

**HUMAN SERVICES**

**DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES**

**Rehabilitative Services for Children**

**Readoption with Amendments: N.J.A.C. 10:77**

Authorized By: Elizabeth Connolly, Acting Commissioner, Department of Human Services.

Authority: N.J.S.A. 30:4D-1 et seq. and 30:4J-8 et seq.

Calendar Reference: See Summary below for explanation of exception to rulemaking calendar requirements.

Agency Control Number: 15-P-03.

Proposal Number: PRN 2015-071.

Submit comments by September 8, 2015, to:

Margaret M. Rose ATTN: 15-P-03

Division of Medical Assistance and Health Services

Office of Legal and Regulatory Affairs

PO Box 712

Trenton, NJ 08625-0712

Fax: (609) 588-7343

E-mail: [Margaret.Rose@dhs.state.nj.us](mailto:Margaret.Rose@dhs.state.nj.us)

Delivery:

6 Quakerbridge Plaza

Mercerville, NJ 08619

The agency proposal follows:

### **Summary**

Pursuant to N.J.S.A. 52:14B-5.1.c(2), N.J.A.C. 10:77, the Rehabilitative Services for Children chapter, will expire on January 21, 2016. An administrative review of the rules has been conducted, and a determination made that N.J.A.C. 10:77 should be continued because these rules are necessary, reasonable, adequate, efficient, and responsive for the purposes for which they were originally promulgated. The rules are necessary to regulate fee-for-service reimbursement to providers by the Division of Medical Assistance and Health Services for services rendered to eligible Medicaid and NJ FamilyCare beneficiaries.

The Rehabilitative Services for Children chapter contains the policy, procedure codes, and reimbursement amounts for rehabilitative services provided to eligible Medicaid/NJ FamilyCare fee-for-service beneficiaries. Rehabilitative services for children include environmental lead inspection services provided by local health departments and mental health rehabilitation services. The Department of Human Services (Department) is proposing to readopt the chapter with amendments. The chapter contains seven subchapters and one appendix as described below.

N.J.A.C. 10:77-1 contains general provisions relating to rehabilitative services, including introductory general provisions and general definitions.

N.J.A.C. 10:77-2 contains definitions, provisions for provider participation, basis for reimbursement, policies and procedures, and recordkeeping requirements pertaining to environmental lead intervention services.

N.J.A.C. 10:77-3 contains definitions, provisions for provider participation, basis for reimbursement, policies and procedures, and recordkeeping requirements pertaining to mental health rehabilitation services for children provided in psychiatric community residences and similar facilities.

N.J.A.C. 10:77-4 contains the definitions, provisions for provider participation, basis for reimbursement, policies and procedures, and recordkeeping requirements pertaining to behavioral assistance services.

N.J.A.C. 10:77-5 contains the definitions, provisions for provider participation, basis for reimbursement, policies and procedures, and recordkeeping requirements pertaining to intensive in-community mental health rehabilitation services.

N.J.A.C. 10:77-6 contains the definitions, provisions for provider participation, basis for reimbursement, policies and procedures, and recordkeeping requirements pertaining to mobile response and stabilization management services.

N.J.A.C. 10:77-7 contains information related to the Centers for Medicare and Medicaid Services' Healthcare Common Procedure Coding System (HCPCS).

The chapter Appendix contains information related to the Fiscal Agent Billing Supplement.

### **General Changes**

Throughout the chapter proposed amendments change all references to the “Division of Child Behavioral Health Services (DCBHS)” to read “Children’s System of Care (CSOC)” to reflect the correct name of the division within the Department of Children and Families.

Throughout the chapter proposed amendments change all references to the “Division of Youth and Family Services (DYFS)” to read “Division of Child Protection & Permanency (DCP&P)” to reflect the correct name of the division within the Department of Children and Families.

Throughout the chapter proposed amendments change all references to the “Division of Mental Health Services (DMHS)” to read “Division of Mental Health and Addiction Services (DMHAS)” to reflect the correct name of the division within the Department of Human Services.

Throughout the chapter proposed amendments change the name “Unisys” to read “Molina Medicaid Solutions” to reflect the name of the current fiscal agent of the Division of Medical Assistance and Health Services.

### **Specific Changes**

At N.J.A.C. 10:77-1.2, the following definition is being added because the term is being used throughout the chapter: “Children’s System of Care.”

At N.J.A.C. 10:77-1.2, the following definition is being deleted because the term is no longer used in the chapter: “Division of Child Behavioral Health Services.”

At N.J.A.C. 10:77-2.2, a reference to “Medicaid” is being amended to read “Medicaid/NJ FamilyCare” to indicate that some of the beneficiaries who receive these services are NJ FamilyCare beneficiaries.

At N.J.A.C. 10:77-7.1(a) a proposed amendment clarifies that the Health Care Procedure Coding System (HCPCS) procedure codes contained in the chapter must be

used when filing a claim for services and provides a website address at which the most current list of authorized HCPCS procedure codes may be accessed.

N.J.A.C. 10:77-7.1(b)3 is proposed for deletion because Level III HCPCS procedure codes are no longer recognized.

At N.J.A.C. 10:77-7.2(e), a proposed amendment deletes the HCPCS procedure code H0036 because that code is no longer recognized.

