

# Medicaid Alert



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

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MA-2009-03

July 2009

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

**SUBJECT:** Prior Authorization of Partial Care Services

**EFFECTIVE:** On or after 7/01/09

**PURPOSE:** To advise providers of partial care mental health services that, beginning sometime after July 1, 2009, prior authorization shall be required for partial care mental health services provided to all NJ FamilyCare/Medicaid clients 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:** Once notified of an official start date, 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 10:37F-2.1, Admission Criteria and demonstrates a need for continued partial care services. Please make sure that your agency has a sufficient supply of FD-07 and FD-07A forms. They may be obtained by going to NJMMIS.com, selecting "forms and documents" and select type "Provider" and topic "All". Then select Medicaid Forms order. Complete the form and submit it to the address listed on the bottom of the order form.

If you have any questions concerning this Newsletter, please contact the Office of Customer Service at 609-631-4641.

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