

CHAPTER 73**CASE MANAGEMENT SERVICES****Authority**

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

Source and Effective Date

R.2006 d.421, effective November 8, 2006.
See: 38 N.J.R. 2585(a), 39 N.J.R. 2096(a).

Chapter Expiration Date

In accordance with N.J.S.A. 52:14B-5.1b, Chapter 73, Case Management Services, expires on November 8, 2013. See: 43 N.J.R. 1203(a).

Chapter Historical Note

Chapter 73, Case Management Services Manual, was adopted as R.1991 d.367, effective July 15, 1991. See: 23 N.J.R. 1328(a), 23 N.J.R. 2137(a).

Pursuant to Executive Order No. 66(1978), Chapter 73, Case Management Services Manual, was readopted as R.1996 d.363, effective July 12, 1996. See: 28 N.J.R. 1977(a), 28 N.J.R. 3788(a).

Pursuant to Executive Order No. 66(1978), Chapter 73, Case Management Services Manual, was readopted as R.2001 d.198, effective May 17, 2001. See: 33 N.J.R. 978(a), 33 N.J.R. 2193(a).

Subchapter 3, Care Management Organization Services—Children's System of Care Initiative, was adopted as new rules and former Subchapter 3, HCFA Common Procedure Coding System (HCPCS), was recodified as N.J.A.C. 10:73-4 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 4, Youth Case Management (YCM) Services, was adopted as new rules and former Subchapter 4, Healthcare Common Procedure Coding System, was recodified as N.J.A.C. 10:73-5 by R.2005 d.78, effective February 22, 2005. See: 36 N.J.R. 1271(b), 37 N.J.R. 651(a).

Chapter 73, Case Management Services, was readopted as R.2006 d.421, effective November 8, 2006. As a part of R.2006 d.421, Subchapter 3, Care Management Organization Services—Children's System of Care Initiative, was renamed Care Management Organization Services, effective May 21, 2007. See: Source and Effective Date. See, also, section annotations.

CHAPTER TABLE OF CONTENTS**SUBCHAPTER 1. GENERAL PROVISIONS**

- 10:73-1.1 Chapter purpose and organization
- 10:73-1.2 Definitions

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

- 10:73-2.1 Definitions
- 10:73-2.2 Adult Case Management Program/Mental Health (CMP/MH); general
- 10:73-2.3 Individuals targeted to receive adult CMP/MH services
- 10:73-2.4 Case management services provided under adult CMP/MH
- 10:73-2.5 Provider enrollment requirements for providers participating in adult CMP/MH
- 10:73-2.6 Service responsibilities of the adult CMP/MH provider
- 10:73-2.7 Service responsibilities of staff members of the adult CMP/MH provider
- 10:73-2.8 (Reserved)
- 10:73-2.9 Basis of payment for adult CMP/MH services

- 10:73-2.10 (Reserved)
- 10:73-2.11 Clinical case management services under adult CMP/MH
- 10:73-2.12 (Reserved)
- 10:73-2.13 Recordkeeping for adult CMP/MH services

SUBCHAPTER 3. CARE MANAGEMENT ORGANIZATION SERVICES

- 10:73-3.1 Purpose and scope
- 10:73-3.2 Definitions
- 10:73-3.3 Provider enrollment and participation
- 10:73-3.4 CMO responsibilities and services; general overview
- 10:73-3.5 Eligibility and referral for CMO services
- 10:73-3.6 Discharge from CMO services
- 10:73-3.7 Processing eligibility applications
- 10:73-3.8 Enrollment of the beneficiary into CMO services and the initial ISP
- 10:73-3.9 Child/Family Team; members and responsibilities
- 10:73-3.10 Comprehensive ISP; general
- 10:73-3.11 Comprehensive ISP; contents
- 10:73-3.12 Amendments to the ISP
- 10:73-3.13 Transition/discharge planning; general
- 10:73-3.14 Transition planning
- 10:73-3.15 Discharge planning
- 10:73-3.16 CMO Pre-transition/pre-discharge responsibilities
- 10:73-3.17 Crisis management
- 10:73-3.18 Community resource development
- 10:73-3.19 Financial management
- 10:73-3.20 Information management
- 10:73-3.21 Quality assessment/evaluation
- 10:73-3.22 Staffing requirements
- 10:73-3.23 Staff qualifications
- 10:73-3.24 Recordkeeping
- 10:73-3.25 Reimbursement methodology for CMO services

