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|  | **N J Department of Human Services**  **Community Support Services – Admission Modification** | | | |  |
|  | **Administrative Authorization Modification (60 Day) for Changing Funding Source** | | | |  |
| **Funding Change Type:** From Medicaid to State Funding From State Funding to MedicaidFrom Transitional Medicaid to Medicaid | | | | | |
| Consumer Name: | | | Consumer Medicaid/NJMHAPP ID: | | |
| Consumer Date of Birth: | | | Hospital Medicaid Number *(transitional) :* | | |
| Agency Name: | | | Agency Medicaid ID: | | |
| **Admission Authorization:** | | | | | |
| **Start date:** | | **End Date:** | | **Effective Date of Change:** | |

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| --- | --- | --- | --- | --- | --- |
|  | **BAND #**  **+ HCPCs Code** | **Total Units**  **Authorized** | | **Remaining units to be entered into NJMHAPP by Provider**  **Remaining Units to be authorized by the IME** (Medicaid PA) | |
| 1. Physician, Psychiatrist   ***(Maximum daily units: 8)*** | #1 = H2000 HE |  | |  | |
| 1. 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** |
|  | | | | | |

Updated 5/29/19