



State of New Jersey
Department of Human Services

Child Behavioral Health Services

Vol. 4 No. 3

June 2004

TO: Intensive In-Community Services Providers – **For Action**
Health Maintenance Organizations – **For Information Only**

SUBJECT: Intensive In-Community Services

EFFECTIVE: **Immediately, for dates of service on or after July 1, 2003**

BACKGROUND: The Department of Human Services' Child Behavioral Health Services System (CBHS), formerly known as the Partnership for Children (PFC), coordinates the provision of comprehensive mental and behavioral health rehabilitation services to children, youth and young adults, including intensive in-community services. Intensive in-community mental health rehabilitation services are part of the continuum of mental health rehabilitation services provided under the CBHS to children, youth or young adults, and their families or caregivers, in the child's home or other community-based setting. Previously, the Department has provided information regarding intensive in-community mental health rehabilitation services through provider information forums and training sessions, the CBHS website, <http://www.njkidsoc.org>, and written communication. On March 1, 2004, specific service and eligibility requirements pertaining to intensive in-community services were proposed in the New Jersey Register at 36 N.J.R. 1156(a). Once adopted, these requirements will become part of the Rehabilitative Services Chapter (N.J.A.C. 10:77).

ACTION: Providers must review the attached service and eligibility standards for intensive in-community services and must ensure that the services they provide are rendered consistent with the requirements contained in the standards.

Important Information Regarding Beneficiary Eligibility and Reimbursement:

Intensive In-Community services are available to all children, youth and young adults who have been determined to be in need of these services for rehabilitative purposes by the Contracted Systems Administrator for Child Behavioral Health Services (CBHS), or by any authorized agent of the Department of Human Services (DHS).

Reimbursement for children, youth and young adults covered under Medicaid/NJ FamilyCare–Plan A is provided through Unisys, the Medicaid/NJ FamilyCare fiscal agent.

Please note that State funding is available to assist in supporting those children and families who are determined to be in need of Intensive In-Community services, but who are not eligible for Medicaid or NJ FamilyCare-Plan A. Instructions on seeking reimbursement for intensive in-community services rendered to non-Medicaid/NJ FamilyCare-Plan A beneficiaries and NJ FamilyCare beneficiaries other than Plan A and children, youth and young adults receiving CBHS services who are not eligible for Medicaid or any plan of NJ FamilyCare were sent to you by CBHS in a letter. If you need another copy of that letter, please call (609) 292-4741 to request one.

If there are any questions regarding these procedures, please contact Stephen J. Adams, Chief Financial Officer, Child Behavioral Health Service, at (609) 292-4741.

All providers must adhere to the standards attached to this Newsletter to assure that appropriate documentation is in place to support reimbursement, whether the service to the child, youth or young adult is covered under Medicaid or by State funding, and whether reimbursement is made through Unisys or through any other Department-designated reimbursement entity.

ATTACHMENT: Proposed N.J.A.C.10:77-5, Standards for Intensive In-Community Services

If you have any questions regarding Child Behavioral Health Services, please call (609) 292-4741 or visit our website at <http://www.njkidsoc.org>.

PLEASE RETAIN THIS NEWSLETTER FOR FUTURE REFERENCE

INTENSIVE IN-COMMUNITY SERVICES

PROPOSED STANDARDS

Proposed March 1, 2004 at 36 N.J.R. 1156(a)

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**NEW JERSEY ADMINISTRATIVE CODE
CHAPTER 77: REHABILITATIVE SERVICES MANUAL**

**SUBCHAPTER 5. INTENSIVE IN-COMMUNITY MENTAL HEALTH REHABILITATION
SERVICES**

10:77-5.1 Purpose and scope

(a) This subchapter sets forth the manner in which intensive in-community mental health rehabilitation services (intensive in-community services) shall be provided, through community-based provider entities, to eligible Medicaid/NJ FamilyCare and children, youth and young adults receiving services as part of the Child Behavioral Health Services (CBHS) system (formerly known as the Partnership for Children (PFC)).

