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|  | **N J Department of Human Services****Community Support Services – Admission Modification** |  |
|  | **Administrative Authorization Modification (60 Day) for Changing Funding Source**  |  |
| **Funding Change Type:** **[ ]** From Medicaid to State Funding **[ ]** From State Funding to Medicaid **[ ]** From Transitional Medicaid to Medicaid |
| Consumer Name:       | Consumer Medicaid/NJMHAPP ID:       |
| Consumer Date of Birth:       | Hospital Medicaid Number *(transitional) :*       |
| Agency Name:       | Agency Medicaid ID:       |
| **Admission Authorization:** |
| **Start date:**       | **End Date:**       | **Effective Date of Change:**       |

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| --- | --- | --- | --- |
|  | **BAND #** **+ HCPCs Code** | **Total Units** **Authorized** | **[ ]  Remaining units to be entered into NJMHAPP by Provider****[ ]  Remaining Units to be authorized by the IME** (Medicaid PA) |
| 1. Physician, Psychiatrist

***(Maximum daily units: 8)*** | #1 = H2000 HE |       |       |
| 1. Advanced Practice Nurse

***(Maximum daily units: 12)*** | #2 = H2000 HESA |       |       |
| 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 |
|       |
| **Licensed Clinical Staff Name/Credentials** | **Signature** | **Date** |
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 Updated 5/29/19