New Jersey Department of Human Services

Division of Child Behavioral Health Services (DCBHS)

Child and Family Guide

2004

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Welcome!

Welcome to the New Jersey Division of Child Behavioral Health Services (DCBHS). Without families, this reform could never have happened. We hope you continue to participate by being involved in your child's care, and by letting your voice be heard as we work together to improve services. This book will help you understand DCBHS, and answer questions you may have.

Children and their families are the driving force behind this reform, and the focus that guides progress. Your input is important to us. Let us know what you like, what you don't like, and what you need. We are here to listen, support, and help.

Use this book to learn about DCBHS. If you have any questions or comments, you can reach us at any time:

New Jersey Division of
Child Behavioral Health Services

(877) 652-7624 Toll-Free

(866) 896-6975 TDD
(for hearing impaired individuals)

NJPFC.CustServ@ValueOptions.com

3705 Quakerbridge Road
Suite 116
Hamilton, NJ 08619

You may also access our website
to learn more about DCBHS:

w w w . n j k i d s o c . o r g

What is the New Jersey Division of Child Behavioral Health Services?

In 2000, the New Jersey Department of Human Services (DHS) led a major reform initiative that began to restructure the system for delivering services to children with emotional and behavioral disturbances and their families.

In the New Jersey Division of Child Behavioral Health Services (DCBHS), all services are coordinated through one entity, and are based on a single, individual service plan developed with the family for that child. Service plans are based on the strengths of each child and family, promoting a positive way to achieve goals while remaining at home and in the community.

The DCBHS serves children and adolescents with emotional and behavioral disturbances and their families across child-serving systems. This means that no matter what services are needed, there is still only one service plan based on the needs of the child and family. The DCBHS is not a child welfare, mental health, Medicaid, or juvenile justice initiative. It is a partnership of all of these systems and more, offering a wider array of services.

DCBHS commits to an increase in spending in treatment for children with emotional and behavioral disturbances. Resources from DYFS, Mental Health and Medicaid are pooled, and Federal funding has increased, creating more readily available funds for needed services.

With the help of families, providers, advocates, and others that helped build the system, DCBHS created a focus on

children, families, and communities. The goal is to provide children and their families with effective treatment services for behavioral and emotional challenges. This ground-breaking program is a complex plan with a simple mission: to create happier endings for New Jersey's most troubled children.

For more information on DCBHS, log onto the website:

www.njkidsoc.org

or browse the New Jersey State website:

www.state.nj.us

Some Partners in the new system:

- ValueOptions is the **Contracted System Administrator** (**CSA**) for DCBHS. They assist DCBHS by authorizing, tracking, and coordinating care and service outcomes for children, providing reporting and information technology, and coordinating quality management. The CSA enters a single electronic record for each child. Utilizing a statewide directory of resources, the CSA serves as a source of information and referral to children and families over the phone.

- **Care Management Organizations** (**CMO**) are county-based non-profit organizations that are responsible for face-to-face care management and comprehensive service planning for children and their families with intense complex needs. They coordinate the Child/Family Team meetings and implement plans for each child and their family (called an Individual Service Plan, or ISP). The CMO provides a single point of accountability for the organization and delivery of service and supports needed to maintain stability for each child.

- **Family Support Organizations** (**FSO**) are non-profit organizations run by families of children in that county with emotional and behavioral problems. The FSO works in partnership with the CMO, CSA, state

agencies and provider organizations to ensure that the system is open and responsive to the needs of families and children. The FSO provides peer support, education, advocacy and system feedback to families. They ensure that the key values of the DCBHS are upheld.

- **Mobile Response & Stabilization Services** (**MRSS**) provides services to children and youth between the ages of 5 and 17 (or 18 to 21 if the child/youth is actively involved with Child Welfare, Child Behavioral Health or Juvenile Justice at the time of their 18th birthday. Special consideration will be given to children under 5.). MRSS services are provided to children/youth who exhibit emotional or behavioral challenges that may jeopardize their current living arrangements. They provide face-to-face crisis response within one hour of notification. The goal is to stabilize behavior and prevent loss of ability to remain in the home. MRSS is available 24/7 and can offer up to 8 weeks of stabilization services.
- **Youth Case Management** (**YCM**) offers face-to-face services for moderate risk children and youth who don't meet the intensive care requirements of the CMO. Services include assessing, monitoring, and coordinating services to enable children and youth to participate fully in their own communities.

