

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

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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 child care facilities, available only to:

- i. Children covered under Medicaid/NJ Family-Care-Plan A;
- ii. Children covered under NJ FamilyCare-Plan B, C or D who are also enrolled in the Partnership for Children (PFC); and
- iii. Children who are eligible for Medicaid or NJ FamilyCare and who are enrolled in the PFC only;

4. N.J.A.C. 10:77-4 contains 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 covered under Medicaid/NJ Family-Care-Plan A;
- ii. Children covered under NJ FamilyCare-Plan B, C or D who are also enrolled in the Partnership for Children (PFC); and
- iii. Children who are ineligible for Medicaid or NJ FamilyCare-Plan B, C and D and who are enrolled in the PFC only.

5. N.J.A.C. 10:77-5 is reserved. Once adopted, this subchapter will 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 services; available only to:

- i. Children covered under Medicaid/NJ Family-Care-Plan A;
- ii. Children covered under NJ FamilyCare-Plan B, C or D who are also enrolled in the Partnership for Children (PFC); and
- iii. Children who are ineligible for Medicaid or NJ FamilyCare-Plan B, C and D and who are enrolled in the PFC only.

6. N.J.A.C. 10:77-6 is reserved. Once adopted, this subchapter will 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 mobile response and stabilization services available only to:

- i. Children covered under Medicaid/NJ Family-Care-Plan A;
- ii. Children covered under NJ FamilyCare-Plan B, C or D who are also enrolled in the Partnership for Children (PFC); and
- iii. Children who are ineligible for Medicaid or NJ FamilyCare-Plan B, C and D and who are enrolled in the PFC 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).

10:77-1.2 Definitions

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

"Care management organization" (CMO) means an independent, community-based organization that combines advocacy, service planning and delivery, and care coordination into a single, integrated, cross-system process, in order to assess, design, implement and manage child-centered and family-focused individual service plans (ISPs) for children, youth and young adults whose needs require intensive care management techniques that cross multiple service systems. See N.J.A.C. 10:73.

"Child" means a Medicaid beneficiary under 21 years of age, or a NJ FamilyCare beneficiary under 19 years of age, or a child enrolled in the Children's System of Care Initiative who is not a Medicaid/NJ FamilyCare beneficiary, but who is under 21 years of age.

“Contracted system administrator” (CSA) means an administrative organization contracted by, and serving as an agent of, the Department of Human Services to provide administrative services to support the development, management and implement the Partnership for Children.

“County Case Assessment Resource Team” (CART) means a team which is part of a county-based interagency system of individual case planning and service system development. This multi-disciplinary team reviews cases of children with emotional or behavioral disturbances, who are placed residentially, or at risk of psychiatric hospitalization, to determine if a community-based placement is more appropriate. The CART also promotes partnerships with parents, advocates across all child-serving systems and coordinate services.

“Division” means the Division of Medical Assistance and Health Services (DMAHS) within the New Jersey Department of Human Services.

“NJ FamilyCare” means the health insurance coverage program administered by DMAHS under the provisions of Title XIX and Title XXI of the Social Security Act, in accordance with N.J.A.C. 10:49, 10:78, and any other applicable rules of the Division.

“Partnership for Children” (PFC) means the Department of Human Services initiative, formerly known as the Children’s System of Care Initiative (CSOCI), which was developed to provide a comprehensive approach to the treatment of emotional/mental/behavioral disturbances in children, youth and young adults.

“Rehabilitative service” is an optional service which a state may define to include (pursuant to 42 C.F.R. 440.130) medical or remedial services recommended by a physician or other licensed practitioner within the scope of practice under State law.

“Young adult” means an individual, at least 18 years of age and under 21 years of age, who had been receiving mental/behavioral health services under the Partnership for Children prior to becoming 18 years of age, or who is currently receiving services in the child-serving system and who demonstrates a clinical need for the continuation of such services as part of the process of transitioning into the adult service system.

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

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

Amended “Child”; added “Children’s System of Care Initiative (CSOCI)” and “NJ FamilyCare”.

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

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

Rewrote the section.

SUBCHAPTER 2. ENVIRONMENTAL LEAD INSPECTION SERVICES

10:77-2.1 Scope of services

This subchapter describes the New Jersey Medicaid and NJ FamilyCare–Plan A program’s provisions specifically pertaining to the rehabilitative service: environmental lead inspection services.