(b) This subchapter describes intensive in-community services as one component of the continuum of mental health care services provided through the CBHS. Intensive in-community services are provided as part of an integrated service plan, addressing the unique needs of the child, youth or young adult and his or her family/caregiver with the goal of stabilizing and maintaining the child, youth or young adult in the community and averting the need for more intensive services, including, but not limited to, treatment in residential or other inpatient settings.

10:77-5.2 Definitions

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

"Intensive in-community mental health rehabilitation services" means an array of mental health rehabilitation services delivered in community-based settings, not in provider offices or office settings, which address symptom reduction, and are restorative and preventative in nature. These services target problem solving and strengthening adaptive and coping skills that restore or maintain the child, youth or young adult's ability to function in the community. These services are provided as part of an approved plan of care and encompass a variety of mental health services, including, but not limited to, group, individual or family therapy, allied behavioral therapies and modalities, clinical consultation/evaluation, instruction in anger management, parenting skills, problem solving and stress reduction techniques, psycho-educational services and counseling.

10:77-5.3 Provider participation requirements

(a) Providers of intensive in-community mental health rehabilitation services shall be providers that are licensed in New Jersey to provide medical/mental health services or a medical/mental health practice or other agency that includes the appropriate licensed practitioners who can provide, or supervise the provision of, services. Examples of appropriate provider agencies, include, but are not limited to:

1. Acute care or psychiatric hospitals;
2. Joint Committee on Accreditation of Healthcare Organization (JCAHO)–accredited residential treatment centers;
3. Licensed group homes or childcare residential providers;

4. Psychiatric community residences for youth;
5. Home health agencies;
6. Mental health clinics or any other licensed clinics;
7. Federally qualified health centers; or
8. Other entities licensed by a State of New Jersey governmental agency to provide physical or mental health services in New Jersey.

(b) Provider entities rendering intensive in-community mental health rehabilitation services shall employ at least one of the following practitioners licensed in accordance with the following specified rules:

1. A psychiatrist (N.J.A.C. 13:35);
2. A psychologist (N.J.A.C. 13:42);
3. An advance practice nurse (mental health) (N.J.A.C. 13:37-7);
4. A 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) Providers of intensive in-community services shall have demonstrated experience, or shall employ individuals with demonstrated experience, in providing services to children with serious emotional/behavioral disturbances and their families, including, but not limited to, appropriate qualifications and training to provide services in the context of other presenting problems. All providers shall first be certified by the DHS' Child Behavioral Health Services system as meeting the criteria in (c) above prior to being enrolled as a Medicaid/NJ FamilyCare provider of intensive in-community services.

(d) Provider entities rendering intensive in-community mental health rehabilitation services shall employ appropriate and sufficient staff to comply with the administrative oversight, clinical supervision and service provision and monitoring requirements of this subchapter and of all appropriate licensing requirements.

(e) In order to participate as a Medicaid/NJ FamilyCare provider of intensive in-community mental health rehabilitation services, a provider must apply to, and be approved by, the New Jersey Medicaid/NJ FamilyCare fee-for-service program as a provider of intensive in-community mental health rehabilitation services. Providers who are enrolled as other provider types in the Medicaid/NJ FamilyCare program shall complete a separate application for this service. A provider with multiple locations shall submit a separate application for each county in which an office is located.

(f) All applicants shall complete and submit a provider application to:

Department of Human Services
PO Box 700
Trenton, NJ 08625-0700

Attn: Child Behavioral Health Services

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

(h) The applicant shall receive written notification of approval or disapproval of provider status. If approved, the applicant shall be enrolled as a Medicaid/NJ FamilyCare provider and shall be assigned a unique provider number for each approved application to use when requesting reimbursement for the provision of intensive in-community mental health rehabilitation services. Providers shall receive a copy of the provider manual and the fiscal agent billing supplement.

(i) Upon approval as a Medicaid/NJ FamilyCare provider, providers of intensive in-community services shall, at all times, maintain compliance with all applicable State and Federal laws, rules and regulations, including, but not limited to, all provisions of this subchapter and N.J.A.C. 10:49.

(j) If a provider receives notification that they are no longer approved by the DHS Child Behavioral Health Services system, the provider shall notify the Division of Medical Assistance and Health Services at the address below within 10 business days.

