Provider User Guide Document

Project Name:
NJ Mental Health Application for Payment Processing (NJMHAPP)

Phase 4.7
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## NJ Mental Health Payment Processing Application

### 1. Version History

The NJ Mental Health Application for Payment Processing User’s Guide will be revised as needed to reflect updates to the NJ Mental Health Payment Processing Application. The table below provides a history of the version and summary of changes.

<table>
<thead>
<tr>
<th>Date</th>
<th>Version #</th>
<th>Description of Changes</th>
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<tbody>
<tr>
<td>12/16/2016</td>
<td>1</td>
<td>Final version for NJMHAPP Phase I</td>
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<tr>
<td>03/27/2017</td>
<td>2</td>
<td>NJMHAPP Phase II additions</td>
</tr>
<tr>
<td>11/01/2017</td>
<td>3</td>
<td>NJMHAPP Phase III additions and enhancements:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Pre-Admissions Provider requests</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Pre-Admissions Provider validations</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Consumer search enhancements</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Consumer Registration enhancements</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Program Eligibility enhancements</td>
</tr>
<tr>
<td>02/13/2018</td>
<td>4</td>
<td>NJMHAPP Phase 3.5 additions and enhancements:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Encounter/Billing Void functionality redesign</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- E/M Codes addition</td>
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<tr>
<td></td>
<td></td>
<td>- Individual Therapy with E/M codes</td>
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<tr>
<td></td>
<td></td>
<td>- Provider Monthly adjustments (CO Fiscal functionality)</td>
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<tr>
<td></td>
<td></td>
<td>- Additional Reports:</td>
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<tr>
<td></td>
<td></td>
<td>- Encounter Void Report</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- NJ Consumer Billing Details Report</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Income Eligibility enhancements</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Ticket Management enhancements</td>
</tr>
<tr>
<td>05/01/2018</td>
<td>5</td>
<td>NJMHAPP Phase 4.0 additions and enhancements:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- ECAS billing functionality</td>
</tr>
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<td></td>
<td></td>
<td>- ECAS billing Void functionality</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- New Reports detailing ECAS transactions</td>
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<tr>
<td></td>
<td></td>
<td>- Ability to edit/change the value of the TPL question/Consumer status</td>
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<tr>
<td></td>
<td></td>
<td>- TPL Question has been moved to Program Eligibility</td>
</tr>
<tr>
<td>Date</td>
<td>Phase</td>
<td>Enhancements</td>
</tr>
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| 05/20/2019| 6     | **NJMHAPP Phase 4.0 Enhancements**  
  • Financial reporting enhancements to reflect the new ECAS functionality.  
  • Fiscal reports data filter by CSS and non-CSS services. |
| 10/16/2019| 7     | **NJMHAPP Phase 4.5 Enhancements**  
  • Supported Employment (SE) and Supported Education (SED) Group Rate Services were added to NJMHAPP proper process.  
  • Supported Employment (SE) and Supported Education (SED) Group Rate Services were added to NJMHAPP ECAS process.  
  • Supported Employment and Supported Education Encumbrance enhancements to Total Units validations.  
  • Ticket Management module – Developed validation(s) to prevent Provider Users from creating a Consumer Medicaid Status Issue ticket when Consumer is in Admitted status. |
| 05/19/2020| 8     | **NJMHAPP Phase 4.6 Enhancements**  
  • WRAP Services Requests by Providers  
  • WRAP Services Requests Approval by CO  
  • WRAP Claims submission process  
  • WRAP Claims Approval Process  
  • WRAP Reports  
  • Provider Management Enhancements  
  • Ticket Management Enhancements |
|           |       | **NJMHAPP Phase 4.7 Enhancements**  
  • Revenue Template process  
  • Provider Revenue Report  
  • ICMS Ancillary Services Report  
  • ICMS Transportation Services Report  
  • ICMS Ancillary Transportation Payment Report  
  • Number of Days since last billing field has been added to the Consumer Census report for Admitted Consumers. |
2. Introduction

The NJ Mental Health Application for Payment Processing (NJMHAPP) is a secure web-based application developed by the New Jersey Department of Health to collect information from provider agencies participating in the Division of Mental Health and Addiction Services’ Mental Health Fee-for-Service Program that is needed to process payment for those services. This User’s Guide provides an overview of the NJMHAPP and instructions on its use.

This guide is intended for authorized administrators and users at provider agencies under contract to provide services under the Mental Health Fee-for-Service Program. It supplements the Mental Health Fee-for-Service Program Provider Manual.

This guide includes screen shots from the NJMHAPP. Please note that any data appearing in the screen shots regarding consumers is made up and does not reveal the identity or demographic information of real consumers.
3. Acronyms and Definitions

3.1 Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>CFR</td>
<td>Code of Federal Regulations</td>
</tr>
<tr>
<td>CO</td>
<td>Central Office</td>
</tr>
<tr>
<td>CSS</td>
<td>Community Supported Services</td>
</tr>
<tr>
<td>DMHAS</td>
<td>Department of Mental Health and Addiction Services</td>
</tr>
<tr>
<td>DOB</td>
<td>Date of Birth</td>
</tr>
<tr>
<td>EMEVS</td>
<td>Electronic Medicaid Eligibility Verification System</td>
</tr>
<tr>
<td>FPL</td>
<td>Federal Poverty Level</td>
</tr>
<tr>
<td>FFS</td>
<td>Fee For Service</td>
</tr>
<tr>
<td>HIPAA</td>
<td>Health Insurance Portability and Accountability Act</td>
</tr>
<tr>
<td>ICMS</td>
<td>Integrated Case Management Services</td>
</tr>
<tr>
<td>MI</td>
<td>Mental Illness</td>
</tr>
<tr>
<td>NJMHAPP</td>
<td>NJ Mental Health Application for Payment Processing</td>
</tr>
<tr>
<td>PE</td>
<td>Presumptive Eligibility for Medicaid/New Jersey Family Care</td>
</tr>
<tr>
<td>PACT</td>
<td>Programs in Assertive Community Treatment</td>
</tr>
<tr>
<td>SE</td>
<td>Supported Employment</td>
</tr>
<tr>
<td>SEd</td>
<td>Supported Education</td>
</tr>
<tr>
<td>SMI</td>
<td>Severe Mental Illness</td>
</tr>
<tr>
<td>SSN</td>
<td>Social Security Number</td>
</tr>
<tr>
<td>SSA</td>
<td>Social Security Administration</td>
</tr>
<tr>
<td>SUD</td>
<td>Substance Use Disorder</td>
</tr>
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</table>

3.2 Definitions

<table>
<thead>
<tr>
<th>Encumbrance</th>
<th>Definition</th>
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<tr>
<td>GLOF</td>
<td>Global Level of Functioning (GLOF) is a behavioral approach to Consumer assessment. The (GLOF) scale requires a single, global score between 1 and 10 to characterize an individual's functioning. While the GLOF is not behaviorally specific enough to be used for deriving Consumer service plans, it does provide a summary statement that can be used for: - General systems planning; - Area assessments of the needs of registered Consumers; - Delineation of Consumer target group population.</td>
</tr>
<tr>
<td>Program</td>
<td>Groups of services that DMHAS funds for consumers with mental illness.</td>
</tr>
<tr>
<td>------------------</td>
<td>------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Provider Agency</td>
<td>For the purposes of this User’s Guide, a provider agency is an agency</td>
</tr>
<tr>
<td></td>
<td>under contract with the Division of Mental Health and Addiction Services</td>
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<tr>
<td></td>
<td>to provide mental health services on a fee-for-service basis.</td>
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<tr>
<td>Site</td>
<td>Location where the provider is providing one or multiple services.</td>
</tr>
<tr>
<td>Status</td>
<td>Having a “status” in NJMHAPP means that information about a consumer</td>
</tr>
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<td></td>
<td>has been entered into the NJMHAPP. The broad status categories are:</td>
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<tr>
<td></td>
<td>• Pending – the provider agency has begun the NJMHAPP registration</td>
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<tr>
<td></td>
<td>process but the admission module has not been completed. There are</td>
</tr>
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<td></td>
<td>further subcategories within pending status that further describe</td>
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<td>the consumer’s progress in the registration process or the basis for</td>
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<td></td>
<td>not proceeding with the registration.</td>
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<tr>
<td></td>
<td>• Admitted – the registration process and admission module have</td>
</tr>
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<td></td>
<td>been successfully completed and are receiving or are to start</td>
</tr>
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<td></td>
<td>receiving services funded under the Mental Health fee for Service</td>
</tr>
<tr>
<td></td>
<td>program.</td>
</tr>
<tr>
<td></td>
<td>• Discharged – the consumer no longer is receiving any services funded</td>
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<tr>
<td></td>
<td>through the Mental Health Fee-for-Service Program from the listed</td>
</tr>
<tr>
<td></td>
<td>provider agency</td>
</tr>
<tr>
<td></td>
<td>• All – consumers with any of the above-listed statuses.</td>
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<tr>
<td>Third Party</td>
<td>For the purposes of the NJMHAPP, third party liability exists when there is</td>
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<tr>
<td>Liability</td>
<td>a source of funding other than DMHAS funds, Medicaid or Charity Care,</td>
</tr>
<tr>
<td></td>
<td>for example Medicare, Tricare, or other health insurance.</td>
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</table>
4.0 NJMHAPP Access Requirements

4.1 NJMHAPP Access

NJMHAPP is an Internet-based application. Authorized users with proper credentials can access NJMHAPP on computers using Microsoft Internet Explorer (Version 10.X or higher), Google Chrome 52.X or higher, or Mozilla Firefox version 49.X or higher. The NJMHAPP is accessed via the following link: https://dmhas.dhs.state.nj.us/NJMHAPP.

