Changing Payer Source to Submit to the IME for Review

To submit a client to the IME that was served in a slot previous to July 1, 2016 for which provider did not receive an Administrative Authorization, change the funding source in the client file. This will change the client status and allow for submission to the IME. For example, the client status is "**admitted**" and funding source was previously "**General DAS Funding**", after July 1st provider wishes to obtain an authorization for the NJSI. To obtain a NJSI authorization the client funding source must change to NJSI. Follow Directions below:
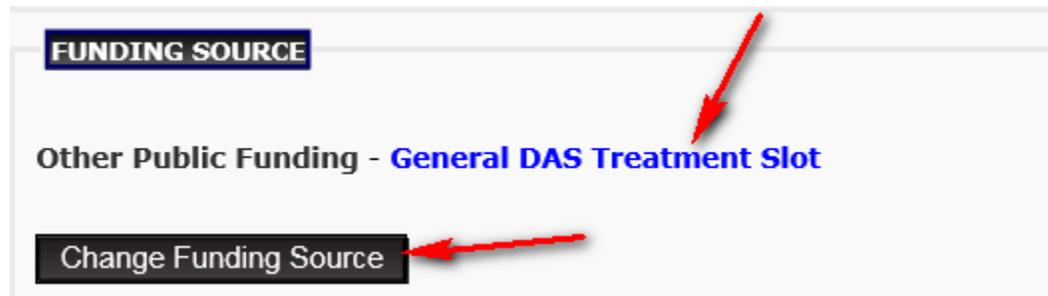
1. The client Status is "Admitted"; Funding Source is " – DAS Non Initiative". Click on "Change Funding Source" button. Select "Managed Initiative" on the first dropdown and select NJSI (or any relative initiative) in second dropdown. Enter previous funding source end date and new funding source start date. Then click on "save" button.
The client's funding Source is now "NJSI".

Managed Initiatives - **New Jersey Statewide Initiative (NJSI)**

[Funding Source History]

Change Funding Source

| Managed Initiatives ▾ | * | New Jersey Statewide Initiative (NJSI) ▾ | * |

Previous Funding End Date: 5/30/2016   *   **New Funding Source Start Date:** 5/30/2016   *

Before clicking on **"SAVE"** please check that the client's LOC is correct. If it is not correct, review the LOCI and either
the correct level or check with the clinician who did the LOCI evaluation. After clicking on **"SAVE"** the record will be l
the LOC cannot be changed for this admission.

Click here to view Mandatory fields

[Save]   [Next >>]

Go to "Home", find DASIE search box and search for this client, then check the client's Status. The Status is now changed to "Admitted – Pending Submission to IME".

| HLAING PHUPETOX | ▮▮▮▮ | NJSI | 0-133% | 05/23/2016 | 05/30/2016 | - | Admitted – Pending Submission to IME | [Select] |

Click on "Clinical Authorization" to send the client for clinical approval and treatment voucher

Clinical Authorization

CLIENT INFORMATION

Client first name: ▓▓▓▓▓▓▓ **Client last name:** ▓▓▓▓▓ **Client ID:** 12DIHA235686

Admission Date: 05/30/2016 **Payer Source:** New Jersey Statewide Initiative (NJSI) **Level Of Care:** ▓▓▓▓▓▓▓▓

Authorization Start Date: 06/24/2016 **Site Location:** DASIE TEST AGENCY - 2000351 **Site Medicaid No.:** Not available

[Send Request] [Reset]