

CHAPTER 77
REHABILITATIVE SERVICES

Authority

N.J.S.A. 30:4D-6, 7 and 12; Sections 1902(a) and 1905(a) of the Social Security Act, (42 U.S.C. §§ 1396a and 1396d, respectively); Sections 2101 and 2110 of the Social Security Act (42 U.S.C. §§ 1397aa and 1397jj, respectively; 42 CFR 440.130 and 42 CFR 447.325).

Source and Effective Date

R.2003 d.90, effective January 27, 2003.
See: 34 N.J.R. 3467(a), 35 N.J.R. 1287(a).

Chapter Expiration Date

Chapter 77, Rehabilitative Services, expires on January 27, 2008.

Chapter Historical Note

Chapter 77, Rehabilitative Services, was adopted as R.1998 d.143, effective March 16, 1998. See: 29 N.J.R. 543(a), 30 N.J.R. 1081(a).

Subchapter 3, Health Care Financing Administration (HCFA) Common Procedure Coding System (HCPCS), was recodified as N.J.A.C. Subchapter 4, and a new Subchapter 3, Mental Health Rehabilitation Services for Children, was adopted by R.2001 d.144, effective May 7, 2001. See: 32 N.J.R. 4387(a), 33 N.J.R. 1378(b).

Chapter 77, Rehabilitative Services, was adopted as R.2003 d.90, effective January 27, 2003. See: Source and Effective Date. See, also, section annotations

CHAPTER TABLE OF CONTENTS

SUBCHAPTER 1. GENERAL PROVISIONS

- 10:77-1.1 Purpose and scope
- 10:77-1.2 General Definitions

SUBCHAPTER 2. ENVIRONMENTAL LEAD INSPECTION SERVICES

- 10:77-2.1 Scope of services
- 10:77-2.2 Environmental lead inspection service definitions
- 10:77-2.3 Provider participation requirements
- 10:77-2.4 Environmental lead inspection services
- 10:77-2.5 Basis for reimbursement
- 10:77-2.6 Recordkeeping

SUBCHAPTER 3. MENTAL HEALTH REHABILITATION SERVICES FOR CHILDREN PROVIDED IN PSYCHIATRIC COMMUNITY RESIDENCES FOR YOUTH, GROUP HOMES OR RESIDENTIAL CHILDCARE FACILITIES

- 10:77-3.1 Scope of services
- 10:77-3.2 Definitions
- 10:77-3.3 Provider participation requirements
- 10:77-3.4 Eligibility for services
- 10:77-3.5 Mental health rehabilitation services for youth
- 10:77-3.6 Basis of reimbursement for mental health rehabilitation services provided by psychiatric community residences for youth, group homes or residential child care facilities
- 10:77-3.7 Temporary absences from the facility
- 10:77-3.8 Conflict with personal care services
- 10:77-3.9 Recordkeeping
- 10:77-3.10 Collaboration with mobile response agencies

SUBCHAPTER 4. BEHAVIORAL ASSISTANCE SERVICES FOR CHILDREN/YOUTH OR YOUNG ADULTS ENROLLED IN THE PARTNERSHIP FOR CHILDREN

- 10:77-4.1 Purpose and scope
- 10:77-4.2 Definitions
- 10:77-4.3 Provider participation
- 10:77-4.4 Beneficiary eligibility
- 10:77-4.5 Beneficiary rights
- 10:77-4.6 Program description
- 10:77-4.7 Individualized behavioral assistance service plan
- 10:77-4.8 Authorization for services
- 10:77-4.9 Staffing requirements
- 10:77-4.10 Staff responsibilities
- 10:77-4.11 Reimbursement
- 10:77-4.12 Required records for each beneficiary
- 10:77-4.13 System outcomes
- 10:77-4.14 General provider recordkeeping requirements

SUBCHAPTER 5 (RESERVED)

SUBCHAPTER 6. MOBILE RESPONSE AND STABILIZATION MANAGEMENT SERVICES FOR CHILDREN, YOUTH AND YOUNG ADULTS

- 10:77-6.1 Purpose and scope
- 10:77-6.2 Definitions
- 10:77-6.3 Provider participation requirements
- 10:77-6.4 Staff requirements
- 10:77-6.5 Eligibility for services
- 10:77-6.6 Program description; mobile crisis response services
- 10:77-6.7 Stabilization management services—general
- 10:77-6.8 Authorization for services
- 10:77-6.9 Reimbursement
- 10:77-6.10 Required records for each beneficiary
- 10:77-6.11 General provider recordkeeping requirements

SUBCHAPTER 7. CENTERS FOR MEDICARE AND MEDICAID SERVICES' HEALTHCARE COMMON PROCEDURE CODING SYSTEM (HCPCS)

- 10:77-7.1 Introduction
- 10:77-7.2 HCPCS procedure code numbers and maximum fee allowance schedule

APPENDIX

SUBCHAPTER 1. GENERAL PROVISIONS

10:77-1.1 Purpose and scope

(a) This chapter is concerned with the provision of, and reimbursement for, medically necessary Medicaid-covered and NJ FamilyCare fee-for-service covered rehabilitative services, specifically, environmental lead inspection services and mental health rehabilitation services for children/youth and young adults, in accordance with the New Jersey Medicaid and NJ FamilyCare fee-for-service program rules.