Division of Medical Assistance and Health Services
Office of Provider Enrollment
PO Box 712
Trenton, NJ 08625-0712

(k) If the provider is no longer certified by the DHS Child Behavioral Health Services system, the provider shall be immediately disenrolled as a Medicaid/NJ FamilyCare provider of intensive in-community mental health rehabilitation services until such time as the Division has been notified by the Director of the Child Behavioral Health Services system that the provider should be reinstated as a Medicaid/NJ FamilyCare provider of intensive in-community mental health rehabilitation services.

(l) The provider shall forward updates or changes regarding provider information to the Department and the Medicaid Provider Enrollment Office at the addresses in (f) and (j) above, respectively, within 10 days of the provider's receipt of the updated information. Updated information shall include, but shall not be limited to: change of provider name and/or address; any change in the licensed staff employed by an agency; any action against licensure of the agency or of any individual staff member or any criminal charges against the agency or any individual staff member. The agency shall provide the Department and the Division copies of the new license as part of this notification.

(m) An intensive in-community provider may be held liable for recoupment of any monies paid for services rendered during the time that the provider of services did not possess a valid license or did not meet any other qualifications as outlined in this subchapter.

10:77-5.4 Beneficiary eligibility

- (a) Eligible children, youth or young adults shall be enrolled in Medicaid/NJ FamilyCare–Plan A.
- (b) Children, youth and young adults are eligible for services under this subchapter if the services have been determined necessary for rehabilitative purposes by the Contracted System Administrator (CSA) for Child Behavioral Health Services (CBHS) system, or any contracted and authorized agent of the Department of Human Services (DHS), including the Division of Mental Health Services (DMHS), the Division of Youth and Family Services (DYFS), or the Division of Medical Assistance and Health Services (DMAHS).

10:77-5.5 Beneficiary rights

(a) Any provider entity providing intensive in-community mental health rehabilitation services shall demonstrate regard for the rights of the child, youth or young adult and their families/caregivers to exercise choice of provider. Service providers shall communicate with the child, youth or young adult in a language or format that is understood by all parties. Services shall be culturally sensitive, integrated, coordinated and provided in the least restrictive setting appropriate to the child's individual needs.

(b) The provider shall deliver services in a manner that includes the child, youth or young adult, primary caregiver, parent/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, including, but not limited to:

1. Fully informing the child, youth or young adult and his or her parent/legal guardian or caregiver of all service options, and the benefits of those options; and
2. Allowing the child, youth or young adult and/or his or her parent/legal guardian or caregiver to participate in all decision-making processes about the services they receive, and to be appropriately advised of the expected benefits and possible consequences of those decisions.

(c) The agency shall inform each beneficiary, parent/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 individual to whom they are providing the information.

(d) The provider entity shall include the beneficiary, primary caregiver, parent/legal guardian and other relevant individuals in all phases of service planning, as appropriate.

10:77-5.6 General program description

(a) Intensive in-community mental health rehabilitation services are intensive community-based and family-centered mental health services delivered as a defined set of interventions, within the context of an approved plan of care and are restorative or preventative in nature. These services are geared toward improving or stabilizing the child, youth or young adult's level of functioning within the home and community in order to prevent, decrease or eliminate behaviors or conditions that may lead to or that may place the child, youth or young adult at increased clinical risk, or that may impact on the ability of the child, youth or young adult to function in their home, school or community. These services encompass a variety of mental health rehabilitative services including, but not limited to, group, individual or family therapy, allied behavioral therapies and modalities, clinical consultation, evaluation and counseling.

(b) Intensive in-community 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.

(c) Intensive in-community services shall also include interaction and instruction, provided individually or in a small group setting, to 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. Intensive in-community 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.

(d) Intensive in-community mental health rehabilitation services may include, but are not limited to, the following interventions:

1. Clinical consultation/evaluation/assessment;
2. Counseling;
3. Group, individual or family therapy;
4. Anger management;
5. Parenting skill development;
6. Stress reduction;
7. Symptom reduction;
8. Problem solving skill development;
9. Adaptive and coping skills; and
10. Psycho-educational instruction related to mental health, including, but not limited to, improved decision-making skills to manage behavior and reduce risk behaviors.