Key values of the DCBHS:

- **Family-driven**
- **Strength-based**
- **Culturally Sensitive**

How is this system different?

One entry point
Anyone can refer a child for service. The child enters through one point - the CSA**.**

Family-driven
Families are encouraged to actively participate in the service planning and all other aspects of care and treatment.

Assessment
There is only one assessment process. This ensures the needs of each child are met.

Strength-Based Natural Supports
Every family has strengths. The DCBHS uses the strengths of each child and family to build a better quality of life. These strengths are used in the service plan.

Family Support
Families find support through their FSO. Each FSO has a wide range of program options available in their county.

Mobile Response and Stabilization Services (MRSS)
This 24/7 service offers interventions and a way to address a child's behavior in a way that can help a child stay in their current living situation. Additional stabilization is available to help prevent small issues from growing into major problems.

Levels of Case Management
Families need more or less service as needs change. Different levels of support give the right support at the right time. Case management has two levels to ensure families get the care they need:

- CMO - face-to-face care for families who need the most support.
- YCM - less intense face-to-face care.

One Service Plan
The child and family have one plan that is developed by a Child/Family Team. The plan is built on each child's and family's strengths to address the needs of each child.

Who is Eligible?

Children and youth between the ages of 5 and 17 living in the State of New Jersey and who have emotional or behavioral disturbances are eligible for services through DCBHS. Special consideration will be given to children under 5.

Young adults ages 18 to 21 are eligible if the youth is actively involved with Child Welfare, Child Behavioral Health or Juvenile Justice at the time of their 18th birthday.

If you have questions about eligibility, call the

Information and Referral Access Line

Toll-free: 877-652-7624

TDD: 866-896-6975

Information and Referral

DCBHS offers an information and referral **Access Line**. Information about the DCBHS, types of services available, benefit information for DCBHS enrollees, and community resources are available. Families may also find assistance linking to providers and services. A customer service representative is available to assist callers from **8 am—10 pm Monday through Friday**. Calls received outside of that time frame will be returned the next business day.

The access line is also used to link to **Mobile Response and Stabilization Services (MRSS**) for emergencies and potential crisis. This service is available twenty-four hours a day, seven days a week **(24/7)**. Clinically trained staff assist callers in getting the services needed as quickly as possible.

Types of Information and Referral

- Behavioral Health Providers
- Community Resources
- Informational Websites
- State Agency Services
- Medicaid/NJ FamilyCare
- Family Support Organizations
- Care Management Organizations
- Resources for Referral

Mobile Crisis Information

Mobile Response and Stabilization Services (MRSS) are available 24 hours a day / seven days per week. This service helps keep your child and family safe in an emotional or behavioral crisis, and works to keep your child in their current living situation. The Mobile Response Team will work with your family in your home or community to assess and address the crisis. They will work with you and your child to stabilize the situation and can continue to work with you to develop and manage a plan to help keep your child safely at home.

If you think your child can benefit from this service, please call our toll-free Access Line at

1-877-652-7624

and one of our clinically trained staff will assist you immediately.

Call 911 when:

- ***The life or health of your child or others is in danger.***
- A bad reaction to medication or an increase in symptoms occurs.
- Immediate help is needed.

There is an **Important Information page** in the back of this book that you can fill in so you have the numbers you need in a crisis. Complete the page ahead of time so it is ready when you need it.

How can I get DCBHS services for my child?

Where is DCBHS?

DCBHS is as close as your phone. Call 24/7 at 1-877-652-7624. This is a toll-free Information and Referral access line. They answer questions and help find services and providers.

Determining benefit eligibility and payment

We will talk with you regarding your existing insurance plan and any benefits you may be entitled to under DCBHS. You may be eligible for benefits through Medicaid or NJ FamilyCare, or you may qualify for services and treatment solely through DCBHS. You may be asked to contribute to the cost of your child's care. We can help you find out what coverage you have and what you are eligible to receive.

If you would like more information about NJ FamilyCare and other programs available through the New Jersey Division of Medical Assistance and Health Services, you may call the DCBHS toll-free at 1-877-652-7624. There are also numbers included in the resource page of this book (page 37) that you can use to get additional information.

How can I find a provider?

There are many providers throughout the state that have been helping people for many years. Many are now involved with DCBHS. Call the Information and Referral Access Line toll-free 1-877-652-7624 for more information.

If you feel that your child may benefit from the services offered by DCBHS, call the access line for more information. Ask for a provider who understands your culture, speaks your language, and can help with special needs.