(b) Medically necessary services shall meet all applicable State and Federal Medicaid and NJ FamilyCare laws, and all applicable rules as specified in the appropriate provider services manual of the New Jersey Medicaid/NJ FamilyCare program.

(c) The chapter is divided into seven subchapters and an appendix, as follows:

1. N.J.A.C. 10:77-1 contains general provisions to rehabilitative services, including introductory general provisions and general definitions;

2. N.J.A.C. 10:77-2 contains definitions, provisions for provider participation, basis for reimbursement, policies and procedures, and recordkeeping requirements pertaining to the specific Medicaid-covered and NJ FamilyCare-Plan A-covered rehabilitative service: environmental lead inspection service;

3. N.J.A.C. 10:77-3 contains definitions, provisions for provider participation, basis for reimbursement, policies and procedures, and recordkeeping requirements pertaining to the specific mental health rehabilitation services provided in psychiatric community residences for youth, group homes or residential childcare facilities, available only to:

i. Children, youth or young adults covered under Medicaid/NJ FamilyCare-Plan A;

ii. Children, youth or young adults covered under any other NJ FamilyCare Plan who are also receiving services under the Division of Child Behavioral Health Services; and

iii. Children, youth or young adults who are ineligible for Medicaid or NJ FamilyCare and who are receiving services under the Division of Child Behavioral Health Services only.

4. N.J.A.C. 10:77-4 contains the definitions, provisions for provider participation, basis for reimbursement, policies and procedures, and recordkeeping requirements pertaining to the specific Medicaid/NJ FamilyCare-covered mental health rehabilitation service of behavioral assistance services available only to:

i. Children, youth or young adults covered under Medicaid/NJ FamilyCare-Plan A

ii. Children, youth or young adults covered under any other NJ FamilyCare Plan who are also receiving services under the Division of Child Behavioral Health Services; and

iii. Children, youth or young adults who are ineligible for Medicaid or NJ FamilyCare and who are receiving services under the Division of Child Behavioral Health Services only.

5. N.J.A.C. 10:77-5 is reserved. Once adopted, this subchapter shall contain the definitions, provisions for provider participation, basis for reimbursement, policies and procedures, and recordkeeping requirements pertaining to the specific Medicaid/NJ FamilyCare-covered mental health rehabilitation service of intensive in-community mental health rehabilitation services; available only to:

i. Children, youth or young adults covered under Medicaid/NJ FamilyCare-Plan A;

ii. Children, youth or young adults covered under any other NJ FamilyCare Plan who are also receiving services under the Division of Child Behavioral Health Services; and

iii. Children, youth or young adults who are ineligible for Medicaid or NJ FamilyCare and who are receiving services under the Division of Child Behavioral Health Services only.

6. N.J.A.C. 10:77-6 contains the definitions, provisions for provider participation, basis for reimbursement, policies and procedures, and recordkeeping requirements pertaining to the specific Medicaid-covered and NJ FamilyCare-Plan A covered mobile response and stabilization management services for children; available only to:

i. Children, youth or young adults covered under Medicaid/NJ FamilyCare-Plan A;

ii. Children, youth or young adults covered under any other NJ FamilyCare Plan who are also receiving services under the Division of Child Behavioral Health Services; and

iii. Children, youth or young adults who are ineligible for Medicaid or NJ FamilyCare and who are receiving services under the Division of Child Behavioral Health Services only.

7. N.J.A.C. 10:77-7 pertains to the Centers for Medicare and Medicaid Services' Healthcare Common Procedure Coding System (HCPCS). The HCPCS contain procedure codes and maximum fee allowances corresponding to the Medicaid/NJ FamilyCare and PFC reimbursable services of this chapter; and

8. The chapter Appendix pertains to the Fiscal Agent Billing Supplement. The Fiscal Agent Billing Supplement contains billing instructions and samples of forms (claim forms, prior authorization forms, and consent forms) used in the billing process.

Amended by R.2001 d.144, effective May 7, 2001.

See: 32 N.J.R. 4387(a), 33 N.J.R. 1378(b).

Rewrote section.

Amended by R.2002 d.401, effective December 16, 2002.

See: 34 N.J.R. 2709(a), 34 N.J.R. 4441(b).

Substituted "FamilyCare" for "KidCare" throughout; in (c)2, inserted "and NJ FamilyCare-Plan A-covered".

Amended by R.2003 d.90, effective March 3, 2003.

See: 34 N.J.R. 3467(a), 35 N.J.R. 1287(a).

In (a) and (b), substituted "FamilyCare" for "KidCare" throughout; in (c), rewrote 3 and 4.

Amended by R.2003 d.479, effective December 15, 2003.

See: 35 N.J.R. 2146(a), 35 N.J.R. 5584(a).

Rewrote (a) and (c).

Amended by R.2005 d.68, effective February 22, 2005.

See: 36 N.J.R. 379(a), 37 N.J.R. 659(a).

Rewrote the section.