(e) Intensive in-community mental health rehabilitation services shall be goal-oriented and focused, and are intended to support the needs of the child, youth or young adult and his or her family/caregiver to remain in the community. Intensive in-community services are intended to be time-limited interventions that support the child and family in the community while the child and family are connected with office-based practitioner services or as a short term adjunct to office-based practitioner services in order to support the child/family in their current living arrangement.

(f) Intensive in-community mental health rehabilitation services shall be delivered in community-based, appropriate settings that are convenient to the child or youth and his or her family. Intensive in-community mental health rehabilitation services shall be available on a 24-hour basis, seven days per week. These outreach services shall not be provided in an office setting, hospital or Joint Committee on Accreditation of Healthcare Organizations (JCAHO)-accredited residential treatment center, nor should they supplant existing services.

1. For the purposes of this requirement, "providing services in an office setting" means the provider is requiring the beneficiary to come to the provider for services rather than the provider rendering services to the child, youth or young adult in their natural environment. The child, youth or young adult shall not be required to go to the location of the provider's choice. Examples are listed below:

i. The family, child, youth, or young adult is not comfortable meeting in their home and asks the provider to meet them at a local community center or church recreation hall. The

community center or church agrees to provide a room for such a meeting. This is not considered an office setting, since the provider is meeting the family/beneficiary at the church or recreation center at the family's/ beneficiary's request.

ii. Services provided to a child while the child is in a run away shelter and the staff of the runaway shelter center offers the use of an empty office so that the child and the professional providing the behavioral assistance services can have a private conversation. As in the example above, this is not considered "providing services in an office setting," even though the staff and the child were physically in an "office" located in the building. The provider is rendering services to the child in the place where the child is currently residing, that is, the current home of the child.

iii. The provider has access to office space in a community setting, such as a YMCA or a church's community youth center, and children are scheduled to receive services and are required to come to that site to receive the intensive in-community services. This is considered "providing services in an office setting."

2. Services provided in any office of the provider shall not be reimbursed as behavioral health rehabilitation services. These services shall be reimbursed under the applicable Medicaid/NJ FamilyCare provider rules which describe reimbursement for services rendered in the provider's office.

3. Except as described in this paragraph, intensive in-community mental health rehabilitation services cannot be provided to a child, youth or young adult who is in a JCAHO-accredited residential treatment center (see N.J.A.C. 10:75). Intensive in-community mental health rehabilitation services shall not be rendered to a child, youth or young adult who resides in a JCAHO-accredited residential treatment center unless the child is on an approved therapeutic leave from the facility; services cannot be provided on-site.

4. Intensive in-community mental health rehabilitation services generally should not be provided to children, youth or young adults in other residential mental health rehabilitation facilities as described in N.J.A.C. 10:77, if the residential reimbursement includes these services. However, there may be exceptional circumstances in which these services are clinically required to help support the child's admission into their program. These services are intended to be short-term and must be clinically justified by the provider or the care management entity and prior authorized by the contracted systems administrator.

i. Intensive in-community mental health rehabilitation services may be rendered to a child, youth or young adult who resides in other types of residential mental health rehabilitation facilities as described in N.J.A.C. 10:77 while the child is on an approved therapeutic leave from the facility.

(g) Intensive in-community mental health rehabilitation services shall be provided directly by mental health professionals that are licensed, or under the supervision of a licensed clinician.

10:77-5.7 Program description; levels of service

(a) The level of intensive in-community services provided shall be determined as part of the planning process of the individual service plan and shall be based on an assessment of need, a clinical evaluation and medical necessity. Such assessment shall determine the amount, duration and level and type of clinical intervention and professional support. There are three levels of intensive in-community services:

1. Supportive services (intensive in-community services that can be delivered by a bachelor's level direct care provider);

2. Professional services (intensive in-community services delivered by a master's level direct care provider); and

3. Clinical services (intensive in-community services delivered by a clinically licensed behavioral health care practitioner).