What kind of support can I get for myself and my family?

Are there any programs for my family?

Family Support Organizations (FSOs) have programs and support groups for families in their county. To find the FSO near you, call DCBHS toll-free at 1- 877-652-7624.

Libraries, phone books, and the Internet are also good resources.

You may call DCBHS toll-free at any time with questions or for assistance:
1-877-652-7624

Rights & Responsibilities of Children and their Families/Caregivers

Rights

Your child is enrolled when you sign him/her up for care. As a parent, you also have certain rights.

It is the policy of DCBHS that children and their families/caregivers have the right to:

- Be treated with respect, dignity, and recognition with regard to privacy and cultural sensitivity.
- Receive information about all system partners, and the processes for conducting business.
- Request and receive information regarding their families, care, and clinical records.
- Receive general information about all system partners, if available.
- Expect that all information regarding current or previous services be kept confidential, to the extent allowed by law.
- Refuse to disclose information to the agency or provider to the extent allowed by law.
- Expect that no identifying information will be released without the valid written consent of that child and/or legal guardian on file. This is a right protected by law.
- Be informed of services, benefits, and how to access care. *see notification rights, page 20*

- Choose and/or change provider(s).
- Receive care in a timely manner. Timely manner applies to best practices and timelines established within DCBHS. These timelines are part of the information available to all children and their families/caregivers.
- Be full partners in every decision regarding the child.
- Participate in a candid discussion with their system partner(s) regarding appropriate options necessary to achieve their family vision, regardless of cost or benefit coverage.
- Openly communicate complaints, grievances or appeals about any system partner/provider regarding any issue without fear of retaliation or of losing their benefits.
- Timely resolution of complaints, grievances, and appeals.
- Have grievances and appeals reviewed by a party not involved in a previous decision regarding the same issue.
- Continue to receive support and assistance until your complaint is resolved.
- Request a Medicaid Fair Hearing. (contact the Medicaid Office of Legal and Regulatory Liaison for more information on Fair Hearings. 609-588-2656)

What are notification rights?
You have the right to know when your child's service will change or end. If this happens, you get a notice stating what will change and when. It will state the reason that allows the change, your rights, and how to appeal. Notice is sent twenty days before service changes.

Sometimes notice is sent the same day as the change. This happens when:

- You give written notice that you do not want the service.
- Your child is admitted somewhere that makes him/her ineligible for other services.
- You receive Medicaid from another state.

HIPAA

What is HIPAA, anyway?
HIPAA is a federal law.
The law's full title is Health Insurance Portability and Accountability Act of 1996. The primary goal of the law is to help employees take their health benefits with them upon a move from one employer to another. The law also included a provision with the goal of improving:

- efficiency of the health care system, by encouraging the use of electronic information systems
- privacy and security protections for individually identifiable health information

What is "Protected Health Information?"
HIPAA's Privacy regulations require protection of individually identifiable health information. The regulations define "protected health information" (PHI) as information that relates to the:

- past, present or future physical or mental health or condition of an individual
- provision of health care to an individual
- past, present or future payment for the provision of health care to an individual

Protection applies to information collected from the individual, received or created by a health care provider, health plan, health care clearinghouse or employer, and is maintained or transmitted in any form or medium.

What information must be protected?
A wide range of information is considered

personal, and therefore protected, health information:

- the fact that someone received treatment
- claims information
- clinical information
- demographic information in the context of health care

There is no distinction between clinical and other types of information. All are protected under the law.

Why all this concern about privacy?

In the age of electronic databases, privacy is an increasing concern for many people. The protections provided in the Privacy Rule have three goals:

- to give individuals greater control of their personal health information
- to limit what others can do with protected health information
- to safeguard individually identifiable health information

Knowing that personal health information is protected should increase trust between individuals and those who provide and pay for their care.

Individual control of health information

HIPAA gives individuals rights that increase their ability to control access to their protected health information. All individuals have a right to:

- obtain a Notice of Privacy Practices
- inspect or copy information that health plans and providers use for making

decisions about them
- know who has seen their health information for non-routine purposes
- request confidential communication of their protected health information
- give explicit permission for use of their information for purposes other than treatment, payment and health care operations

The Notice of Privacy Practices

A Notice of Privacy Practices must be provided to tell individuals what information is collected about them and how that information is used. This Notice must be:

- provided to new families upon enrollment
- made available to families for review every three years following initial enrollment, and annually in some states

The Designated Record Set

Individuals have the right to inspect or copy the information used to make decisions about them. This information, called the **Designated Record Set**, includes:

- enrollment
- payment
- claims adjudication
- case or medical management records
- any other records used for making decisions about the individual

Records held by business associates of DCBHS entities are considered part of the Designated

Record Set. The individual has the right to inspect the entire Designated Record Set or any PHI within the Designated Record Set.

