



N J Department of Human Services

Community Support Services – Admission Modification



Administrative Authorization Modification (60 Day) – For Changing Funding Source

Submit to IME with Updated Enrollment/Admission form and Licensed Clinician’s signature

Funding Change Type: <input type="checkbox"/> From Medicaid to State Funding <input type="checkbox"/> From State Funding to Medicaid <input type="checkbox"/> From Transitional Medicaid to Medicaid		
Consumer Name:	Consumer Medicaid ID (if applicable):	
Consumer Date of Birth:	Hospital Medicaid Number (transitional)	
Agency Name and Medicaid ID	Consumer NJMHAPP ID (if applicable):	
Admission Authorization: Start date -	End Date -	Effective Date of Change -

	BAND # + HCPCs Code	Total Units Authorized	<input type="checkbox"/> Remaining units to be entered into NJMHAPP by Provider <input type="checkbox"/> Remaining Units to be authorized by the IME (AA)
1. Physician, Psychiatrist (Maximum daily units: 8)	#1 = H2000 HE		
2. Advanced Practice Nurse (Maximum daily units: 12)	#2 = H2000 HESA		
3. RN, Psychologist, Licensed Practitioner of the Healing Arts, including: Clinical Social Worker, Licensed Rehabilitation Counselor, Licensed Professional Counselor, Licensed Marriage and Family Therapist, Master’s Level Community Support Staff	#3 = H2015		
4. Bachelor’s Level Community Support Staff, LPN (Individual)	#4 = H0039		
4. Bachelor’s Level Community Support Staff, LPN (Group)	#4 = H0039		
5. Associate’s Level Community Support Staff, High School Level Community Support Staff, Peer Level Community Support Staff (Individual)	#5 = H0036		
5. Associate’s Level Community Support Staff, High School Level Community Support Staff, Peer Level Community Support Staff (Group)	#5 = H0036		

Licensed Clinical Staff Name/Credentials

Signature

Date

Please submit this form to IME CSS via fax (732) 235-5569