

CHAPTER 73 CASE MANAGEMENT SERVICES

Authority

N.J.S.A. 30:4D-6(b)(17), 30:4D-7 and 30:4D-12; Section 1905(a)19 of the Social Security Act, 42 U.S.C. § 1396d(a); and Section 1915(g)(1) and (2) of the Social Security Act, 42 U.S.C. § 1396n.

Source and Effective Date

R.2001 d.198, effective May 17, 2001.
See: 33 N.J.R. 978(a), 33 N.J.R. 2193(a).

Executive Order No. 66(1978) Expiration Date

Chapter 73, Case Management Services Manual, expires on May 17, 2006.

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: 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 Requirements for providers participating in adult CMP/MH
- 10:73-2.6 Service responsibilities of the adult CMP/MH provider
- 10:73-2.7 Staff members of an adult CMP/MH provider; responsibilities
- 10:73-2.8 Prior authorization for clinical case management services for adults
- 10:73-2.9 Basis of payment for adult CMP/MH services
- 10:73-2.10 Procedures for providing initial risk assessment and evaluation for adult CMP/MH services
- 10:73-2.11 Clinical case management services under adult CMP/MH
- 10:73-2.12 Liaison case management services under adult CMP/MH
- 10:73-2.13 Recordkeeping for adult CMP/MH services

SUBCHAPTER 3. CARE MANAGEMENT ORGANIZATION SERVICES—CHILDREN'S SYSTEM OF CARE INITIATIVE

- 10:73-3.1 Purpose and scope
- 10:73-3.2 Definitions
- 10:73-3.3 Provider enrollment criteria
- 10:73-3.4 CMO responsibilities and services; general overview

- 10:73-3.5 Access to services
- 10:73-3.6 Beneficiary eligibility criteria
- 10:73-3.7 Processing presumptive eligibility applications
- 10:73-3.8 Enrollment of the beneficiary into CMO services and the initial ISP
- 10:73-3.9 ISP 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 Crisis management
- 10:73-3.14 Community resource development
- 10:73-3.15 Financial management
- 10:73-3.16 Information management
- 10:73-3.17 Quality assessment/evaluation
- 10:73-3.18 Staffing requirements
- 10:73-3.19 Staff qualifications
- 10:73-3.20 Recordkeeping
- 10:73-3.21 Reimbursement methodology for CMO services
- 10:73-3.22 Fair hearings

SUBCHAPTER 4. YOUTH CASE MANAGEMENT (YCM) SERVICES

- 10:73-4.1 Purpose and scope
- 10:73-4.2 Definitions
- 10:73-4.3 Provider participation
- 10:73-4.4 Beneficiary eligibility
- 10:73-4.5 Youth case management (YCM) services; program description
- 10:73-4.6 Referral process to Youth Case Management
- 10:73-4.7 Individual YCM service plan
- 10:73-4.8 Authorization of services
- 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 sub-

chapter 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, 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 and Medicaid Services HCPCS Procedure Codes (Healthcare Common Procedure Coding System).

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.

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 all benefits to which he or she is entitled by working toward the removal of barriers to receiving needed services.

"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.

"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 and 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. Prior to the name change effective July 31, 2001 (See 66 FR 39450), this agency was known as the Health Care Financing Administration (HCFA).

"DHS" means the New Jersey Department of Human Services.

"Division of Child Behavioral Health Services (DCBHS)" means the Division established by P.L. 2004, c.71 within the Department of Human Services which provides a comprehensive approach to the treatment of mental illness in children, adolescents and young adults.

"Division of Medical Assistance and Health Services (DMAHS)" means the organizational component of the New Jersey Department of Human Services which is responsible for the administration of the State's medical assistance programs.

"Division of Mental Health Services (DMHS)" means the organizational component of the New Jersey Department of Human Services which is responsible for the administration of the State's mental health programs.

"Division of Youth and Family Services (DYFS)" means the organizational component of the New Jersey Department of Human Services that administers the Title IV-E program of the Social Security Act, 42 U.S.C. §§ 670-679b.

"HCPCS" (Health Care Common Procedure Coding System) means a nationwide three level coding system. Level 1 codes are adapted from codes published by the American Medical Association in the Common Procedure Terminology and are utilized primarily by physicians and independent clinical laboratories. Level 2 codes are assigned by CMS for physician and non-physician services which are not in the CPT. Level 3 codes are assigned by the State Medicaid Agency and are used for services not identified by the CPT or CMS assigned codes.

"Juvenile Justice Commission (JJC)" means the agency in, but not of, the Department of Law and Public Safety which is mandated by statute to develop and operate both non-secure residential programs and secure facilities for adolescent juvenile offenders sentenced to the Commission by the New Jersey Superior Court, Family Part, and to provide parole supervision to juvenile inmates released by the New Jersey Parole Board. (See N.J.S.A. 52:17B-17O)

"Service planning" means the process of organizing the outcomes of the assessment in collaboration with the beneficiary, significant others, potential service providers, and others as designated, to formulate a written service plan that addresses the beneficiary's needs, planned services to address these needs, and plans to motivate the beneficiary to utilize services. The service planning process continues throughout the beneficiary's entire program length of stay.