



**NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES**

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**Assistant Commissioner**  
**Children's System of Care**



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# What is the Children's System of Care?

- NJ's public behavioral health system that serves youth under age 21 with emotional and mental health care needs, substance use challenges, and/or intellectual/ developmental disabilities (IDD).
- CSOC's structure, policies, and practices are aligned with the core values of the System of Care Model.
  - Strengths and needs of the child and family determine the services and supports to be provided
  - Services are delivered in the community and supported by state/local systems management and infrastructure
  - Services are culturally and linguistically competent



# Who We Serve

- CSOC services are available to all NJ children and their families. There is no income criteria
- 35% of youth accessing CSOC are uninsured, underinsured, or have private insurance that does not cover the costs of CSOC services; 65% have Medicaid coverage
- 74,727 youth and their families were served in 2022
- Point in Time Data as of July 1, 2023
  - 41,190 children and youth open with CSOC in June 2023
  - 18,461 children and youth receiving CMO services
  - 13,530 youth with IDD Eligibility



# CSOC Core Components

- Contracted Services Administrator – PerformCare, single point of access, medical necessity determinations, prior authorization
- Claims paid through the state’s Medicaid fiscal agent
- Care Management Organizations – Implements a Wraparound service model for youth and families with moderate to high needs
- Single Assessment – Child Assessment of Needs and Strengths (CANS) Tool
- Emphasis on Crisis De-escalation – Mobile Response and Stabilization Services available 24/7
- Family Service Organizations – peer support and advocacy for families & youth
- In-Home and Out-of-Home Treatment Services
- Workforce Training, Certification, and Technical Assistance



# CSOC Core Components

- Contracted care management, treatment, and support services are reimbursed with federal and state funds (State Plan, Waiver, and non-State Plan services)
- Community system-partner service areas are aligned with the fifteen Court Vicinages to assure seamless connections and coordination of care, particularly in cases for which youth have multisystem involvement.



# CSOC Resources

- 230 youth behavioral health providers with 560 contracted programs
- Contracted provider workforce of over 12,000 individuals
- Fiscal Year 23 budget: \$813,525,845
  - Federal \$ 330,354,845
  - State 483,171,000
- FY 21 Rate rebalancing: \$100M state, \$75M federal annualized increase to budget



# Medicaid In New Jersey

- The New Jersey Department of Human Services' (DHS) Division of Medical Assistance and Health Services (DMAHS) is the single State Medicaid Authority (SMA) recognized by the federal Centers for Medicare and Medicaid Services (CMS).
- Medicaid and the Children's Health Insurance Program (CHIP) are branded NJ FamilyCare (NJFC) and provide health care coverage to individuals and families with limited income and resources.



# Leveraging Federal Resources

## Medicaid State Plan

- Any change to that plan requires an amendment that must be reviewed and approved by the federal Center for Medicare and Medicaid Services (CMS)
- CSOC collaborates with DMAHS on any CSOC related State Plan Amendment (SPA)
- DMAHS as the single state authority submits SPA changes to CMS
- CSOC receives Federal match on SPA services

## 1115 Comprehensive Waiver

- CSOC has two components under the 1115 Comprehensive Waiver: The Children's Support Services Program for youth with severe emotional disturbance (SED) and the Children's Support Services Program for Youth with Intellectual and Developmental Disabilities (I/DD)
- Federal match for NJFC eligible youth on non-State Plan Services and match for SED youth on State Plan Services