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

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

Inserted “and NJ FamilyCare–Plan A” following “New Jersey Medicaid”.

10:77-2.2 Environmental lead inspection service definitions

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

“Certified lead inspector/risk assessor” means one who is hired by the local health department and certified by the State Department of Health and Senior Services in accordance with N.J.A.C. 8:62 to conduct an epidemiologic investigation in order to find lead sources.

“Elevated blood lead level” means an excess of lead in the bloodstream as defined in N.J.A.C. 8:44 and 8:44A.

“Environmental lead inspection service” means an epidemiologic investigation by a certified lead inspector/risk assessor in order to identify lead sources in the primary residence of a child who is a Medicaid beneficiary and who is determined to have an elevated blood lead level.

“High risk” means a child whose history is positive for one or more of the following criteria in assessing his or her risk of high-dose exposure to lead:

1. Lives in a house built before 1960 with peeling or chipping paint;
2. Lives in a house built before 1960 with recent, ongoing, or planned renovation or remodeling;
3. Has a brother, sister, or housemate being followed or treated for lead poisoning (that is, blood lead >15 Sg/dL); and/or
4. Lives with an adult whose occupation or hobby involves exposure to lead.

“Local health department” (LHD) means the board of health of any municipality or the boards, bodies or officers in such municipality lawfully exercising any of the powers of a local board of health under the laws governing such municipality, and includes any consolidated local board of health or county local board of health created and established pursuant to N.J.S.A. 26:1A-1.

“Screening” means applying detection techniques and performing tests to assess the origins and extent of lead sources in the child’s primary residence.

10:77-2.3 Provider participation requirements

(a) Requirements for a provider to participate in environmental lead inspection services shall be as follows:

1. An applicant shall be a local health department (LHD);

2. Local health departments (LHD) shall enroll and be approved by the New Jersey Medicaid/NJ FamilyCare programs specifically for reimbursement for this service, including LHD’s previously approved as Medicaid/NJ FamilyCare independent clinic providers;

3. Local health departments wishing to enroll as a Medicaid/NJ FamilyCare-participating provider for environmental lead inspection services shall complete and submit a provider application packet pursuant to N.J.A.C. 10:49-3.2;

i. The completed application packet shall be submitted to:

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

ii. The applicant shall receive written notification of approval or disapproval of its provider status. If approved, the applicant shall be assigned a Medicaid/NJ FamilyCare Provider Number and shall receive a packet which contains a Medicaid/NJ FamilyCare Provider Manual (N.J.A.C. 10:77) and the Fiscal Agent Billing Supplement (FABS);

iii. Upon approval as a Medicaid/NJ FamilyCare provider, the LHD will also conform to all the provisions of N.J.A.C. 10:49.

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

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

Inserted “/NJ FamilyCare” following “Medicaid” throughout.

10:77-2.4 Environmental lead inspection services

(a) All Medicaid/NJ FamilyCare-Plan A beneficiaries up to six years of age and older children who are considered as “high risk” for lead poisoning, shall be screened for such through venous or capillary blood tests. When the initial test is a capillary blood test indicating an elevated blood lead level, the findings shall be confirmed by a venous sample.

1. Pursuant to N.J.A.C. 8:44-2.11, clinical laboratories are required to report to the New Jersey Department of Health and Senior Services (DHSS) the results of all lead screenings;

2. The DHSS, in turn, through the “Environmental Investigation and Abatement Report Form” (AP-6), will notify the appropriate LHD of the need to conduct an environmental lead inspection of the child’s primary residence;

3. The LHD shall have a certified lead inspector/risk assessor conduct an epidemiologic investigation of the Medicaid/NJ FamilyCare-Plan A beneficiary’s primary residence in order to locate existing lead sources.

(b) To be reimbursable as a rehabilitative service, the LHD’s epidemiologic investigation to locate the source contaminants shall meet the following requirements:

1. The rehabilitative service-environmental lead inspection service shall be provided by LHDs and performed by certified lead inspectors/risk assessors whose certification shall be designated as a certified lead inspector/ risk assessor;

2. The inspections shall be an on-site investigation of the child’s primary residence for the source(s) of lead contamination; and

3. The inspection/investigation shall include simple tests designed to locate lead sources and easily performed by the “certified lead inspector/risk assessor” on site.

i. Laboratory testing and analysis of substances such as water and paint shall not be included as reimbursable environmental lead inspection services.