4.2 Authorized Users

Access to NJMHAPP is limited to authorized users at provider agencies. There are two categories of authorized users: Provider Administrators and Provider Users. As presented in the table, below, Provider Administrators and Provider Users have identical access to the NJMHAPP modules except that only Provider Administrators can access the User Management module. As further described in Section 6.14, the User Management module allows Provider Administrators to authorize specified staff to access the NJMHAPP by creating user credentials (username, password, role).

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<th>Module</th>
<th>ROLE</th>
<th>Provider User</th>
<th>Provider Administrator</th>
<th>IME User</th>
<th>IME Admin</th>
<th>DMHAS FFS</th>
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<td>Program Eligibility</td>
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</tr>
<tr>
<td>User Management</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Ticket Management</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>
All Provider Users and Provider Administrators are associated with a provider agency and are limited to entering and editing information about consumers who are seeking or receiving services from that provider agency. Furthermore, Provider Users and Provider Administrators cannot view information about consumers entered by other provider agencies except for the limited information available through the Client Search function as described in Section 6.3. Phase II - IME’s role is limited to entry of the IRP based Units as an approval functionality for the IRPs submitted by CSS Providers (except for UBHC). DMHAS CSS role is same functionality as IME role but only for UBHC Provider Agency. DMHAS CSS role has an additional functionality of Pre-Engagement Service approvals for All CSS Provider Agencies.

5.0 Overview of the NJMHAPP System

5.1 When to Use NJMHAPP

Consumer information should be entered into the NJMHAPP only when the provider agency plans to provide services to the consumer that are eligible for funding through the Mental Health Fee-for-Service Program (MH FFS Program). The following programs are included in the MH FFS Program as of January 1, 2018:

- ICMS
- Outpatient services
- PACT
- Partial Care
- Partial Hospitalization
- Residential
- Supported Education
- Supported Employment
- CSS

The MH FFS Program is the payer of last resort. As such, the NJMHAPP should not be used if there is another source of payment for the service, such as Medicaid, health insurance or charity care. Thus, if the provider plans to provide only Medicaid-covered service(s) to a Medicaid-eligible consumer, then the NJMHAPP should not be used, but rather claims for payment should be submitted to Molina, the NJ Medicaid fiscal agent.

Additional information on the services including in the MH FFS Program, including whether the service is covered by Medicaid, is available in the MH FFS Program Provider Manual, Section 3. Further information on the payer of last resort requirement is included in Section 4 of the Provider Manual. In addition, the provider agency’s MH
FFS Program contract with the Division identifies the specific services it is authorized to deliver.

Briefly stated, the provider agency should submit claims for services through the NJMHAPP only when:

- The service is included in the MH FFS Program and the provider agency has a fee-for-service contract with the DMHAS to provide the service AND
- There is no other source of payment for the service such as Medicaid, charity care or insurance.

A CSS Provider agency must register CSS Consumer in NJMHAPP irrespective of whether the agency gets reimbursed via FFS or Cost Based Contract.

**5.2 NJMHAPP Flowchart**

The flowchart below provides a high level overview of the modules included in the NJMHAPP. The flowchart is followed by a brief narrative overview of the NJMHAPP process and modules, which are described in further detail in the remainder of this guide.
1. Login Process: Only authorized users at a provider agency have access to the NJMHAPP and must enter their User Name and Password on the Login Screen.

2. Homepage Search: This is the first screen displayed following successful login and allows the user to identify all existing consumers within the user’s provider agency. This functionality allows the user to select an existing consumer and proceed directly to the next step in the process.

3. Pre-Admission Process
   Provider Agencies are now able to apply for reimbursement for the Pre-Admission for the following services:
   a. PACT
   b. ICMS
   c. Supported Employment
   d. Supported Education
   e. Residential
f. CSS

4. Consumer Registration Process
   a. Consumer intake: Entry of consumer’s name, demographic information and address. This module includes a search function that allows the user to identify whether the consumer is receiving services from another provider agency that would preclude the receipt of the services sought at the user’s provider agency. This module also triggers an automated web-based process that checks Medicaid records to identify any consumer that is Medicaid-eligible. In addition, there is functionality to import demographic information about a consumer from the provider agency’s electronic health record into the consumer information screen. Note: A semi-batch consumer demographic information import process is available via HL7 import from the main menu.

   b. Income Eligibility module: Records consumer’s income information, calculates the percentage of the FPL for the consumer’s income, and screens for potential Medicaid eligibility.

   c. Diagnosis module: Records consumer’s MI diagnoses and, with appropriate consent, SUD diagnoses.

   d. Program eligibility: Requires authorized user to confirm that the consumer meets eligibility criteria for the Programs/Services to be provided in order to proceed to the admission process.

5. Admission Process:
   a. The user adds information regarding the specific service(s) to be provided to the consumer, the start and projected end date of the service, and the number of units of the service per month that is expected to be provided to the consumer.

   b. The admission screen also displays the “fiscal dashboard,” which includes real-time information on the provider agency’s monthly limit and available funding for the month. Agencies providing both CSS and Non-CSS services will see 2 dashboard rows (CSS and Non-CSS).

   c. A consumer is considered to be in “admitted” status for the purposes of NJMHAPP once this information is entered and saved for any service to be provided to the consumer by the provider agency.

6. Encumbrance Screen(s):
   a. Allows the authorized user to edit prepopulated information about the units of service per month imported from the admission process for the current month only.

   b. Two separate Encumbrance screens are available for provider agencies to accommodate editing of both CSS and Non-CSS services.

   c. Also displays fiscal dashboard.
7. Encounter/Billing Process: Allows the authorized user to enter the number of units of a specific service provided to the consumer on a given date. This module also displays the fiscal dashboard.

8. Discharge Process: This is completed when the consumer no longer is receiving any services from the provider agency funded through the MH FFS Program. Once this information is entered and saved, the consumer’s status is “discharged.”

6.0 Modules/Functions

6.1 Secure Login

The Login module appears when opening the NJMHAPP at the following link: https://dmhas.dhs.state.nj.us/NJMHAPP

6.1.1 Login Screen Functionality

The NJMHAPP login module includes the following functionalities:

- **Enables** - Secure login for Provider Users and Administrators.
- **Displays** - Real time Announcements.
- **Displays** - Static Announcements and Release Notes
- **Provides** - Access to NJMHAPP Documents
- **Provides** - Integrated Forgot Password functionality
6.1.2 Login Screen Layout

<table>
<thead>
<tr>
<th>Login Here</th>
<th>Announcements / Release Contract letter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enter User Name and Password</td>
<td>Department of Mental Health and Addiction services (DMHAS) - Fee for Service Web Application is for the providers who are providing Fee for Service programs.</td>
</tr>
<tr>
<td>User Name:</td>
<td>The goal of converting Cost based contracts to FEE for Service (FFS) is to</td>
</tr>
<tr>
<td>Password:</td>
<td>- Creating equality across the DMHAS system increased system capacity.</td>
</tr>
<tr>
<td>Login</td>
<td>- Create greater access for individual seeking treatment to access the level of care needed at the time needed.</td>
</tr>
<tr>
<td>Forgot Password</td>
<td>- Standardization of reimbursement across providers.</td>
</tr>
<tr>
<td>NJMHAPP Documents</td>
<td>- Create greater budgeting and expenditure flexibility for provider.</td>
</tr>
<tr>
<td></td>
<td>- Overall objective was to build rates “from the group up” that are reflective of full costs to provide services.</td>
</tr>
</tbody>
</table>

For any help regarding NJMHAPP, please contact call center at 609-777-2164.
6.1.3 Fields/Process definitions

**User Name** – Enter User Name provided by the Administrator

**Password** – Enter Password provided by the Administrator (first time login) or selected/set by the user (on-going login process).

**Forgot Password** – link to screen that allows authorized user to reset his/her password (see section 5.1.5 for further detail of this functionality).

6.1.3.1 Terms and Conditions of Use Pop-up Screen

Upon entry of a valid user name and password, a “pop-up” screen with the NJMHAPP Terms and Conditions of Use will appear. The user must accept the Terms and Conditions of Use by hitting the “accept” button in order to continue using the NJMHAPP. Hitting the “decline” button will exit the application.

---

**TERMS AND CONDITIONS OF USE**

The NJMHAPP web application contains health information, including mental health diagnosis and treatment information, that is protected under federal and state law, including the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 C.F.R. Parts 160 & 164, and N.J.S.A. 30:4-24.3. Only authorized users are allowed to access the NJMHAPP web application; unauthorized access to the NJMHAPP web application is strictly forbidden.

As a NJMHAPP web application user, I understand that my work will involve access to confidential client health information, which is protected by federal and state laws, for the purpose of providing or arranging treatment, payment or other health care operations.

I acknowledge that I am engaged by a covered entity. I further acknowledge my responsibility to protect the privacy of and to guard against inappropriate use or disclosure of client health information by logging in as a user. I will use the NJMHAPP web application only for authorized purposes.

---

Accept  Decline

6.1.4 First Time Login Process

When an authorized user logs in to the NJMHAPP for the first time, that user will be directed to the Security Question screen. The security questions and answers provided by the user will be used as part of the Forgot Password functionality.

6.1.4.1 Security Questions Screen Layout
6.1.4.2 Fields/Process definitions

**Question 1 through Question 3** – Use the dropdown selection field to select three Security Questions.

**Answer 1 through Answer 3** – Text field for entry of the answers to the selected security questions.

**Save button** - The NJMHAPP stores the set of security questions and related answers and associates them to the user for the **Forgot Password /Reset Password** functionality.

**Successful Completion** – Upon saving the selected security questions and associated answers, the user will be navigated to the **Set New Password** screen.

6.1.4.3 New Password Screen Functionality

The new user must replace his or her assigned temporary password with a new password of the user’s own choosing in the New Password screen.

