

CHAPTER 77A
ADULT MENTAL HEALTH REHABILITATION
SERVICES PROVIDED IN/BY COMMUNITY
RESIDENCE PROGRAMS

Authority

N.J.S.A. 30:4D-7; Sections 1902(a)10 and 1905(a)(15) of the Social Security Act, 42 U.S.C. §§ 1396a(a)(10) and 1396d(a), respectively; Sections 2101 and 2110 of the Social Security Act, 42 U.S.C. §§ 1397aa and 1397jj, respectively; and 42 C.F.R. 440.130.

Source and Effective Date

R.2004 d.8, effective January 5, 2004.
 See: 35 N.J.R. 2620(a), 35 N.J.R. 4204(a), 36 N.J.R. 189(a).

Chapter Expiration Date

Chapter 77A, Adult Mental Health Rehabilitation Services Provided In/By Community Residence Programs, expires on January 5, 2009.

Chapter Historical Note

Chapter 77A, Adult Mental Health Rehabilitation Services Provided In/By Community Residence Program, adopted as new rules by R.2004, d.8, effective January 5, 2004. See: Source and Effective Date.

CHAPTER TABLE OF CONTENTS

SUBCHAPTER 1. GENERAL PROVISIONS

- 10:77A-1.1 Scope and purpose
- 10:77A-1.2 Definitions
- 10:77A-1.3 Provider participation
- 10:77A-1.4 Beneficiary eligibility

SUBCHAPTER 2. PROGRAM OPERATIONS

- 10:77A-2.1 Program requirements
- 10:77A-2.2 Levels of care
- 10:77A-2.3 Nursing assessments
- 10:77A-2.4 Staff training
- 10:77A-2.5 Basis of reimbursement
- 10:77A-2.6 Recordkeeping

SUBCHAPTER 3. HEALTHCARE COMMON PROCEDURE CODING SYSTEM (HCPCS)

- 10:77A-3.1 Introduction
- 10:77A-3.2 HCPCS codes and maximum fee allowance schedule for adult mental health rehabilitation services provided in/by community residence programs

SUBCHAPTER 1. GENERAL PROVISIONS

10:77A-1.1 Scope and purpose

(a) The subchapter sets forth the program standards pertaining to the provision of adult mental health rehabilitation services provided to New Jersey Medicaid/NJ FamilyCare-Plan A beneficiaries in/by community residence programs licensed under N.J.A.C. 10:37A.

(b) Adult mental health rehabilitation services support and encourage the development and maintenance of appropriate

skills needed by the beneficiary to ensure successful living within the community, reducing or eliminating the need for inpatient psychiatric hospitalization.

10:77A-1.2 Definitions

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

“Adult” means any individual who meets the Division of Mental Health Services’ criteria for adult services, as defined in N.J.A.C. 10:37A.

“Community residences for mentally ill adults” as used in this chapter means any community residential program licensed by, and under contract with, the Division of Mental Health Services (DMHS) to provide services in accordance with N.J.A.C. 10:37A to mentally ill adults who require assistance to live independently in the community. “Community residences for mentally ill adults” does not include “Supportive housing residences” as the term is defined herein.

“Mental health rehabilitation services” means services provided in/by a community residence program licensed by the DMHS, which include, but are not limited to, assessment and development of a comprehensive service plan, and implementation of the service plan through individual services coordination, training in daily living skills and supportive counseling.

“Supportive housing residence” means any unit of dwelling space as defined at N.J.A.C. 10:37A-1.2.

10:77A-1.3 Provider participation

(a) In order to participate in the Medicaid/NJ FamilyCare program, all applicants shall be licensed by and under contract with the Division of Mental Health Services (DMHS) as a community residence for mentally ill adults in accordance with N.J.A.C. 10:37A.

(b) All providers shall complete and submit the following documents, and shall update the documents when the information contained therein changes, for example, when a new license is issued and/or when any information on the FD-20 changes:

1. “Medicaid Provider Application” (FD-20);
2. “Medicaid Provider Agreement” (FD-62);
3. A copy of a current and valid license from the Division of Mental Health Services; and
4. “Disclosure of Ownership and Control Interest Statement” (CMS 1513).