The Department has determined that the comment period for this notice of proposal will be at least 60 days; therefore, pursuant to N.J.A.C. 1:30-3.3(a)5, this notice is excepted from the rulemaking calendar requirement.

### **Social Impact**

In State Fiscal Year 2014, approximately 32,688 beneficiaries received services covered under this chapter. This includes Medicaid/NJ FamilyCare beneficiaries as well as those children receiving mental health rehabilitation services under the auspices of the Department of Children and Families' Division of Child Behavioral Health Services.

N.J.A.C. 10:77, Rehabilitative Services for Children, assures that eligible Medicaid/NJ FamilyCare beneficiaries will continue to receive rehabilitative services. The social impact of these services, which include environmental lead inspection services and mental health rehabilitation services for children, is significant for those who are eligible. Without these services to identify and address potential hazards in their environments and their lives, the ability of the affected children to function could be impaired, possibly permanently. With the services, the negative impacts of lead

poisoning and mental illness are diminished significantly for these children and their families.

The State and the providers of the various services regulated by this chapter will benefit, because these rules allow the Department to continue these programs, thus ensuring continuation of benefits to beneficiaries and continued reimbursement to providers. Without these services, the long-term effects on the beneficiaries would likely require additional and potentially more costly programming and services.

### **Economic Impact**

During State Fiscal Year 2014, approximately 32,688 beneficiaries received services covered under this chapter at a cost of \$219,102,083 (State and Federal share combined). These figures include costs for providing services to Medicaid/NJ FamilyCare eligible beneficiaries as well as those children who are not eligible for Medicaid/NJ FamilyCare but who receive mental health rehabilitation services under the auspices of the Children's System of Care within the Department of Children and Families.

If the services available under the provisions of this chapter were not available, additional expenses would be incurred for the long-term care needs of the children who now receive mental health and lead inspection services, both of which help the children achieve and maintain an improved level of functioning within the community.

### **Federal Standards Statement**

Sections 1902(a)(10) and 1905(a)(13) of the Social Security Act (the Act), 42 U.S.C. §§ 1396a(a)(10) and 1396d(a)(13), respectively, allow a state Medicaid program to offer other diagnostic, screening, prevention, and rehabilitation services, including any services recommended by a physician or other licensed practitioner of the healing arts within the scope of their practice under state law, for the maximum reduction of physical or mental disability and restoration of an individual to the best possible level of functioning.

Federal regulations at 42 CFR 440.130 define covered services, including screening and rehabilitative services.

Section 2101 of the Social Security Act (42 U.S.C. § 1397aa) provides funds to states to administer the State Children's Health Insurance Program (SCHIP) in an effective and efficient manner. Section 2110 of the Social Security Act (42 U.S.C. § 1397jj) provides a list of services that are eligible for reimbursement as part of SCHIP.

The Department has reviewed the Federal statutory and regulatory requirements and has determined the rules proposed for re adoption with amendments do not exceed Federal standards. Therefore, a Federal standards analysis is not required.

### **Jobs Impact**

The rules proposed for re adoption with amendments are not expected to create jobs or cause a loss of jobs in the State, since there is no change in scope, eligibility for, or duration of, mental health rehabilitation services, nor is there any change in provider qualifications.

## **Agriculture Industry Impact**

The rules proposed for readoption with amendments are not expected to have an impact on the agriculture industry in New Jersey.

## **Regulatory Flexibility Analysis**

The Regulatory Flexibility Act, N.J.S.A. 52:14B-16 et seq., defines a "small business" as any business resident in this State that employs fewer than 100 employees full time, is independently owned and operated, and is not dominant in its field. The local health departments provide the environmental lead screening services and do not fit this definition, as they are part of local government. However, many of the mental health rehabilitation providers are considered small businesses under this definition; therefore a regulatory flexibility analysis is required.

The rules proposed for readoption with amendments will continue to impose necessary reporting, recordkeeping, and compliance requirements. The Department believes that these requirements will ensure that services are provided by professionals in a manner that is responsible to the community and the beneficiaries they serve, and that all providers maintain a minimum acceptable standard, ensuring a consistent quality level of care for the beneficiaries. These reporting, recordkeeping, and compliance requirements include reporting beneficiary information to the appropriate parties; maintaining appropriate records of the services rendered, including beneficiary and provider information and dates of service; and complying with all requirements (Federal and State) related to provider qualifications and licensure.

The rules proposed for readoption with amendments do not impose any new recordkeeping or reporting requirements. All Medicaid/NJ FamilyCare enrolled providers are already required to maintain records to fully disclose the name of the beneficiary who received the service, date of service, and any additional information as may be required by N.J.A.C. 10:49 and N.J.S.A. 30:4D-1 et seq. This requirement must be equally applicable to all providers regardless of size in order to ensure a consistent quality of care for all beneficiaries.

There are no capital costs associated with the rules proposed for readoption or the proposed amendments contained in this rulemaking. The rules proposed for readoption with amendments require no new or additional professional services, beyond those of the provider.

### **Housing Affordability Impact Analysis**

Because the rules proposed for readoption and the proposed amendments concern the provision of rehabilitative services to Medicaid and NJ FamilyCare beneficiaries, the Department anticipates that the rules will have no impact on affordable housing or the average costs associated with housing.

