



# N J Department of Human Services

## Community Support Services – Admission Modification



### Administrative Authorization Modification (60 Day) for Changing Funding Source

<b>Funding Change Type:</b> <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):	
<b>Admission Authorization: Start date:</b>	<b>End Date:</b>	<b>Effective Date of Change:</b>

	<b>BAND # + HCPCs Code</b>	<b>Total Units Authorized</b>	<input type="checkbox"/> Remaining units to be entered into NJMHAPP by Provider <input type="checkbox"/> Remaining Units to be authorized by the IME (Medicaid PA)
1. Physician, Psychiatrist <b>(Maximum daily units: 8)</b>	#1 = H2000 HE		
2. Advanced Practice Nurse <b>(Maximum daily units: 12)</b>	#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 <b>(Individual)</b>	#4 = H0039		
4. Bachelor’s Level Community Support Staff, LPN <b>(Group)</b>	#4 = H0039		
5. Associate’s Level Community Support Staff, High School Level Community Support Staff, Peer Level Community Support Staff <b>(Individual)</b>	#5 = H0036		
5. Associate’s Level Community Support Staff, High School Level Community Support Staff, Peer Level Community Support Staff <b>(Group)</b>	#5 = H0036		

**Licensed Clinical Staff Name/Credentials**

**Signature**

**Date**