(b) Individual group practices or other individual service provider entities rendering behavioral assistance services shall employ at least one of the following licensed practitioners who can provide the service directly or supervise the provision of services:

1. Psychiatrist (N.J.A.C. 13:35);
2. Psychologist (N.J.A.C. 13:42);
3. Advance Practice Nurse (mental health) (N.J.A.C. 13:37);

4. Licensed Clinical Social Worker (N.J.A.C. 13:44G);
or

5. A professional licensed in accordance with the Board of Marriage and Family Therapy Examiners (N.J.A.C. 13:34) including, but not limited to:

- i. A Licensed Marriage and Family Therapist (N.J.A.C. 13:34-4);



- ii. A Licensed Professional Counselor (N.J.A.C. 13:34-11 or 12);
- iii. A Clinical Mental Health Counselor (N.J.A.C. 13:34-14); or
- iv. A Rehabilitation Counselor (N.J.A.C. 13:34-21 or 22).

(c) Agencies providing behavioral assistance services shall have demonstrated experience, or shall employ sufficient staff with demonstrated experience of, providing services to children with serious emotional/behavioral disturbances and their families, including, but not limited to, appropriate qualifications and training to provide behavioral assistance in the context of other presenting problems. All agencies shall first be certified by the DHS' Partnership for Children as meeting these criteria prior to being enrolled as a Medicaid/NJ FamilyCare provider.

(d) Provider entities shall employ appropriate staff necessary to provide administrative oversight, clinical supervision, management, plan development, evaluation and monitoring requirements.

(e) All providers of behavioral assistance services shall be enrolled in the New Jersey Medicaid/NJ FamilyCare fee-for-service program as a provider of behavioral assistance services. Providers enrolled in the NJ Medicaid/NJ FamilyCare fee-for-service program as any other provider type shall submit a separate application and shall first be approved as a provider of behavioral assistance services by the DHS Partnership for Children prior to receiving reimbursement for rendering these services.

(f) All applicants shall submit a completed Medicaid provider application to:

Department of Human Services
PO Box 700
Trenton, NJ 08625-0700
Attn: Partnership for Children Director

(g) The applicant shall include a current and valid copy of their license(s) with the provider application.

(h) If a behavioral assistance provider loses their license, and is unable to provide services, the provider shall notify the Department of Human Services, at the address in (f) above, within 10 business days of losing the license.

1. The provider will be disenrolled as a Medicaid/NJ FamilyCare provider until such time as the license is restored. Once the provider's license is restored, the provider will be reinstated as a Medicaid/NJ FamilyCare provider as long as any and all applicable licensure requirements and the requirements of this chapter are met and continue to be met.

(i) The applicant will receive written notification of approval or disapproval of provider status. If approved, the

applicant will be assigned a provider number and will receive a copy of the Medicaid/NJ FamilyCare provider manual for Rehabilitative Services. The manual will include N.J.A.C. 10:49 (the DMAHS Administration Manual), N.J.A.C. 10:77 (Rehabilitative Services), relevant non-regulatory information and the fiscal agent billing supplement.

(j) Upon approval as a Medicaid/NJ FamilyCare provider, the provider shall conform to all the requirements of N.J.A.C. 10:49 and this subchapter.

10:77-4.4 Beneficiary eligibility

(a) Children/youth/young adults shall be eligible to receive behavioral assistance services if they are:

1. Enrolled in Medicaid/NJ FamilyCare-Plan A;
2. Enrolled in any other NJ FamilyCare plan and are also enrolled in the Partnership for Children (PFC); or
3. Enrolled in the Partnership for Children, but are not eligible for Medicaid/NJ FamilyCare.

(b) Children/youth and young adults shall be eligible for behavioral assistance services if the services have been determined clinically necessary by the Division of Mental Health Services (DMHS), the Division of Youth and Family Services (DYFS), the Division of Medical Assistance and Health Services (DMAHS), the contracted system administrator (CSA), or any contracted and authorized agent of the Department of Human Services which authorizes the clinical need for these services.

10:77-4.5 Beneficiary rights

(a) Any provider entity providing behavioral assistance shall demonstrate regard for the rights of the child, youth or young adult, their families and/or caregivers to exercise choice and to receive culturally appropriate, integrated, coordinated and carefully monitored services in the least restrictive setting appropriate to their individual needs.

(b) The provider entity shall deliver services in a manner that includes the beneficiary, primary caregiver, legal guardian and family support organization (FSO) representative in service planning and permits the maximum freedom of choice by the beneficiary in all areas of their lives, where possible, including, but not limited to:

1. Fully informing the child/youth or young adult and his or her parent/caregiver of all service options, and the benefits of these options; and
2. Allowing the child/youth or young adult and/or his or her parent/caregiver to make all possible decisions with regard to their lives, being appropriately advised of the expected benefits and possible consequences of those decisions.

(c) The agency shall inform each beneficiary, legal guardian, and primary caregiver, as applicable, of their rights and

of the responsibilities of the agency in a language or format that is understood by the child/youth or young adult and his or her primary caregiver and legal guardian.

10:77-4.6 Program description

(a) Behavioral assistance shall be delivered in accordance with a plan of care approved by the Department or its designated agent, which has been prepared by the responsible case management function, including, but not limited to, the care management organization, the contracted systems administrator, mobile response agencies and the County Assessment and Resource Teams.

