



# N J Department of Human Services

## Community Support Services – Individualized Rehabilitation Plan Modification



### IRP Modification 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		
Consumer Name:		Consumer Medicaid ID <i>(if applicable)</i> :
Consumer Date of Birth:		Consumer NJMHAPP ID <i>(if applicable)</i> :
Agency Name:		Agency CSS Medicaid ID <i>(if applicable)</i> :
Current IRP Start date:	Current IRP End date:	Effective date of change:

	BAND # + HCPCs Code	Total Units Requested	Remaining Units
1. Physician, Psychiatrist <b>(Maximum daily units: 8)</b>	#1 = H2000 HE		
2. Advanced Practice Nurse <b>(Maximum daily units: 12)</b>	#2 = H2000 HE SA		
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**

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