Making Amendments

Families may believe that there are errors in the information in their Designated Record Set. If so, the family has the right to request a correction or that additional information be included in the record. If a change is made based upon such a request, everyone who might need to know about it will be notified. This may include insurance companies or providers that treat the child.

Routine Use of Information

Although system partners have individual information about the children in the DCBHS, they are not free to use it for any purposes they choose. That information may only be used to conduct the routine activities of payment and health care operations, such as:

- coordinating care between providers or between a provider and a health plan
- submitting or paying claims
- reviewing utilization patterns
- improving clinical services

Non-routine disclosure of information

If the protected health information of a child is shared for any other reason than conducting routine activities the agency sharing the information must:

- obtain an individual Release of Information Authorization (unless required by law or regulation)

- record the disclosure
- be prepared to provide an accounting of such disclosures, if asked

Examples of non-routine disclosure include:

- collecting data for marketing, fundraising or research purposes
- releasing information to employers for employment-related decisions
- reporting suspected child or elder abuse or neglect
- reporting the use of clozapine to a national registry
- responding to a subpoena or other legal request

If a disclosure is required by law or regulation, a release is not needed, but the disclosure must still be recorded.

The Release of Information Authorization

Except when information is used for routine purposes, a Release of Information Authorization must be obtained from the family.

This release must include:

- a description of the information that will be used or shared
- with whom the information will be shared
- for what purpose
- when or why the release will expire
- a statement that the release may be revoked at any time and that care will not be denied upon refusal to provide a Release of Information Authorization

If you have any questions about HIPAA regulations, call the Information and Referral Access line toll-free at 877-652-7624.

What if I Have a Complaint?

When you have a concern about the quality of services in the system, you have the right to complain about that concern. Your child's care will not be affected. The first thing to do is address the complaint with the person or agency that the concern is with. If you are not satisfied with the result after going through their process, you may file a complaint with the DCBHS. This is done by submitting a complaint to:

ValueOptions
3705 Quakerbridge Road
Suite 116
Hamilton, NJ 08619

Toll-free: (877) 652-7624

Fax: (609) 689-6261

TTY: 800-701-0720
(M-F 8:30 am—5:00 pm)

NJPFC.CustServ@ValueOptions.com

ValueOptions is responsible for handling the complaints for the DCBHS.

If you have a concern about the care of your child, like a disagreement in what services are being provided, or a change in type or amount services, you have the right to request, in writing, a *Medicaid Fair Hearing*. (contact the Medicaid Office of Legal and Regulatory Liaison for more information on Fair Hearings. 609-588-2656)

Fair Hearings are handled by Medicaid through the Office of Legal and Regulatory Liaison. When you request a Fair Hearing, a DCBHS *Reconsideration* will automatically begin. This is a less formal process that is designed to help you resolve the issue more quickly than it takes for a Medicaid Fair Hearing. You do not have to request this process—it is automatic. If you can resolve the issue through the DCBHS Reconsideration process, you may decide that the Medicaid Fair Hearing is not necessary. If so, you may opt to withdraw, in writing, the request for the Medicaid Fair Hearing at that time.

The following pages explain how the process works. The complete policy and procedure is available upon request.
If you would like more information or have questions, call the Information and Referral Access line toll-free at 1-877-652-7624.

Complaints, Medicaid Fair Hearings and Reconsiderations - Policy

A complete copy of this policy is available upon request.

Sometimes you may not agree with a decision that a provider/CSA/DCBHS makes. If this happens, talk to the person you do not agree with. It may be a misunderstanding. If you still are not happy, you may file a complaint with the DCBHS

It is DCBHS policy to:

- Accept complaints and reconsiderations filed in any manner.
- Respond quickly.
- Treat you with respect and in the best interest of your child and family.
- Seek a solution that all parties agree with.
- Maintain confidentiality at all times.
- Not discriminate against anyone for any reason.
- Ensure service does not suffer.
- Continue service through the process.
- Make these steps simple and clear.
- Initiate the Reconsideration process automatically when a Medicaid Fair Hearing is requested.
- Resolve complaints and reconsiderations

within the established timeline.

