

N.J.S.A. 52:14B-5.1.c(1), the rules are readopted and shall continue in effect for a seven-year period.

## (a)

## DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

### Notice of Redoption Case Management Services

#### Redoption with Technical Changes: N.J.A.C. 10:73

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

Authorized By: Sarah Adelman, Acting Commissioner, Department of Human Services.

Agency Control Number: 21-A-08.

Effective Dates: August 3, 2021, Redoption;  
September 7, 2021, Technical Changes.

New Expiration Date: August 3, 2028.

**Take notice** that pursuant to N.J.S.A. 52:14B-5.1, the rules at N.J.A.C. 10:73, Case Management Services, were scheduled to expire on September 24, 2020. Pursuant to Executive Order Nos. 127 (2020) and 244 (2021) and P.L. 2021, c. 103, any chapter of the New Jersey Administrative Code that would otherwise have expired during the Public Health Emergency originally declared in Executive Order No. 103 (2020) is extended through January 1, 2022. Therefore, this chapter has not yet expired and the 30-day filing date pursuant to N.J.S.A. 52:14B-5.1.c has not yet occurred, therefore, pursuant to Executive Order No. 244 (2021), and P.L. 2021, c. 103, this notice of redoption is timely filed.

The chapter governs case management services provided to New Jersey Medicaid/NJ FamilyCare beneficiaries receiving services through the Case Management Program for Adults, administered under the auspices of the Divisions of Medical Assistance and Health Services and Mental Health and Addiction Services within the Department of Human Services, Care Management Organization services, or Youth Case Management services, provided under the auspices of the Children's System of Care within the Department of Children and Families.

In addition to readopting the existing rules, the Department of Human Services is making technical changes throughout N.J.A.C. 10:73. The technical changes include: changing all references to "Division of Child Behavioral Health Services (DCBHS)" to read "Children's System of Care (CSOC)" to reflect the current name of the agency and changing references to "Division of Youth and Family Services (DYFS)" to read "Child Protection and Permanency (CP&P)" to reflect the current name of the agency. Additional revisions include, but are not limited to, making the changes at N.J.A.C. 10:73-1.2, Definitions, which also changes the order of the definitions. The definitions that are marked as deleted are not being deleted, but the name of the agencies are being corrected and the definitions are being relocated in alphabetical order based on the new names of the agencies.

At N.J.A.C. 10:73-2.5(c), changing the word "who" to "that" to correct a grammatical error.

At N.J.A.C. 10:73-4.10(g), changing the reference to the "Joint Commission on Accreditation of Healthcare Organizations (JCAHO)" to read "Joint Commission" to reflect the current name of the agency.

Throughout the chapter, changing the references to "Division of Mental Health Services (DMHS)" to read "Division of Mental Health and Addiction Services (DMHAS)" to reflect the current name of the agency.

Throughout the chapter, changing all references to "Medicaid or NJ FamilyCare" or "Medicaid and NJ FamilyCare" to read "Medicaid/NJ FamilyCare" to reflect the preferred name of the program.

Throughout the chapter, changing all references to "Unisys" to read "Gainwell Technologies" to reflect the name of the current Medicaid/NJ FamilyCare fiscal agent.

This notice of redoption with technical changes has been reviewed by, and received approval from, the Division of Mental Health and Addiction Services. The notice of redoption with technical changes has also been

reviewed by, and received approval from, the Children's System of Care, within the Department of Children and Families.

The Department of Human Services has reviewed the rules and has determined them to be necessary, reasonable, and proper for the purpose for which they were originally promulgated. Therefore, pursuant to N.J.S.A. 30:4D-1 et seq., and 30:4J-8 et seq., and in accordance with N.J.S.A. 52:14B-5.1.c(1), these rules are readopted and shall continue in effect for a seven-year period.

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

#### SUBCHAPTER 1. GENERAL PROVISIONS

##### 10:73-1.1 Chapter purpose and organization

(a)-(b) (No change.)

(c) N.J.A.C. 10:73-3 describes the Care Management Organization services component provided under the [Division of Child Behavioral Health Services (DCBHS)] **Department of Children and Families' Children's System of Care (CSOC)**. The subchapter describes the target population to be served; services provided; and the requirements and responsibilities of the provider, including, but not limited to, the organizational structure, staffing, procedures, reporting requirements, monitoring, evaluation, and reimbursement requirements.