(b) Behavioral assistance is a dynamic process of intervention and ongoing evaluation resulting in effective modification of the identified behavior(s). Behavioral assistance shall be delivered in accordance with an individualized behavioral intervention plan that is based upon an evaluation of the identified behavior(s) which includes recommendations for specific interventions with definable outcomes and strategies and, developed in accordance with N.J.A.C. 10:77-4.7.

(c) Behavioral assistance services shall include applying positive behavioral principles within community and culturally based norms to reduce undesirable behaviors and build appropriate behaviors that are rehabilitative and restorative in nature, resulting in durable and sustainable positive behavioral changes and improvement in functionality and quality of life. Behavioral assistance focuses on creating and sustaining environments that improve lifestyle changes by making problem behavior less effective and less relevant and the desired behavior more effective and relevant.

(d) Behavioral assistance services shall also include interaction and instruction, provided individually or in a group setting, with the child/youth or young adult's family and caregiver(s) to enable them to provide the necessary support to the child/youth or young adult to attain the goals of the service plan and sustain the positive behavioral changes and improvement in functionality and quality of life.

1. Behavioral assistance services provided in a group setting may be provided to the family member(s) and/or caregiver(s) of up to three children/youth or young adults in one session.

(e) Behavioral assistance services shall be clinically supervised, face-to-face behavioral healthcare interventions for children, youth, young adults and/or their families/caregivers in support of the child/youth or young adult that are designed to be rehabilitative and restorative in nature, with the goal of strengthening skills in a variety of life domains, including, but not limited to:

1. Physical and mental well being;
2. Interpersonal communications and relationships;
3. Social interactions;
4. Behavioral conduct;

5. Adaptive coping strategies and behaviors; and
6. Recreational/leisure activities.

(f) Behavioral assistance shall not include mentoring, tutoring, companionship, or other similar services which do not require clinical supervision, a plan of care, or behavioral assistance services in order to achieve the goals and objectives established in the child/youth or young adult's behavioral assistance service plan.

(g) Behavioral assistance services shall be provided either individually or in a group of up to three children/youth or young adults, as appropriate to the needs of the child.

10:77-4.7 Individualized behavioral assistance service plan

(a) Each beneficiary receiving behavioral assistance services shall have a documented individual behavioral assistance service plan that is based on an evaluation of the identified behavior(s) which includes recommendations for specific interventions with definable outcomes and strategies and delivered in a culturally competent, family friendly manner and implemented with sufficient intensity and precision to produce behavioral gains that have a significant and durable positive impact on the child's quality of life.

(b) All evaluations of identified behaviors shall be completed by professionals who have, at a minimum, a bachelor's degree in social work, counseling, psychology or psychiatric nursing and at least one year of experience in analyzing behaviors and designing behavioral assistance plans. Individuals performing the evaluations shall function under the supervision of the clinical supervisor. All evaluations shall be approved by a licensed clinical professional prior to the implementation of the child/youth or young adult's behavioral assistance service plan. Licensed clinical professional staff are not precluded from performing these evaluations if they have the relevant experience and skills; however, if they need the assistance of a behavioral assistance specialist to assist in the review, the evaluator shall meet the standards described above.

(c) The evaluation analyzes the identified behavior(s) and includes recommendations for specific interventions with definable outcomes and strategies. The evaluation, whenever possible, shall focus on prevention and early identification of problem behaviors. The completed evaluation generates an individually tailored intervention plan that matches the functions of the problem behaviors and incorporates generally accepted professional intervention models.

(d) For those children/youth and young adults receiving care management organization (CMO) services, the evaluation of the identified behavior(s) and subsequent behavioral assistance plan shall be included as part of the child's Individual Service Plan (ISP) prepared by the Child/Family Team. For all other children receiving behavioral assistance services the plan of care shall be approved by the CSA or other agents designated by the Department of Human Services, prior to implementation. This plan of care shall include, at a minimum:

(f) The provision of clinical supervision to the direct care workers shall not be separately reimbursed.

(g) Behavioral assistance services that are under the scope of a Direct Care staff shall not be reimbursed at an increased rate if delivered by a clinical staff person.

(h) If the professional providing clinical supervision or other licensed behavioral healthcare practitioner accompanies the direct care worker to a service delivery site for the purpose of providing separate and distinct services to another beneficiary at the same location, those separate and distinct behavioral assistance services shall be eligible for reimbursement at the base rate for the service.

10:77-4.12 Required records for each beneficiary

(a) Each provider entity shall maintain all records in accordance with Departmental contract rules (see N.J.A.C. 10:3) and in compliance with appropriate Federal and State laws, regulations and rules, including, but not limited to, N.J.A.C. 10:49-9.8.

(b) Providers shall keep such individual and legible records as are necessary to fully disclose the nature and extent of the services provided in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), P.L. 104-191, August 1996.

(c) Providers shall maintain any information required by the Department of Human Services, its designee, the contracted systems administrator or the care management organization for services rendered to a child enrolled in the Partnership for Children, including, but not limited to, the outcome measures listed in N.J.A.C. 10:77-4.10.