(c) When the initial inspection results in a recommendation for remedial action, a reinspection to determine if the lead hazard has been eliminated may be reimbursed.

1. Should the reinspection result in finding a still-existing lead hazard, then a second reinspection may be reimbursed.

2. A maximum of two reinspections may be reimbursable.

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

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

Inserted “/NJ FamilyCare-Plan” 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), inserted “/NJ FamilyCare-Plan A” following “Medicaid” in the introductory paragraph and substituted “all” for “certain” preceding “lead screenings” in 1.

10:77-2.5 Basis for reimbursement

(a) The reimbursement for rehabilitative service—environmental lead inspection service shall be based on the provider’s usual and customary charge or the maximum fee allowance as contained in N.J.A.C. 10:77-4.2(a), whichever is less.

(b) The service shall meet the following conditions:

1. The service shall be performed by a certified lead inspector/risk assessor, meaning one who is hired and

certified by the State Department of Health and Senior Services to conduct epidemiologic investigations in order to find lead sources;

2. The service shall be provided in the primary residences of Medicaid/NJ FamilyCare-Plan A beneficiaries who are children identified as having elevated blood lead levels; and

3. The child(ren) shall have been referred by the New Jersey State Department of Health and Senior Services (DHSS).

(c) Only claims for Medicaid/NJ FamilyCare-Plan A-eligible individuals referred through the DHSS to the LHDs can be considered for reimbursement by the Medicaid/NJ FamilyCare program.

1. The provider shall request the beneficiary's Medicaid/NJ FamilyCare-Plan A Eligibility Identification Card and verify Medicaid/ NJ FamilyCare-Plan A eligibility for the date of service before submitting a claim to the Medicaid/NJ FamilyCare program.

2. The provider may verify Medicaid/NJ FamilyCare eligibility status of an individual by calling the "Recipient Eligibility Verification System" (REVS) at 1-(800) 676-6562, which will give a recorded message asking for the Medicaid beneficiary's correct name, the Medicaid/NJ FamilyCare Eligibility Identification (MEI) number, and/or the Social Security Number, as well as the Medicaid/NJ FamilyCare Provider Billing Number and the date of service.

(d) A claim for environmental lead inspection shall be submitted on a CMS 1500 claim form to Unisys, the Medicaid/NJ FamilyCare fiscal agent at the following address:

Unisys
PO Box 4808
Trenton, New Jersey 08650-4808

1. Claims shall include a procedure code(s) (HCPCS) reflecting the service(s) provided and the corresponding fee for the service(s).

2. Upon receipt of the CMS 1500 claim form, the Medicaid/NJ FamilyCare fiscal agent will process the claim and reimburse the LHD the Federal share (50 percent for Medicaid and 65 percent for certain NJ FamilyCare-Plan A beneficiaries) of the amount approved by Medicaid/ NJ FamilyCare (N.J.A.C. 10:77-4), the remaining cost of this mandated service, as specified in N.J.A.C. 8:13, being the responsibility of the LHD.

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), amended N.J.A.C. reference; in (c)2, deleted "Eligibility" following "Verification" and inserted "Eligibility" preceding "Verification"; in (d)2, inserted references to NJ KidCare and amended N.J.A.C. reference.

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

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

Inserted "/NJ FamilyCare-Plan A" and "/NJ FamilyCare" throughout; in (c), deleted references to "Medicaid"; in (d)2, inserted "for Medicaid and 65 percent for certain NJ FamilyCare-Plan A beneficiaries" and amended the N.J.A.C. reference preceding "the remaining cost".

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

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

Rewrote the section.

10:77-2.6 Recordkeeping

(a) All LHDs shall keep such legible records as are necessary to fully disclose the kind and extent of services provided, as well as the necessity for such services and the place, date, and time the services were provided.

(b) The minimum recordkeeping requirements for LHDs performing environmental lead inspections shall be a completed copy of the "Environmental Investigation and Report Form" (AP-6).