**Provides** – The user with the ability to set his/her personal password.

**Validates** – The password structure.

**Stores** – The new password selected by the user.
6.1.4.4 New Password Screen Layout

![New Password Screen Layout]

**Note:** An asterisk next to a field means that it is a mandatory field that must be completed.

6.1.4.5 Fields/Process definitions

**Password** – Text field that for entry of the user-selected new password. The password must meet the following complexity requirements: minimum of eight (8) characters long with at least one (1) letter, one (1) number and one (1) special character.

**Confirm Password** – Text field for re-entry of the new password for validation.

**System Validates** - Password meets complexity requirements.

**Save** - Stores user’s new password, if validated.

6.1.5 Forgot Password Functionality

The Forgot Password functionality allows an authorized user to reset his or her password in real time upon providing the correct answers to his or her security questions.

**IMPORTANT:** Please note that entering an incorrect password three (3) times will lock the account. Only an authorized program administrator will be able to unlock the account. If an authorized program administrator is locked out of his or her account, then only another program administrator or designated DMHAS staff will be able to unlock the account.
6.1.5.1 Security Questions/Answers Screen Functionality

Provides – User with the ability to answer previously selected security questions.
Validates – That answers to security questions match answers initially provided by the user.
Navigates – User to password reset functionality upon validation of the answers.

6.1.5.2 Security Questions/Answers Screen Layout

6.1.5.3 Fields/Process definitions

Question 1 through Question 3 – Uneditable fields displaying the user’s pre-selected security questions.
Answer 1 through Answer 3 – Text field for the user to answer the selected questions.
System Validates – The answers entered against the stored answers for the user.
Successful Completion – Upon successful completion, the user will be navigated to the Reset Password screen.
6.1.5.4 Reset Password Screen

Password – Text field that provides user with ability to enter his or her new password.
Confirm Password – Text field for re-entry of the user’s new password for validation.
System Validates - Password meets complexity requirements.
Save - Stores user’s new password.

6.2 The Homepage Search

The Homepage Search screen appears when a user successfully logs in to the NJMHAPP. It displays a search result table that as a default setting displays a list of consumers in pending status at the user’s provider agency. As further described below, the list of consumers included in the search result table can be broadened to include consumers with any status with the provider agency or narrowed based on limiting criteria entered by the user, such as the consumer’s name. By reviewing the search results, authorized users can determine whether a specific consumer has an existing NJMHAPP status within the user’s provider agency and, if yes, continue the registration process or complete other NJMHAPP modules, as appropriate.

6.2.1 Homepage Search Screen Functionality

Provides – Dropdown selection field pre-populated with Provider Agency sites to select as a search criteria.
Enables - Dropdown selection field pre-populated with Provider Agency site counties to select as a search criteria.
Enables – Entry of consumer’s first and last names as a search criteria.

6.2.2 Homepage Search Screen Layout

6.2.3 Fields/Process definitions

Provider – Non-editable field displaying the provider agency associated with the user.
Site – Dropdown field pre-populated with Provider Agency sites for selection as a search criteria (optional).
County- Dropdown selection field pre-populated with Provider Agency site counties for selection as a search criteria (optional).
First Name – Text field for entry of consumer’s first name as a search criteria (optional).
Last Name – Text field for entry of consumer’s last name as a search criteria (optional).
Status – Dropdown field pre-populated with the following umbrella categories of consumer status for selection as a search criteria.
6.3 Pre-Admission

As part of Phase III of NJMHAPP, participating Provider Agencies are able to apply for Pre-Admission services reimbursement. This functionality is comprised of several screens enabling Provider user a search, selection and/or addition of new Consumer’s demographic information. Additionally, the system provides user with ability to transfer Consumer’s demographic information entered as part of Pre-Admission entry into Consumer registration thus avoiding duplicate entry.

Pre-Admission requests follow a specific process for approvals denoted by the following statuses:

a. **Encumbered** – set to this status at the time of initial request by the provider.
b. **Pending** - set to this status at the time of Consumer’s admission into a program for which the Pre-Admission has been requested.
c. **Approved** - set to this status at the time of Pre-Admission Approval by the CO FFS team.
d. **Rejected** - set to this status at the time of Pre-Admission Rejection by the CO FFS team.
e. **Deleted** - set to this status upon deletion of the Pre-Admission request by Provider User or by the FFS Team. Please note, only Pre-Admission requests in Encumbered status may be deleted.
f. **Deleted upon Discharge** - Pre-Admission reimbursements that were deleted upon the Discharge of the Consumer.

The following additional Pre-Admission functionalities are described in section 6.8.13:

- Validation of Pre-Admission requests for an existing Consumer after Admission into relevant Programs, thus setting the status of Pre-Admission request to “Pending”.
- Ability to edit Pre-Admission Service Units.
- Deleting Pre-Admission requests.
6.3.1 Pre-Admission Search Screen Functionality

As the first screen in the Pre-Admission process, the Pre-Admission Search screen allows Provider Users the ability to view all Pre-Admission requests for their respective Provider Agencies. Provider users are also able to select Pre-Admission request(s) to view detail of said request (please see section 6.3.4 for more detail).

6.3.2 Pre-Admission Search Screen layout

6.3.3 Fields/Process definitions

The following Information Search fields are present on the screen:

Provider – Display only field listing the name of the Provider Agency.
**Pre-Admission Services** – Dropdown selection field containing all available Pre-Admission services.

**Authorization Status** - Dropdown selection field containing Pre-Admission request statuses.

**Last Name** – Text field for entry of consumer’s last name.

**First Name** – Text field for entry of consumer’s first name.

**NJMHAPP ID** – Text field for entry of consumer’s NJMHAPP ID (for NJMHAPP Registered Consumers).

**Search button** – Initiates the search based on above listed variables.

**Reset button**- blanks out the fields in preparation of a new search.

The following Pre-Admission search result grid features the following information:

**NJMHAPP ID** – Display only field listing consumer’s NJMHAPP ID (for NJMHAPP Registered Consumers).

**Last Name** – Display only field listing consumer’s last name.

**First Name** – Display only field listing consumer’s first name.

**Pre-Admission Services** – Display only field containing a list of all Pre-Admission services requests for this Consumer.

**Authorization Status** - Display only field containing Pre-Admission status(s) for all Pre-Admission services requests for this Consumer.

**Select action link** – Action link providing navigation to the screen containing Consumer’s Pre-Admission request(s) detail.

**Register this Consumer action link** – Action link navigating user to the registration screen/functionality while transferring Consumer’s demographic information as part of this process.

### 6.3.4 Add/View Pre-Admissions Screen Functionality

The second part of the Pre-Admission process, Add/View Pre-Admissions screen allows Provider Users the ability to search for, view, add new, and delete Pre-Admission requests for their Consumers.
6.3.5 Add/View Pre-Admissions Screen layout

This screen consists of 3 sections:

- Consumer Demographic information/search criteria.
- Available (by provider) Pre-Admission services listing/selection section.
- Selected Pre-Admission grid providing ability to delete Pre-Admission request(s).

There are 2 ways to get to this screen:
1. Selection of Pre-Admission services for the Consumer listed on the Pre-Admission Search screen.
2. Navigating to this screen via Pre-Admissions/Add/View Pre-Admissions menu selection and searching for a Consumer with an existing Pre-Admission request.

The following Information Search/Display/Entry fields are present in the first/top section of the screen:
**First Name** – Display only/required Search input (depending on the function listed above) text field for consumer’s first name.

**Middle Name** – Display only/Search input (depending on the function listed above) text field for consumer’s middle name.

**Last Name** – Display only/required Search input (depending on the function listed above) text field for consumer’s last name.

**Suffix** – Display only field for consumer’s name suffix.

**SSN** - Display only/required Search input (depending on the function listed above) text field for consumer’s SSN.

**Gender** - Display only/required Search selection (depending on the function listed above) text field for consumer’s gender.

**Date of Birth** - Display only/required Search selection (depending on the function listed above) field for consumer’s DOB.

**Ethnicity** - Required entry field for consumer’s Ethnicity.

**Primary Language** - Required entry field for consumer’s primary language.

**Race** - Required entry field for consumer’s race.

The second/middle section of the screen lists all available/selected (entry/view) Pre-Admissions available for selection/selected /by the Provider agency.

This section also contains Save and Cancel buttons. The Save button saves information (Consumer’s demographic and Pre-Admission requests) entered by the Provider User. The Cancel button cancels current search and entry action (prior to saving the information) and displays search section (top section of the screen) for new search.

The third/bottom section of the screen displays a grid populated with the details of the Pre-Admission service requests for the selected Consumer:

**Service Name** – Name of the Pre-Admission service

**Encumbered Amount** – Total dollar amount of the Pre-Admission service requested. Please note, PACT, CSS, and Residential Pre-Admission services are reimbursed at the bundled rate per episode. ICMS, Supported Employment, and Supported Education are reimbursed per Unit of Service with the maximum of 32 Units per Pre-Admission episode.

**Status** – The status of the Pre-Admission request. The status categories are as follows:

a. *Encumbered* – Set to upon successful selection of the Pre-Admission service by the provider User.

b. *Pending* – Set to upon successful admission of the Consumer into the community-based program for which the Pre-Admission reimbursement has been requested.
c. **Approved** – Set to upon approval of Pre-Admission service by the CO FFS team.

d. **Rejected** - Set to upon rejection of Pre-Admission service by the CO FFS team.

e. **Deleted** - Set to upon deletion of Pre-Admission Service request by Provider User or CO FFS team.

f. **Deleted Upon Discharge** – Set to upon discharge of Consumer while Pre-Admission request is in Encumbered or Pending status.