(c) Providers shall submit the documents listed in (b) above to:

Division of Medical Assistance and Health
Services
Office of Provider Enrollment
PO Box 712, Mail Code #9
Trenton, New Jersey 08625-0712

(d) A separate application shall be submitted for each county in which the provider renders services.

(e) The applicant will receive written notification of approval or disapproval of Medicaid/NJ FamilyCare provider status from the Division of Medical Assistance and Health Services (DMAHS). If approved, the applicant will be assigned a Medicaid/NJ FamilyCare Provider Number, and will receive a copy of this chapter as part of the provider manual. Each provider agency shall be assigned a unique provider number for each county in which services are provided.

(f) The DMHS will certify to the DMAHS the level of care and the number of beds and separate sites for each agency.

(g) If an adult mental health rehabilitation services provider loses its license from DMHS, the provider shall notify the DMAHS Provider Enrollment Unit, at the address in (c) above, within five business days of losing the license.

1. The adult mental health rehabilitation provider will be disenrolled as a Medicaid/NJ FamilyCare provider until such time as the license is restored. Once DMHS restores the provider's license, the provider, upon providing proof of the restoration of the license to the provider enrollment office noted above, will be reinstated as a Medicaid/NJ FamilyCare provider as long as the requirements of N.J.A.C. 10:37A and this chapter are met and continue to be met. The effective date shall be the date of reinstatement as determined by DMHS licensing standards.

2. The adult mental health rehabilitation provider may be held liable for recoupment of any monies paid for services during the time that they did not possess a valid license or a valid license for the specific site at which the services were provided, for all services reimbursed.

10:77A-1.4 Beneficiary eligibility

(a) Medicaid/NJ FamilyCare-Plan A beneficiaries shall be eligible for adult mental health rehabilitation (AMHR) services provided in/by community residence programs, if such services have been determined clinically necessary using the criteria established by the Division of Mental Health Services (see N.J.A.C. 10:37), or as authorized by any contracted agent of the Department of Human Services which authorizes clinical need for mental health services for adults.

(b) NJ FamilyCare-Plans B, C, D, G and H beneficiaries are not eligible for AMHR services provided in/by community residence programs.

(c) Beneficiaries eligible as "medically needy" in accordance with N.J.A.C. 10:71 shall not be eligible for AMHR services provided in/by community residence programs.

SUBCHAPTER 2. PROGRAM OPERATIONS

10:77A-2.1 Program requirements

(a) Adult mental health rehabilitation (AMHR) services provided in/by community residence programs to Medicaid/NJ FamilyCare/ CSOCI beneficiaries shall meet all program and licensure requirements contained in N.J.A.C. 10:37A, Community Residences for Mentally Ill Adults.

(b) AMHR services shall include, at a minimum, but are not limited to:

1. Assessment and evaluation;
2. Individual services coordination;
3. Training in daily living skills;
4. Residential counseling;
5. Support services; and
6. Crisis intervention counseling services.

(c) All AMHR services shall be provided directly by, or under the direction or coordination of, agency staff.

10:77A-2.2 Levels of care

(a) Level A+ means community mental health rehabilitation services available in the community residence, or in a community setting, 24 hours per day, delivered by the provider. Reimbursement shall be provided on a per diem basis.

(b) Level A means community mental health rehabilitation services available in the community residence or in a community setting at least 12 hours per day, but less than 24 hours per day, delivered by the provider. Reimbursement shall be provided on a per diem basis.

(c) Level B means community mental health rehabilitation services available in the community residence, or in a community setting, at least four hours per day, but less than 12 hours per day, delivered by the provider. Reimbursement shall be provided on a per diem basis for AMHR Level B services rendered in a group home setting. Reimbursement shall be provided for complete quarter-hour units of service for AMHR services rendered in a supervised apartment setting.

(d) Level C means community mental health rehabilitation services provided in the community residence or in a community setting a minimum of one hour per week, but less than four hours per day, delivered by the provider. Reimbursement shall be provided for complete quarter-hour units of service.