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|  | **N J Department of Human Services**  **Community Support Services – Individualized Rehabilitation Plan Modification** | | | |  |
|  | **IRP Modification Form #3 – For Changing Funding Source**  ***Submit to IME with Licensed Clinician’s signature*** | | | |  |
| **Funding Change Type:** From Medicaid to State Funding From State Funding to Medicaid | | | | | |
| Consumer Name: \* | | | | Consumer Medicaid ID*(if applicable)*: \* | |
| Agency Name: \* | | | | Agency CSS Medicaid ID*(if applicable)*:\* | |
| Current IRP Start date: | | Current IRP End date: | | Effective date of change: | |
| ***Has a new Enrollment Form been submitted?*** | | | YES - *If yes, when:* | NO - *If no, please submit the updated Admission/Enrollment form together with the updated fax coversheet to indicate this funding source change* | |

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|  | **BAND #**  **+ HCPCs Code** | **Total Units  approved on current IRP** | **Remaining Approved Units from current IRP** |
| 1. Physician, Psychiatrist   ***(Maximum daily units: 8)*** | #1 = H2000 HE |  |  |
| 1. Advanced Practice Nurse   ***(Maximum daily units: 12)*** | #2 = H2000 HE SA |  |  |
| 3. RN, Psychologist, Licensed Practitioner of the Healing Arts, including: Clinical Social Worker, Licensed Rehabilitation Counselor, Licensed Professional Counselor, Licensed Marriage and Family Therapist, Master’s Level Community Support Staff | #3 = H2015 |  |  |
| 4. Bachelor’s Level Community Support Staff, LPN ***(Individual)*** | #4 = H0039 |  |  |
| 4. Bachelor’s Level Community Support Staff, LPN ***(Group)*** | #4 = H0039 |  |  |
| 5. Associate’s Level Community Support Staff, High School Level Community Support Staff, Peer Level Community Support Staff ***(Individual)*** | #5 = H0036 |  |  |
| 5. Associate’s Level Community Support Staff, High School Level Community Support Staff, Peer Level Community Support Staff ***(Group)*** | #5 = H0036 |  |  |
| **Total # of units** |  |  |  |

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| --- | --- | --- |
|  | | |
| **Licensed Clinical Staff Name/Credentials** | **Signature** | **Date** |
| ***Please submit this form to IME CSS via fax (732) 235-5569*** | | |

**(9/2017)**