

1. The youth case manager assigned to the child, youth or young adult;
2. The child, youth, or young adult and the parent or caregiver; and
3. Any interested person the child, youth or young adult or their family wishes to include as a member of the team such as family, friends or clergy, and may include current providers of services as well as other entities providing formal or informal support to the child/youth/young adult and their family.

(c) Each individual YCM service plan shall include, at a minimum:

1. A summary of the strengths and existing resources of the child, youth or young adult and his or her family or caregiver;
2. Identification of the presenting problem and areas of unmet need;
3. Long and short term goals with defined and measurable objectives, including time frames for attaining the goals;
4. Recommended frequency, scope and duration of case management services, as well as the individual services needed by the child, youth or young adult;
5. Title and credentials of the individual responsible for the implementation of the specific formal and informal mental and behavioral health services provided; and
6. Discharge criteria.

(d) The individual YCM service plan shall be reviewed by the case manager a minimum of every 30 days and amended as necessary to provide the most effective level of services. Any amendments to the service plan shall be registered with, and authorized by, the CSA.

(e) The individual YCM service plan, and any subsequent amendments to the plan, shall be registered with the CSA by the end of the next business day.

#### 10:73-4.8 Authorization of services

(a) The initial authorization of YCM services shall be for 14 days, except that for children, youth or young adults referred for YCM services by a CMO child-family team, the initial 90 days of YCM services, up to 80 units of service, shall be authorized as part of the discharge/transition plan from the CMO. (See N.J.A.C. 10:73-3.14.)

(b) The subsequent authorization of YCM services after the first 14 days shall be for a period not to exceed 90 days.

(c) The YCM staff, the CSA, the parents or caregivers and the child, youth or young adult shall review the level of

case management services, and the specific mental/behavioral health services included in the service plan, a minimum of every 30 days and amend the service plan and/or refer the child, youth or young adult to a more appropriate level of case management services if indicated.

(d) Additional authorizations, up to six additional 30-day periods may be authorized by the CSA if the YCM service plan request indicates such YCM services are necessary.

(e) Providers of mental/behavioral health services that are included in the service plan developed by the YCM agency shall receive authorization to provide services directly from the CSA.

#### 10:73-4.9 Recordkeeping

(a) YCM providers shall keep such individual records as are necessary to fully disclose the kind and extent of services provided.

(b) The YCM provider shall maintain the following data in support of all claims:

1. The name and address of the child, youth or young adult;
2. The reason for the initial referral;
3. The name, credentials and title of the staff member(s) providing the service(s);
4. The exact date(s), time(s) and location(s) of the case management service(s) provided;
5. The total number of complete units of service provided per day;
6. The length of face-to-face contact with, or on behalf of, the child, youth or young adult (excluding travel to or from child, youth or young adult contact or collateral contact);
7. The name of individual(s) with whom face-to-face contact was maintained on behalf of the child, youth or young adult; and
8. A summary of services provided in accordance with the goals of the service plan.

(c) 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 date(s) of service and total number of units of service received;
2. The diagnosis provided with initial referral;
3. The reason for referral to YCM and involvement;
4. The individual service plan, including all amendments;

5. Documentation and reporting 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. Progress notes which include quantifiable measurements toward defined goals, as stipulated in the child, youth or young adult or young adult's service plan. Progress notes should be completed for each contact with, or on behalf of, the child, youth or young adult. If not completed by a licensed professional, the progress notes shall be reviewed and signed off by the program supervisor.

(d) All providers shall meet all Children's Initiative Management Information Systems (CI-MIS) specifications as defined by the Contracted Systems Administrator (CSA) or other Department-designated agent.

(e) Providers shall make the records described in (a) through (c) above available to the Department of Human Services, the Contracted Systems Administrator, or other Department-authorized agents, as requested.

**10:73-4.10 Basis of reimbursement**

(a) Reimbursement for YCM services shall be fee-for-service.

(b) All reimbursement shall be restricted to approved Medicaid/NJ FamilyCare YCM providers and shall be subject to all applicable Medicaid/NJ FamilyCare rules, including N.J.A.C. 10:49 and these rules.

(c) A unit of service shall be defined as 15 minutes of face-to-face services or other collateral contact that implement the youth case management services described at N.J.A.C. 10:73-4.5(b), provided directly to, or on behalf of, the child, youth or young adult receiving services. Non-consecutive shorter time periods shall not be added together to total 15 minutes. Transportation of a beneficiary shall not be included.

(d) Providers shall seek reimbursement for YCM services using the appropriate Healthcare Common Procedure Codes (HCPCS). (See N.J.A.C. 10:73-5.)

(e) In no event shall the charge to the New Jersey Medicaid/NJ FamilyCare program exceed the charge by the provider for identical services to other groups or individuals in the community.

(f) In the event a youth case management 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 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.

(g) Providers shall not bill for services provided while the child, youth or young adult is receiving CMO services, which Supp. 2-22-05

shall include any services provided in the month in which individual is discharged from the CMO.