SUBCHAPTER 4. YOUTH CASE MANAGEMENT (YCM) SERVICES

- 10:73-4.1 Purpose and scope
- 10:73-4.2 Definitions
- 10:73-4.3 Provider enrollment and participation
- 10:73-4.4 Eligibility and referral for YCM services
- 10:73-4.5 Youth case management (YCM) services; program description
- 10:73-4.6 Referral and authorization process for Youth Case Management services
- 10:73-4.7 Individual YCM service plan
- 10:73-4.8 (Reserved)
- 10:73-4.9 Recordkeeping
- 10:73-4.10 Basis of reimbursement

SUBCHAPTER 5. HEALTHCARE COMMON PROCEDURE CODING SYSTEM

- 10:73-5.1 Introduction
- 10:73-5.2 HCPCS codes for case management services

APPENDIX A**SUBCHAPTER 1. GENERAL PROVISIONS****10:73-1.1 Chapter purpose and organization**

(a) This chapter outlines information about targeted case management services provided by approved New Jersey Medicaid/NJ FamilyCare program providers.

(b) N.J.A.C. 10:73-2 describes the Case Management Program/Mental Health for Adults, providing a description of the individuals for whom the services are targeted; the case management services covered; the requirements and responsibilities of the agencies that will provide the services, including agency staff; and the procedures required to provide services and the reimbursement for the provision of those services.

(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). 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, 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) N.J.A.C. 10:73-5 provides a listing of the Centers for Medicare & Medicaid Services Healthcare Common Procedure Coding System (HCPCS) Procedure Codes.

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).

In (a), inserted “/NJ FamilyCare” preceding “program providers” in the introductory paragraph, and substituted “/NJ FamilyCare beneficiaries” for “recipients” preceding “as allowed” in 1.

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), deleted 1; inserted new (c); recodified former (c) as (d) and amended N.J.A.C. reference.

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.

Amended by R.2006 d.421, effective May 21, 2007.

See: 38 N.J.R. 2585(a), 39 N.J.R. 2096(a).

Rewrote (d) and (e).

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:

“Advocacy” means the ongoing process of assisting the beneficiary in receiving, and maintaining receipt of, all services and benefits to which he or she is entitled by working toward the removal of barriers to receiving needed services and benefits.

“Assessment” means the ongoing process of identifying and reviewing a beneficiary’s strengths, deficits, and needs based upon input from the beneficiary and significant others including, but not limited to, family members and health professionals. The assessment process continues throughout the entire length of service. The assessments are updated periodically based upon availability of beneficiary information and the requirements of this chapter.

“Beneficiary monitoring” means the ongoing review by the provider of the beneficiary’s status and needs.

“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) in gaining access to needed medical, social, educational, and other services.

“Centers for Medicare & Medicaid Services (CMS)” means the agency of the Federal Department of Health and Human Services which is responsible for the administration of the Medicaid program and the State Children’s Health Insurance Program (SCHIP) in the United States.

“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 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.

“Contract systems administrator care coordination (CSACC)” means management and coordination of the assessment process by the CSA for children, youth and young adults with mental or behavioral healthcare needs.

“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, the Division of Child Behavioral Health Services, the Division of Prevention and Community Partnerships, and the New Jersey Child Welfare Training Academy.

“DHS” means the New Jersey Department of Human Services.

“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.