### **Smart Growth Development Impact Analysis**

Because the rules proposed for readoption and the proposed amendments concern the provision of rehabilitative services to Medicaid and NJ FamilyCare beneficiaries, the Department anticipates that the rules will have no impact smart

growth, nor on housing production within Planning Areas 1 and 2, or within designated centers, under the State Development and Redevelopment Plan.

**Full text** of the rules proposed for re-adoption may be found in the New Jersey Administrative Code at N.J.A.C. 10:77.

**Full text** of the proposed amendments follows (additions indicated in boldface **thus**; deletions indicated in brackets [thus]):

## SUBCHAPTER 1. GENERAL PROVISIONS

### 10:77-1.1 Purpose and scope

(a) This chapter is concerned with the provision of, and reimbursement for, medically necessary Medicaid-covered and NJ FamilyCare fee-for-service covered rehabilitative services, specifically, environmental lead inspection/hazard assessment services and mental health rehabilitation services for children, youth, and young adults, in accordance with the New Jersey Medicaid and NJ FamilyCare fee-for-service program rules, including those mental health rehabilitation services provided under the auspices of the Department of Children and Families' (DCF) [Division of Child Behavioral Health Services (DCBHS)] **Children's System of Care (CSOC)**.

(b) (No change.)

(c) The chapter is divided into seven subchapters and an appendix, as follows:

1. – 2. (No change.)

3. N.J.A.C. 10:77-3 contains definitions, provisions for provider participation, basis for reimbursement, policies and procedures, and recordkeeping requirements

pertaining to the specific mental health rehabilitation services provided in psychiatric community residences for youth, group homes, or residential childcare facilities, available to children, youth, or young adults who are Medicaid/NJ FamilyCare beneficiaries or children, youth, or young adults who are ineligible for Medicaid/NJ FamilyCare but are receiving mental health rehabilitation services under [DCF/DCBHS] **DCF/CSOC**.

4. N.J.A.C. 10:77-4 contains the definitions, provisions for provider participation, basis for reimbursement, policies and procedures, and recordkeeping requirements pertaining to the specific Medicaid/NJ FamilyCare-covered mental health rehabilitation service of behavioral assistance services available to children, youth, or young adults who are Medicaid/NJ FamilyCare beneficiaries or children, youth, or young adults who are ineligible for Medicaid/NJ FamilyCare but are receiving mental health rehabilitation services under [DCF/DCBHS] **DCF/CSOC**.

5. N.J.A.C. 10:77-5 contains the definitions, provisions for provider participation, basis for reimbursement, policies and procedures, and recordkeeping requirements pertaining to the specific Medicaid/NJ FamilyCare-covered mental health rehabilitation service of intensive in-community services; available to children, youth, or young adults who are Medicaid/NJ FamilyCare beneficiaries or children, youth, or young adults who are ineligible for Medicaid/NJ FamilyCare but are receiving mental health rehabilitation services under [DCF/DCBHS] **DCF/CSOC**.

6. N.J.A.C. 10:77-6 contains the definitions, provisions for provider participation, basis for reimbursement, policies and procedures, and recordkeeping requirements pertaining to the specific Medicaid-covered and NJ FamilyCare-Plan A covered mobile

response and stabilization management services for children; available to children, youth, or young adults who are Medicaid/NJ FamilyCare beneficiaries or children, youth, or young adults who are ineligible for Medicaid/NJ FamilyCare but are receiving mental health rehabilitation services under [DCF/DCBHS] **DCF/CSOC**.

7. N.J.A.C. 10:77-7 pertains to the Centers for Medicare and Medicaid Services' Healthcare Common Procedure Coding System (HCPCS). The HCPCS contains procedure codes and maximum fee allowances corresponding to the Medicaid/NJ FamilyCare and [PFC] **CSOC** reimbursable services of this chapter; and

8. (No change.)

#### 10:77-1.2 General definitions

The following words and terms, when used in this chapter, shall have the following meanings, unless the context clearly indicates otherwise.

...

"Child, youth, or young adult" means a Medicaid beneficiary under 21 years of age or a NJ FamilyCare-Plan B or C beneficiary under 19 years of age, or an individual receiving services under the [Division of Child Behavioral Health Services] **Children's System of Care** who is not eligible for Medicaid/NJ FamilyCare who is under 21 years of age.

**"Children's System of Care" means the Division established within the Department of Children and Families, which provides a comprehensive approach to the provision of mental health/behavioral health services to eligible children, youth, and young adults.**

"Contracted system administrator" (CSA) means an administrative organization contracted by, and serving as an agent of, the Department of Children and Families to provide utilization management, care coordination, quality management, and information management for the [Division of Child Behavioral Health Services] **Children's System of Care** in its administration of the locally managed system of care that provides mental and behavioral health services and supports to eligible children, youth, and young adults.

...

"Department of Children and Families" (DCF) means the Department of New Jersey government, created by P.L. 2006, c. 47, that has the goal of ensuring safety, permanency, and well-being for all children and that has direct responsibility for child welfare and other child and family services. DCF includes the Division of [Youth and Family Services] **Child Protection and Permanency**, the [Division of Child Behavioral Health Services] **Children's System of Care**, the Division of Prevention and Community Partnerships, the New Jersey Child Welfare Training Academy, and the Office of Education.

...

