



NEW JERSEY DEPARTMENT  
OF CHILDREN AND FAMILIES

## New Jersey Department of Children and Families Policy Manual

Manual:	CP&P	Child Protection and Permanency	Effective Date:
Volume:	X	Forms	
Chapter:	A	Forms	07-12-2010
Subchapter:	1	Forms	
Issuance:	11.28	<b>CP&amp;P Form 11-28, Psychiatrist Certification</b>	

Click here to view or print the CP&P Form [11-28](#).

### POLICY

CP&P claims Federal Financial Participation (FFP) when purchasing mental health/psychiatric services for clients who are Title XIX (Medicaid) recipients. When providing mental/behavioral health services to client families, CP&P strives to make as many claims for reimbursement as possible under this program. Psychiatrists and neurologists are asked to complete CP&P Form [11-28](#) when entering into open purchase contract with CP&P. (Psychologists are asked to complete CP&P Form [11-29](#), Psychologist Certification, in accordance with its instructions.)

For CP&P to make an FFP claim, the provider must be a licensed physician in New Jersey (or in the State in which he or she practices), board certified in psychiatry or neurology, AND certified by CP&P as a specialist in treating abused and/or neglected children, their parents and families. The provider's designation as a "specialist" is based on his or her professional experience, training, and skills, with that experience, training, and skill documented on CP&P Form [11-28](#).

Note: This policy pertains to actions taken by CP&P when contracting with individual providers. If a provider is part of a "professional group," request that each psychiatrist, neurologist or psychologist in the group complete CP&P Form [11-28](#), Psychiatrist Certification, or CP&P Form [11-29](#), Psychologist Certification, as applicable, to facilitate CP&P FFP claiming.

### PURPOSE AND USE

The Psychiatrist Certification, CP&P Form [11-28](#), is used to document that psychiatrists and neurologists who serve CP&P clients are "specialists," i.e., hold expertise in treating abused and/or neglected children, their parents and families. The form serves to justify that CP&P, when purchasing services from such a specialist, is eligible for FFP.

CP&P Form [11-28](#), once completed, is attached to the provider's contract Annex A (used with individual provider agreements) and filed in the provider's contract packet.

## **INSTRUCTIONS FOR COMPLETING THE FORM**

### **GENERAL INSTRUCTIONS**

The Area Office Contract Administrator forwards the CP&P Form 11-28 to psychiatrists and neurologists who enter into open purchase contracts with the Division.

Psychiatrists and neurologists complete CP&P Form 11-28 when completing a contract Annex A. By signing CP&P Form 11-28 the provider certifies that the information contained therein is accurate.

Attach the provider's physician's license and board certification in psychiatry or neurology to CP&P Form 11-28.

### **SPECIFIC INSTRUCTIONS**

A psychiatrist or neurologist entering into an open purchase contract with CP&P completes the top of CP&P Form 11-28, the certification, sections 1 to 3, and signature/date as follows:

"I, (NAME OF PSYCHIATRIST OR NEUROLOGIST) DO CERTIFY. . . ." The provider enters his or her name.

". . . OR BY \_\_\_\_\_, WHICH IS THE COMPARABLE STATE AGENCY. . ." The provider enters the name of the State agency that issued and monitors his or her physician's license.

### **CHECK ALL THAT APPLY**

The provider enters a check in all the following categories that apply, to reflect his or her experience, training, skills or specialty in treating children, parents and/or families:

- \_\_\_\_\_ Sexual abuse (treatment for child victims, adults victimized as children, perpetrators, enablers, families);
- \_\_\_\_\_ Family dysfunction, parent/child conflict;
- \_\_\_\_\_ Drug or alcohol dependency;
- \_\_\_\_\_ Parent effectiveness;
- \_\_\_\_\_ Domestic violence/battered women syndrome;
- \_\_\_\_\_ Anger management;

\_\_\_\_\_ Disorders, such as anxiety, depression, adjustment, conduct, obsessive/compulsive, eating disorders;

\_\_\_\_\_ Oppositional behavior, delinquency;

\_\_\_\_\_ Phobias;

\_\_\_\_\_ Adoption related issues (identity, abandonment, separation, grief);

\_\_\_\_\_ Children of alcoholics; and

\_\_\_\_\_ School adjustment, peer relationships.

**SIGNATURE** The provider signs his or her name to certify that the information entered in CP&P Form 11-28 is true.

**DATE** The provider enters the date he or she signed CP&P Form 11-28.

#### **THIS SECTION FOR CP&P USE**

**A CP&P Area Office Contract Administrator enters the following:**

**CONTRACT NUMBER** Enter the contract number issued to the provider. (Ensure the contract number corresponds to other materials in the provider's contract packet.)

**EFFECTIVE DATES** Enter the effective dates of the contract -- starting date and termination/renewal date.

#### **DISTRIBUTION**

Original - File in provider's contract packet, kept at the Area Office

Copy - Provider (psychiatrist or neurologist)