- Advise all parties of the steps involved in each process, and the timelines for resolution.
- Send written notice of the decision within five business days of the decision.
- Include in all notices:
  1. Description of the issue
  2. Report of actions taken to resolve the issue
  3. The resolution and date it was offered
  4. Clear steps on how to request further action
- Keep records according to state guidelines
- Include in all records:
  1. Summary
  2. Copy of the complaint
  3. All contact regarding the issue
  4. The decision
  5. Information showing timely attention to the issue including:
     a. Date and time complaint was filed and reviewed
     b. Date resolution offered, actions taken, and notice sent
- Keep all records confidential.
- Keep records secure at all times.
- Include the provider in the process if it involves them.

Definitions

Care Management Organization(s) (CMO) Agencies in each county that provide intensive case management services to children in that county. They are responsible for coordinating the Child/Family Team meetings and Individual Service Plan (ISP).

Care/Case Managers Professionals who provide support and assist in making treatment work by coordinating services. They work with children and their families to develop ISPs, to plan the Child/Family Team meetings, and to help each family develop skills to begin accessing resources on their own.

Care/Services Refers to treatment and programs designed to help children and families become healthier in the way they think, feel, and act. This may include a variety of traditional and non-traditional programs.

Child/Family Team The group of people who work together with you to help you. It may include your doctor, family, care manager, or any other person who is important to you, such as a friend, coach, or pastor.

Complaint Statement that you are not happy with a service you were given.

Confidential No information about you can be shared without consent unless required by law.

Consent to Release Document allowing providers to share information. **Consent to Treat** is a document stating permission for a

provider to perform agreed-upon treatment.

Contracted System Administrator (CSA) The company that contracts with the state to provide information technology, quality management, information and referral, and telephonic care coordination. The name of the company is *ValueOptions*.

Copay A small fee that you are responsible for when service is provided. It is the portion not covered by your insurance plan.

Department of Human Services (DHS) The State department responsible for the oversight of the Office of Child Behavioral Health Services.

Discriminate To unfairly treat someone due to a difference they have, such as race or religion.

Division of Child Behavioral Health Services (DCBHS) The name of the New Jersey Department of Human Services system to improve emotional and behavioral health services for children.

Eligible Qualified (meet all requirements) to receive a benefit or service.

Family Support Organization(s) (FSO) Agencies in each county that provide support to families with children who have emotional and behavioral needs.

Family Support Partners Family members and caregivers who provide mentoring and

advocacy services through the FSO.

Grievance Similar to a complaint, a grievance is a statement that you are not content with the result of the (initial) complaint process and would like to continue pursuing the issue.

Individual Service Plan (ISP) A child's plan for treatment and services developed by the Child/ Family Team. ISPs address all aspects of the child's life, and only one ISP is active at a time.

Medicaid The Medicaid Program provides medical assistance for certain individuals and families with low incomes and resources. Although the Federal government establishes general guidelines for the program, program requirements are established by each State.

Medicaid Fair Hearing The process used by Medicaid to resolve issues concerning services.

Medically/Clinically necessary Term used to describe a service that is needed in treatment For someone to progress toward stability or recovery.

NJ FamilyCare A program that helps low-income families get health care for their uninsured children.

Notification rights Rights stating you must be notified in writing when benefits or service is going to change or end.

Office of Child Behavioral Health Services The DHS Office responsible for overseeing DCBHS, child welfare, and community partnerships. The Office supports development and management of children's behavioral health services, and manages funding in these systems.

Prevention Measures taken to avoid an undesirable outcome.

Prior Approval / Authorization The process utilized by DCBHS through the CSA to review requested services.

Provider A professional who coordinates and/ or offers treatment and/or services. Therapists, doctors, and care managers are examples of providers.

Reasonable/Appropriate Within the normal standards of practice.

Reconsideration A process guided by the CSA for DCBHS to address issues concerning care for children in DCBHS once a Medicaid Fair Hearing is requested.

Referral A recommendation by a provider for a person to see another professional to discuss different or additional services.

Responsibilities What a person or group is accountable for.

Telecommunication Device for the Deaf (TDD) Equipment that lets the hearing impaired communicate via telephone.

Teletypewriter for the Visually Impaired (TTY) Equipment that lets the visually impaired communicate via telephone.

