

## N.J.A.C. 10:79B

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 57 No. 12, June 16, 2025

**NJ - New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 79B. COMMUNITY SUPPORT SERVICES FOR ADULTS WITH MENTAL ILLNESS**

### **Title 10, Chapter 79B -- Chapter Notes**

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#### **Statutory Authority**

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##### **CHAPTER AUTHORITY:**

[N.J.S.A. 30:4D-1](#) et seq., and [30:4J-8](#) et seq.

#### **History**

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##### **CHAPTER SOURCE AND EFFECTIVE DATE:**

Effective: June 12, 2023.

See: [55 N.J.R. 1475\(b\)](#).

##### **CHAPTER HISTORICAL NOTE:**

Chapter 79B, Community Support Services for Adults with Mental Illness, was adopted as new rules by R.2016 d.099, effective August 15, 2016. See: [47 N.J.R. 1899\(a\)](#), [48 N.J.R. 1678\(a\)](#).

Chapter 79B, Community Support Services for Adults with Mental Illness, was readopted, effective June 12, 2023. See: Source and Effective Date.

Annotations

#### **Notes**

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#### **Research References & Practice Aids**

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##### **CHAPTER EXPIRATION DATE:**

Chapter 79B, Community Support Services for Adults with Mental Illness, expires on June 12, 2030.

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## **N.J.A.C. 10:79B-1.1**

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SUBCHAPTER 1. GENERAL PROVISIONS**

### **§ 10:79B-1.1 Definitions**

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The following words and terms, when used in this chapter, shall have the following meanings, unless the context clearly indicates otherwise.

"Community support services (CSS)" shall have the same definition as that provided at [N.J.A.C. 10:37B](#).

"Comprehensive rehabilitative needs assessment (CRNA)" shall have the same definition as that provided at [N.J.A.C. 10:37B](#).

"Individualized rehabilitation plan (IRP)" shall have the same definition as that provided at [N.J.A.C. 10:37B](#).

"Serious mental illness" shall have the same definition as that provided at [N.J.A.C. 10:37B](#).

Annotations

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## **N.J.A.C. 10:79B-1.2**

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SUBCHAPTER 1. GENERAL PROVISIONS**

### **§ 10:79B-1.2 Purpose, scope, and eligibility**

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- (a)** The purpose of this chapter is to set forth the rules governing the provision of CSS to New Jersey Medicaid/FamilyCare Plan A and Alternative Benefit Plan beneficiaries.
- (b)** Community support services are community-based, intensive, comprehensive, integrated mental health rehabilitation services provided by a professional, multi-disciplinary team to adults who have a serious mental illness, with the intent to assist the beneficiary to achieve and maintain valued life roles in employment, education, housing, and social environments.
- (c)** To participate in the Medicaid/NJ FamilyCare program, all providers shall be under contract with the Division of Mental Health and Addiction Services (DMHAS) as a licensed provider of CSS and shall meet the requirements set forth by Division of Medical Assistance and Health Services (DMAHS) and by the DMHAS related to CSS in accordance with [N.J.A.C. 10:37B](#).

Annotations

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## **N.J.A.C. 10:79B-2.1**

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SUBCHAPTER 2. PROGRAM STANDARDS**

### **§ 10:79B-2.1 Beneficiary eligibility**

- (a)** Adult Medicaid/NJ FamilyCare Plan A and Alternative Benefit Plan beneficiaries (18 years or older) shall be eligible for adult CSS provided in/by community support service providers, if the client has a serious mental illness and such services have been determined by the Division of Mental Health and Addiction Services (DMHAS) or an authorized agent contracted with the Department of Human Services to be clinically necessary using the criteria established by DMHAS (see [N.J.A.C. 10:37B](#)). Other diagnoses not listed in [N.J.A.C. 10:37B](#) may be approved by DMHAS or their authorized agent if determined appropriate. The diagnoses shall be made by the referring agency or provider.
- (b)** NJ FamilyCare-Plans B, C, and D beneficiaries are not eligible for CSS.
- (c)** Beneficiaries eligible as "medically needy" in accordance with [N.J.A.C. 10:70](#) shall not be eligible for CSS provided in/by community support service providers.
- (d)** DMHAS or a designated entity acting on behalf of DMHAS shall offer to eligible beneficiaries the opportunity to choose a CSS provider.

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## **N.J.A.C. 10:79B-2.2**

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### **§ 10:79B-2.2 Program and licensure requirements**

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**(a)** CSS provided in/by a provider agency or PA to Medicaid/NJ FamilyCare beneficiaries shall meet all program, licensure, and other applicable requirements contained in the Department's rules including, but not limited to, [N.J.A.C. 10:37B](#).

**(b)** To participate in the Medicaid/NJ FamilyCare program under this chapter, all providers shall be providers under contract with the Division of Mental Health and Addiction Services (DMHAS) as a provider of CSS and shall meet all program, licensure, and other requirements set forth by DMHAS related to CSS.