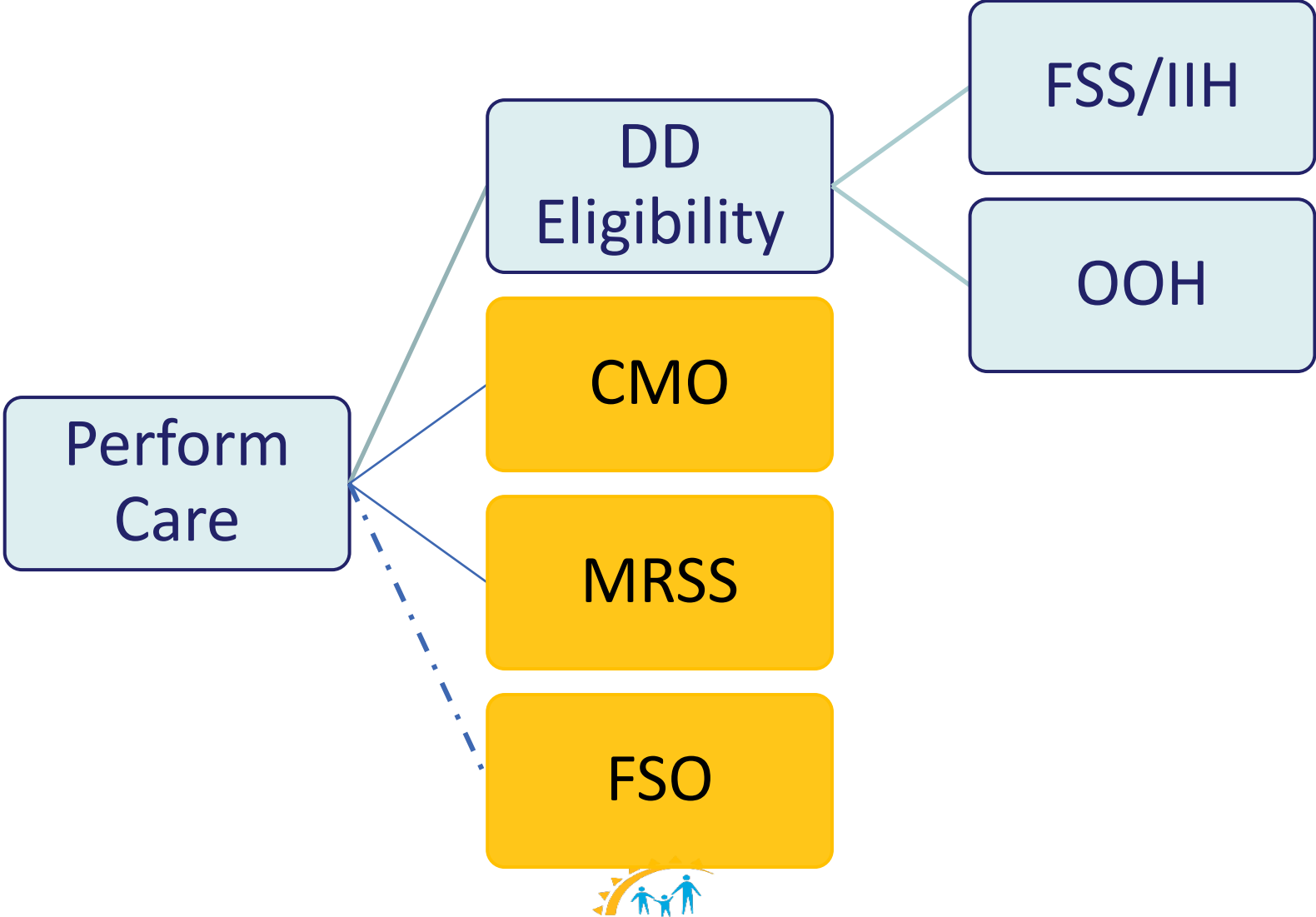
# Funding for Youth Not Eligible for Medicaid

For youth that are not NJFC eligible and receiving a CSOC authorized service, the CMO or MRSS Presumptive Eligibility Coordinator will submit a 3560 application in CSOC's electronic record (CYBER) to allow for authorizations and provider claiming

- The 3560 is a CSOC specific “Medicaid” look-alike number
- 3560 is not a NJ FamilyCare (NJFC)/Medicaid program
- Does not include the medical package (hospital, physician, dental vision or prescriptions)
- State funded – no federal match



# PerformCare Roles and Responsibilities



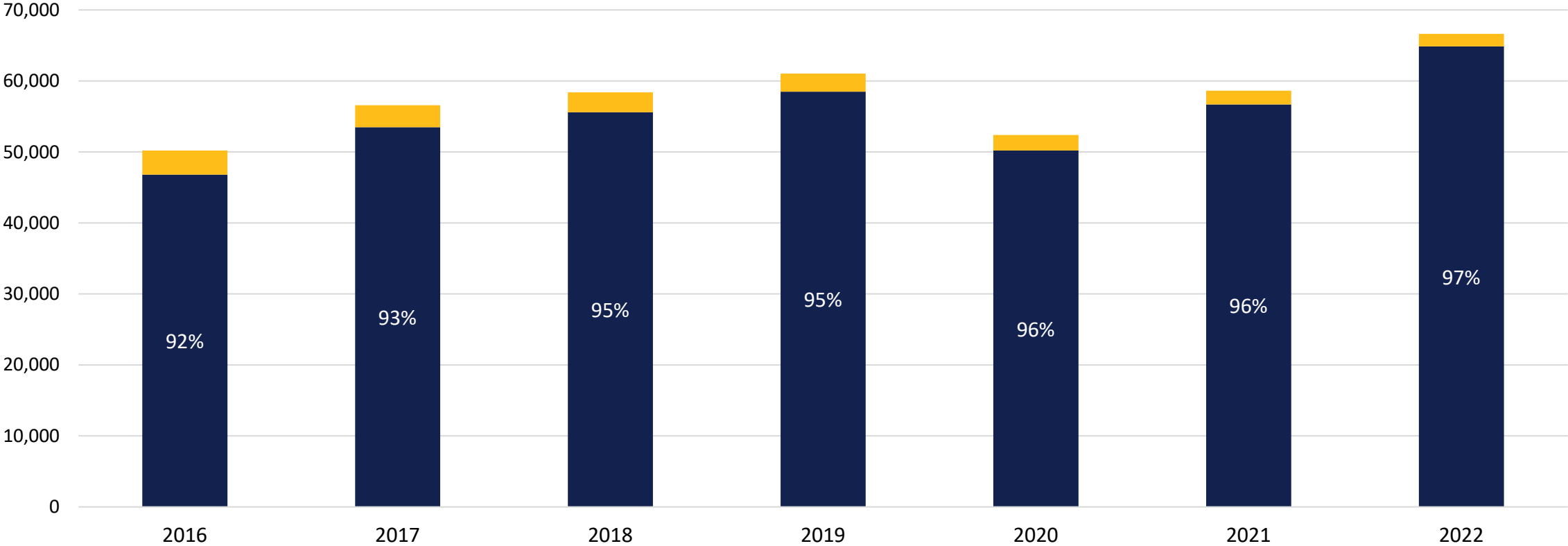
# Most CSOC Services are Delivered At Home and In the Community