**Delete** – Action link allowing Provider Users the ability to delete Pre-Admission service request.

### 6.4 Consumer Intake

The purpose of the Consumer Intake module is to allow the authorized user to begin the registration process for new consumers in the NJMHAPP.

#### 6.4.1 Consumer Search Screen Functionality

Prior to registering a new consumer, the authorized user should determine whether the consumer has a NJMHAPP status associated with another provider agency. The Consumer Search Screen provides that functionality. The purpose of the search is to prevent entry of duplicate information and to determine whether a consumer might be receiving services from another provider agency that would disqualify the consumer from receiving the services being sought. For example, a consumer receiving supervised housing services would not be eligible to receive PACT services.

Note: The previously described Homepage Search is limited to searching for consumers with a status associated with the user’s provider agency. In contrast, the Consumer Search Screen allows the authorized user to identify whether a specific consumer has a NJMHAPP status associated with another provider agency. (As a convenience, the Consumer Search Screen also includes consumers with a status of “discharged” from the authorized user’s provider agency.)

The Consumer Search Screen is accessed by selecting the “Start Intake” submenu link under the Consumer Menu option.

As of Phase III, NJMHAPP has the additional functionality of transferring consumer’s demographic information that was entered as part of a Pre-Admission service request. Please refer to section 6.3.1 for more details on Pre-Admission Services.
6.4.2 Consumer Search Screens Layout

1 Initial Search screen

![Initial Search Screen](image)

2 Consumer found at other Agency
3 Consumer not found.
6.4.3 Fields/Process definitions

The following Consumer Demographic Information Search fields are present on the screen:

- **First Name** – Text field for entry of consumer’s first name (required).
- **Last Name** – Text field for entry of consumer’s last name (required).
- **SSN** – Numeric field for entry of Social Security number.
- **Gender** – Dropdown selection field for consumer’s gender (required).
- **Date Of Birth** – Consumer’s date of birth (required).

The first step in the consumer intake process is to search for the consumer among existing consumers in the NJMHAPP by entering the consumer’s first name, last name, gender, date of birth and, optionally, SSN in the Consumer Search Screen and hitting the search button (see first screenshot in section 6.4.2). As previously noted the search is limited to discharged consumers in the user’s agency but includes all consumers regardless of status in other provider agencies.

If there is a match, the consumer will be identified on the screen under the Client Intake List heading (see the second screenshot under Section 6.4.2). The user then can begin the intake process by clicking the “Select” action link on the Consumer information line, which will bring the user the Consumer Registration Screen (see Section 6.4.4) with the demographic and address information prepopulated with the information existing in the system. The user can edit that information as needed.

If there is no match, the area under the Client Intake List will display “No Record Found” (see the third screenshot under Section 6.4.2). The user can begin the intake process by clicking the “Add New” button, which will navigate the user to the Consumer Registration Screen, where the new consumer’s demographic and address information can be entered (see Section 6.4.4).

6.4.4 Consumer Registration Screen Functionality

The Registration module/screen allows Provider Users the function of registering Consumer in NJMHAPP by transferring the information entered in the Consumer Search, detailed in section 6.4.1 and entering additionally required Consumer demographic and residential information. As of Phase III of NJMHAPP, editing of Consumer’s Ethnicity, Race, and Primary Language fields after registration and admission of the Consumer is available.
6.4.5 New Consumer Registration Screen Layout

First name – Text field for entry of consumer’s first name (required).

Last Name - Text field for entry of consumer’s last name (required).

Middle Name - Text field for entry of consumer’s middle name.

Suffix - Text field for entry of suffix to the consumer’s name, if any.

Gender – Dropdown field for selection of consumer’s gender (required).

Ethnicity – Dropdown field for selection of consumer’s ethnicity (required).

Race - Dropdown field for selection of consumer’s race (required).

6.4.6 Fields/Process definitions
**Primary Language** - Dropdown field for selection of consumer’s primary language selection field (required).

**DOB** – Consumer’s date of birth (required).

**SSN** - Consumer’s Social Security number entry field (required). Enter 999-99-9999 if there is no SSN or the SSN is unknown.

**Is the consumer currently being served by the Department of Children and Families? (DCF)** (This field is displayed only if the consumer is less than 21 years of age).

The following **Consumer Address Information** fields are present on the screen:

- **Is consumer homeless?** – If yes, click check box.
- **Address 1** – Text field, Consumer’s Street Name and Number.
- **Address 2** - Text field, Consumer apartment number or any secondary address information.
- **City** - Text field Consumer’s City
- **State** – Consumer’s State (Defaulted to New Jersey and uneditable).
- **Zip** – Text field Consumer Zip code (required).
- **County** – Dropdown selection for consumer’s County (required).
- **Muncipality** - Dropdown selection for consumer’s Muncipality (required).

If the Consumer is found to have Medicaid (system validation with Medicaid) the following question is presented and required:

**Is Consumer seeking Non Medicaid services? (Residential Bed Hold and Bed Hold extension ,CSS Pre-Admission ,ICMS In-Reach ,ICMS Pre-Admission ,PACT In-Reach ,PACT Pre-Admission ,Residential Pre-Admission ,Room and Board ,Room and Board Overnight Absence ,SE Pre-Admission ,SED Pre-Admission ,Supported Education ,Supported Education In-Reach ,Supported Education- Non Face to Face (NF) ,Supported Employment ,Supported Employment In-Reach ,Supported Employment-Non Face to Face (NF).**

If the answer is “NO” (Consumer is not seeking any services that are not covered by Medicaid), the process is halted/ended with Consumer status of **“Consumer not seeking non-Medicaid services”**
6.4.7 Consumer Consent to Disclose SUD Diagnosis

The information requested in the NJMHAPP is protected health information as that term is defined under HIPAA. That information can be disclosed to the DMHAS without consumer authorization under the treatment, payment and health care operations (TPO) exception. However, there is one field in the NJMHAPP that requests information that might also be protected under the federal law governing the confidentiality of substance use disorder information at 42 C.F.R. Part 2 (“Part 2”). More specifically, the NJMHAPP includes a diagnosis module that includes a field to enter substance use disorder information (see section 6.6).

To ensure that provider agencies are disclosing SUD information consistent with federal law, a pop-up will appear after the consumer’s demographic and address information has been entered and saved that asks whether the consumer has signed a Part 2 compliant consent. Authorized users will be able to enter SUD diagnosis information only if the response to the pop-up is “yes.” (A consent form is included in Appendix A of this User’s Guide, which the provider agencies may copy and use.)

CLIENT LEGAL CONSENT

Has the consumer authorized disclosure of any substance use disorder diagnoses to the Division of Mental Health and Addiction Services through its Mental Health Application by signing the consent form provided by the Division or another consent form that meets the requirements of HIPAA and 42 CFR Part 2?

Accept

Decline
6.5 Income Eligibility

The income eligibility module collects information that is used to assess whether the consumer might meet the financial eligibility requirements for Medicaid/NJ Family Care. (Additional information on when application to Medicaid/NJ Family Care is required is provided in the Mental Health Fee-for Service Program Provider Manual, Sections 4.A and 4.N). This module appears after the consumer’s demographic and address information is entered and saved and also can be accessed via the Income Eligibility sub-menu link under the Consumer menu option.

6.5.1 Income Eligibility Screen Functionality

**Captures** – Various sources of consumer income  
**Calculates** – The consumer’s total income and displays it as a percentage of the Federal Poverty Level.  
**Denotes** – Presumptive Eligibility
### 6.5.2 Income Eligibility Screen Layout

**Welcome - Janga Kiran**

**Jewish Family Service of Atlantic County**

**Environment: Staging**

**LogOff**

<table>
<thead>
<tr>
<th>Home</th>
<th>Consumer</th>
<th>Billing</th>
<th>Notes</th>
<th>Admin</th>
<th>Fiscal dashboard</th>
<th>HL7 Import</th>
<th>Reports</th>
<th>Ticket</th>
</tr>
</thead>
<tbody>
<tr>
<td>Start Intake</td>
<td>Registration</td>
<td>Income Eligibility</td>
<td>Diagnosis</td>
<td>Program Eligibility</td>
<td>Admission</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Consumer Information
- **Name:** DAVID BEGUM  
- **Date of Birth:** 09/26/1972  
- **NJMHAPP ID:** 2016  
- **Admission Date:** Not Admitted

**Medicaid Status:** Not Medicaid Enrolled

#### Income Eligibility - Income Details (monthly)

<table>
<thead>
<tr>
<th>Note: Enter 0 if no Income</th>
<th>FPL Calculations Guidelines</th>
<th>This Consumer's FPL is: 120</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disability*</td>
<td>878.00</td>
<td>Family/Relative*</td>
</tr>
<tr>
<td>Pension/Retirement*</td>
<td>45.00</td>
<td>Work First NJ*</td>
</tr>
<tr>
<td>Social Security Benefits*</td>
<td>77.00</td>
<td>Unemployment payments*</td>
</tr>
<tr>
<td>Wages*</td>
<td>77.00</td>
<td>Self-Employment Income*</td>
</tr>
<tr>
<td>Tips*</td>
<td>77.00</td>
<td>Supplemental Security (SSI)*</td>
</tr>
<tr>
<td>Income-Other*</td>
<td>77.00</td>
<td>Gross Family Income*</td>
</tr>
<tr>
<td>Household Size*</td>
<td>2</td>
<td>Total Dependents*</td>
</tr>
</tbody>
</table>

#### Medicaid Eligibility

- **Have you applied for this Consumer’s Medicaid?**
  - Yes [ ] No [ ]
- **Is Consumer Eligible for Medicaid?**
  - Yes [ ] No [ ]

---

For any help regarding NJMHAPP, please call at 609-292-1674 or email at NJMHAPP-UAT.SUPPORT@DHS.STATE.NJ.US

**Password Policy**

---

**Medicaid Eligibility**

- **Have you applied for this Consumer’s Medicaid?**
  - Yes [ ] No [ ]
- **Is Consumer Eligible for Medicaid?**
  - Yes [ ] No [ ]
- **Is Consumer seeking Non Medicaid services?**
  - CSS Pre-Admission Services, ICM In-Reach, PACT In-Reach, Room and Board, Residential Bed Hold and Bed Hold extensions, Room and Board Over Night Absence. [ ]
6.5.3 Fields/Process definitions

This NJMHAPP utility is divided into three parts: (See Screen Layout in Section 5.4.2)

- **Consumer Information**
  - Consumer Name – Populated from the consumer demographic information.
  - Consumer DOB - Populated from the consumer demographic information.
  - NJMHAPP ID – Unique identifier generated by the NJMHAPP. This number is used for reference in issue resolution and data correction process.
  - Admission Date - Date of admission. Default of “not admitted” until successful completion of the admission process. Once the admission process has been completed, the admission date is set as the earliest start date of any of the services entered and saved in the admission screen.
  - Medicaid Status – populated as a result of the automated web call to Medicaid. If the call is unsuccessful, it is repeated in the Admission Process/module.