["Division of Child Behavioral Health Services" (DCBHS) means the Division established within the Department of Children and Families, which provides a comprehensive approach to the provision of mental health/behavioral health services to eligible children, youth and young adults.]

"Family support organization" (FSO) means an independent community-based organization providing services through a contract with the Department of Children and

Families. The FSOs are comprised of family members who are involved or have been involved in the system of children's mental health services and who provide direct peer support and advocacy to children and families receiving services under [DCBHS] **CSOC**.

...

"Young adult" means, for purpose of eligibility for [DCF/DCBHS] **DCF/CSOC** services, an individual, at least 18 years of age and under 21 years of age, who had been receiving mental/behavioral health services under [DCF/DCBHS] **DCF/CSOC** prior to becoming 18 years of age, or who is currently receiving services in the child-serving system and who demonstrates a clinical need for the continuation of such services.

...

## SUBCHAPTER 2. ENVIRONMENTAL LEAD INTERVENTION SERVICES

### 10:77-2.2 Environmental lead inspection service definitions

The following words and terms, as used in this subchapter, shall have the following meanings, unless the context clearly indicates otherwise.

...

"Environmental lead inspection service or hazard assessment" means an epidemiologic investigation by a certified lead inspector/risk assessor in order to identify lead hazards in the primary residence of a child who is a Medicaid/**NJ FamilyCare** beneficiary and who is determined to have an EBLL.

...

### 10:77-2.3 Provider participation requirements

(a) Requirements for a provider to participate in environmental lead inspection services shall be as follows:

1. – 2. (No change.)

3. An LHD not previously approved as a Medicaid/NJ FamilyCare independent clinic provider but wishing to enroll as a Medicaid/NJ FamilyCare-participating provider for environmental lead intervention services shall complete and submit a provider application packet pursuant to N.J.A.C. 10:49-3.2[;].

i. The completed application packet shall be submitted to:

[Unisys] **Molina Medicaid Solutions**

Provider Enrollment

PO Box 4804

Trenton, New Jersey 08650

ii. (No change.)

4. - 5. (No change.)

## SUBCHAPTER 3. RESIDENTIAL MENTAL HEALTH REHABILITATION SERVICES

### 10:77-3.1 Scope of services

This subchapter sets forth the New Jersey Medicaid/NJ FamilyCare programs provisions pertaining to mental health rehabilitation services for children provided under the auspices of the [Division of Child Behavioral Health Services] **Children's System of Care** within the Department of Children and Families. These services are provided in

psychiatric community residences for youth, children's group homes, or residential childcare facilities.

#### 10:77-3.2 Definitions

The following words and terms, as used in this subchapter, shall have the following meanings, unless the context clearly indicates otherwise:

...

"Contract pricing" means each facility shall have an individual rate based on the rate in the contract negotiated by either the Division of Mental Health **and Addiction Services** or the Division of [Youth and Family Services] **Child Protection and Permanency**.

...

#### 10:77-3.4 Eligibility for services

(a) The Division shall consider claims for children, youth, or young adults who are eligible for Medicaid/NJ FamilyCare, and children who are ineligible for Medicaid/NJ FamilyCare, but who are receiving mental/behavioral health services from [DCF/DCBHS] **DCF/CSOC**. Children eligible as "medically needy" in accordance with N.J.A.C. 10:71 shall not be eligible for mental health rehabilitation services.

(b) (No change.)

#### 10:77-3.6 Basis of reimbursement

(a) The reimbursement for mental health rehabilitation services for a psychiatric community residence for youth, a residential child care facility, or a group home shall be based on reasonable, negotiated, contracted costs as defined in the Department of Human Services' Contract Reimbursement Manual and the Contract Policy and Information Manual. Providers have access to these manuals as indicated at N.J.A.C. 10:3-3.3(e)12.

1. (No change.)

2. The total amount reimbursed by the Division, including room and board, shall be based on the approved negotiated contracted rates each provider receives under contract with the Division of Mental Health **and Addiction** Services or the Division of [Youth and Family Services] **Child Protection and Permanency**, with any approved Departmental adjustment.

3. – 5. (No change.)

(b) (No change.)

#### SUBCHAPTER 4. BEHAVIORAL ASSISTANCE SERVICES

##### 10:77-4.1 Purpose and scope

(a) This subchapter sets forth the manner in which behavioral assistance services shall be provided to eligible Medicaid/NJ FamilyCare and [Division of Child Behavioral Health Services] **Children's System of Care** beneficiaries under age 21.

(b) (No change.)

##### 10:77-4.3 Provider participation

(a) – (b) (No change.)

(c) Agencies providing behavioral assistance services shall have demonstrated experience, or shall employ sufficient staff with demonstrated experience of, providing services to children with serious emotional or behavioral health challenges and their families, including, but not limited to, appropriate qualifications and training to provide behavioral assistance in the context of other presenting problems. All agencies shall first be certified by [DCBHS] **CSOC** as meeting these criteria prior to being enrolled as a Medicaid/NJ FamilyCare provider.

(d) (No change.)

(e) All providers of behavioral assistance services shall be enrolled in the New Jersey Medicaid/NJ FamilyCare fee-for-service program as a provider of behavioral assistance services. Providers enrolled in the NJ Medicaid/NJ FamilyCare fee-for-service program as any other provider type shall submit a separate application and shall first be approved as a provider of behavioral assistance services by [DCBHS] **CSOC** prior to receiving reimbursement for rendering these services.