(d) N.J.A.C. 10:73-4 describes Youth Case Management services provided by the Division of Medical Assistance and Health Services under the auspices of the [Division of Child Behavioral Health Services] **Department of Children and Families' Children's System of Care (CSOC)**, and provides a description of what is included in the services; the requirements and responsibilities of the providers rendering the services; beneficiary eligibility; and the reimbursement for the provision of those services.

(e) (No change.)

##### 10:73-1.2 Definitions

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

...  
"Case management services" means those services which will assist a beneficiary of Medicaid/NJ FamilyCare or a child, youth, or young adult receiving services from the [Division of Child Behavioral Health Services (DCBHS)] **Children's System of Care (CSOC)** in gaining access to needed medical, social, educational, and other services.  
...

"**Child Protection and Permanency (CP&P)**" means the agency that is the organizational component within the New Jersey Department of Children and Families that administers the Title IV-E program of the Social Security Act, Federal Payments for Foster Care and Adoption Assistance, 42 U.S.C. §§ 670-679b.

"**Children's System of Care (CSOC)**" means the organizational component within the Department of Children and Families that provides a comprehensive approach to the provision of mental health and behavioral health services to eligible children, youth, and young adults.

"Contract systems administrator (CSA)" means an administrative organization contracted by, and serving as an agent of, the State of New Jersey to provide utilization management, care coordination, quality management and information management for the [Division of Child Behavioral Health Services (DCBHS)] **Department of Children and Families' Children's System of Care (CSOC)** in its management of the Statewide 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 has direct responsibility for child welfare and other child and family services, supported by strong inter-agency partnerships among other State departments also responsible for family services. The new department includes [the Division of Youth and Family Services] **Child Protection and Permanency**, the [Division of Child Behavioral Health Services

(DCBHS)] **Children’s System of Care (CSOC)**, the Division of Prevention and Community Partnerships, and the New Jersey Child Welfare Training Academy.

...  
 [“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 and behavioral health services to eligible children, youth and young adults.]

...  
 “Division of Mental Health **and** Addiction Services ([DMHS] **DMAHS**)” means the organizational component of the New Jersey Department of Human Services [which] **that** is responsible for the administration of the State’s mental health programs, primarily for adults.

[“Division of Youth and Family Services (DYFS)” means the organizational component of the New Jersey Department of Children and Families that administers the Title IV-E program of the Social Security Act, Federal Payments for Foster Care and Adoption Assistance, 42 U.S.C. §§ 670-679b.]

...  
 “Young adult” means, for purpose of eligibility for [DCBHS] **CSOC** services, an individual at least 18 years of age and under 21 years of age who:

1. Prior to becoming 18 years of age, received services from the child-serving system in New Jersey, including, but not limited to:
  - [i. DCBHS;
  - ii. DYFS;]
  - i. CSOC;**
  - ii. CP&P;**
  - iii.-iv. (No change.)
2. Demonstrates a clinical need for the continuation of services provided by the [DCBHS system of care] **CSOC**, as part of the transition into adult services.

SUBCHAPTER 2. ADULT CASE MANAGEMENT PROGRAM/  
 MENTAL HEALTH (CMP/MH)

10:73-2.1 Definitions

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

“Adult” means any individual over age 21, or an individual over age 18 who did not receive services from the Department of [Human Services]’ **Children and Families**’ child-serving systems, including, but not limited to, the [Division of Child Behavioral Health Services]’ **Children’s System of Care**, prior to their 18th birthday.

...  
 “Service provider monitoring” means the process of routine follow-up by a case manager or by the Division of Mental Health **and** Addiction Services with the beneficiary’s service providers to assess whether services have been provided as planned and whether such services meet the beneficiary’s needs, in accordance with N.J.A.C. 10:73-2.4(a4).

10:73-2.2 Adult Case Management Program/Mental Health (CMP/  
 MH); general

(a) The CMP/MH is under the auspices of the Division of Mental Health **and** Addiction Services ([DMHS]**DMHAS**) and is administered jointly with the Division of Medical Assistance and Health Services, in accordance with N.J.A.C. 10:37, the [DMHS] **DMHAS** Community Mental Health Services rules, N.J.A.C. 10:49, and this chapter. The CMP/MH is a program that provides case management services to seriously mentally ill adult Medicaid/NJ FamilyCare beneficiaries who do not accept, or engage in, community mental health programs and/or who have multiple service needs and require extensive coordination.