The **Consumer Information** section is a display-only section that is pre-populated with information about the consumer. The following fields are displayed in the **Consumer Information** section:

- **Consumer Name** – Populated from the consumer demographic information.
- **Consumer DOB** - Populated from the consumer demographic information.
- **NJMHAPP ID** – Unique identifier generated by the NJMHAPP. This number is used for reference in issue resolution and data correction process.
- **Admission Date** - Date of admission. Default of “not admitted” until successful completion of the admission process. Once the admission process has been completed, the admission date is set as the earliest start date of any of the services entered and saved in the admission screen.
- **Medicaid Status** – populated as a result of the automated web call to Medicaid. If the call is unsuccessful, it is repeated in the Admission Process/module.

**The following fields are present in the Income Eligibility – Income Details section:**

The table below provides descriptions for the fields included in the Income Eligibility – Income Details section. For each income field, enter the monthly income from that source. These fields all are required and, consequently, if there is no income from the source, the user must enter the number 0.

<table>
<thead>
<tr>
<th>Field</th>
<th>Description/Instructions</th>
</tr>
</thead>
</table>

**Table Example**

The table above shows the fields and their descriptions for the Income Eligibility section.

---

Password Policy
<table>
<thead>
<tr>
<th>Source</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disability</td>
<td>Include the following sources of the consumer’s income:</td>
</tr>
<tr>
<td></td>
<td>Worker’s Compensation</td>
</tr>
<tr>
<td></td>
<td>Employer Funded Disability</td>
</tr>
<tr>
<td></td>
<td>Privately Purchased Disability</td>
</tr>
<tr>
<td>Pension/Retirement</td>
<td>Include the following sources of the consumer’s income:</td>
</tr>
<tr>
<td></td>
<td>Pensions or other retirement income (excluding Social Security)</td>
</tr>
<tr>
<td></td>
<td>IRA distributions</td>
</tr>
<tr>
<td>Work First New Jersey</td>
<td>Include the following source of the consumer’s income:</td>
</tr>
<tr>
<td></td>
<td>General Assistance</td>
</tr>
<tr>
<td>Social Security Benefits</td>
<td>Include the following source of the consumer’s income:</td>
</tr>
<tr>
<td></td>
<td>Social Security retirement/survivor benefits</td>
</tr>
<tr>
<td></td>
<td>Social Security disability insurance</td>
</tr>
<tr>
<td>Unemployment benefits</td>
<td>Include the following source of the consumer’s income:</td>
</tr>
<tr>
<td></td>
<td>Unemployment compensation</td>
</tr>
<tr>
<td>Wages</td>
<td>Include taxable wages from the consumer’s employer</td>
</tr>
<tr>
<td>Self-Employment income</td>
<td>Include income from consumer’s self-employment</td>
</tr>
<tr>
<td>Tips</td>
<td>Include income from tips given to the consumer</td>
</tr>
<tr>
<td>Other</td>
<td>Include the following sources of the consumer’s income:</td>
</tr>
<tr>
<td></td>
<td>Alimony paid to the consumer</td>
</tr>
<tr>
<td></td>
<td>Capital Gains</td>
</tr>
<tr>
<td></td>
<td>Investment Income, Rental/Royalty Income</td>
</tr>
<tr>
<td></td>
<td>Veteran’s benefits</td>
</tr>
<tr>
<td>SSI</td>
<td>Supplemental Security Income paid to the consumer of his/her representative payee</td>
</tr>
<tr>
<td>Family/relatives</td>
<td>Enter the total countable income of household members other than the consumer who are required to file a tax return. The total countable income for each such household member is the total of each of the types of income listed above that is counted for the consumer. The Family/Relative Income Calculation Grid included as Appendix B may be used to assist in calculating the amount to record in this field.</td>
</tr>
<tr>
<td>Household Size</td>
<td>Use the Modified Adjusted Gross Income (MAGI) methodology for determining household size. Appendix C includes a chart summarizing the MAGI rules for determining household size authored by the Health Reform: Beyond the Basics project of the Center on Budget and Policy Priorities.</td>
</tr>
<tr>
<td>Total Dependents</td>
<td>Individual and any dependents Consumer claims in his/her tax filing. This information is collected for USTF reporting purposes only and is not used in the calculation of Consumer’s FPL</td>
</tr>
</tbody>
</table>
The **Presumptive Eligibility** section appears only when the information entered in the Income Eligibility-Income Details section indicates that a consumer not identified as enrolled in Medicaid might be eligible for Medicaid based on the consumer’s income. The threshold for identifying potentially eligible consumers has been set at 215% of FPL for pregnant women and 150% of FPL for all others. These thresholds are higher than the Medicaid eligibility thresholds because the goal is to broadly screen for potentially eligible consumers.

If the screen indicates the consumer might be eligible for Medicaid, the provider agency is expected to do either a presumptive eligibility determination or, if the provider is not a qualified presumptive eligibility entity, assist the consumer with completing a Medicaid application. (See Section 4A and 4N of the MH FFS Program Provider Manual for further information on that requirement).

Consistent with that expectation, when it appears the **Presumptive Eligibility** section presents the following question:  Have you applied for this Consumer’s Medicaid? – **Yes/No** radio button selection field (required).

If the answer to that question is “Yes” then the following question appears: Is Consumer Eligible for Medicaid? - **Yes/No** radio button selection field (required).

If the answer to that question is “No” then the following question appears: Reasons for not applying for the Medicaid? – dropdown list for selecting a reason why there was no application to Medicaid.

---

### 6.6 Diagnosis Selection

The third step in the consumer registration process is the Diagnosis Selection screen. This screen can be accessed after successful completion of the Income Eligibility module by hitting the next button and also can be accessed via the Diagnosis sub-menu link under the Consumer menu option.

#### 6.6.1 Diagnosis Selection Screen Functionality

**Captures** – MI diagnosis (ICD10) and GLOF score.

**Captures** – SUD diagnosis (ICD10) if consumer has consented to disclosure by signing a 42 C.F.R. Part 2 compliant consent, as documented in the consent to disclose SUD diagnosis pop up during registration process.

**Provides** – Ability to enter one (1) Primary MI diagnosis and up to four (4) other MI or SUD (with appropriate consent) diagnoses.
6.6.2 Diagnosis Selection Screen Layout

The Diagnosis screen consists of (2) parts:

- **Section 1**: Consumer Information
- **Section 2**: Consumer Diagnosis Information

**Section 1: Consumer Information**
This is a display-only section that is pre-populated with information about the consumer. See Section 6.4.3 for additional information about the fields displayed in the consumer information section.

**Section 2: Consumer Diagnosis Information**
The following fields are present in the **Consumer Diagnosis** section:
**6.7 Program Eligibility Selection**

The fourth and final step in the consumer registration process is the Program Eligibility module. This screen can be accessed after successful completion of the diagnosis selection module by hitting the next button and also can be accessed via the Program Eligibility sub-menu link under the Consumer menu option. **The purpose of this module is to confirm that the provider agency has determined that the consumer is eligible for the services being sought.**

As part of Phase III release, Program Eligibility module has been unlocked. This new functionality gives Providers the ability to qualify the Consumer and add new Programs/Services and/or replace currently assigned Programs for the Consumer without the need to discharge and re-register/re-admit said consumer. Please note that this functionality is available only for services that may be provided concurrently under DMHAS business rules, for example ICMS and SE. It cannot be used to add a service that cannot be provided concurrently with an existing service, for example ICMS and PACT. In those cases, the current program must be completed (the end date changed to the current date) before the program eligibility module can be completed for the new service.

**6.7.1 Program Eligibility Screen Functionality**

**Displays** – Question(s) seeking confirmation that the consumer meets the eligibility criteria for the listed program(s). The question appears for each program offered by the authorized user’s provider agency except that the question will not appear if the consumer is Medicaid-eligible and the program is covered by Medicaid. In addition, this section will display a question regarding charity care if the provider agency offers a program covered by charity care and the consumer is not Medicaid-eligible.

**Captures** - Consumer eligibility for the listed programs.
### 6.7.2 Program Eligibility Screen Layout

<table>
<thead>
<tr>
<th>Section</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consumer Information</td>
<td>This Screen is comprised of (2) sections: Consumer Information and Program Eligibility Questions.</td>
</tr>
<tr>
<td></td>
<td>See Section 6.4.3 for additional information about the fields displayed in the consumer information section.</td>
</tr>
</tbody>
</table>

#### Section 1: Consumer Information

This is a display-only section that is pre-populated with information about the consumer.