Resource Phone Numbers

If you need information about applying for

Medicaid

call:

Toll-free: 1-800-356-1561

Monday—Friday 8:30 am—4:30 pm

For information about applying for

NJ FamilyCare

call:

Toll-free: 1-800-701-0710

TTY (for the visually impaired):

1-800-701-0720

(Mon. & Thurs. 8:00 am—8:00 pm;
Tues., Wed., & Fri. 8:00 am—5:00 pm)

For information about accessing mental health or behavioral health services, call:

DCBHS
Information and Referral
Access Line

Toll-free: 1-877-652-7624

TDD (for the hearing impaired):

1-866-896-6975

NJPFC.CustServ@ValueOptions.com

For more information on DCBHS, log onto the website:

www.njkidsoc.org

or browse the New Jersey State website:

www.state.nj.us

Important Numbers

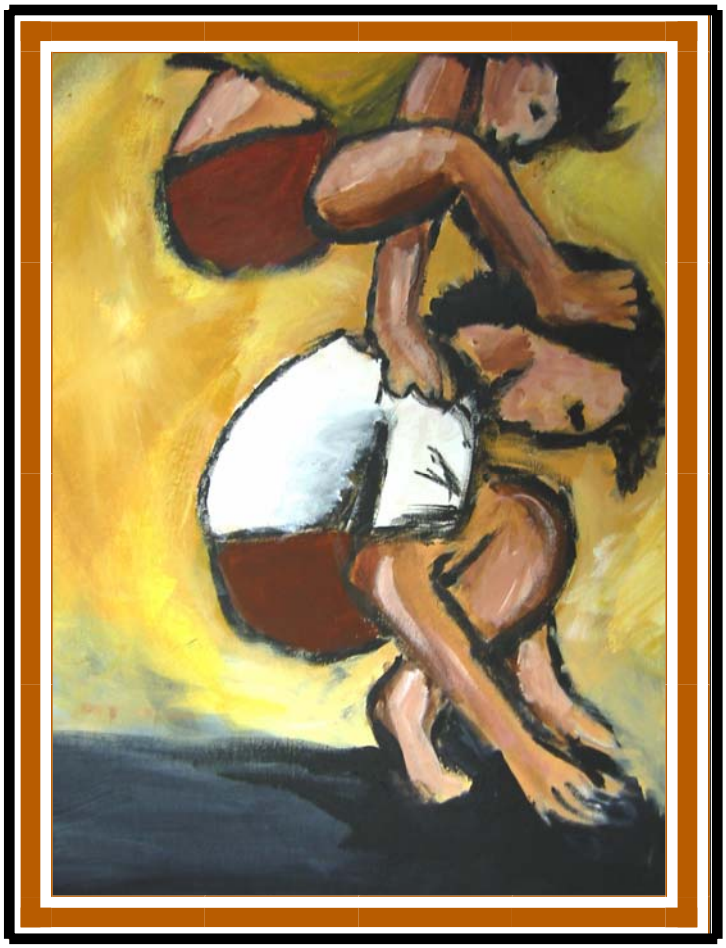
Use this page for phone numbers or other resources you use often.

What if I don't understand?

If you need help with or have questions about this book, please call the Division of Children's Behavioral Health Services Information and Referral Access line

toll-free: 1-877-652-7624.

You can also ask your provider for help.



We would like to thank Gwen Schneider-Johnson
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Their beautiful work has helped to make this
publication a great success.

Important Information

Life Threatening Emergencies - Call 911

	Name	Phone Number
CSA / Mobile Response		1-877-652-7624
Hospital		
Urgent Care Center		
Screening Center		
CMO		
Case Manager		
Psychiatrist		
FSO		
Pharmacy		
Other		

Information to have ready

Full Name _____

Date of Birth _____ Age _____

Social Security Number _____

Treating Behavioral Health Physician _____

Treating Medical Physician _____

Mental Health Diagnosis _____

_____

Medical Diagnosis _____

Medications (names and dosages)

_____

_____

Allergies _____

Last 3 Hospitalizations (Where, admission/discharge dates, reason)

_____

_____

_____

This book has been produced by ValueOptions on behalf of
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Additional copies of this book may be obtained from the office of
the Contracted System Administrator:
ValueOptions
3705 Quakerbridge Road
Suite 116
Hamilton, NJ 08619
(877) 652-7624

Division of Child Behavioral Health Services
ValueOptions, Contracted Systems Administrator
3705 Quakerbridge Road
Suite 116
Hamilton, NJ 08619