(b) (No change.)

10:73-2.5 Provider enrollment requirements for providers participating  
 in adult CMP/MH

(a) (No change.)

(b) Any agency providing CMP/MH services shall first be certified by the Division of Mental Health **and** Addiction Services ([DMHS]

**DMHAS**), shall be under contract as an approved clinical case management provider and shall be individually approved as a Medicaid/NJ FamilyCare provider by the New Jersey Medicaid/NJ FamilyCare program.

(c) Case management providers under CMP/MH shall comply with Medicaid/NJ FamilyCare program rules regarding provider participation (see N.J.A.C. 10:49-3.1). Provider entities shall be mental health provider organizations [who] **that** contract with the New Jersey Division of Mental Health **and** Addiction Services in accordance with the Community Mental Health Services Act rules, N.J.A.C. 10:37, to provide clinical case management services.

(d) Upon notification from [DMHS] **DMHAS** of the completion of the certification of, and contract with, a CMP/MH provider, the New Jersey Medicaid/NJ FamilyCare program will forward the appropriate provider enrollment forms to the provider. (See N.J.A.C. 10:49-3.1, Eligible [Providers.] **providers**)

(e) (No change.)

10:73-2.11 Clinical case management services under adult CMP/MH

(a) (No change.)

(b) There are three levels (risk categories) of clinical case management involvement based upon assessed risk of hospitalization, functional level, and willingness and/or ability to access needed services as defined by [DMHS] **DMHAS**. The three risk categories are: high risk, or intensive case management; at risk, or supportive case management; and low risk, or maintenance level case management.

10:73-2.13 Recordkeeping for adult CMP/MH services

(a) Case management providers shall keep such individual records as are necessary to fully disclose the kind and extent of services provided and shall assure that such information is available to the DMAHS or [DMHS] **DMHAS** or their agents, upon request.

(b) (No change.)

SUBCHAPTER 3. CARE MANAGEMENT ORGANIZATION  
 SERVICES

10:73-3.1 Purpose and scope

(a) This subchapter sets forth the manner in which care management organization (CMO) services shall be provided to eligible [Medicaid, NJ FamilyCare] **Medicaid/NJ FamilyCare** beneficiaries and children, youth and young adults receiving services under the [Division of Child Behavioral Health Services (DCBHS)]’ **Children’s System of Care (CSOC)**, and shall apply to all CMO services provided under Title XIX and Title XXI of the Social Security Act, 42 U.S.C. §§1396 and 1397, or State-funded only programs.

(b) Care management organization services are administered under the auspices of the Department of Human Services (DHS) and its Division of Medical Assistance and Health Services (DMAHS) and the Department of Children and Families’ [Division of Child Behavioral Health Services]’ **Children’s System of Care**.

(c) All services shall be provided and administered in accordance with all DHS, DCF, [DCBHS] **CSOC**, and DMAHS rules and contract obligations and all other applicable State and Federal laws, rules, and regulations including, but not limited to, N.J.A.C. 10:3 and 10:49 and this chapter.

(d) (No change.)

10:73-3.2 Definitions

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

...  
 “Department of Children and Families (DCF) Children’s Implementation Team (DCF CI Team)” means a team consisting of staff from the Department of Children and Families, facilitated by the [Division of Child Behavioral Health Services]’ **Children’s System of Care**, with representation from the [Division of Youth and Family Services]’ **Child Protection and Permanency** and other DCF representatives, as needed. Other team members include staff from the Department of Human Services, with representation from the Division of Medical Assistance and Health Services and the Division of Mental Health **and** Addiction

Services, as well as representatives from other child serving systems, including, but not limited to, the Juvenile Justice Commission and the Juvenile Justice system. The team assists the CMO in working with other systems partners.

... “Family support organization (FSO)” means an independent [community based] **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 and who provide direct peer support and advocacy to children and families receiving CMO services, as well as provide advocacy and support for other children and families in the community who may need services under [DCBHS] **CSOC**.

#### 10:73-3.3 Provider enrollment and participation

(a) (No change.)

(b) In order to participate as a provider of CMO services, all providers shall apply to, and be approved by, the New Jersey Medicaid/NJ FamilyCare fee-for-service program as a CMO provider, in accordance with N.J.A.C. 10:49-3 and this subchapter.