(b) Supportive services shall be delivered by individuals with a minimum of a bachelor's degree in a related field, including, but not limited to, social work, psychology, counseling or nursing and one year of relevant experience working with children and families with mental health needs. Supportive services shall be provided under the direct clinical supervision of a licensed behavioral health care practitioner, who within the scope of his or her practice, is licensed to provide, or supervise the provision of, services. The direct service provider shall receive a minimum of one hour of direct clinical supervision for every 40 hours of work. For those direct service providers who work less than 40 hours a month, one hour of face-to-face clinical supervision shall be provided a minimum of once a month.

1. Supportive services shall provide time-limited face-to-face behavioral stabilization and support interventions as an adjunct to support clinical or professional services or as a stand-alone service as part of a step-down/discharge plan of care, including, but not limited to, one or more of the following:

- i. Instruction in anger management skills;
- ii. Parenting skill development;
- iii. Instructions in stress reduction techniques;
- iv. Problem solving skill development;
- v. Psycho-educational services related to mental health including, but not limited to, improved decision-making skills to manage behavior and reduce risk behaviors; or
- vi. Referral to other necessary services and supports.

2. Supportive level services shall be concrete, outcome-oriented and time-limited and shall be components of an approved, written, detailed plan of care that has been prepared by a clinically licensed behavioral health care practitioner.

3. Supportive level services shall be delivered on site in the community at locations which are convenient for the child, youth or young adult and/or his or her family.

4. Bachelor's level service staff shall not provide interventions requiring skills, experience, credentials and licensure other than those allowed under the appropriate licensing rules.

(c) Professional services shall be delivered by individuals with a minimum of a master's degree in related field including, but not limited to, social work, psychology, counseling or nursing and one year of relevant experience working with children and families with mental health needs. Professional services shall be provided under the direct clinical supervision of a licensed behavioral health care practitioner, who, within the scope of his or her practice, is licensed to provide, or supervise the provision of, services. The direct service provider shall receive a minimum of one hour of clinical supervision for every 40 hours of work. For those direct service providers who work less than 40 hours a month, one hour of face-to-face clinical supervision shall be provided a minimum of once a month.

1. Professional services shall be time-limited, clinically supervised, face-to-face interventions focused on behavior modification and symptom reduction, including, but not limited to, one or more of the following:

- i. Individual or family therapy;

ii. Allied behavioral therapies and modalities, including, but not limited to, play therapy, art therapy, drama therapy, and/or music therapy;

iii. Clinical consultation/evaluation;

iv. Psycho-educational instruction related to mental health; and

v. Counseling services.

2. Professional level services are concrete, outcome-oriented and are components of an approved, written, detailed plan of care that has been prepared by a clinically licensed behavioral health care practitioner.

3. Professional level service staff shall not provide interventions requiring skills, experience, credentials and licensure other than those allowed under appropriate licensing rules.

(d) Clinical services shall be delivered by a licensed clinical professional, including, but not limited to, a psychiatrist, a psychologist, an advanced practice nurse, a licensed clinical social worker or a mental health professional licensed in accordance with the Board of Marriage and Family Therapy Examiners (N.J.A.C. 13:34), who, within the scope of his or her practice, is authorized to provide or supervise the provision of mental health services. Clinical-level intensive in-community services may include, but are not limited to, all services described at (c) above, provided without additional clinical supervision. Clinical services shall be targeted to children and families requiring a more clinically intensive level of service provision, based upon clinical evaluation and determination of need. All services shall be provided by professionals with the appropriate licensure and/or specialty certification in accordance with all State rules and statutes.

(e) Services may be provided at any level by professionals whose credentials exceed the minimum requirements for that service level; however, increased reimbursement shall not be provided. More than one level of intensive in-community services may be provided to an individual child, youth or young adult and/or his or her family under the same approved plan of care if:

1. Each service is a distinct service with its own purpose, goal and expected outcome;

2. Each service is included in an approved, written, detailed plan of care developed by a licensed behavioral health care practitioner;

3. Each service is delivered under the direct clinical supervision of a clinically licensed behavioral health care professional as required; and

4. Each service is delivered at a separate time.

(f) Discrete interventions may be provided separately to the child/youth/young adult and the family caregiver at the same time, if they are clinically indicated and are included in the approved plan of care. For example, an approved family counseling session may be provided to the family/caregiver with the child/youth/young adult not present, while the child/youth/young adult is receiving a separate support intervention.