1. A copy of the completed form (AP-6) for each Medicaid/NJ FamilyCare-Plan A beneficiary shall be sent quarterly to the following address:

Chief Pediatric Consultant
Division of Medical Assistance and Health Services
PO Box 712, Mail Code #17
Trenton, NJ 08625-0712

(c) All required recordkeeping documents shall be made available, upon request, to the New Jersey Medicaid/NJ FamilyCare program or its agents.

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

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

In (b)1 and (c), inserted "/NJ FamilyCare".

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

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

In (b)1, inserted "/NJ FamilyCare-Plan A" following Medicaid, and inserted " , Mail Code #17" following "PO Box 712"; in (c), inserted "/NJ FamilyCare" following "Medicaid".

SUBCHAPTER 3. MENTAL HEALTH REHABILITATION SERVICES FOR CHILDREN

iii. The non-Title XIX reimbursable transportation shall be included in the non-reimbursable HCPCS. The cost of non-patient related travel, such as commuting, shall be included in the non-Title XIX reimbursable costs.

5. To establish the rates for these two HCPCS, the Division shall use the following Federally approved methodology, that results in a percentage to determine the amount that is non-Title XIX Federally reimbursable. The figure that results from this methodology shall be developed for each class of provider and then applied to each provider within the class.

i. The amount of reimbursement for room and board will be determined from an analysis of the per diem rates as follows: The costs of all the providers in each provider group in the selected regional area shall be analyzed to determine the percentage of each provider's total costs that are used to cover room and board and the percentage of the total cost that is used to cover the therapeutic services. The median percentage factor may vary depending on the provider group a provider belongs to.

ii. The median percentage for contracted room and board expenditures in relation to total operating expenditures shall be applied to each provider's rates to separately determine the reimbursement rates for the therapeutic HCPCS and room and board HCPCS procedure codes.

iii. Each year, on a rotating basis, a different regional area of the State shall be used to determine the median percentage for each provider group for room and board services and for therapeutic services.

iv. If a regional area contains too few provider groupings to use the median-based methodology, reimbursement for room and board will be computed for each individual facility, based on the actual costs for the facility.

Example: When applied in the selected region of the State, the methodology determines that the non-Title XIX reimbursable costs (room and board) are 20 percent for Provider Type A. Based on this determination, for provider A, whose current negotiated per diem is \$200.00, the rate for the Title XIX reimbursable HCPCS (therapeutic services) shall be \$160.00 (\$200.00 less (200 x .20)). The reimbursement for the non-Title XIX services shall be \$40.00.

For provider B, who is the same provider type as provider A, but whose current negotiated per diem is \$160.00, the rate for the Title XIX reimbursable HCPCS shall be \$128.00 (\$160.00 less (160 x .20)). The reimbursement for the non-Title XIX services shall be \$32.00.

(b) Providers shall be reimbursed on a per diem basis.

1. Providers may seek reimbursement for services provided on the date that the child, adolescent or young adult is admitted to the facility, but shall not seek reimbursement for services provided on the child's, adolescent's or young adult's date of discharge.

i. On the dates that the child is listed as being under the care of the facility, but is not physically present in the facility for the 24-hour period starting and ending at midnight, due to therapeutic or hospital leave, the applicable HCPCS procedure codes shall be used. See N.J.A.C. 10:77-4.2(b). Therapeutic or hospital leave shall be authorized by appropriate medical staff and shall be included in the plan of care.

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

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

Rewrote the section.

10:77-3.7 Temporary absences from the facility

(a) Temporary absence for the purpose of therapeutic or hospital leave shall be approved by the beneficiary's treatment team and included in the plan of care developed by the facility in accordance with N.J.A.C. 10:37B, Psychiatric Community Residences for Youth, N.J.A.C. 10:127, Children's Group Homes, or N.J.A.C. 10:128, Residential Child Care Facilities.

(b) The dates and purpose of the temporary absence shall be recorded in the beneficiary's record maintained by the facility.

(c) A provider may seek reimbursement for a beneficiary's temporary absence from the facility due to a hospital or therapeutic leave for periods of up to 14 continuous days per episode. If the beneficiary is present in the facility for any part of the day, beginning and ending at midnight, the HCPCS procedure codes for a day of service shall be used for that day. (See N.J.A.C. 10:77-4.2(b)).

New Rule, R.2003 d.183, effective May 5, 2003.