(d) Providers shall maintain the following data in support of all behavioral assistance services claims:

1. The name and address of the beneficiary;
2. The name and title of the individual providing the service;
3. The exact date(s), location(s) and time(s) of service;
4. The type of activity/service provided in accordance with the goals of the service plan; and
5. The length of face-to-face contact, excluding travel time to or from the location of the beneficiary contact.

(e) The provider shall maintain an individual service record for each child/youth or young adult which shall contain, at a minimum, the following information:

1. The dates of service and the number of care hours received;
2. The diagnosis provided with initial referral;
3. The reason for referral and involvement;

4. The individual behavioral assistance service plan;

5. Documentation of any and all crisis or emergency situations that occur during the provision of the services, including a summary of the corrective action taken and resolution of the situation; and

6. Weekly quantifiable progress notes toward defined goals as stipulated in the child/youth or young adult's BASP.

(f) All providers shall meet all Children's Initiative Management Information Systems (CI-MIS) specifications as provided by the contracted systems administrator (CSA) or other Department-designated agent.

(g) Providers shall make the records described in (a) through (f) available to the Department of Human Services, the Division of Medical Assistance and Health Services, the Division of Mental Health Services, the Division of Youth and Family Services, the contracted systems administrator, or other authorized State agents, as requested.

10:77-4.13 System outcomes

(a) A provider entity providing behavioral assistance services shall deliver those services in accordance with the child/youth or young adult's plan of care and shall participate in studies related to consumer satisfaction developed by the Department or the contracted systems administrator.

(b) This information shall be made available on a regular basis to the Department and/or the contracted systems administrator.

(c) At a minimum, the provider entity shall maintain a record of the following information for each beneficiary for whom services are provided in a manner proscribed by the Department or its designated contract agent:

1. A complete service record as described in N.J.A.C. 10:77-4.12(e);
2. A record of services required other than behavioral assistance services;
3. Frequency of staff changes for each beneficiary;
4. Level of beneficiary satisfaction for each service; and
5. Degree of improvement in the beneficiary's ability to function at home, in school, in the community and/or on the job, as applicable.

10:77-4.14 General provider recordkeeping requirements

(a) To qualify for Medicaid/NJ FamilyCare reimbursement, approved Medicaid/NJ FamilyCare enrolled behavioral assistance providers shall retain, in a secure location, and in compliance with all applicable laws and regulations, confidential information related to the individuals providing or supervising the provision of behavioral assistance services

and shall produce the information for the Department of Human Services, or any Department-authorized agents, in an orderly fashion on demand.

(b) For licensed clinical staff members of the agency, the following information shall be maintained:

1. Verified written documentation of the supervising licensed behavioral healthcare practitioner's credentials and any other adjunct staff involved with the direct administration and/or delivery of this service as appropriate, including, at a minimum:

i. His or her current and valid license number authorizing him or her to practice in New Jersey and the state where services are delivered; and

ii. Verified written documentation of his or her experience working with children; and

2. Updates or changes regarding all information required in (b)1 above. All such updates shall be forwarded to DHS by the provider within 10 days of receipt of the updated information. Updated information shall include, but not be limited to, additional continuing education units obtained, change of name and/or address, any action against licensure, and any criminal charges.

(c) For the direct care staff employed by the agency, the following information shall be maintained:

1. A copy of the direct care staff person's high school diploma or equivalent;

2. A copy of the direct care staff person's proof of age at the date of hiring;

3. Verified written documentation, including dates, of the direct care staff person's relevant experience in a comparable in community environment;

4. Verified written documentation of the direct care staff person's successful completion of any Behavioral Health Assistance Rehabilitation Services training required by the Department of Human Services; and

5. Verified written documentation of the direct care worker's receipt of direct clinical supervision by a licensed behavioral healthcare practitioner in accordance with N.J.A.C. 10:77-4.10(b), including the total number of hours of supervision received.

(d) In addition to the specific records required to be maintained for specific staff, the following information shall also be maintained for all individuals providing or supervising the provision of behavioral assistance services:

1. A copy of his or her current valid driver's license, if driving is required to fulfill the responsibilities of the job; and

2. Verified written documentation of successful completion of a criminal background check conducted by a recognized and reputable search organization for all staff having direct contact with children.

SUBCHAPTER 5. (RESERVED)

SUBCHAPTER 6. MOBILE RESPONSE AND STABILIZATION MANAGEMENT SERVICES FOR CHILDREN, YOUTH AND YOUNG ADULTS

Source and Effective Date

R.2004 d.68, effective February 22, 2005.
See: 36 N.J.R. 379(a), 37 N.J.R. 659(a).

10:77-6.1 Purpose and scope

(a) This subchapter sets forth the manner in which mobile response and stabilization management services shall be provided to eligible children and youth up to 18 years of age and young adults 18 to 21 receiving services under the Division of Child Behavioral Health Services, who are experiencing emotional or behavioral disturbances, placing them at risk of losing their current living arrangement.

(b) Mobile response services provide face-to-face response by a local response team 24 hours a day, 365 days a year, by trained professional team member(s) who is/are qualified to assess, stabilize the presenting crisis situation and respond to the child/youth or young adult's needs.