1. Applicants may obtain the Medicaid “Provider Application” (FD-20), the Medicaid “Provider Agreement” (FD-62), and the CMS 1513 form at [www.njmmis.com](http://www.njmmis.com), or from:

[Unisys] **Gainwell Technologies**

Provider Enrollment

PO Box 4804

Trenton, NJ 08650-4804

2. (No change.)

3. The Director, [Division of Child Behavioral Health Services] **Children’s System of Care**, will review the contract status of the applicant and will forward the application, if approved, to the Medicaid/NJ FamilyCare program for further processing.

(c)-(g) (No change.)

#### 10:73-3.4 CMO responsibilities and services; general overview

(a) Under contract to the Department of Children and Families and working as a systems partner with [DCBHS] **CSOC**, each CMO provider shall:

1.-5. (No change.)

(b) Each provider shall ensure that no distinction is made with regard to the quality or availability of CMO case management services as defined [in] at (a) above to children, youth, and young adults receiving [DCBHS] **CSOC** services, regardless of the enrollee’s eligibility type.

#### 10:73-3.5 Eligibility and referral for CMO services

(a) A child, youth, or young adult may be eligible for CMO services if:

1. He or she meets the requirements of this subchapter and is:

i. Enrolled in [Medicaid or NJ FamilyCare] **Medicaid/NJ FamilyCare** as described [in] at N.J.A.C. 10:49-2, and not enrolled in:

(1)-(6) (No change.)

ii. Receiving services from the [Division of Child Behavioral Health Services] **Children’s System of Care** and is not eligible for [Medicaid or NJ FamilyCare] **Medicaid/NJ FamilyCare**; and

2. He or she has been determined by the Department of Children and Families, or its designated contract system administrator (CSA), to require CMO services due to any one or any combination of the following:

i. (No change.)

ii. His or her [DCBHS] **CSOC** assessment indicates a need for the intensive level of case management services provided by a CMO;

iii. He or she is involved with one or more agencies or systems, including, but not limited to:

[(1) DMHS;

(2) DYFS;]

**(1) DMHAS;**

**(2) CP&P;**

(3)-(6) (No change.)

iv.-vi. (No change.)

(b) Referrals to CMOs for CMO services shall be made only by the Department of Children and Families’ [Division of Child Behavioral Health Services] **Children’s System of Care** Implementation Team or

other agent designated by the Department, including, but not limited to, the CSA.

(c) A child, youth, or young adult shall not be referred for CMO services if:

1.-2. (No change.)

3. His or her [DCBHS] **CSOC** assessment, or an evaluation performed by an authorized agent of the Department of Children and Families, does not indicate a need for CMO services; or

4. (No change.)

(d) (No change.)

#### 10:73-3.6 Discharge from CMO services

(a) A child, youth, or young adult shall be discharged from CMO services if:

1. The child, youth, or young adult’s [DCBHS] **CSOC** assessment, ISP, and other relevant information indicate that the child, youth, or young adult no longer needs CMO services; or

2. (No change.)

(b) (No change.)

#### 10:73-3.7 Processing eligibility applications

(a) All CMO providers shall:

1.-4. (No change.)

5. As family circumstances indicate, review eligibility factors for each beneficiary and assist the beneficiary and/or his or her family in applying for any and all benefits for which they may be eligible, including, but not limited to, [Medicaid and NJ FamilyCare] **Medicaid/NJ FamilyCare**; and

6. Assist the beneficiary and/or his or her family in maintaining eligibility for [Medicaid, NJ FamilyCare] **Medicaid/NJ FamilyCare** and other benefits.

(b) (No change.)

#### 10:73-3.9 Child/Family Team; members and responsibilities

(a) To complete the comprehensive ISP, the CMO shall develop a Child/Family Team, in conjunction with the family member or caregiver, which shall consist of, at a minimum, the following members:

1.-6. (No change.)

7. The [DYFS] **CP&P** caseworker assigned to the child, if the child is receiving child protection or permanency services from [DYFS] **CP&P**.

(b)-(c) (No change.)

#### 10:73-3.10 Comprehensive ISP; general

(a)-(f) (No change.)

(g) Child safety, child risk, permanency planning, and community safety issues shall be coordinated with the [DYFS] **CP&P** worker, who has the primary responsibility for child safety under the Federal child protection mandates contained in Title IV-E of the Social Security Act. [DYFS] **CP&P** maintains the primary responsibility for the [DYFS] **CP&P** children.