See: 34 N.J.R. 4306(a), 35 N.J.R. 1904(a).

Former N.J.A.C. 10:77-3.7, Conflict with personal care services, recodified to N.J.A.C. 10:77-3.8.

10:77-3.8 Conflict with personal care services

A provider shall not claim reimbursement for mental health personal care services and mental health rehabilitation services for the same child for the same day of service.

Recodified from N.J.A.C. 10:77-3.7 by R.2003 d.183, effective May 5, 2003.

See: 34 N.J.R. 4306(a), 35 N.J.R. 1904(a).

Former N.J.A.C. 10:77-3.8, Recordkeeping, recodified to N.J.A.C. 10:77-3.9.

10:77-3.9 Recordkeeping

(a) All community psychiatric residences for youth, residential child care facilities, and group homes shall keep such legible records as are necessary to fully disclose the kind and extent of services, as well as the medical necessity for such

services, and the place, date, and the amount of time the services were provided.

(b) All recordkeeping documents required by (a) above shall be made available, upon request, to the Division or its agents.

Recodified from N.J.A.C. 10:77-3.8 by R.2003 d.183, effective May 5, 2003.
See: 34 N.J.R. 4306(a), 35 N.J.R. 1904(a).

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

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 4, Behavioral Assistance Services for Children/Youth or Young Adults Enrolled in the Partnership for Children, was adopted as new rules and former Subchapter 4, Health Care Financing Administration (HCFA) Common Procedure Coding System (HCPCS), was recodified as N.J.A.C. 10:77-7, Centers for Medicare and Medicaid Services' Healthcare Common Procedure Coding System (HCPCS), by R.2003 d.479, effective December 15, 2003. See: Source and Effective Date.

10:77-4.1 Purpose and scope

(a) This subchapter sets forth the manner in which behavioral assistance services shall be provided to eligible Medicaid/NJ FamilyCare and Partnership for Children (PFC) beneficiaries under age 21.

(b) Behavioral assistance services shall be provided and administered in a manner consistent with Department of Human Services (DHS) rules and contract requirements. If a conflict arises between the contract requirements and any existing provider rules, the terms set forth in the DHS contract shall prevail.

10:77-4.2 Definitions

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

“Behavioral assistance services” means concrete, outcome-oriented interventions that are components of a written, detailed plan of care prepared by a licensed behavioral healthcare practitioner, and authorized by the CSA or other DHS-designated agency, which includes an evaluation of the identified behavior(s) which includes recommendations for specific interventions with definable outcomes and strategies with the goal of restoring, rehabilitating or maintaining the child/youth or young adult’s capacity to successfully function in the community and diminish the need for a more intensive level of care.

“Family support organization” (FSO) means an independent community based organization providing services through a contract with the Department in affiliation with the New Jersey Parents Caucus—Family Connections. The FSOs are comprised of family members who are involved or have been involved in the system of children’s mental health services and who provide direct peer support and advocacy to children and families entering the Partnership for Children.

10:77-4.3 Provider participation

(a) Providers of behavioral assistance services shall be providers that are licensed in New Jersey to provide medical/mental health services, a medical/mental health practice or other service provider that includes the appropriate licensed practitioners who can provide, or supervise the provision of, services. Examples of provider agencies include, but are not limited to, acute care or psychiatric hospitals, Joint Committee on Accreditation of Healthcare Organizations (JCAHO)-accredited residential treatment centers, licensed group homes or child care residential providers, psychiatric community residences for youth, home health agencies, mental health clinics or any other licensed clinic, Federally Qualified Health Centers, or other entities licensed by a New Jersey government agency to provide physical or mental/behavioral health services in New Jersey.

(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);

(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.

SUBCHAPTERS 5 THROUGH 6. (RESERVED)

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 Codes:

<u>Ind</u>	<u>HCPCS Code</u>	<u>Procedure Code Definition</u>	<u>Maximum Fee Allowance</u>
	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
	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
	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
	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

(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)

IND	HCPCS Code	MOD	Procedure Code	Definition	Maximum Fee Allowance
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

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).

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:

Unisys Corporation
 PO Box 4801
 Trenton, New Jersey 08650-4801
 or contact:
 Office of Administrative Law
 Quakerbridge Plaza, Bldg. 9
 PO Box 049
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