#### Section 2: Program Eligibility Information

This consumer is eligible for Integrated Case Management Services (ICMS) Program.
As noted in the introductory paragraph under Section 5.6, the eligibility question will be presented for all programs that the provider agency is under contract to provide except that the questions will not be included for Medicaid-covered services if the consumer is eligible for Medicaid. Thus, if a provider agency is under contract to provide PACT services and this module is being completed for a Medicaid-eligible consumer, then the eligibility question will not appear for PACT.

The eligibility questions are compound questions that ask for confirmation that the consumer wants to receive the specified service and is eligible for the specific service. Consequently, the user should respond “Yes” only if both conditions are met. Thus, if the consumer is not requesting the specified service, then the response to the question should be “No.” The question must be answered for all programs listed on the screen.

The Program Eligibility section also will display two questions related to Charity Care with “Yes” or “No” responses if the provider agency is under contract to provide a service covered by charity care and the consumer is not Medicaid-eligible. These questions must be answered when they are displayed.

For Phase 4 Consumer’s TPL (Third Party Liability) has been moved to Program Eligibility module. The Outpatient Program eligibility of the Consumer is still dependent on this selection. Thus if Consumer has TPL (Yes selection to the question) the Outpatient selection becomes unavailable.

The Referral Source for the Consumer must be identified. If the Consumer is being discharged from a State Hospital, a specific hospital must be selected from a dropdown selection field.

6.8 Admission

The NJMHAPP admission process requires the selection of the program(s) and service(s) to be provided to the consumer. There are three distinct Admission screens to accommodate for Non-CSS Programs, CSS Program, and Pre-Admission validations that are denoted and accessed via tabs in the Admission module.

The Non-CSS Admission screen identifies the expected amount of a service to be delivered to the consumer per month; in other words, it sets the initial encumbrance for the consumer.

The CSS Admission module serves two purposes. First, it gives CSS providers the ability to enter the number of units per bands from the Pre-IRP (identified as the 60-day IRP in the Admission screens). Second, it gives the IME the ability to enter the number of approved units per band based on the consumer’s IRP. Further information on the entry of information from the pre-IRP and IRP is included in Section I of the MH FFS Program Provider Manual.
The Pre-Admission validation module, accessed via the Pre-Admission tab, gives Provider Users the ability to validate the delivery of the Pre-Admission services by selecting said services and entering the number of units provided for ICMS, SE and SED.

The admission screen is accessed by the Provider User after successful completion of the program eligibility module by hitting the next button or by selecting an active consumer from within the Homepage Search table.

6.8.1 Non-CSS Admission Screen Functionality

- **Provides** ability to select the program(s) and service(s) to be provided to the consumer based on responses in the program eligibility module.

- **Displays** selected programs and services and enables edit of service end date.

- **Validates** consumer’s Medicaid eligibility status (if was not successful during initial registration process).

- **Provides** ability to admit consumers to specific programs and services.

**Note:** Additional guidance on non-CSS admission screen functionality for Residential Service Bed Hold and Bed Hold Extensions is provided in Section 7.5 (Appendix E) of this document.
6.8.2 Non-CSS Admission Screen Layout

The admission screen includes three (3) sections:

1) Provider **Fiscal Dashboard**
2) **Consumer Information**
3) Listing of **Programs/Services** for the selected consumer.

**Section 1: Provider Fiscal Dashboard**

The Provider Fiscal Dashboard is a display-only section that provides real-time financial information specific to the authorized user’s provider agency. Further information on the information displayed in the Fiscal Dashboard section is included in Section 601.2 of this User Guide.

**Section 2: Consumer Information**

This is a display-only section that is pre-populated with information about the consumer. See Section 6.4.3 for additional information about the fields displayed in the consumer information section.

**Section 3: Services Section**

---

6.8.3 Fields/Process definitions

The admission screen includes three (3) sections:

1) Provider **Fiscal Dashboard**
2) **Consumer Information**
3) Listing of **Programs/Services** for the selected consumer.
This section of the Admission Screen serves two purposes. First, it allows the authorized user to add a service for the consumer by hitting the “Add Service” button. The process for adding a service is described under Section 6.8.4, below.

Second, it includes a table that lists information on the service(s) provided by the provider agency that already have been entered for the consumer that includes edit/delete functionality.

The following fields are present in the table in the Services section:

- **Site Name** – display only field with the Provider Agency site providing the service
- **Program** – display only field with the program name
- **Service** – display only field with the service name
- **Procedure Code** – display only field with the procedure code for the listed service.
- **Start/End Dates** - displays the start and end date entered for the listed service. The end date can be revised by striking the “Edit” button in the same row.
- **Units Per Month** – Displays the number of units per month of the service expected to be provided to the consumer.
- **Edit (Action link)** - enables edit of the end date for the listed service,
- **Delete (Action Link)** - Enables the authorized user to delete the service in the row. This functionality is available before any encounter data has been entered for the service; once encounter data has been entered, the service cannot be deleted from the admission screen.

### 6.8.4 Add Service Pop-up Window Functionality

New services are added for a consumer by striking the “Add Service” button, which will cause the Add Service pop-up window to be displayed. The Add Service Pop-up has the following functionality:

- **Enables** – the authorized user to assign programs/services to the consumer based on program eligibility and agency program/service availability by provided site(s). Service is entered with Start and End Dates and the Number Of Units

- **Validates** – Prevents entry of services that are not allowed because they are duplicative of services already being provided to the consumer or cannot be provided concurrently with other services being provided to the consumer. Also validates that the number of units entered are within the limits of any applicable business rules for the service.
6.8.5 Add Service Pop-up Window Layout
6.8.6 Fields/Process definitions

All fields are required.

Site – Dropdown selection field pre-populated with the provider agency sites.

Program – Dropdown selection field pre-populated with all programs offered at the
selected provider agency site that the Consumer is eligible for.

Service – Dropdown selection field pre-populated with all services within the selected
program.

Total Units per Month – Numeric-only field for entering the number of units of the
service expected to be provided to consumer per month through
the service end date. The validation function is performed
when this information is saved. As of Phase III the Provider
User may change this number becoming effective the
following month.

Service Start/End Date – Key-in/Calendar Select fields for the expected start and end
dates of this service.

Please note: Supported Employment (SE) and Supported Education (SED) programs
consist of services including Individual, Group and Non-Face-to-Face. As
part of service assignment for each Consumer the system conducts
validations that ensure the total of no more than 80 combined Units of
service (per program) per Consumer per month.

6.8.7 CSS Admission Screen Functionality

• Provides ability for the Provider User to enter the number of units by band to be
provided to the consumer based on the Pre-IRP. It also provides IME or
DMHAS, as appropriate, with the ability to enter the number of approved
units per band to be provided to the consumer based on the IRP.

• Displays selected Bands and Units for the Pre-IRP and IRP.

• Provides ability for Provider User to edit Pre-IRP Units and for IME or
DMHAS to edit the number of approved units.
6.8.8 CSS Admission Screen Layout

6.8.9 Fields/Process definitions

The admission screen includes three (3) sections:
1) Provider Fiscal Dashboard
2) Consumer Information
3) IRP Section

Section 1: Provider Fiscal Dashboard

The Provider Fiscal Dashboard is a display-only section that provides real-time financial information specific to the authorized user’s provider agency. Further information on the data displayed in the Fiscal Dashboard section is included in Section 6.12 of this User Guide.

Section 2: Consumer Information

This is a display-only section that is pre-populated with information about the consumer. See Section 6.4.3 for additional information about the fields displayed in the consumer information section.
**Section 3: IRP Section**

This section of the CSS Admission Screen serves two purposes.

First, it allows the Provider user to enter/edit the Pre-IRP number of units per band for the consumer by hitting the “Add/View IRP” button. It also allows Provider User the ability to view the IRP information entered by the IME or DMHAS. The process for entering Units is described under Section 6.8.10, below.

Second, it allows the IME or DMHAS user, as appropriate, to enter the number of approved units per band for the consumer by hitting the “Add/View IRP” button. The process for entering Units is described under Section 6.8.10, below.

The following fields are present in the table in the Services section:

- **Band** – display only field with CSS Band description
- **No Of Units** – display only field with Units entered for the specific Band

**6.8.10 Add/View IRP Pop-up Window Functionality**

Opening a pop-up window for adding, editing, and viewing the Units within the bands is accomplished by striking the “Add Service” button. The Add/View IRP Pop-up window has the following functionality:

- **Enables** – the Provider user to enter/edit the Pre-IRP units per band for the consumer. It also allows Provider User the ability to view the IRP entered by the IME or DMHAS. Additionally it allows the IME or DMHAS user to enter the number of approved units per band for the Consumer.

- **Validates** – Prevents Provider Users from editing IRP entered by IME or DMHAS users. Prevents the IME and DMHAS users from editing Pre-IRP information entered by Provider Users.