(f) All applicants shall submit a completed Medicaid/NJ FamilyCare provider application to:

Department of Children and Families

PO Box 717

Trenton, NJ 08625-0717

Attn: [DCBHS] **CSOC** Provider Enrollment Unit

(g) – (j) (No change.)

#### 10:77-4.4 Beneficiary eligibility

(a) Children/youth/young adults shall be eligible to receive behavioral assistance services if they are Medicaid/NJ FamilyCare beneficiaries or are ineligible for Medicaid/NJ FamilyCare but are receiving mental health rehabilitation services under [DCF/DCBHS] **DCF/CSOC**.

(b) Children/youth and young adults shall be eligible for behavioral assistance services if the services have been determined clinically necessary by the Division of Mental Health **and Addiction Services** [(DMHS)] **DMHAS**, the Division of [Youth and Family Services (DYFS)] **Child Protection and Permanency (DCP&P)**, the Division of Medical Assistance and Health Services (DMAHS), the contract systems administrator (CSA), or any contracted and authorized agent of the Department of Human Services or **the Department of Children and Families**, which authorizes the clinical need for these services.

#### 10:77-4.12 Required records for each beneficiary

(a) – (b) (No change.)

(c) Providers shall maintain any information required by the Department of Human Services, **the Department of Children and Families**, the designee of either Department, the contracted system administrator, or the care management organization for services rendered to a child receiving [DCBHS] **CSOC** services, including, but not limited to, the outcome measures listed in N.J.A.C. 10:77-4.10.

(d) – (f) (No change.)

(g) Providers shall make the records described in (a) through (f) above available to the Department of Human Services, the Division of Medical Assistance and Health Services, the Division of Mental Health **and Addiction** Services, the Department of Children and Families, the Division of [Youth and Family Services] **Child Protection and Permanency**, the [Division of Child Behavioral Health Services] **Children's System of Care**, the contracted system administrator, or other authorized State agents, as requested.

## SUBCHAPTER 5. INTENSIVE IN-COMMUNITY MENTAL HEALTH REHABILITATION SERVICES

### 10:77-5.1 Purpose and scope

(a) This subchapter sets forth the manner in which intensive in-community mental health rehabilitation services (intensive in-community services) shall be provided, through community-based provider entities, to eligible Medicaid/NJ FamilyCare and Department of Children and Families' (DCF) [Division of Child Behavioral Health Services] **Children's System of Care** beneficiaries under age 21.

(b) This subchapter describes intensive in-community services as one component of the continuum of mental health care services provided through the [Division of Child Behavioral Health Services] **Children's System of Care**. Intensive in-community services are provided as part of an integrated service plan, addressing the unique needs of the child, youth, or young adult and his or her family/caregiver with the goal of stabilizing and maintaining the child, youth, or young adult in the community and

averting the need for more intensive services, including, but not limited to, treatment in residential or other inpatient settings.

#### 10:77-5.3 Provider participation requirements

(a) – (b) (No change.)

(c) Providers of intensive in-community services shall have demonstrated experience, or shall employ individuals with demonstrated experience, in providing services to children with serious emotional or behavioral health challenges and their families, including, but not limited to, appropriate qualifications and training to provide services in the context of other presenting problems. All providers shall first be certified by the DCF [Division of Child Behavioral Health Services] **Children’s System of Care** as meeting these criteria prior to being enrolled as a Medicaid/NJ FamilyCare provider of intensive in-community services.

(d) (No change.)

(e) In order to participate as a [Medicaid/NJ FamilyCare/Division of Child Behavioral Health Services] **Medicaid/NJ FamilyCare/Children’s System of Care** provider of intensive in-community mental health rehabilitation services, a provider must apply to, and be approved by, the New Jersey Medicaid/NJ FamilyCare fee-for-service program as a provider of intensive in-community mental health rehabilitation services. Providers who are enrolled as other provider types in the Medicaid/NJ FamilyCare program shall complete a separate application for this service. A provider with multiple locations shall submit a separate application for each county in which an office is located.

(f) All applicants shall complete and submit a provider application to:

Department of Children and Families

PO Box 717

Trenton, NJ 08625-0717

Attn: [DCBHS] **CSOC** Provider Enrollment Unit

(g) – (i) (No change.)

(j) If a provider receives notification that they are no longer approved by the DCF [Division of Child Behavioral Health Services] **Children’s System of Care**, the provider shall notify the Division of Medical Assistance and Health Services at the address below within 10 business days.

Division of Medical Assistance and Health Services

Office of Provider Enrollment

PO Box 712

Trenton, NJ 08625-0712

(k) If the provider is no longer approved by the DCF [Division of Child Behavioral Health Services] **Children’s System of Care**, the provider shall be immediately disenrolled as a Medicaid/NJ FamilyCare provider of intensive in-community mental health rehabilitation services until such time as the Division has been notified by the Director of the [Division of Child Behavioral Health Services] **Children’s System of Care** that the provider should be reinstated as a Medicaid/NJ FamilyCare provider of intensive in-community mental health rehabilitation services.

(l) The provider shall forward updates or changes regarding provider information to the Department and the Medicaid Provider Enrollment Office at the addresses in (f) and (j) above, respectively, within 10 days of the provider's receipt of the updated information.