(h)-(i) (No change.)

#### 10:73-3.11 Comprehensive ISP; contents

(a) The comprehensive ISP shall contain the following components:

1.-4. (No change.)

5. A plan for permanency, clinical care, and child and community safety ([DYFS] **CP&P** maintains the primary responsibility for permanency and child safety for the [DYFS] **CP&P** child[.]);

6.-12. (No change.)

#### 10:73-3.15 Discharge planning

(a) The Child/Family Team shall develop a discharge plan if one or more of the following criteria are met:

1.-2. (No change.)

3. The child, youth, or young adult is missing and, after active searching by the CMO, the child, youth, or young adult continues to be missing and has had no contact with the CMO for more than two months. In actively searching for the child, youth, or young adult, the CMO shall request the assistance of the family support organization (FSO), the family and all other parties appropriate for the particular child, youth, or young adult, including, but not limited to, individuals and entities known to have contact with the child, youth, or young adult, such as the local or State

police, Department of Human Services police, probation officers, and other law enforcement entities.

i. Active attempts to locate and engage the child, youth, or young adult and his or her family/guardian with the requested assistance of the FSO shall include, but not be limited to:

(1) (No change.)

(2) Monthly certified letters with copies to the referring agent and/or [DYFS] **CP&P** and/or the Family Court, as appropriate; and

(3) (No change.)

ii. (No change.)

4. (No change.)

(b) The CMO shall discuss the recommended discharge of the child, youth, or young adult within the Child/Family Team process, including the referring agent and/or [DYFS] **CP&P**, and/or Family Court, as appropriate. Upon the recommendation of the Child/Family Team and the approval of the care management supervisor and the clinical/operations supervisor, a final registered letter shall be sent to the family with a copy to the referring agent, and/or [DYFS] **CP&P**, and/or the Family Court, as appropriate, if a case remains open. The copy of the final registered letter shall include a final date for case closure and information regarding the contract system administrator (CSA).

#### 10:73-3.16 CMO Pre-transition/pre-discharge responsibilities

(a) Upon determination that a transition/discharge from CMO services is appropriate, the CMO shall assure that:

1. A comprehensive transition/discharge ISP shall be developed by the Child/Family Team, and documented by the CMO. The transition/discharge ISP shall include:

i.-vi. (No change.)

vii. If [DYFS] **CP&P** and/or Family Court/Probation will be involved after the transition/discharge, a [CSA/DYFS/YCM/Family] **CSA/CP&P/YCM/Family** Court/Probation interface process shall be established, which shall include identification of designated individuals in each specific agency or entity.

(b)-(f) (No change.)

#### 10:73-3.19 Financial management

(a) Under the [DCBHS] **CSOC** children's system of care, the care provided and the payment for care is individualized and child centered rather than program and service centered. The CMO has responsibilities, as a systems partner, to assist in the implementation of this principle as outlined in this subchapter and their individual DHS contract.

(b) (No change.)

#### 10:73-3.24 Recordkeeping

(a)-(b) (No change.)

(c) Each CMO provider shall make all records, data, and information required by this chapter available to DHS, [DCBHS] **CSOC**, DMAHS, [DMHS] **DMHAS**, [DYFS] **CP&P**, or other authorized agents, as requested.

(d) (No change.)

#### 10:73-3.25 Reimbursement methodology for CMO services

(a) (No change.)

(b) Providers shall seek reimbursement by submitting a CMS-1500 claim form to the Medicaid fiscal agent, in accordance with N.J.A.C. 10:49.

1. HCPCS code Z5008 shall be billed monthly for Care Coordination services provided by care management organizations, provided to beneficiaries eligible under the [DCBHS] **Children's System of Care**. (See N.J.A.C. 10:73-5.2)

### SUBCHAPTER 4. YOUTH CASE MANAGEMENT (YCM) SERVICES

#### 10:73-4.1 Purpose and scope

(a) This subchapter sets forth the requirements that all providers shall follow to receive reimbursement for the provision of youth case management (YCM) services to eligible Medicaid/NJ FamilyCare beneficiaries and children, youth, and young adults receiving services from the [Division of Child Behavioral Health Services (DCBHS)] **Children's System of Care (CSOC)** and that shall apply to all YCM

services provided under Title XIX and Title XXI of the Social Security Act or under State-funded only programs.

