



State of New Jersey  
Department of Human Services  
Division of Medical Assistance & Health  
Services  
and  
Department of Children & Families  
Division of Child Behavioral Health Services

# Newsletter

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Volume 21 No. 17

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**TO:** All Providers  
HMO—For Information Only

**SUBJECT:** **Children's System of Care:**  
**(1) 3560 Eligibility Identification Numbers and Cards**  
**(2) Services that are Covered under the 3560 Number**  
**(3) Reimbursement for Services Provided to Youth with 3560 Coverage Only**

**EFFECTIVE:** Immediately

**PURPOSE:** This Newsletter provides (1) updated information regarding the Children's System of Care (CSC) eligibility identification cards (the eligibility starts with the numbers 3560), (2) the benefit coverage associated with the 3560 number and (3) information regarding reimbursement for youth with 3560 coverage.

**BACKGROUND:** The Children's System of Care (CSC) was developed by the Department of Human Services (DHS), and represented the collaborative efforts of the Division of Youth and Family Services (DYFS), the Division of Mental Health Services (DMHS) and the Division of Medical Assistance and Health Services (DMAHS). The purposes of CSC is to redirect and refocus services offered under previous child mental health systems and to implement a complement of support services to meet the unique needs of emotionally and behaviorally challenged youth and their families and/or caregivers.

Since the first Newsletters issued from 2000 through 2003, the Children's System of Care has been implemented state wide and is the practice model for all New Jersey youth who need assistance to access a coordinated plan of services and supports.

The Division of Child Behavioral Health Services (DCBHS) is assigned the responsibility for state wide implementation and ongoing administration of CSC. With the creation of the Department of Children and Families, DCBHS was transferred to the new Department where it remains today. However, the DCBHS Children's System of Care continues to be closely coordinated with the Medicaid /NJ FamilyCare programs.

**ACTION:** (1) Youth who are enrolled in the DCBHS Children's System of Care with a care coordination/case management entity, who are not eligible for Medicaid/NJ FamilyCare services, may receive, as appropriate, a DCBHS Only 3560 eligibility identification number. Using the resources under the Medicaid/NJ FamilyCare eligibility file, the youth will receive an eligibility identification card that is similar to the current Medicaid/NJ FamilyCare eligibility card. To determine that a youth is eligible under the

3560 number, the provider must contact the REVS/MEVS eligibility verification system. Providers may access the REVS/MEVS system in the following ways:

- ➔ Telephone inquiry to Molina through the Recipient Eligibility Verification System (REVS) at **1-800-676-6562**;
- ➔ Accessing the Molina on-line eMEVS at [www.njmmis.com](http://www.njmmis.com); or,
- ➔ Accessing the eligibility file through the use of a Medicaid Eligibility Verification System (MEVS) vendor.

The provider will then be able to secure the eligibility identification number for billing purposes. The first 4 digits of the number will be 3560. This indicates that the youth is potentially enrolled in the DCBHS Children's System of Care. The youth is eligible to receive the services listed below which will be reimbursed through Molina if all other criteria for reimbursement are present.

Providers must determine if a youth continues to have active 3560 eligibility prior to rendering any mental health/ behavioral health service. Providers should check eligibility every time they provide mental health services to a youth, even if the youth presents an eligibility card or if they had previously provided services, to ensure that the eligibility status of the youth has not changed. Enrollment means actively enrolled with a Unified Care Management (UCM) entity, a Care Management Organization (CMO), a Youth Case Management (YCM) entity, a Mobile Response and Stabilization Management entity or an Out of Home residential treatment (OOH) provider.

**Note:** Medicaid Newsletter Volume 12, No. 01, dated January 2002, informed providers of the distribution of the Children's System of Care (CSC) eligibility identification cards, including covered mental health services for those youth enrolled in the children's system of care who were not eligible for Medicaid/NJ FamilyCare. Medicaid Newsletter Volume 12, No. 07, dated January 2002, informed providers that youth who are eligible for Medicaid/NJ FamilyCare and are also enrolled in CSC would be receiving two cards - one for Medicaid/NJ FamilyCare eligibility and one for CSC. Please refer to these two Newsletters for further details.

Providers should note that this Newsletter updates Medicaid Newsletter Volume 12, No. 07. Medicaid/NJ FamilyCare youth **do not** today routinely receive two separate cards as indicated in the cited Newsletter. There are certain youth who continue to receive both a Medicaid/NJ FamilyCare eligibility identification card and a 3560 eligibility identification card. This occurs when the youth's Medicaid/NJ FamilyCare programs does not cover the full range of DCBHS services. This is usually those youth who are eligible for NJ FamilyCare—Plan G (General Assistance).

**(2)** The DCBHS Children's System of Care eligibility identification card identifies the youth as eligible for the following mental health/behavioral health services when included in the youth's individualized service plan (ISP)/treatment plan created by the Child/Family Team, under the auspices of a Unified Care Management entity (UCM), a Care Management Organization (CMO), a Youth Case Management entity (YCM), a Mobile Response and Stabilization Management entity (MRSS), or an Out of Home residential treatment provider.