**6.8.11 Add/View IRP Pop-up Window Layout**
### Consumer Information

- **Name:** Smith, Steven
- **Date of Birth:** 01/01/1968
- **NJMHAPP ID:** 74
- **Admission Date:** 03/26/2017
- **Medicaid Status:** Not Medicaid Enrolled

**IRP Information:***
- **IRP Type:** 60 Days
- **IRP Name:** 60 Days IRP From 03/27/2017 To 05/25/2017
- **Start Date:** 3/27/2017
- **End Date:** 5/25/2017

### Add IRP

<table>
<thead>
<tr>
<th>Band</th>
<th>No Of Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Physician, Psychiatrist (max 3 units daily)</td>
<td>20</td>
</tr>
<tr>
<td>2. Advanced Practice Nurse (max 12 units daily), Psychologist</td>
<td>20</td>
</tr>
<tr>
<td>3. RN, Licensed Practitioner of the Health Arts, including: Clinical Social Worker, Licensed Rehabilitation Counselor, Licensed Professional Counselor, Licensed Marriage and Family Therapist, Master’s Level Community Support Staff</td>
<td>20</td>
</tr>
<tr>
<td>4. Bachelor’s Level Community Support Staff, LPN</td>
<td>10</td>
</tr>
<tr>
<td>5. Bachelor’s Level Community Support Staff, BSN, Peer Level Community Support Staff</td>
<td>10</td>
</tr>
<tr>
<td>6. Associate’s Level Community Support Staff, High School Level Community Support Staff, Peer Level Community Support Staff (Group)</td>
<td>15</td>
</tr>
</tbody>
</table>
6.8.12 Fields/Process definitions

**IRP Type** – Dropdown field for selection of either 60 day IRP (also known as the Pre-IRP) or the 6 month IRP. Ability to select the 60 day IRP for entry is limited to Provider Users only. Ability to select the 6 month IRP for entry is limited to IME and DMHAS Users only. Provider Users may select the 6 month IRP for viewing purposes only.

**IRP Name** - Dropdown selection field pre-populated with all IRPs (60 day and 6 months) and their duration (start and end dates).

**Start Date** – For the 60 day IRP this date is set by the system to the Consumer’s Admission date entered by the Provider in the Program Eligibility module.

For the 6 month IRP the date is entered by the IME or DMHAS user as part of the IRP entry.

**End Date** – For the 60 day IRP this date is set by the system based on the calculation of 60 days from the Consumer’s Admission date entered by the Provider in the Program Eligibility module.

For the 6 month IRP the date is entered by the IME or DMHAS user as part of the IRP entry.

**IRP section:**

- **Band** – Description of the Band(s) available for the Consumer.
- **No Of Units** – Numeric field for entry of the number of units for each of the Bands.

6.8.13 Pre-Admission Validation screen Functionality

By selecting the Pre-Admission tab within the Admission module allows the Provider user the ability to view previously entered and previously validated Pre-Admission services, link to the functionality to edit validated/entered Pre-Admission services and to delete previously entered Pre-Admission services.

The process of entering new Pre-Admission requests is outlined in section 6.3.
6.8.14 Pre-Admission Validation screen layout

The Pre-Admission services screen includes three (3) sections:

1) Provider Fiscal Dashboard
2) Consumer Information
3) Pre-Admission Services grid

**Section 1: Provider Fiscal Dashboard**

The Provider Fiscal Dashboard is a display-only section that provides real-time financial information specific to the authorized user’s provider agency. Further information on the data displayed in the Fiscal Dashboard section is included in Section 6.12 of this User Guide.

**Section 2: Consumer Information**

This is a display-only section that is pre-populated with information about the consumer. See Section 6.4.3 for additional information about the fields displayed in the consumer information section.

**Section 3: Pre-Admission services grid**

This section of the Pre-Admission services Screen displays the following information:
Site Name – The Provider Agency Site Name that provided the Pre-Admission service.

Service Name – The service provided.

Procedure Code – Procedure code for the Pre-Admission service provided.

Requested Amount – Total dollar amount for the provided Pre-Admission service.

Edit – Action link that opens a popup window allowing edits of the Unit based Pre-Admission Service.

Delete – Action link enabling the deletion of the Pre-Admission service.

Add Pre-Admissions – Action button that opens a popup window allowing the validation/entry of the Pre-Admission service and units for ICMS, SE and SED.

6.8.16 Add Pre-Admission popup window layout

Accessed by clicking on the Add Pre-Admissions button in the Pre-Admission tab (refer to section 6.8.1.3) of the Admission screen, this popup window allows Provider Users to validate/enter Pre-Admission services selected in the Pre-Admissions module of NJMHAPP (refer to section 6.3). Because ICMS, Supported Employment, and Supported Education Pre-Admission services are billed on the per-Unit basis and CSS, PACT, and Residential Pre-Admission services are billed at the bundled rate, the Add Pre-Admission popup window is presented in 2 different variations based on the Pre-Admission service.

Necessities
6.8.17A Bundled Rate Add Pre-Admission popup window layout

By checking the box to the left of this text, the NJMHP user entering the encounter information is confirming that such encounter data has been entered accurately based on information recorded in the client’s progress note on the entered date(s) with respect to the type and duration (number of units) provided to the client.
**6.8.17B Unit based Add Pre-Admission popup window layout**

![Image of NJMHAPP interface with Service, Site, and Total Units fields]

**6.8.18 Fields/Process definitions**

**Service** – Dropdown selection field containing a list of Pre-Admission services previously selected by the Provider for the Consumer.

**Site** – Name of the Provider agency site where the above selected Pre-Admission service was provided.

**Total Units** – Numeric only field for entry of the exact number of Pre-Admission services Units provided to the Consumer. (ICMS, SE, and SED only). The number of Units entered is validated against the maximum number of Units allowed by the regulations.
6.9 Encumbrance

The Encumbrance screen allows the authorized user to change the number of encumbered service units for the current month. Changing the number of encumbered units has a direct and real-time effect (increase/decrease) on the **Net Encumbered** Dollars displayed in the Fiscal Dashboard.

The encumbrance screen is accessed by hitting the “next” button in the Admission Screen. It also can be accessed by selecting the **Encumbrance** sub-menu link under the **Billing** menu option while reviewing Admitted Consumer information or by hitting the “Select” link in the Encumbrance column from within the Current Admissions list screen under the Billing menu option.

There is separate Encumbrance functionality for CSS and non-CSS services that is accessed by hitting the appropriate tab above the Encumbrance grid, as further described below

### 6.9.1 Non-CSS Encumbrance Screen Functionality

**Displays** – Provider real-time Fiscal Dashboard  
**Displays** – Consumer information  
**Displays** – Consumer encumbrance information for current month.  
**Enables** – editing of encumbrance units for the current month.

### 6.9.2 Non-CSS Encumbrance Screen Layout
6.9.3 Fields/Process definitions

The Encumbrance Screen consists of (3) parts:

1) Fiscal Dashboard
2) Consumer Information
3) Encumbrance Module section

**Section 1: Fiscal Dashboard** – This is a display-only section that is pre-populated with real time fiscal information for the provider agency. See section 6.12 for additional information about the fields displayed in the fiscal dashboard.

**Section 2: Consumer Information** - This is a display-only section that is pre-populated with information about the consumer. See Section 6.4.3 for additional information about the fields displayed in the consumer information section.
**Section 3:** The **Non-CSS Encumbrance Module** includes a table that is pre-populated with information about the encumbered service(s) for the consumer during the current month, which is extracted from the information previously entered and saved in the Admission Screen. That table includes the following fields:

**Site Name** – Display only field with the provider agency site delivering the service.

**Service** – Display only field with the name of the service.

**Procedure Code** – Display only field with the procedure code for the service.

**Service Start/End Dates** – Display only field with the start and end dates for the service.

**Units per Month** – The number of units of the service expected to be provided to the consumer per month. This can be edited for the current month only via the Edit link at the end of the row.

**Amount** – Total cost of the encumbered units for the service (i.e., total units per month multiplied by unit cost for the service).

**Edit** (Action Link) – Enables editing of units of service for the current month.

**Please note:** When changing Encumbrance for Supported Employment (SE) or Supported Education (SED) services, the number of units to be utilized during the month for each Consumer (per program) is restricted to the total of 80 units combined for Individual, Group, and Non-Face-to-Face services.

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**Note:** The maximum number of encumbered units for a specific service may be limited by the business rules set forth in the rate table included as Appendix D in the Mental Health Fee-for-Service Program Provider Manual.

---

**6.9.4 CSS Encumbrance Screen Functionality**

**Displays** – Provider real-time Fiscal Dashboard

**Displays** – Consumer information

**Displays** – Consumer encumbrance information for current month.

**Enables** – editing of encumbrance units for the current month.

---

**6.9.5 CSS Encumbrance Screen Layout**
6.9.6 Fields/Process definitions

The **Encumbrance Screen** consists of (3) parts:

1) **Fiscal Dashboard**
2) Consumer Information
3) Encumbrance Module section

Section 1: Fiscal Dashboard – This is a display-only section that is pre-populated with real time fiscal information for the provider agency. See section 6.12 for additional information about the fields displayed in the fiscal dashboard.

Section 2: Consumer Information - This is a display-only section that is pre-populated with information about the consumer. See Section 6.4.3 for additional information about the fields displayed in the consumer information section.

Section 3: The CSS Encumbrance Module includes a table that is pre-populated with information about the encumbered Units within Bands for the consumer for the 60 Day IRP (Pre-IRP) and/or 6 months IRP. That table includes the following fields:

Approved Units – Display only field containing the total number of Units Entered for the Band.

Service Name – Display only field with the name/description of the Band/Credential.

Names of Months with the year – The months in which the Units are being Encumbered are displayed in the grid. For the 60 Day IRP (Pre-IRP), up to 3 months may be displayed based on the Pre-IRP starting date. For the 6 months IRP up to 7 months may be displayed also based on the starting date of the IRP.

Total Units – Display only field displaying the running total number of units for the Band parsed by month

Amount – Total cost of the encumbered units for the Band/Credential (i.e. total units multiplied by unit cost for the service) for the IRP displayed

6.10 Encounter/Billing Module

The purpose of the Encounter/Billing module is to capture information on the services actually provided to the consumer, known as encounter data, which then is used to generate the provider agency’s claims for payment. Encounter data is entered into the NJMHAPP after the service is provided. Encounter data may be entered as frequently as daily, but must be entered no later than the fifteenth of the month after the service was provided. Further information on claims and payments is available in Section 4 of the Mental Health Fee-for-Service Provider Manual. Entering encounter data has a direct, real-time effect (increase/decrease) on the Encounter/ Billed Dollars and Remaining Amount displayed in the Fiscal Dashboard.