(b) Children, youth, and young adults receive youth case management services under the auspices of the Department of Human Services' Division of Medical Assistance and Health Services and the Department of Children and Families' [Division of Child Behavioral Health Services (DCBHS)] **Children's System of Care (CSOC)**. The services are rendered by providers licensed by the Department of Human Services and administered jointly by the Division of Mental Health and Addiction Services ([DMHS] **DMHAS**) in accordance with N.J.A.C. 10:37H, [DCBHS] **CSOC**, and the Division of Medical Assistance and Health Services (DMAHS) in accordance with these rules.

(c)-(d) (No change.)

#### 10:73-4.3 Provider enrollment and participation

(a) Prior to enrollment as a Medicaid/NJ FamilyCare provider, any agency applying to render youth case management services shall first be under contract with the [Division of Child Behavioral Health Services] **Children's System of Care**, and licensed by DHS as an approved youth case management provider. Such contract and license shall be in full effect and shall not be currently suspended or terminated.

(b) In order to participate as a [Medicaid/NJ FamilyCare/DCBHS] **Medicaid/NJ FamilyCare/CSOC** provider of youth case management services, a provider shall apply to, and be approved by, the New Jersey Medicaid/NJ FamilyCare fee-for-service program as a youth case management provider, in accordance with N.J.A.C. 10:49-3 and 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 youth case management provider.

1. All applicants shall obtain the Medicaid "Provider Application" (FD-20), the Medicaid "Provider Agreement" (FD-62) and the CMS 1513 form at [www.njmmis.com](http://www.njmmis.com), or from:

[Unisys] **Gainwell Technologies**

Provider Enrollment

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2. (No change.)

3. The Director, [Division of Child Behavioral Health Services] **Children's System of Care**, will review the contract status of the applicant and will forward the application, if approved, to the Medicaid/NJ FamilyCare program for further processing.

#### 10:73-4.4 Eligibility and referral for YCM services

(a) A child, youth, or young adult may be eligible for YCM services if:

1. He or she meets the requirements of this subchapter and is:

i. Enrolled in [Medicaid or NJ FamilyCare] **Medicaid/NJ FamilyCare**, as described [in] at N.J.A.C. 10:49-2, and not enrolled in:

(1)-(6) (No change.)

ii. Receiving services from the [Division of Child Behavioral Health Services] **Children's System of Care** and is not eligible for [Medicaid or NJ FamilyCare] **Medicaid/NJ FamilyCare**; and

2. He or she has been determined by the Department of Children and Families, or its designated contract systems administrator (CSA), to require YCM services due to any one or any combination of the following:

i.-ii. (No change.)

iii. The child, youth, or young adult's [DCBHS] **CSOC** assessment indicates a need for the level of case management services provided by a YCM.

(b) (No change.)

(c) A child, youth, or young adult shall not be referred for YCM services if:

1. (No change.)

2. The child, youth, or young adult's [DCBHS] **CSOC** assessment, or an evaluation performed by an authorized agent of the Department of Children and Families, does not indicate a need for YCM services;

3.-4. (No change.)

(d) A child, youth, or young adult shall be discharged from YCM services if:

1. The child, youth, or young adult's [DCBHS] **CSOC** assessment, ISP, and other relevant information indicate that the child, youth, or young adult no longer needs YCM services; or

2. (No change.)  
 (e) (No change.)

10:73-4.5 Youth [case management] **Case Management (YCM)** services; program description

(a) Youth Case Management (YCM) services are case management services provided to Medicaid/NJ FamilyCare beneficiaries of [DCBHS] CSOC services who are under the age of 18 or those young adults between the ages of 18 and 21 who are transitioning from the child service system to the adult service system. YCM services ensure that individualized mental, emotional, and/or behavioral health services are obtained for the child, youth, or young adult by advocating for necessary mental/behavioral services and other necessary financial, educational, social, or other services to serve the needs of the child, youth, or young adult by restoring, enhancing, and maintaining an optimal level of functioning, ultimately reducing or eliminating the need for case management services.

1. (No change.)

- (b) (No change.)

(c) YCM services include eligibility processing activities. All YCM providers shall:

- 1.-4. (No change.)