Updated information shall include, but shall not be limited to: change of provider name and/or address; any change in the licensed staff employed by an agency; any action against licensure of the agency or of any individual staff member or any criminal charges against the agency or any individual staff member. The agency shall provide the Department of Children and Families' [Division of Child Behavioral Health Services] **Children's System of Care** and the Department of Human Services' Division of Medical Assistance and Health Services copies of the new license as part of this notification.

(m) (No change.)

#### 10:77-5.4 Beneficiary eligibility

(a) Eligible children, youth, or young adults shall be:

1. Enrolled in Medicaid/NJ FamilyCare; or

2. Children, youth, or young adults who are ineligible for Medicaid/NJ FamilyCare but who are receiving services from DCF's [Division of Child Behavioral Health Services] **Children's System of Care**.

(b) Children, youth, and young adults are eligible for services under this subchapter if the services have been determined necessary for rehabilitative purposes by the contracted system administrator for the [Division of Child Behavioral Health Services] **Children's System of Care**, or any contracted and authorized agent of the Department of Children and Families or Human Services, including the Division of Mental Health Services, the Division of [Youth and Family Services] **Child Protection and Permanency**, or the Division of Medical Assistance and Health Services.

#### 10:77-5.8 Individual intensive in-community service plan

(a) Each child, youth, or young adult receiving intensive in-community mental health rehabilitation services shall have an approved, documented individual plan of care addressing the services. The plan shall be individually tailored to address identified behavior(s) that impact on the child/youth/young adult's ability to function at home, school or in the community, and shall incorporate generally accepted professional interventions. The plan of care shall be authorized by the Department of Children and Families, the contracted system administrator, or other authorized DCF designated agent(s).

1. (No change.)

2. For all other [Division of Child Behavioral Health Services-enrolled] **Children's System of Care-enrolled** children, youth, or young adults receiving intensive in-community mental health rehabilitation services, this plan of care shall be included in the comprehensive plan of care as coordinated and/or authorized by the CSA or other agent designated by the Department of Human Services, prior to implementation.

(b) (No change.)

#### 10:77-5.10 Authorization for services

(a) (No change.)

(b) Effective for dates of service on or after January 1, 2004, intensive in-community mental health rehabilitation services included in the individual service plan of a Medicaid/NJ FamilyCare-Plan A child, youth, or young adult or any other NJ FamilyCare-Plan child, youth, or young adult who is receiving services under [Division

of Child Behavioral Health Services] **Children’s System of Care** programs shall be subject to prior authorization by the CSA.

(c) – (d) (No change.)

10:77-5.12 Recordkeeping; beneficiary information

(a) – (b) (No change.)

(c) Providers shall make the records described in (a) and (b) above available to the Department of Human Services, the Division of Medical Assistance and Health Services, the Division of Mental Health **and Addiction** Services, the Department of Children and Families, the [Division of Child Behavioral Health Services] **Children’s System of Care**, the Division of [Youth and Family Services] **Child Protection and Permanency**, the contracted system administrator, or other authorized State agents, as requested.

## SUBCHAPTER 6. MOBILE RESPONSE AND STABILIZATION MANAGEMENT SERVICES

10:77-6.1 Purpose and scope

(a) This subchapter sets forth the manner in which mobile response and stabilization management services shall be provided to eligible children and youth up to 18 years of age and young adults 18 to 21 receiving services under the Department of Children and Families' [Division of Child Behavioral Health Services] **Children’s System of Care**, who are experiencing emotional or behavioral health challenges, placing them at risk of losing their current living arrangement.

(b) (No change.)

#### 10:77-6.3 Provider participation requirements

(a) In order to participate as a [Medicaid/NJ FamilyCare/Division of Child Behavioral Health Services] **Medicaid/NJ FamilyCare/Children's System of Care** provider of children's mobile response and stabilization management services, a provider must apply to, and be approved by, the New Jersey Medicaid/NJ FamilyCare fee-for-service program as a mobile response agency, in accordance with the provisions of this subchapter. Providers who are enrolled as other provider types in the Medicaid/NJ FamilyCare program shall complete a separate application to enroll as a mobile response agency.

(b) Children's mobile response and stabilization management services providers shall be approved by the [Division of Child Behavioral Health Services] **Children's System of Care** and under contract with the Department of Children and Families as a mobile response agency. Such contract shall be in full effect and not suspended or terminated.

(c) All applicants shall complete and submit a provider application to:

Department of Children and Families

PO Box 717

Trenton, NJ 08625-0717

Attn: [DCBHS] **CSOC** Provider Enrollment Unit

(d) The applicant shall receive notification of approval or disapproval of provider status as determined by [DCBHS] **CSOC**. If approved, the applicant shall be enrolled as a Medicaid/NJ FamilyCare provider and shall be assigned a unique provider number for

seeking reimbursement for the provision of mobile response and stabilization management services. All approved and enrolled providers shall receive a copy of the provider manual and the fiscal agent billing supplement.

(e) (No change.)

(f) If a provider receives notification that the provider is no longer approved by [DCBHS] **CSOC**, or if the provider receives notice that its contract with the Department of Children and Families is in default status or has been suspended or terminated for any reason, the provider shall notify the Division of Medical Assistance and Health Services at the address below within 10 business days.