10:77-5.8 Individual intensive in-community service plan

(a) Each child, youth or young adult receiving intensive in-community mental health rehabilitation services shall have an approved, documented individual plan of care addressing the services. The plan shall be individually tailored to address identified behavior(s) that impact on the child/youth/young adult's ability to function at home, school or in the community. The

plan of care shall be authorized by the Contracted Systems Administrator or other agent authorized by the DHS.

1. For those children, youth and young adults receiving care management organization (CMO) services, this plan shall be included as part of the child's CMO individual service plan (ISP) prepared by the Child/Family Team.

2. For all other CBHS-enrolled children, youth or young adults receiving intensive in-community mental health rehabilitation services, this plan of care shall be included in the comprehensive plan of care as coordinated and/or authorized by the CSA or other agent designated by the Department of Human Services, prior to implementation.

(b) Each individual plan of care shall include specific interventions with definable outcomes, identified strategies, specified time frames, the credentials of the person(s) rendering the services, and provisions to assure sustainability of planned outcomes and the ability to function in the community.

10:77-5.9 Staff requirements

(a) The individual(s) responsible for administrative oversight of the program shall have, at a minimum, a master's degree in social work or in a relevant discipline including, but not limited to, counseling, psychology or psychiatric nursing, and a minimum of three years of post-graduate experience in the delivery of mental health services to families and children. The administrative oversight duties and the clinical supervision described in (b) above may be provided by the same individual. At a minimum, administrative oversight responsibilities shall include:

1. The overall daily management of all facets of the program, including, but not limited to, the referral process, staffing, supervision of caseloads, case consultation and quality assurance;

2. Ensuring that all work hours are designed to meet the flexible needs of the families served and that access to services are provided 24 hours a day, seven days per week;

3. Ensuring clinical supervision of all appropriate service staff;

4. Ensuring that the individual(s) responsible for providing clinical supervision maintain a system of clinical recordkeeping and a monitoring system that includes, at a minimum, the provision for case reviews and a sign-off on progress notes;

5. Ensuring access to supervisory staff 24 hours a day, seven days per week; and

6. Ensuring that all information required or requested by the Department of Human Services or other authorized contract agent, including, but not limited to, Management Information Systems, Quality Assurance and system outcome data are provided in the manner required or requested.

(b) Clinical supervision shall be provided by a licensed mental health professional, who, within the scope of his or her practice, is licensed to provide or supervise the provision of service. The individual providing clinical supervision shall have, at a minimum, a master's degree in social work or other relevant human service field and applicable training, certification or experience if working with a specialized population. The clinical supervisor shall also have, at a minimum, one year of relevant experience in the provision of mental health services to children and families and experience in child welfare, children's mental health, special education or a related human services or behavioral health field working with children and families. Experience shall include crisis de-escalation and therapeutic intervention in home and off site with children and families.

(c) The individual(s) providing clinical supervision to individuals rendering intensive in-community mental health rehabilitation services shall have experience in delivering the services as designed, and, at a minimum, have the ability to:

1. Assess the risk to child and family, child and family mental health, understand family functioning, including child and adolescent development;
2. Develop, in partnership with the child and family, a treatment plan that effectively addresses the family's needs in a culturally sensitive manner;
3. Recognize family strengths, needs, environmental and family stresses, and help families identify and utilize these strengths to assist, design and implement strategies to resolve family issues or crises; and
4. Promote timely resolution of the presenting problems/behaviors and the development of an aftercare plan that includes referrals to other appropriate provider entities.

(d) All staff shall meet all training and licensure requirements for their practice specialty or profession as set forth by New Jersey statutes and rules.

(e) All staff members coming into direct contact with the children, youth or young adults shall successfully complete a criminal background check.

10:77-5.10 Authorization for services

(a) Intensive in-community mental health rehabilitation services shall be provided only in conjunction with other mental health treatment, rehabilitative and social support services as part of an individual service plan authorized by the Contracted Systems Administrator (CSA) or other authorized agent of the Department of Human Services.

