New Jersey System of Care Financing Overview

CHIPRA Quality Demonstration Grant TA Webinar Series
June 23, 2010

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Overview

- System funding sources
- Federal reimbursement sources
- Non-eligible populations
- Rate-setting methodology

NJ System of Care Funding Streams

- State appropriations:
 - Mental Health
 - > Child Welfare
 - > Medicaid
- Federal revenue sources
 - Medicaid/SCHIP

Federal Funding Mechanics

- Rehab Option: In-home Services, EBPs, Mobile Response, Group Homes/Therapeutic Foster Care
- TCM: Care Management, Youth Case Management
- Cost Allocation Plan: Family Support, Administrative Services Contract, State Services

Non-Eligible Children

- Medicaid "look-alike" program
 - All providers reimbursed at same rates as Medicaid program
 - Providers submit claims through same process
 - Provides single payment structure for all children receiving services

CME Financing

- Use a deficit-funded contract with revenue targets
- Provide contract funding for costs not eligible for Medicaid reimbursement (e.g., Flex Funds)
- Monthly Inclusive Rate is set using cost-based methodology including all allowable costs
- Rate strongly determined by ratio of care managers to children

Rate-Setting Methodology

Market-based methodology using transparent inputs to arrive at rate

Requires collaboration with providers around true cost of care

 Requires clear modeling of staffing and service-level requirements

Financing Benefits

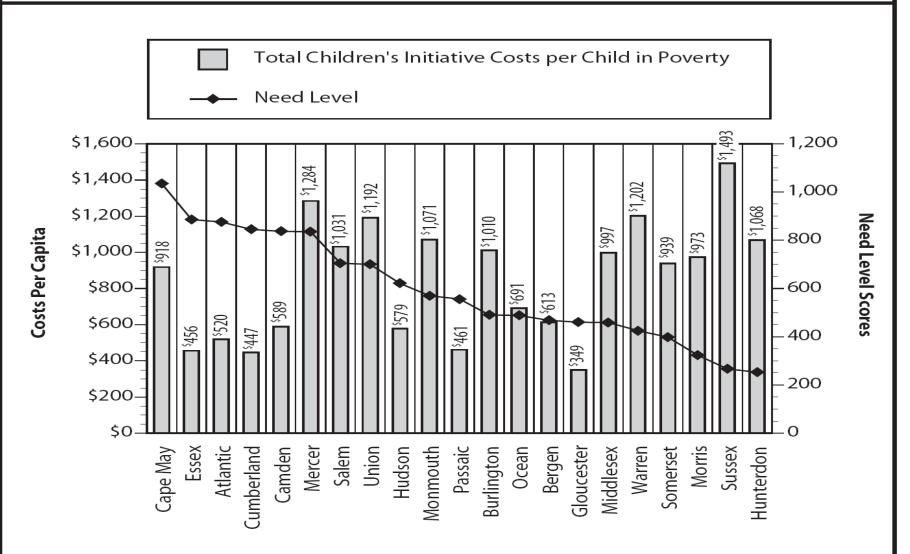
Reduced use of acute inpatient services saved more than \$30 million in last three years alone

Residential treatment budget reduced by 15% over last three years

Total federal revenue increased 5x since 2000, while state costs grew 2x

Figure 7.

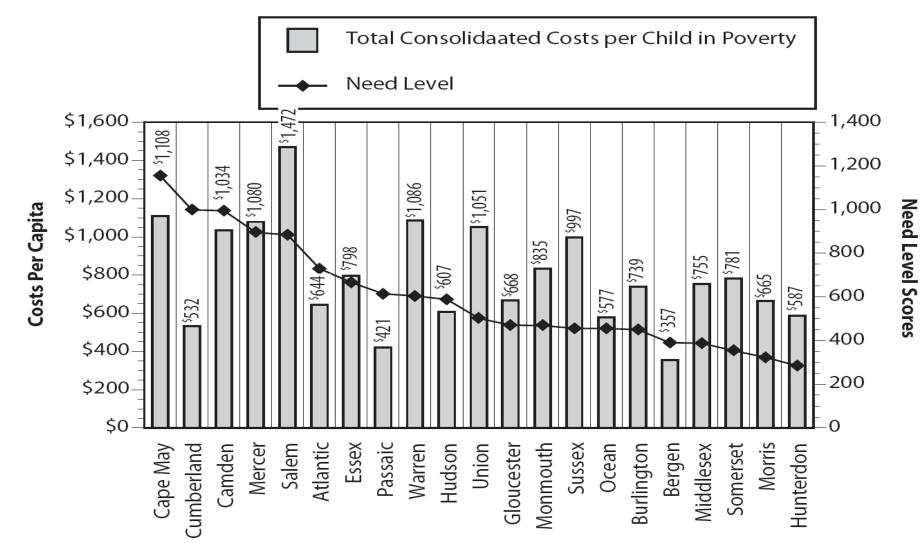
Comparison of Original Estimated Spending per Capita and Need Index



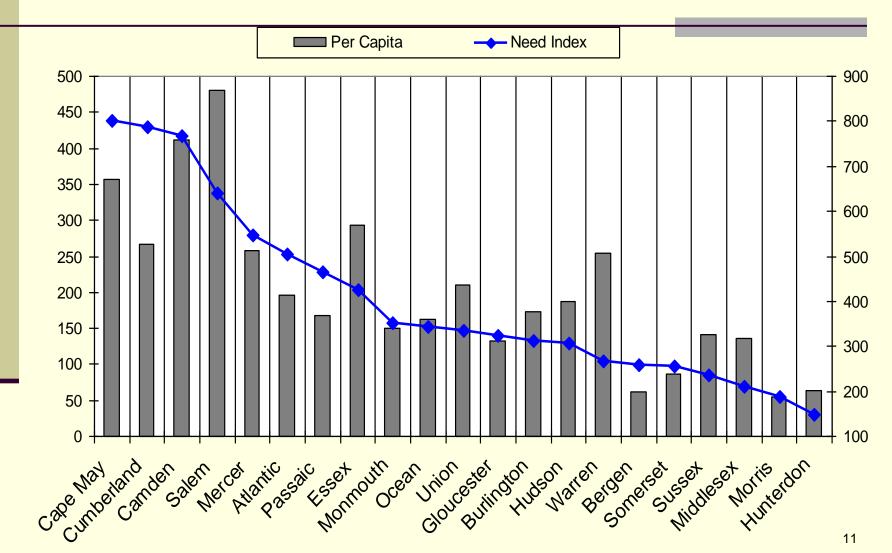
Children = Ages 0 through 17

Comparison of 2005 Consolidated Children's Mental Health Spending per Capita and Need Index

Figure 8.



Comparison of FY '08 Consolidated Per Capita Spending to Needs Index by County



Questions?