5. As family circumstances indicate, review eligibility factors for each beneficiary and assist the beneficiary and/or his or her family in applying for any and all benefits for which they may be eligible, including, but not limited to, [Medicaid and NJ FamilyCare] **Medicaid/NJ FamilyCare**; and

6. Assist the beneficiary and/or his or her family in maintaining eligibility for [Medicaid, NJ FamilyCare] **Medicaid/NJ FamilyCare** and other benefits.

10:73-4.6 Referral and authorization process for Youth Case Management services

(a) The CSA shall conduct a basic preliminary screening of each child, youth, or young adult referred to the CSA by the [Division of Child Behavioral Health Services] **Children's System of Care** to determine the level of case management appropriate to meet the case management needs of the child, youth, or young adult. Upon determination that YCM services are needed, the CSA will refer the child, youth, or young adult and authorize [youth case management] **YCM** services for the first 90 days of service.

1. (No change.)

- (b)-(d) (No change.)

10:73-4.10 Basis of reimbursement

- (a)-(f) (No change.)

(g) In the event a [youth case management] **YCM** child, youth, or young adult is hospitalized or admitted to a hospital for treatment of behavioral health/mental health needs or into a [Joint Committee on Accreditation of Healthcare Organizations (JCAHO)-accredited] **Joint Committee-accredited** psychiatric treatment facility during a prior authorization period, the Medicaid/NJ FamilyCare program shall not be charged for YCM services rendered during the hospitalization or residency.

- (h) (No change.)

SUBCHAPTER 5. HEALTHCARE COMMON PROCEDURE CODING SYSTEM

10:73-5.1 Introduction

(a) The New Jersey Medicaid/NJ FamilyCare program adopted the Centers for Medicare & Medicaid Services Healthcare Common Procedure Coding System (HCPCS) codes for 2006, established and maintained by CMS in accordance with the Health Insurance Portability and Accountability Act of 1996, P.L. 104-191, 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/NJ FamilyCare adult case management services, [Medicaid/NJ FamilyCare/DCBHS youth case management] **Medicaid/NJ FamilyCare/CSOC YCM** services and care management organization services and must be used when filing a claim.

- 1.-5. (No change.)

APPENDIX A

FISCAL AGENT BILLING SUPPLEMENT

AGENCY NOTE: The Fiscal Agent Billing Supplement is appended as 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.njmms.com](http://www.njmms.com). When revisions are made to the Fiscal Agent Billing Supplement, a revised version will be posted on the njmms 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] **Gainwell Technologies**

PO Box 4801

Trenton, New Jersey 08650-4801

or contact:

Office of Administrative Law

Quakerbridge Plaza, Building 9

PO Box 049

Trenton, New Jersey 08625-0049

**CORRECTIONS**

**(a)**

**HEALTH**

**THE COMMISSIONER**

**INTEGRATED HEALTH BRANCH**

**DIVISION OF BEHAVIORAL HEALTH SERVICES**

**SPECIAL TREATMENT UNIT**

**Notice of Readoption**

**Special Treatment Unit**

**Joint Readoption with Technical Changes and Recodification: N.J.A.C. 10:36A as 8:131 (10A:35)**

Authority: N.J.S.A. 30:1-12, 30:1B-6, 30:1B-10, and 30:4-27.24 et seq., specifically, 30:4-27.34; *R. M. v. The Northern Regional Unit, 367 N.J. Super. 229* (App. Div. 2004); and Reorganization Plans Nos. 001-2017 and 001-2018.

Authorized By: Judith M. Persichilli, R.N., B.S.N., M.A., Commissioner, Department of Health, and Victoria Kuhn, Esq., Acting Commissioner, Department of Corrections, in consultation with Gurbir S. Grewal, Attorney General, Office of the Attorney General.

Effective Dates: August 9, 2021, Readoption;  
 September 7, 2021, Technical Changes and Recodification.

New Expiration Date: August 9, 2028.

**Take notice** that, pursuant to N.J.S.A. 52:14B-5.1, the Commissioner of the Department of Health (Department) hereby readopts N.J.A.C. 10:36A (10A:35), Special Treatment Unit, with technical changes and with recodification as N.J.A.C. 8:131.

Reorganization Plan No. 001-2017, A Plan for the Transfer of Mental Health and Addiction Functions From the Department of Human Services to the Department of Health (Governor Christie, filed June 29, 2017, and effective August 28, 2017), at § 1, continued the Division of Mental Health and Addiction Services (DMHAS) of the Department of Human Services (DHS), and, in pertinent part, at § 2(x), transferred the DMHAS