10:77-6.2 Definitions

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

"Authorization" means the authorization and the authorization number provided by the Contracted Systems Administrator or other agency authorized by the Department, in accordance with N.J.A.C. 10:77-6.8, allowing for reimbursement for services to be provided. This number is obtained before a provider requests reimbursement for a service.

"Children's mobile response services" means the intensive, therapeutic and rehabilitative crisis intervention and stabilization management services provided for the initial 72 hours after the referral is received from the Contracted Systems Administrator.

1. Verifiable written documentation of the supervising licensed behavioral healthcare practitioner's credentials and any other adjunct staff involved with the direct administration and/or delivery of this service as appropriate, including, at a minimum:

- i. His or her current and valid license number authorizing him or her to practice in New Jersey and the state where services are delivered; and
- ii. Verifiable written documentation of his or her experience working with children; and

2. Updates or changes regarding all information required in (b)1 above, which shall be forwarded to the DHS by the provider within 10 days of receipt of the updated information. Updated information shall include, but shall not be limited to, additional continuing education units obtained, change of provider name and/or address, any action against licensure of the provider, and any criminal charges.

(c) For the direct care staff employed by the agency, the following information shall be maintained:

1. A copy of the direct care staff person's educational credentials;
2. Verifiable written documentation, including dates, of the direct care staff person's relevant experience in a comparable in community environment; and
3. Verifiable written documentation of the direct care worker's receipt of direct clinical supervision by a licensed behavioral healthcare practitioner.

(d) In addition to the specific records required to be maintained for specific staff, the following information shall also be maintained for all individuals providing or supervising the provision of services:

1. A copy of his or her current valid driver's license, if the operation of a motor vehicle is required to fulfill the responsibilities of the job; and
2. Verifiable written documentation of successful completion of a criminal background check conducted by a recognized and reputable search organization for all staff having direct contact with children.

SUBCHAPTER 7. CENTERS FOR MEDICARE & MEDICAID SERVICES' HEALTHCARE COMMON PROCEDURE CODING SYSTEM (HCPCS)

Authority

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

Source and Effective Date

R.2003 d.479, effective December 15, 2003.
See: 35 N.J.R. 2146(a), 35 N.J.R. 5584(a).

Subchapter Historical Note

Subchapter 7, Centers for Medicare and Medicaid Services' Healthcare Common Procedure Coding System (HCPCS), was recodified from 10:77-4, by R.2003 d.479, effective December 15, 2003. See: Source and Effective Date.

10:77-7.1 Introduction

(a) The New Jersey Medicaid, NJ KidCare and NJ FamilyCare programs utilize the Centers for Medicare and Medicaid Services (CMS) Healthcare Common Procedure Coding System (HCPCS). HCPCS follows the American Medical Association's Physicians' Current Procedural Terminology architecture, employing a five-position code and as many as two 2-position modifiers. CPT is a listing of descriptive terms and numeric identifying codes and modifiers for reporting medical procedures and services performed by physicians. Unlike the CPT numeric design, the CMS assigned codes and modifiers contain alphabetic characters.

(b) HCPCS was developed as a three-level coding system:

1. **LEVEL I CODES** (narratives found in CPT): These codes are adapted from CPT for utilization primarily by physicians, podiatrists, optometrists, certified nurse-midwives, certified nurse practitioners/ clinical nurse specialists, independent clinics and independent laboratories. Copyright restrictions make it impossible to print excerpts from CPT procedure narratives for Level I codes. Thus, in order to determine those narratives, it is necessary to refer to CPT, which is incorporated herein by reference.

2. **LEVEL II CODES**: The narratives for Level II codes are found in this subchapter. These codes are not found in the CPT and are assigned by HCFA for use by physicians and other practitioners.

3. **LEVEL III CODES**: The narratives for Level III codes are found in this subchapter. These codes are assigned by the Division of Medical Assistance and Health Services to be used for those services which are unique to the New Jersey Medicaid, NJ KidCare or NJ FamilyCare programs.

(c) Regarding specific elements of HCPCS codes which require the attention of providers, the lists of HCPCS code numbers for rehabilitative services are arranged in tabular form with specific information for a code given under columns with titles such as "IND," "HCPCS Code," "MOD," "DESCRIPTION" and "MAXIMUM FEE ALLOWANCE." The information given under each column is summarized below:

1. "IND"—(Indicator) Lists alphabetic symbols used to refer provider to information concerning the New Jersey Medicaid program's qualifications and requirements when a HCPCS procedure code is used.

- i. A "P" indicates that prior authorization is required for that procedure code. A valid authorization number must be included on the claim form when seeking reimbursement for the provision of the service.
- 2. "HCPCS Code"—Lists the HCPCS procedure code numbers;
- 3. "DESCRIPTION"—Code narrative: Narratives for Level III codes are found at N.J.A.C. 10:77-4.2;
- 4. "MAXIMUM FEE ALLOWANCE"—Lists the New Jersey Medicaid/NJ KidCare/NJ FamilyCare programs maximum fee allowance schedule. If the symbol "B.R." (By Report) is listed instead of a dollar amount, it means that additional information will be required in order to properly evaluate the service. Attach a copy of the report to the claim form. If the symbol "N.A." (Not Applicable) is listed instead of a dollar amount, it means that service is not reimbursable.