Division of Medical Assistance and Health Services

Office of Provider Enrollment

PO Box 712

Trenton, NJ 08625-0712

(g) If the provider's contract with the Department of Children and Families is in default status or has been suspended or terminated for any reason, or if the provider is no longer approved by the [Division of Child Behavioral Health Services] **Children's System of Care**, the provider shall be immediately disenrolled as a Medicaid/NJ FamilyCare mobile response and stabilization management services provider until such time as the Department of Children and Families contract is renewed or reinstated and the Division of Medical Assistance and Health Services has been notified by the Director of the [Division of Child Behavioral Health Services] **Children's System of Care** that the provider should be reinstated as a Medicaid/NJ FamilyCare mobile response and stabilization management services provider.

#### 10:77-6.5 Eligibility for services

(a) (No change.)

(b) Children, youth, or young adults are eligible to receive mobile response and stabilization management services as described in this subchapter if they are:

1. Covered under Medicaid/NJ FamilyCare; or

2. Are ineligible for Medicaid or any NJ FamilyCare program and receiving services from the [Division of Child Behavioral Health Services] **Children's System of Care** only.

#### 10:77-6.8 Stabilization management services; program description and agency responsibilities

(a) Upon transition from mobile crisis response services, stabilization management services for children, youth, or young adults who are receiving services from the [Division of Child Behavioral Health Services] **Children's System of Care** but who are not receiving CMO or **youth case management (YCM)** services shall be provided by the mobile response agency in order to monitor and coordinate ongoing care and services.

(b) – (e) (No change.)

#### 10:77-6.11 Required records for each beneficiary

(a) (No change.)

(b) Providers shall maintain any and all information required by the Department of Human Services, **the Department of** Children and Families, or authorized designee of

either Department, or the contracted system administrator for services rendered to a child, **youth, or young adult** receiving services from the [Division of Child Behavioral Health Services] **Children's System of Care**.

(c) – (f) (No change.)

(g) Providers shall make the records described in (a) through (f) above available to the Department of Human Services, the Division of Medical Assistance and Health Services, the Division of Mental Health **and Addiction** Services, the Department of Children and Families, the [Division of Child Behavioral Health Services] **Children's System of Care**, the Division of [Youth and Family Services] **Child Protection and Permanency**, the contracted system administrator, or other authorized State agents, as requested.

## SUBCHAPTER 7. CENTERS FOR MEDICARE & MEDICAID SERVICES' HEALTHCARE COMMON PROCEDURE CODING SYSTEM (HCPCS)

### 10:77-7.1 Introduction

(a) The New Jersey Medicaid NJ FamilyCare programs utilize the Centers for Medicare and Medicaid Services (CMS) Healthcare Common Procedure Coding System (HCPCS). HCPCS follows the American Medical Association's Physicians' Current Procedural Terminology (CPT) architecture, employing a five-position code and as many as two 2-position modifiers. CPT is a listing of descriptive terms and numeric identifying codes and modifiers for reporting medical procedures and services performed by physicians. Unlike the CPT numeric design, the CMS-assigned codes and modifiers contain alphabetic characters. The New Jersey Medicaid/NJ FamilyCare

program adopted the Centers for Medicare and Medicaid Services Healthcare Common Procedure Coding System codes for 2006, established and maintained by CMS in accordance with the Health Insurance Portability and Accountability Act of 1996, 42 [USC §§1320d] **U.S.C. §§ 1320d** et seq., and incorporated herein by reference, as amended and supplemented, and published by PMIC, 4727 Wilshire Blvd., Suite 300, Los Angeles, CA 90010. Revisions to the Healthcare Common Procedure Coding System made by CMS (code additions, code deletions, and replacement codes) will be reflected in this chapter through publication of a notice of administrative change in the New Jersey Register. Revisions to existing reimbursement amounts specified by the Department and specification of new reimbursement amounts for new codes will be made by rulemaking in accordance with the Administrative Procedure Act, N.J.S.A. 52:14B-1 et seq. **The HCPCS codes as listed in this subchapter are relevant to Medicaid and NJ FamilyCare fee-for-services rehabilitation services for children and must be used when filing a claim. An updated copy of the HCPCS codes may be obtained by accessing [www.njmmis.com](http://www.njmmis.com).**

(b) HCPCS [was developed as a three-level] **is a two-level** coding system:

1. – 2. (No change.)

[3. LEVEL III CODES: The narratives for Level III codes are found in this subchapter. These codes are assigned by the Division of Medical Assistance and Health Services to be used for those services, which are unique to the New Jersey Medicaid or NJ FamilyCare programs.]

(c) – (d) (No change.)

10:77-7.2 HCPCS procedure code numbers and maximum fee allowance schedule

(a) (No change.)

(b) Mental Health Rehabilitation Services provided in psychiatric community residences for youth, group homes, or residential childcare facilities:

<u>IND</u>	<u>HCPCS Code</u>	<u>MOD</u>	<u>Procedure Code Definition</u>	Maximum Fee <u>Allowance</u>
...				
	Y9933		Mental health rehabilitation services provided in non-JCAHO accredited residential treatment centers licensed as community psychiatric residences for youth licensed by the Division of Mental Health <b>and Addiction</b> Services, under N.J.A.C. [10:37B] <b>10:128</b>	Contract [Pricing] <b>pricing</b>
	Y9934		Mental health rehabilitation services provided in therapeutic foster care facilities, licensed by the Division of [Youth and Family Services] <b>Child Protection and Permanency</b> , that contract with the Division of Mental Health [services] <b>and Addiction Services</b> under N.J.A.C.	Contract pricing

10:128.