## Youth Authorized for All CSOC Services

In and Out of Home

Source: CYBER

■ Active, In Home ■ Active, OOH

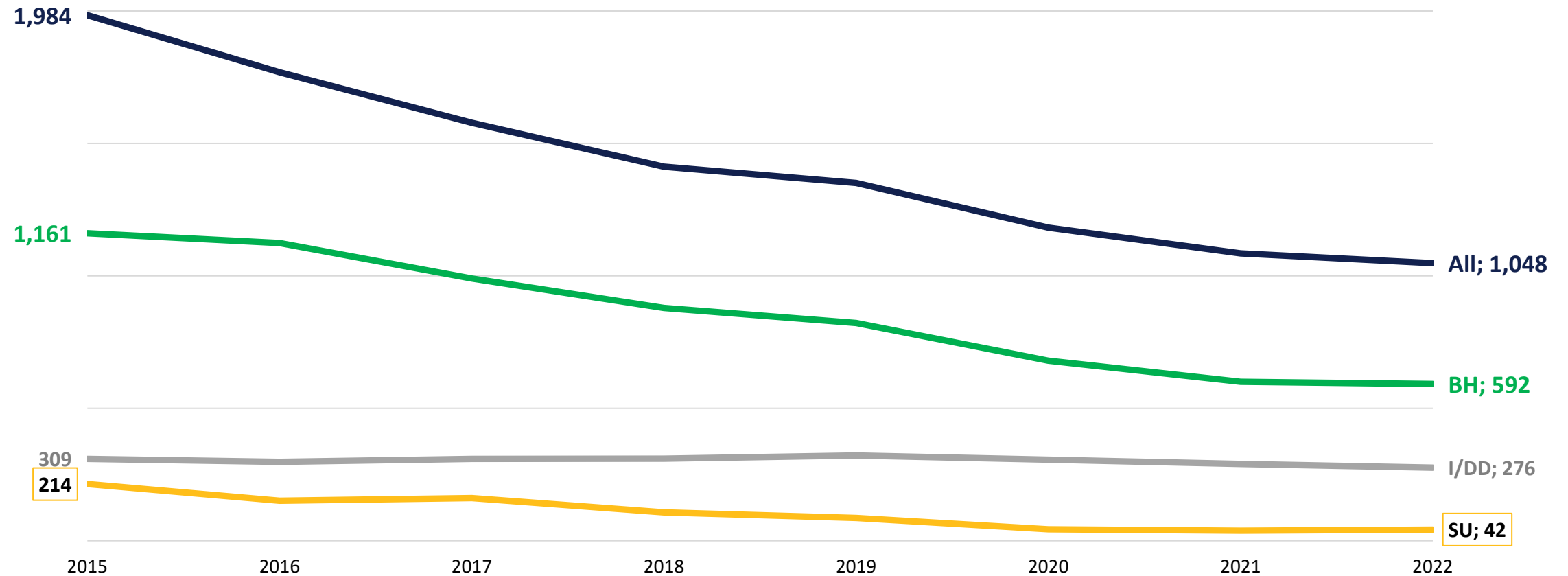


# CSOC's congregate care census decreased 47% between 2015 and 2022.

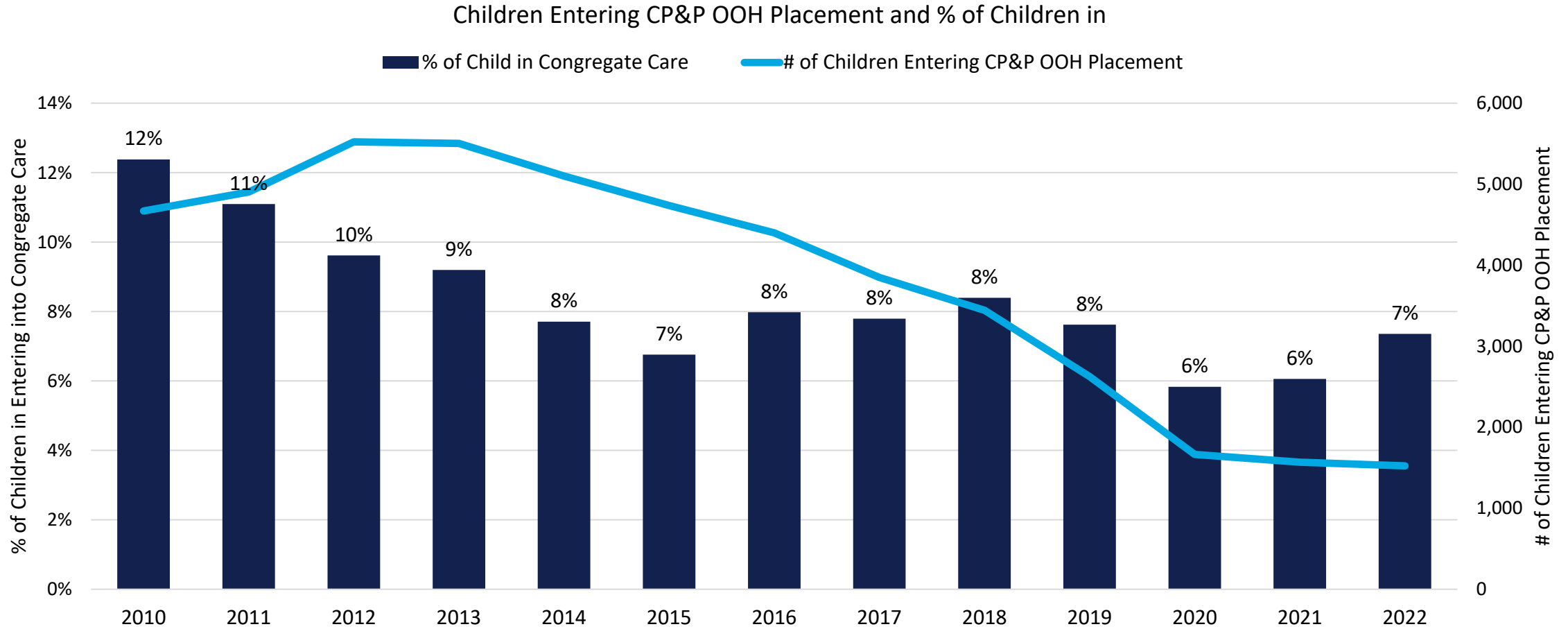
## Youth in Out of Home Treatment, by Treatment Type

On Dec 31<sup>st</sup> of the Calendar Year

Source: CYBER



# Across NJ's child and family serving system, the number of children and youth in out of home care has declined.



# CSOC Service Array

- Core Community Services:
  - Mobile Response and Stabilization (MRSS)
  - Care Management Organization (CMO)
  - Family Support Organization (FSO)



# In-Community Services

## Provider Network Service Array:

- Intensive In-Community/Behavioral Assistance Services
- Intensive In-Home/Individual Support Services
- Family Support Services
- Outpatient Mental Health and Substance Use Treatment Services



# Out of Home Services

## Behavioral Health

- Treatment Homes
- Group Homes
- Residential Treatment Centers
- Specialty Treatment Services
- Psych Community Homes
- Intensive Residential Treatment Services
- Stabilization and Assessment Services

## Substance Use

- Residential Treatment Center – Substance Use
- Short-term Residential Treatment
- Withdrawal Management

## Intellectual/Developmental Disabilities

- Special Skills Homes
- Group Home-Level 1
- Group Home Level 2
- RTC Integrated I/DD
- Specialty IDD Services
- Psych Comm Homes I/DD
- Intensive Psych Comm Home-I/DD
- Intensive I/DD
- Crisis Stabilization and Assessment Services





# Collaboration with DCPD

- Weekly dually involved youth meetings with DCPD and CSOC staff to address system barriers
- Clinical consultation office hours available with CSOC Clinical Director and Child and Adolescent Psychiatrist
- Clinical case conferences as needed to address needs of individual youth; same day scheduling of meetings per DCPD request
- SCR collaboration: Troubleshooting referrals, warm hand-offs to CSOC services
- Advocacy for youth with other behavioral health system partners, including screening and acute care services



# For Further Information

[PerformCare](#)

[CSOC Clinical Criteria](#)

[NJ Medicaid State Plan](#)

[NJ Medicaid Waiver - Current](#)

[NJ Medicaid Waiver - Renewal Application](#)

[NJ Regulations for Rehabilitative Services for Children](#)

