilled in service delivery and meeting the needs of their service recipients through flexible and creative measures.  This flexibility includes compensation via case rate, not 15-minute increments of service. We recommend that services such as Community Support Services (CSS), Targeted Case Management (TCM) and Integrated Case Management (ICMS) be reimbursed via case rates, as has been the practice in Programs in Assertive Community Treatment (PACT).

Expanded use of Advanced Practice Nurses: The shortage of psychiatrists in NJ if felt acutely across the community-based service system. We strongly recommend that Psychiatric Advanced Practice Nurses (APN’s) be permitted to work in modalities where a prescriber is required (e.g. PACT)

Crisis, Respite, and other Emergency Services: Continuing disconnects between mental health, substance use and criminal justice entities has perpetuated the fragmentation of our crisis, screening, respite and other emergency services. With the National 988 implementation, there are opportunities to include services in the 1115 Demonstration that can deliver a better connected, coordinated, individualized, and tailored emergency response system for person with behavioral health illnesses.  These include truer mobile outreach, access to respite facilities across the State, living room model screening and stabilization settings, reimbursed inclusion of peer providers, “warm hand-offs” across the service system, less dependence on hospital emergency rooms to warehouse people in crisis, less dependence on police response to all crisis calls, Medicaid reimbursement and commercial reimbursement for crisis services. We refer you to the SAMHS SAMHSA Crisis System Toolkit for the full recommendations.

Certified Community Behavioral Health Clinic: NJPRA is pleased to see CCBHC include it in the waiver. We strongly caution the establishment of a single state-wide rate for this service, as geographic factors, and operational needs impact costs.

In closing, we thank you for your review and consideration of our comments. On behalf of our member agencies, practitioners, and service recipients we look forward to continued growth, integration, and enhanced quality of our service system in NJ.

Kind Regards,

Kimberley Higgs

Kimberley Higgs, LCSW

Executive Director

NJPRA

Contact: [khiggs@njpra.org](mailto:khiggs@njpra.org)

Phone: 908-612-1287