Y9935	Mental health rehabilitation services provided in group homes (serving six to 12 children) licensed by the Division of [Youth and Family Services] <b>Child Protection and Permanency</b> , under N.J.A.C. 10:128.	Contract pricing
Y9936	Mental health rehabilitation services provided in supervised transitional living homes licensed by the Division of [Youth and Family Services] <b>Child Protection and Permanency</b> , under N.J.A.C. 10:128.	Contract pricing
Y9937	Mental health rehabilitation services provided in teaching family homes licensed by the Division of [Youth and Family Services] <b>Child Protection and Permanency</b> , under N.J.A.C. 10:128.	Contract pricing
Y9938	Mental health rehabilitation services provided in treatment homes licensed by the Division of [Youth and Family Services] <b>Child Protection and</b>	Contract Pricing

**Permanency**, under N.J.A.C. 10:128.

Y9939	Mental health rehabilitation services provided in alternative care homes licensed by the Division of [Youth and Family Services] <b>Child Protection and Permanency</b> , under N.J.A.C. 10:128.	Contract pricing
Y9943	Mental health rehabilitation services provided in non-JCAHO residential child care facilities licensed by the Division of [Youth and Family Services] <b>Child Protection and Permanency</b> , under N.J.A.C. 10:127.	Contract pricing
Y9944	Room and board for mental health rehabilitation services provided in facilities under contract with the Division of [Youth and Family Services] <b>Child Protection and Permanency</b> , under N.J.A.C. 10:127 and 10:128.	Contract pricing
Y9945	Room and board for mental health	Contract

	rehabilitation services provided in facilities under contract with the Division of Mental Health <b>and Addiction</b> Services, under N.J.A.C. [10:37B] <b>10:128</b> .	pricing
...		
Y9947	Mental health rehabilitation services provided in JCAHO accredited RTCs licensed by the Division of Mental Health <b>and Addiction</b> Services ( <b>DMHAS</b> ), under N.J.A.C. [10:37B] <b>10:128</b> .	Contract pricing
Y9948	Mental health rehabilitation services provided in JCAHO accredited RTCs licensed by the Division of [Youth and Family Services] <b>Child Protection and Permanency (DCP&amp;P)</b> , under N.J.A.C. 10:127.	Contract pricing
Y9992	Therapeutic Leave for Rehabilitation Services provided in non-JCAHO accredited facilities under contract with [DMHS] <b>DMHAS</b>	Contract pricing
Y9993	Therapeutic Leave for Room and Board	Contract

	Board Services provided in non-JCAHO accredited facilities under contract with [DMHS] <b>DMHAS</b>	pricing
Y9994	Hospital Leave for Rehabilitation Services provided in non-JCAHO accredited facilities under contract with [DMHS] <b>DMHAS</b>	Contract pricing
Y9995	Hospital Leave for Room and Board Services provided in non-JCAHO accredited facilities under contract with [DMHS] <b>DMHAS</b>	Contract pricing
Y9996	Therapeutic Leave for Rehabilitation Services provided in non-JCAHO accredited facilities under contract with [DYFS] <b>DCP&amp;P</b>	Contract pricing
Y9997	Therapeutic Leave for Room and Board Board Services provided in non-JCAHO accredited facilities under contract with [DYFS] <b>DCP&amp;P</b>	Contract pricing

Y9998	Hospital Leave for Rehabilitation Services provided in non-JCAHO accredited facilities under contract with [DYFS] <b>DCP&amp;P</b>	Contract pricing
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Y9999	Hospital Leave for Room and Board Services provided in non-JCAHO accredited facilities under contract with [DYFS] <b>DCP&amp;P</b>	Contract pricing
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(c) – (d) (No change.)

(e) Intensive in-community mental health rehabilitation services:

	HCPCS	MOD		Maximum Fee
<u>IND</u>	<u>Code</u>	<u>1 &amp; 2</u>	<u>Procedure Code Definition</u>	<u>Allowance</u>
...				
[P	H0036	TJ HQ	Supportive service level (intensive in-community services delivered by, at a minimum, a bachelor's level direct care provider) Group, 15 minute units of service	Contract Pricing]
...				

## APPENDIX

### FISCAL AGENT BILLING SUPPLEMENT

AGENCY NOTE: The Fiscal Agent Billing Supplement is appended as a part of this chapter but is not reproduced in the New Jersey Administrative Code. The Fiscal Agent Billing Supplement can be downloaded free of charge from: [www.njmmis.com](http://www.njmmis.com). When revisions are made to the Fiscal Agent Billing Supplement, a revised version will be posted on the njmmis website and copies will be filed with the Office of Administrative Law.

If you do not have access to the Internet and require a copy of the Fiscal Agent Billing Supplement, write to:

[Unisys Corporation] **Molina Medicaid Solutions**

PO Box 4801

Trenton, [New Jersey] **NJ 08650-4801**

or contact:

Office of Administrative Law

Quakerbridge Plaza, Bldg. 9

PO Box 049

Trenton, [New Jersey] **NJ 08625-0049**