(b) Effective for dates of service on or after January 1, 2004, intensive in-community mental health rehabilitation services included in the individual service plan of a Medicaid/NJ FamilyCare-Plan A child, youth or young adult or any other NJ FamilyCare-Plan child, youth or young adult who is receiving services as part of the Child Behavioral Health Services system shall be subject to prior authorization by the CSA.

(c) Authorization for service utilization and continuing care shall be determined by the CSA and shall be based upon the individual needs of the child, youth or young adult receiving services.

(d) Requests for authorization for service utilization and continuing care shall include justification of the need for the level of service intervention, the frequency of the intervention, and the period of time the intervention is needed. Such justification shall be provided for the initial request as well as for each request for continued services beyond the initial authorization.

10:77-5.11 Reimbursement

(a) Reimbursement for intensive in-community mental health rehabilitation services shall be fee-for-service, based on the level of service required.

(b) All reimbursements shall be restricted to approved Medicaid/NJ FamilyCare providers and are subject to all Medicaid/NJ FamilyCare regulations.

(c) Providers shall seek reimbursement for each separate unit of service using the appropriate Healthcare Common Procedure Coding System (HCPCS) for the service provided. See N.J.A.C. 10:77-7.2(e).

(d) A unit of service shall be defined as 15 minutes of face-to-face therapeutic services provided to an individual. Non-consecutive shorter time periods may not be added together to total 15 minutes.

1. Time spent providing intensive in-community services to a beneficiary while being transported shall be included in the units of service if a staff member other than the driver provided the therapeutic service while in the vehicle. Travel time to and from the location of beneficiary contact shall not be included in the units of service.

2. Non-therapeutic services, including, but not limited to, simple transportation, mentoring, respite care, educational tutoring, and non-therapeutic recreational activities shall not be reimbursed as intensive in-community services by the Medicaid/NJ FamilyCare program.

(e) Reimbursement shall be provided for intensive in-community services rendered to the child/youth or young adult's parent or caregiver as described in N.J.A.C. 10:77-5.6(b).

(f) Services shall be billed individually for each eligible member of a group receiving intensive in-community services in accordance with the child's authorized plan of care.

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

(h) Intensive in-community services that are within the scope of a direct care staff person shall not be reimbursed at an increased rate, if delivered by a clinical staff person. Reimbursement for services shall be based on the level of service authorized and not the credentials of the individual rendering the service. All individuals rendering intensive in-community services shall meet or exceed the minimum standards for the level of service authorized as required by this subchapter.

(i) If the professional providing clinical supervision or other licensed behavioral health care practitioner accompanies the direct care worker to a service delivery site for the purpose of providing separate and distinct services to another beneficiary or to another family/caregiver as a support for the beneficiary at the same location, those separate and distinct intensive in-community services shall be eligible for reimbursement at the authorized level of service.

10:77-5.12 Recordkeeping; beneficiary information

(a) Each provider entity shall maintain all beneficiary records in compliance with appropriate State law and rules (see N.J.A.C. 10:49-9.8). **(NOTE:** N.J.A.C. 10:49 can be downloaded free of charge from the Department of Human Services website at <http://www.state.nj.us/humanservices/dmahs/manuals.html>)

(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 all applicable Federal and State requirements.

(c) Providers shall make the records described in (a) and (b) above 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.

(d) Providers shall maintain the following data in support of all intensive in-community mental health rehabilitation services claims:

1. The name and address of the beneficiary;
2. The name and credentials of the person(s) providing the service;
3. The exact date(s), location(s) and time(s) of service;
4. The type of the service(s) provided; 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 number of care hours, per level of service, received;
2. The diagnosis provided with the initial referral;
3. The reason for initial referral and involvement;
4. The individual plan of care, including any amendments;
5. Documentation of any and all crisis or emergency situations that occur during the provision of the services, including a summary of corrective action taken and resolution of the situation; and
6. For each discrete contact with the child/family, progress notes which address the defined goals stipulated in the child/youth or young adult's plan of care must be completed.