The services include:

- Mental Health/Behavioral Health Screening, Evaluation & Diagnostic Services
- DCBHS Designated Multi-System Assessments
- Care Coordination/Case Management by a Unified Care Management Organization (UCM), a Care Management Organization (CMO), a Youth Case Management (YCM) entity
- Mobile Response and Stabilization Management (MRSS) Services provided by a MRSS entity
- Inpatient Psychiatric Hospital Services provided by Certain Psychiatric Hospitals (Contact the provider. Basically limited to those NJ hospitals which are enrolled as a psychiatric hospital and who are precluded from participating in the state's hospital charity care program)
- Partial Care/Partial Hospitalization
- Intensive In-Community Services
- Behavioral Assistance Services
- Mental Health Clinic Services
- Outpatient mental health services, including psychiatric, psychological services or advance practice nurse services, Individual, Group and Family Therapy, provided in either a practitioner's office, a clinic or an outpatient department of a hospital
- Medication Management/ Monitoring (**not including Medication**)
- Out of Home Residential Treatment including Treatment Homes, Group Homes, Psychiatric Community Residences and Psychiatric Residential Treatment Facilities (PRTFs)

**It is important to note that a youth with a 3560 number does not indicate eligibility for traditional Medicaid/NJ FamilyCare benefits.** Only those services which are available under the DCBHS Children's System of Care, as indicated above, are eligible for reimbursement.

- (3) Providers will only be reimbursed through the Molina claims processing system if the services they provide and bill for have been approved by the UCM/CMO/YCM or MRSS and included in the child's ISP/treatment plan. Such service authorization will be issued by the DCBHS Contracted System Administrator (CSA). At the time of this Newsletter, the CSA functions are administered by PerformCare Behavioral Health Solutions.

Youth who are not enrolled with a UCM/CMO/YCM/MRSS or OOH entity, will not be authorized for any DCBHS services and will therefore not be eligible for reimbursement for such services through the Medicaid claims processing system.

Exceptions are as follows:

- (a) The UCM/CMO/YCM/MRSS or OOH treatment provider may authorize transition services as the youth is transitioning into the community and being discharged from the DCBHS system of care. Transition services will be paid under the 3560 number for the limited period of time that the 3560 number remains open. 3560 numbers are projected to terminate the month following the month of

discharge from the DCBHS system of care. Such terminations are prospective, and the UCM/CMO/YCM/MRSS or OOH provider can provide you with the projected termination date of the 3560 number. It is incumbent upon the service provider to check eligibility prior to the provision of each service to assure that the youth continues to have an open 3560 number. DCBHS policies regarding termination of 3560 numbers do not include extending 3560 eligibility through the entire span of any authorizations for such service for youth who are not enrolled with a UCM/CMO/YCM or MRSS entity.

(b) If a youth's 3560 number has not been previously terminated, and the CSA authorizes an assessment and follow up services. The provider can seek reimbursement from Molina under the CSA authorization for such services. This is a limited exception to the extent that the CSA is authorizing assessments for youth who are not enrolled with a UCM/CMO/YCM or MRSS entity.

If you are working with a youth with a 3560 eligibility identification number and you have not already been authorized to provide services by a UCM/CMO/YCM/MRSS or OOH entity, you must contact the youth's case manager/care coordinator before providing services. If the youth and/or family do not know the name of his or her manager/coordinator, you may contact the DCBHS Contracted System Administrator (CSA) at 1-877-652-7624.

**In order to ensure appropriate reimbursement is received, providers must remember that:**

1. The 3560 eligibility cannot be used for services other than those provided as part of a DCBHS approved treatment plan created by a UCM/CMO/YCM/MRSS or OOH provider/entity.
2. All services must be included in the youth's treatment plan.
3. All services must be authorized before claims can be submitted to Molina.
4. Providers who render services to a youth who has a 3560 eligibility identification number without confirming that the services are part of a DCBHS approved treatment plan may not receive reimbursement for those services.
5. All claims must be filed in accordance with the procedures in the provider's specific provider manual and N.J.A.C. 10:49.

### **Questions?**

If you have questions or need additional information about the DCBHS system of care, please visit the DCBHS Website at [www.nj.gov/dcf/behavioral/](http://www.nj.gov/dcf/behavioral/)

If you need assistance regarding authorizations and modifications of such authorizations, please contact the entity that requested that your organization provide the service. That includes the UCM/CMO/YCM/MRSS/OOH or the CSA.

If you have questions about the 3560 identification card, please contact your local Medical Assistance Customer Center or the Medicaid Hotline at 1-800-356-1561.

If you have questions regarding billing procedures, please contact Molina Provider Services at 1-800-776-6334.

**RETAIN THIS NEWSLETTER FOR FUTURE REFERENCE**

## **Health/Behavioral Health Services Included in the Youth's 3560 Coverage**

- Mental Health/Behavioral Health Screening, Evaluation & Diagnostic Services
- DCBHS Designated Multi-System Assessments
- Care Coordination/Case Management by a UCM/CMO/YCM or MRSS
- Mobile Response and Stabilization Management Services provided by a MRSS entity
- Inpatient Psychiatric Hospital Services provided by Certain Psychiatric Hospitals (Contact the provider. Basically limited to those NJ hospitals which are enrolled as a psychiatric hospital and who are precluded from participating in the state's hospital charity care program)
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