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## **N.J.A.C. 10:79B-2.3**

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SUBCHAPTER 2. PROGRAM STANDARDS**

### **§ 10:79B-2.3 Services**

- (a)** CSS shall include those services listed in [N.J.A.C. 10:37B](#).
- (b)** CSS shall be provided directly by, or under the direction or coordination of, CSS provider agency staff assigned to the CSS program.
- (c)** CSS to be provided shall be identified in the IRP and provided by the level of clinician identified. CSS shall be provided by the level of clinician most appropriate to provide the service requested and shall not be determined by the availability of staff at the time of the intervention.
- (d)** CSS providers must provide 24-hour-a-day access to clinical staff capable of providing crisis intervention on an as needed basis.
- (e)** The comprehensive rehabilitation needs assessment (CRNA) and IRP must be developed consistent with the requirements at [N.J.A.C. 10:37B-2.3](#) and [2.4](#), respectively.
- (f)** CSS providers shall follow the need for supervision and co-signature of documentation as determined by the licensing board for each professional specialty.

Annotations

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## **N.J.A.C. 10:79B-2.4**

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### **§ 10:79B-2.4 Conditions on claims for reimbursement for services**

- (a) All units of service shall be a full 15 minutes of face-to-face contact. No rounding up is permitted.
- (b) Group services are restricted to a maximum of six clients.
- (c) Span billing is not permitted. Providers shall complete a separate claim line for each calendar date on which services were provided and shall include the total number of units of service that were provided on that date for each type of staff qualifications/credentials.
- (d) Non-consecutive shorter time periods shall not be added together to total 15 minutes.
- (e) Non-consecutive complete units rendered on the same day shall be totaled and paid.
- (f) Clients may be billed for a total of seven hours (28 units) per day. Psychiatrist units are limited to eight units per day and APN services to 12 units per day. The remaining service providers (RN and masters, BA and LPN, Associate Degree, high school, and peers) may provide the balance of services up to 28 units per day.
- (g) Providers may not bill for CSS that are provided while the individual is enrolled in programs of assertive community treatment (PACT), adult mental health rehabilitation (AMHR), or targeted case management (integrated case management services (ICMS) or project for assistance in transition from homelessness (PATH)).
- (h) Services shall not be provided, and are not reimbursable, if provided to a client attending a partial care program for the same hours the client attends the partial care program.
- (i) Services may not be billed for clients who are hospitalized prior to the date of their discharge.
- (j) Transportation of a client is not reimbursable as a service. Any provision of services provided to a CSS client during travel shall be indicated in the IRP prior to the travel and shall have corresponding documentation supporting what service was provided, by whom, to whom, and the expected outcome of the intervention.
- (k) Reimbursement shall be provided only if services are provided in accordance with the IRP and meet all provisions of this chapter and [N.J.A.C. 10:37B](#).

Annotations

### **Notes**

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§ 10:79B-2.4 Conditions on claims for reimbursement for services

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## **N.J.A.C. 10:79B-2.5**

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### **§ 10:79B-2.5 Recordkeeping**

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**(a)** All CSS providers shall keep such legible records as are necessary to fully disclose the kind and extent of services provided, who provided the service along with their credential, and must meet the requirements of [N.J.A.C. 10:37B](#), as well as describe the medical necessity for such services, and the place, date, and the total units of service that were provided.

**(b)** Recordkeeping for CSS services shall include clinical records, reports for each individual beneficiary, and all documentation required under [N.J.S.A. 30:4D-12](#), [N.J.A.C. 10:37B](#) and 10:49, and this chapter. These reports shall minimally cover the medical, nursing, social, and health-related care rendered to the beneficiary, in accordance with accepted professional standards.

**(c)** The IRP shall identify those services to be provided, the credential of the practitioner providing the service, the amount of time that will be devoted to the provision of the service, and the location of services to be provided. Only those services provided as described in the IRP are reimbursable. The IRP must be amended as required if services not previously documented in the IRP are determined necessary for the beneficiary's treatment in order to ensure proper billing.

**(d)** The provider shall maintain, at a minimum, the following documentation in support of all claims for payment.

1. The name and Medicaid/NJ FamilyCare health benefits identification number of the beneficiary;
2. The date(s) of service(s);
3. The type(s) of service(s) provided;
4. The duration of the service(s) provided;
5. The name, credential, and title of the employee providing the service;
6. The specific location at which the service was provided;
7. CRNA;
8. IRP; and
9. Prior and Continued Stay Authorization Form.

**(e)** All records shall be made available upon request to representatives of the Department of Human Services or its authorized agents.

**(f)** All records must be available to all CSS staff working with the client. All staff must have access to review the IRP and documentation of the services provided. All documentation shall be entered into the record within one calendar week.

## Notes

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## **N.J.A.C. 10:79B-2.6**

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### **§ 10:79B-2.6 Staffing**

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- (a)** Each program shall identify a program coordinator responsible for all routine business aspects and inquiries involved in the provision of CSS. The program coordinator shall ensure that all requests for prior authorization are submitted in accordance with [N.J.A.C. 10:79B-2.7](#), address issues identified by Department of Human Services (DHS) staff, and respond to all DHS inquires and requests related to the provision of CSS.
- (b)** The program coordinator shall, at a minimum, possess a bachelor's degree in a related field.

Annotations

### **Notes**

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## **N.J.A.C. 10:79B-2.7**

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### **§ 10:79B-2.7 Prior authorization**

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- (a)** The first 60 days of CSS services shall not require prior authorization.
- (b)** Prior to the end of the first 60 days, the CSS provider shall submit a request to Division of Mental Health and Addiction Services (DMHAS) for prior authorization to continue services.
- (c)** The initial request for prior authorization must include a copy of the IRP. Subsequent submissions that include changes in the level of services requested shall also include a copy of the revised IRP.
- (d)** No prior authorizations may exceed six months of service.

Annotations

### **Notes**

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