5. "MOD" services and procedures may be modified under certain circumstances. When applicable, the modifying circumstances are identified by the addition of a two-digit code following the HCPCS procedure number. The New Jersey Medicaid/NJ FamilyCare program's recognized modifier codes for behavioral assistance services are as follows:

HQ: Services provided in a group setting.

TJ: Program group, child and/or adolescent.

(d) Listed below are both general and specific policies of the New Jersey Medicaid program that pertain to HCPCS:

- 1. When filing a claim, the appropriate HCPCS Codes shall be used in conjunction with modifiers, when applicable;
- 2. The use of a procedure code shall be interpreted by the New Jersey Medicaid program as evidence that the provider personally furnished, as a minimum, the service for which it stands;
- 3. When billing, the provider shall enter onto a CMS 1500 claim form, a CPT/HCPCS procedure code as listed in CPT or in this subchapter;
- 4. Date(s) of service(s) shall be indicated on the claim form and in the provider's own record for each service billed;
- 5. The "MAXIMUM FEE ALLOWANCE" as noted with these procedure codes represents the maximum amount a provider can be reimbursed for the given procedure;

i. All references to time parameters shall mean the provider's personal time in reference to the service rendered unless it is otherwise indicated. These procedure codes are all-inclusive for all procedures provided during that time;

- 6. Written records in substantiation of the use of a given procedure code shall be available for review and/or inspection if requested by the Division; and
- 7. Certain listed procedures are commonly carried out as an integral part of a total service, and, as such, do not warrant a separate charge. When "Separate Procedure" is attached to a HCPCS/CPT description, indicating that a procedure may be carried out as a separate entity not immediately related to a specific service, separate charges for the procedure and reimbursement are applicable.

Amended by R.2001 d.144, effective May 7, 2001.
See: 32 N.J.R. 4387(a), 33 N.J.R. 1378(b).

In (a), (b)3 and (c)3, inserted references to NJ KidCare and NJ FamilyCare; in (c)2, updated N.J.A.C. reference; and substituted "CPT" for "CPT-4" throughout.

Amended by R.2003 d.90, effective March 3, 2003.
See: 34 N.J.R. 3467(a), 35 N.J.R. 1287(a).

In (a), substituted "Centers for Medicare & Medicaid Services (CMS) Healthcare" for "Health Care Financing Administration's (HCFA)"; in (d)3, substituted "CMS" for "HCFA".

Amended by R.2003 d.479, effective December 15, 2003.
See: 35 N.J.R. 2146(a), 35 N.J.R. 5584(a).

Rewrote (c).

10:77-7.2 HCPCS procedure code numbers and maximum fee allowance schedule

(a) Environmental Lead Inspection Codes:

| HCPCS Code | Description | Maximum Fee Allowance |
|------------|-----------------------------|-----------------------|
| Y 9733 | Initial Inspection for Lead | \$260.00 |
| Y 9734 | Reinspection for Lead | 100.00 |

Qualifier: Limit of two reinspections per primary residence per family

(b) Mental Health Rehabilitation Services provided in psychiatric community residences for youth, group homes or residential childcare facilities:

| IND | HCPCS Code | MOD | Procedure Code Definition | Maximum Fee Allowance |
|-----|------------|-----|--|-----------------------|
| P | H0018 | TJ | Mobile Response-Crisis Bed. For services rendered in psychiatric community residences for youth, group homes or residential childcare facilities to a child, youth or young adult receiving mobile response and stabilization management services (per diem, not to exceed seven days) | \$50.00 per diem |
| | Y9933 | | Mental health rehabilitation services provided in non-JCAHO accredited residential treatment centers licensed as community psychiatric residences for youth licensed by the Division of Mental Health Services, under N.J.A.C. 10:37B | Contract Pricing |
| | Y9934 | | Mental health rehabilitation services provided in therapeutic foster care facilities, licensed by the Division of Youth and Family Services, that contract with the Division of Mental Health services under N.J.A.C. 10:128. | Contract pricing |

