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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 MedicaidFrom 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](mailto:imecss@ubhc.rutgers.edu) or via *fax (732)235-5569*