**SUBCHAPTER 5. HEALTHCARE COMMON PROCEDURE CODING SYSTEM**

**Source and Effective Date**  
R.2005 d.78, effective February 22, 2005.  
See: 36 N.J.R. 1271(b), 37 N.J.R. 651(a).

**Subchapter Historical Note**

Subchapter 4, HCFA Common Procedure Coding System (HCPCS), was recodified from N.J.A.C. 10:73-3 by R.2001 d.475, effective December 17, 2001. See: 33 N.J.R. 349(a), 33 N.J.R. 1167(a), 33 N.J.R. 4357(a).

Subchapter 5, Healthcare Common Procedure Coding System, was recodified from N.J.A.C. 10:73-4 by R.2005 d.78, effective February 22, 2005. See: 36 N.J.R. 1271(b), 37 N.J.R. 651(a).

**10:73-5.1 Introduction**

(a) The New Jersey Medicaid/NJ FamilyCare program adopted the Centers for Medicare and Medicaid Services Healthcare Common Procedure Coding System (HCPCS). 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 services and care management organization services and must be used when filing a claim.

1. The responsibilities of the case management services provider when rendering adult case management services are listed in N.J.A.C. 10:73-2.
2. The responsibilities of the care management organization services provider when rendering services are listed in N.J.A.C. 10:73-3.
3. The responsibilities of the case management services provider when rendering youth case management services are listed in N.J.A.C. 10:73-4.
4. "P" is listed under Ind (indicator) which means that prior authorization is required.
5. "ZC" is listed under Mod (modifier) which means that service is rendered for children.

Amended by R.1994 d.585, effective November 21, 1994 (operative December 1, 1994).  
See: 26 N.J.R. 3350(a), 26 N.J.R. 4614(a).  
Amended by R.1996 d.363, effective August 5, 1996.  
See: 28 N.J.R. 1977(a), 28 N.J.R. 3788(a).  
Amended by R.2001 d.198, effective June 18, 2001.  
See: 33 N.J.R. 978(a), 33 N.J.R. 2193(a).  
Amended by R.2001 d.475, effective December 17, 2001.  
See: 33 N.J.R. 349(a), 33 N.J.R. 1167(a), 33 N.J.R. 4357(a).  
In (a), rewrote the second sentence of the introductory paragraph, added 2 and recodified former 2 through 4 as 3 through 5.  
Recodified from N.J.A.C. 10:73-4.1 and amended by R.2005 d.78, effective February 22, 2005.  
See: 36 N.J.R. 1271(b), 37 N.J.R. 651(a).

In (a), inserted "youth" following "Medicaid/NJ FamilyCare/Partnership for Children" in the introductory paragraph, added 3, recodified former 3 and 4 as 4 and 5 and deleted 5.

**10:73-5.2 HCPCS codes for case management services**

IND	HCPCS Code	Mod	Description	Maximum Fee Allowance
P	T1017	TJ	Youth Case Management Services (unit of service=15 consecutive minutes)	\$ 20.00/unit

<u>IND</u>	<u>HCPCS</u> <u>Code</u>	<u>Mod</u> <u>TJ</u>	<u>Description</u>	<u>Maximum</u> <u>Fee</u> <u>Allowance</u>
P	T2023		Care Management Organization (CMO) Services for Children, Adolescents, and Young Adults receiving DCBHS Services; per month	\$ 880.00
	Z5005		Initial Evaluation Services, Clinical Case Management Program/Mental Health (CMP/MH), Adults	\$19.25
P	Z5006		Clinical Case Management Program/Mental Health (CMP/MH), Adults	\$19.25
	Z5007		Liaison Case Management Program/Mental Health (CMP/MH), Adults	\$19.25

Amended by R.1994 d.585, effective November 21, 1994 (operative December 1, 1994).  
 See: 26 N.J.R. 3350(a), 26 N.J.R. 4614(a).  
 Amended by R.1996 d.363, effective August 5, 1996.  
 See: 28 N.J.R. 1977(a), 28 N.J.R. 3788(a).  
 Amended by R.2001 d.475, effective December 17, 2001.  
 See: 33 N.J.R. 349(a), 33 N.J.R. 1167(a), 33 N.J.R. 4357(a).  
 Inserted HCPCS Code Z5008.  
 Recodified from N.J.A.C. 10:73-4.2 and amended by R.2005 d.78, effective February 22, 2005.  
 See: 36 N.J.R. 1271(b), 37 N.J.R. 651(a).  
 Rewrote the section.

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. When revisions are made to the Fiscal Agent Billing Supplement, replacement pages shall be distributed to providers and filed with the Office of Administrative Law.

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

Unisys Corporation  
 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

New Rule, R.1996 d363., effective August 5, 1996.  
 See: 28 N.J.R. 1977(a), 28 N.J.R. 3788(a).