| <u>IND</u> | <u>HCPCS Code</u> | <u>MOD</u> | <u>Procedure Code Definition</u> | <u>Maximum Fee Allowance</u> |
|------------|-------------------|------------|--|------------------------------|
| | Y9935 | | Mental health rehabilitation services provided in group homes (serving six to 12 children) licensed by the Division of Youth and Family Services, under N.J.A.C. 10:128. | Contract pricing |
| | Y9936 | | Mental health rehabilitation services provided in supervised transitional living homes licensed by the Division of Youth and Family Services, under N.J.A.C. 10:128. | Contract pricing |
| | Y9937 | | Mental health rehabilitation services provided in teaching family homes licensed by the Division of Youth and Family Services, under N.J.A.C. 10:128. | Contract pricing |
| | Y9938 | | Mental health rehabilitation services provided in treatment homes licensed by the Division of Youth and Family Services, under N.J.A.C. 10:128. | Contract pricing |
| | Y9939 | | Mental health rehabilitation services provided in alternative care homes licensed by the Division of Youth and Family Services, under N.J.A.C. 10:128. | Contract pricing |
| | Y9943 | | Mental health rehabilitation services provided in non-JCAHO residential child care facilities licensed by the Division of Youth and Family Services, under N.J.A.C. 10:127. | Contract pricing |
| | Y9944 | | Room and board for mental health rehabilitation services provided in facilities under contract with the Division of Youth and Family Services, under N.J.A.C. 10:127 and 10:128. | Contract pricing |
| | Y9945 | | Room and board for mental health rehabilitation services provided in facilities under contract with the Division of Mental Health Services, under N.J.A.C. 10:37B. | Contract pricing |
| | Y9946 | | All other room and board for mental health rehabilitation services. | Contract pricing |
| | Y9947 | | Mental health rehabilitation services provided in JCAHO accredited RTCs licensed by the Division of Mental Health Services, under N.J.A.C. 10:37B. | Contract pricing |
| | Y9948 | | Mental health rehabilitation services provided in JCAHO accredited RTCs licensed by the Division of Youth and Family Services, under N.J.A.C. 10:127. | Contract pricing |
| | Y9992 | | Therapeutic Leave for Rehabilitation Services provided in non-JCAHO accredited facilities under contract with DMHS | Contract Pricing |
| | Y9993 | | Therapeutic Leave for Room and Board Services provided in non-JCAHO accredited facilities under contract with DMHS | Contract Pricing |
| | Y9994 | | Hospital Leave for Rehabilitation Services provided in non-JCAHO accredited facilities under contract with DMHS | Contract Pricing |

| <u>IND</u> | <u>HCPCS Code</u> | <u>MOD</u> | <u>Procedure Code Definition</u> | <u>Maximum Fee Allowance</u> |
|------------|-------------------|------------|--|------------------------------|
| | Y9995 | | Hospital Leave for Room and Board Services provided in non-JCAHO accredited facilities under contract with DMHS | Contract Pricing |
| | Y9996 | | Therapeutic Leave for Rehabilitation Services provided in non-JCAHO accredited facilities under contract with DYFS | Contract Pricing |
| | Y9997 | | Therapeutic Leave for Room and Board Services provided in non-JCAHO accredited facilities under contract with DYFS | Contract Pricing |
| | Y9998 | | Hospital Leave for Rehabilitation Services provided in non-JCAHO accredited facilities under contract with DYFS | Contract Pricing |
| | Y9999 | | Hospital Leave for Room and Board Services provided in non-JCAHO accredited facilities under contract with DYFS | Contract Pricing |

(c) Behavioral Assistance Services Codes:

| <u>IND</u> | <u>HCPCS Code</u> | <u>MOD</u> | <u>Procedure Code Definition</u> | <u>Maximum Fee Allowance</u> |
|------------|-------------------|------------|--|------------------------------|
| P | H2014 | TJ | Individual behavioral assistance services. (15-minute unit of service) | \$9.75 (\$39.00 per hour) |
| P | H2014 | TJ HQ | Group behavioral assistance services. Services are limited to those provided directly or in support of up to three children/youth or young adults. (15-minute unit of service) | Contract pricing |
| P | S5125 | TJ | Individual behavioral assistance services in non-Title XIX eligible locations. (15-minute unit of service) | \$9.75 (\$39.00 per hour) |
| P | S5125 | TJ HQ | Small group behavioral assistance services in non-Title XIX eligible locations. Services are limited to those provided directly or in support of up to three children/youth or young adults. (15-minute unit of service) | Contract pricing |

(d) Mobile response and stabilization management services codes:

| <u>IND</u> | <u>HCPCS Code</u> | <u>MOD</u> | <u>Procedure Code Definition</u> | <u>Maximum Fee Allowance</u> |
|------------|-------------------|------------|--|------------------------------|
| P | S9485 | TJ | Mobile Response—Initial (one unit of service per episode, not to exceed 72 hours, spanning up to four days) | Contract Pricing |
| P | H0032 | TJ | Mobile Response—Care Coordination and Stabilization Plan (15 minute units of service, not to exceed a total of 64 units or 16 hours, up to eight weeks as authorized weekly) | Contract Pricing |

Amended by R.2001 d.144, effective May 7, 2001.
 See: 32 N.J.R. 4387(a), 33 N.J.R. 1378(b).
 Added (b).
 Amended by R.2002 d.401, effective December 16, 2002.
 See: 34 N.J.R. 2709(a), 34 N.J.R. 4441(b).
 Rewrote table in (b).

Amended by R.2003 d.479, effective December 15, 2003.

See: 35 N.J.R. 2146(a), 35 N.J.R. 5584(a).

Added (c).

Amended by R.2005 d.68, effective February 22, 2005.

See: 36 N.J.R. 379(a), 37 N.J.R. 659(a).

Rewrote (b); added (d).

APPENDIX

FISCAL AGENT BILLING SUPPLEMENT

AGENCY NOTE: The Fiscal Agent Billing Supplement is appended as a part of this chapter but is not reproduced in the New Jersey Administrative Code. When revisions are made to the Fiscal Agent Billing Supplement, replacement pages shall be distributed to providers and copies shall be filed with the Office of Administrative Law.

For a copy of the Fiscal Agent Billing Supplement, write to:

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