



State of New Jersey
Department of Human Services
Division of Medical Assistance & Health Services

NEWSLETTER

Volume 19 No. 45

August 2009

TO: Independent Clinic Providers, Partial Care Service - For Action

SUBJECT: Partial Care, Prior Authorization of Services

EFFECTIVE: Fiscal Year 2010, on and after 7/01/09

PURPOSE: To advise providers of partial care mental health services that beginning July 1, 2009, prior authorization shall be required for partial care mental health services provided to all NJ FamilyCare/Medicaid clients 18 years or older by independent clinics.

BACKGROUND: The New Jersey State fiscal year 2010 budget requires prior authorization for all partial care mental health services provided to NJ FamilyCare/Medicaid clients by independent clinics.

ACTION: New admissions to partial care programs will be given up to 30 calendar days without the need for prior authorization to allow completion of a written comprehensive assessment. To receive payment after the 30 days, the program must submit a request for partial care services on FD-07 and FD-07A prior authorization forms. The period of authorization can not exceed 180 days and the initial service units can not exceed 520 units. New admissions shall be any client who has not received partial care services within the last 30 calendar days.

For clients who have been receiving partial care services, programs should review the client's current level of utilization and include that information within the current clinical status. Requests for units should be dependent on this current level of utilization. For example, if a client has been routinely attending your program five hours a day, 2 days a week, you should request 260 units.

Programs should stagger the initial prior authorization requests for current clients over a six month period from July 1, 2009 to January 1, 2010. In other words, 1/6 of your total Medicaid census should have a start date of July 1, 2009, 1/6 with a start date of August 1, 2009, 1/6 with a start date of September 1, 2009 and so on. As of January 1, 2010, all established clients shall have a prior authorization for services in the system.

Partial Care provider agencies must complete FD-07 and FD-07A prior authorization forms, in their entirety, with sufficient information to justify the need for continued partial care services. This information must clearly demonstrate that the individual meets the admission criteria for partial care as outlined in N.J.A.C. 10:37F-2.1, Admission Criteria. A current DSM diagnosis with diagnostic code and a list of, and response to, current medications must be documented.

The brief clinical history should describe, but not be limited to, the length of the illness, prior hospitalizations, screening center visits, safety issues, co-morbidity and specific interruption or lack of community role function.

The section for a recovery/treatment plan and goals should indicate a statement of the individual's desired and stated goals, the intended outcome of the service, how the recovery goals promote community integration and how the specific interventions address the individual's clinical status.

The section for present clinical status should demonstrate the client's current utilization of services as well as their current mental status. This information will be important in determining the number of units that will be authorized for individual clients. At a minimum, the clinical status should reflect:

- the reason for referral to the service
- the risk of hospitalization and present symptoms
- the number of recent screening center contacts
- co-morbid medical or substance abuse issues including any overdoses
- behaviors or symptoms that clearly indicate acute distress and safety issues
- any consumer request for assistance with community roles such as a change in their living situation, employment or education
- functional deficits related to community interaction and values roles
- other services currently being received

Increases or decreases in authorized service hours will be primarily dependent on signs of improvement or decline in the client's current clinical condition. If a client experiences an acute change in their condition in the middle of a prior authorization period, that information should be communicated to the Medicaid reviewer assigned to your program. The reviewer will determine if the authorized hours need to be reevaluated.

Completed prior authorization requests shall be sent to the Medical Assistance Customer Center (MACC) that covers your county (see attached) and will be accepted via mail or fax.

If you have any questions concerning this Newsletter, please contact the Office of Customer Service at 609-588-4534.

RETAIN THIS NEWSLETTER FOR FUTURE REFERENCE

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