|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **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 Medicaid to Medicaid (Change in ID) |
| Consumer Name:       | Consumer Medicaid ID *(if applicable)*:       |
| Consumer Date of Birth:       | Consumer NJMHAPP ID *(if applicable)*:      |
| Agency Name:       | Consumer New NJMHAPP or Medicaid ID:       |
| Agency Medicaid ID:       |  |
| **Admission/Start date:**       | **AA End Date:**       | **Effective Date of Change:**       |
| **Responsible Credential & Band #** | **HCPCS Code** | **Total Units****Authorized** | **Units Utilized prior to Effective date of Change** | **Remaining Units** |
| **[ ]  To be entered into NJMHAPP by Provider****[ ]  To be authorized by the IME** (Medicaid PA) |
| **Band 1**- Physician, Psychiatrist ***(Maximum daily units: 8)*** | **H2000 HE** |       |       |       |
| **Band 2**- Advanced Practice Nurse ***(Maximum daily units: 12)*** | **H2000 HE SA** |       |       |       |
| **Band 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 | **H2015 HE TD** (RN)**H2015 HE HO** (MA Licensed Clinical)**H2015 HE** (MA No Clinical License)**H2015 AH HE** (Licensed Psychologist) |                      |                      |                      |
| **Band 4**- Bachelor’s Level Community Support Staff, LPN ***(Individual)*** | **H0039 HN** (BA)**H0039 TE** (Licensed LPN) |            |            |            |
| **Band 4**- Bachelor’s Level Community Support Staff, LPN ***(Group)*** | **H0039 HN HQ** (BA- Group)**H0039 HQ TE** (Licensed LPN- Group) |            |            |            |
| **Band 5**- Associate’s Level Community Support Staff, High School Level Community Support Staff, Peer Level Community Support Staff ***(Individual)*** | **H0036 HM** (AA)**H0036** (HS)**H0036 52** (Peer) |                 |                 |                 |
| **Band 5**- Associate’s Level Community Support Staff, High School Level Community Support Staff, Peer Level Community Support Staff ***(Group)*** | **H0036 HM HQ** (AA- Group)**H0036 HQ** (HS- Group)**H0036 HQ 52** (Peer- Group) |                 |                 |                 |
|       |  |       |
| **Licensed Clinical Staff Name/Credentials** |  | **Signature** | **Date** |

Updated 6/10/2024

## *Please send this form to UBHC IME UM via secure email at* imecss@ubhc.rutgers.edu or via *fax (732)235-5569*