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

10:77-5.13 Outcomes

(a) A provider entity providing intensive in-community mental health rehabilitation 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 prescribed by the Department or its designated contract agent:

1. A complete service record as described in N.J.A.C. 10:77- 5.12(e);

2. A record of services other than intensive in-community mental health rehabilitation services required;
3. The frequency of staff changes for each beneficiary;
4. The level of beneficiary satisfaction for each service; and
5. The degree of improvement in the beneficiary's ability to function at home, in school, in the community and/or on the job, as applicable.

10:77-5.14 General provider recordkeeping requirements

(a) Approved Medicaid/NJ FamilyCare enrolled intensive in-community mental health rehabilitation providers shall retain, in a secure location, and in compliance with all applicable Federal and State laws and regulations, confidential information related to the individuals providing or supervising the provision of 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. Verifiable written documentation of the supervising licensed behavioral health care 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 the target population; and

2. Updates or changes regarding all information required in (b)1 above.

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

1. Proof of minimum education requirements;

2. Verifiable written documentation, including dates, of relevant experience with a comparable target population;

3. Verifiable written documentation of the direct care staff person's successful completion of any training required by the Department of Human Services; and

4. Verifiable written documentation of clinical supervision by a licensed behavioral health care practitioner, including the total number of hours of supervision received and the type of supervision provided, including, but not limited to, general, face-to-face, group, in-service or review of care records.

(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, intensive in-community mental health rehabilitation services:

1. A copy of his or her current valid driver's license, if job duties include transportation of children, youth or young adults or their families/caregivers; and

2. Verifiable written documentation of successful completion of a criminal background check conducted for all staff having direct contact with children.

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

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 CMS 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 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 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.

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

Intensive In-Community Mental Health Rehabilitation Services Codes:

IND	HCPCS Code	MOD 1 & 2	DESCRIPTION	MAXIMUM FEE ALLOWANCE
P	H0036	TJ U3	Supportive service level (Intensive in-community services delivered by, at a minimum, a Bachelor's level direct care provider) Individual services, one-on-one (15-minute units of service)	\$18.25/unit
P	H0036	U3 UN	Supportive service level (Intensive in-community services delivered by, at a minimum, a Bachelor's level direct care provider) Group behavioral assistance services. Services are limited to those	\$11.75/unit per child

provided directly to, or in support of, **two** children/youth or young adults. (15-minute units of service)

P	H0036	U3 UP	Supportive service level (Intensive in-community services delivered by, at a minimum, a Bachelor's level direct care provider) Group behavioral assistance services. Services are limited to those provided directly to, or in support of, three children/youth or young adults. (15-minute units of service)	\$9.58/unit per child
	H0036	TJ U2	Professional service level (Intensive in-community services delivered by, at a minimum, a Master's level direct care provider). Individual services, one-on-one. (15-minute units of service)	\$21.25/unit per child
P	H0036	U2 UN	Professional service level (Intensive in-community services delivered by, at a minimum, a Master's level direct care provider) Group behavioral assistance services. Services are limited to those provided directly to, or in support of, two children/youth or young adults. (15-minute units of service)	\$13.75/unit per child
P	H0036	U2 UP	Professional service level (Intensive in-community services delivered by, at a minimum, a Master's level direct care provider) Group behavioral assistance services. Services are limited to those provided directly to, or in support of, three children/youth or young adults. (15-minute units of service)	\$11.25/unit
P	H0036	TJ U1	Clinical level services (Intensive in-community services delivered by a clinically licensed behavioral healthcare practitioner) Individual services, one-on-one. (15-minute units of service)	\$28.25/unit
P	H0036	U1 UN	Clinical level services (Intensive in-community services delivered by a clinically	\$19.00/unit per child

licensed behavioral healthcare practitioner)
Group behavioral assistance services.
Services are limited to those provided
directly to, or in support of, **two**
children/youth or young adults. (15-minute
units of service)

P	H 0036	U1 UP	Clinical level services (Intensive in- community services delivered by a clinically licensed behavioral healthcare practitioner) Group behavioral assistance services. Services are limited to those provided directly to, or in support of, three children/youth or young adults. (15-minute unit of service)	\$15.91/unit per child
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