There is separate Encounter functionality for CSS and non-CSS services that is accessed by hitting the appropriate tab above the Encounter module, as further described below.
The Encounter/Billing module can be accessed by hitting the “Next” button on the Encumbrance screen. The Encounter/Billing module also can be accessed by selecting the Encounter/Billing sub-menu link under the Billing menu option while reviewing Admitted Consumer information, or by hitting the “Select” link in the Encounter/Billing column from within the Current Admissions list screen under the Billing menu option.

6.10.1 Non-CSS Encounter/Billing Main Screen Functionality

Displays – Provider real-time Fiscal Dashboard
Displays – Consumer encounter information for current and previous months
Provides – Ability to enter the following encounter data: 1) encounter data for services that were provided to the consumer during the current month up to the current date and 2) encounter data for services that were provided to the consumer during the previous month except that entry of encounters during the previous month must be entered by the 15th day of the current month.

Ability to void the previously entered Encounters dating as far back as 6 months.

6.10.2 Non-CSS Encounter/Billing Main Screen Layout
6.10.3 Fields/Process definitions

The Screen consists of (3) parts:

**Fiscal Dashboard**

**Consumer Information**

**Encounter Module section**

**Section 1:** Fiscal Dashboard – This is a display-only section that is pre-populated with real time fiscal information for the provider agency. See section 6.12 for additional information about the fields displayed in the fiscal dashboard.

**Section 2:** Consumer information section - This is a display-only section that is pre-populated with information about the consumer. See Section 6.4.3 for additional information about the fields displayed in the consumer information section.

**Section 3:** The Encounter Module includes a table that lists the services with encumbered services for the current month and, if it is before the 16th of the current
month, the previous month. The table includes the following fields for each of the listed services:

**Month** – Display only field with the month (as noted above, this will be either the current month or the previous month.

**Service** – Display only field with the name of the service

**Procedure Code** – Display only field with the procedure code for the listed service.

**Monthly Units** – Display only field with the number of units encumbered for the service during the listed month.

**Encounter Cumulative** – Display only field with the total number of units of the service encountered/billed during the listed month. This is updated when new encounter information is added and saved via the Encounter/Billing Calendar Screen (see sections 6.9.4 to 6.9.6)

**Remaining** – The total number of encumbered units of the service available during the current month. It is the Number of monthly units encumbered minus the encounter cumulative units and is updated when new encounter information is added and saved via the Encounter/Billing Calendar Screen (this is updated Total dollar amount (Units) (i.e. total units per month (x) unit cost)

**Encounter (Action Link)** – Opens the Encounter/Billing calendar screen for entry of encounter information for specific date(s). See Sections 6.9.4 to 6.9.6.

**Encounter Void (Button)** – Opens the Encounter Void pop-up window that provides User with ability to delete Encounter(s) and/or adjust the number of billed Units. Encounter(s) entered up to 6 month ago may be voided or the number of units encumbered may be reduced (see section 6.10.10 for detail).

### 6.10.4 CSS Encounter/Billing Main Screen Functionality

**Displays** – Provider real-time Fiscal Dashboard

**Displays** – Consumer encounter information for current and previous month until the 15th of the current month as a billing grace period)

**Provides** – Ability to access the calendar based Encounter/Billing window. Ability to Void previously entered Encounter until the close of the billing period.

### 6.10.5 CSS Encounter/Billing Main Screen Layout
6.10.6 Fields/Process definitions

The Screen consists of (3) parts:

**Fiscal Dashboard**

**Consumer Information**

**Encounter Module section**

**Section 1:** Fiscal Dashboard – This is a display-only section that is pre-populated with real time fiscal information for the provider agency. See section 6.12 for additional information about the fields displayed in the fiscal dashboard.

**Section 2:** Consumer information section - This is a display-only section that is pre-populated with information about the consumer. See Section 6.4.3 for additional information about the fields displayed in the consumer information section.

**Section 3:** The Encounter Module includes a table that lists the services with encumbered services for the current month and, if it is before the 16th of the current
month, the previous month. The table includes the following fields for each of the listed services:

- **Month** – Display only field with the month (as noted above, this will be either the current month or the previous month.
- **Service** – Display only field with the name of the Band/Credential/Service
- **Procedure Code** – Display only field with the procedure code for the listed service.
- **Monthly Units** – Display only field with the number of units encumbered for the service during the listed month.
- **Encounter Cumulative** – Display only field with the total number of units of the service encountered/billed during the listed month. This is updated when new encounter information is added and saved via the Encounter/Billing Calendar Screen (see sections 6.9.4 to 6.9.6)
- **Remaining** – The total number of encumbered units of the service available during the current month. It is the Number of monthly units encumbered minus the encounter cumulative units and is updated when new encounter information is added and saved via the Encounter/Billing Calendar Screen.
- **Encounter/Click Here** (Action Link) – Opens the Encounter/Billing calendar screen for entry of encounter information for specific date(s). See Sections 6.9.4 to 6.9.6.
- **Encounter Void** (Button) – Opens the Encounter Void pop-up window that provides User with ability to delete Encounter(s) and/or adjust the number of billed Units. Encounter(s) entered up to 6 month ago may be voided or the number of units encumbered may be reduced (see section 6.10.10 for detail).

### 6.10.7 Encounter/Billing Calendar Screen Functionality

This screen is accessed by clicking the “Click Here” action link in the Encounter column for a specific service listed in the tables in both CSS and Non-CSS the Encounter Modules/Encounter/Billing main screens.

- **Provides** – For entry of the number of units of a service provided to the consumer on a specific date.
- **Displays** – The total number of units of the service available for the consumer during the month, total number of units of the service that have been delivered during the month, the remaining number of units of service available to the consumer for the current month, and the estimated remaining units based on units entered but not yet saved.
Validates – That the encounter information entered does not exceed the number of encumbered units of service remaining for the month and does not conflict with any applicable business rules.

Captures – Provider assurances that the encounter information has been correctly entered and, for Medicaid covered services, that the consumer is not eligible for Medicaid.

Note: The Fiscal Dashboard is updated based on the cost of the entered and saved encounter information.

6.10.8 Encounter/Billing Calendar Screen Layout

6.10.9 Fields/Process definitions

- Month – Display only field with month of the service selected from the Encounter Module table on the Encounter/Billing Main Screen.
• **Service Name** – Display only field with the name of the service selected from the Encounter Module table on the Encounter/Billing Main Screen.

• **Monthly Units** – Display only field with the total number of encumbered units of the service for the displayed month.

• **Encounter Cumulative** – Display only field with the total number of units of the service encountered/billed during the listed month.

• **Remaining** - The total number of encumbered units of the service available during the current month. It is the Number of monthly units encumbered minus the encounter cumulative units.

• **Estimated Remaining** – Display only field that calculates the number of remaining encumbered units of service that will be available if the information entered into the Encounter/Billing calendar is saved. It is actively updated as information is entered into the Encounter/Billing calendar.

• **Provider Attestation checkbox** – by checking this box, the user is confirming that he or she has accurately entered the encounter information based on information in the consumer’s progress note regarding the date and duration of the service provided. This box must be checked in order to save the encounter data.

• **Medicaid status checkbox**: The purpose of this checkbox is to provide another check against billing through the MH FFS Program when Medicaid funding is available for the service. This box is checked when 1) the service identified in the Encounter/Billing calendar is not a Medicaid covered-service or 2) the user has checked the EMEVS and confirmed that the consumer receiving the service was not eligible for Medicaid on the date(s) that encountered units are entered. Encounter data entered in the Encounter/Billing Calendar Screen cannot be saved unless this box is checked.

• **Save Button** – Hitting this button saves the encounter information entered into the Encounter/Billing Calendar Screen. The Save Button is activated only when both of the above-described checkboxes are checked.

• **Close Button** – Closes the Encounter/Billing Screen. This button does not save the information entered during the session; that must be accomplished by hitting the Save Button.
6.10.10 Encounter/Billing Void Calendar Screen functionality

As part of the NJMHAPP release 3.5 the Encounter Void functionality has been redesigned in order to afford Provider Agencies greater and more streamlined control over the process.

**Void of Encounter Units in the current month/within the 15 day buffer period:**
When the adjustment/void of specific billed encounters is performed for the encounters within the buffer days (15 days after the end of the month) the resulting $ amount (number of service units multiplied by Unit cost) is added to Provider’s Net Encumbered Amount and subtracted from the Provider’s Encountered/Billed Amount. The resulting effect of the Encounter Void, in this scenario, is displayed in the Fiscal dashboard.

*Example:*
Thus, if $100.00 worth of Encountered Units was voided, the Encountered/Billed Amount in the Fiscal Dashboard for the current month will be $100.00 less and the Encumbered Amount $100.00 more.

**Void of Encounter Units in the prior month:**
When the adjustment/void of specific billed encounters is performed for the encounters after the Billing Buffer days (15 days after the end of the month) the resulting $ amount (number of service units multiplied by Unit cost) is added to the Remaining Amount for the month in which the adjustment is made. The same $ amount is then reported to CO Fiscal unit for process that provides the Fiscal team the ability to withhold this amount from the current Billing Cycle. If the Billed Amount for the current Billing Cycle is less than the Voided Amount to be deducted, the remainder will be deducted from the next Billing Cycle payment.

*Example:*
Thus if the Provider has voided $100.00 worth of Encountered/Billed Units that were Encountered 2 months ago, the Remaining Amount for that month would be increased by $100.00, but the Encountered/Billed Amount would remain the same. Once CO Fiscal team performs their process of deducting the Voided Amount from the Billing Cycle, Provider Agency will receive a payment with the $100.00 deduction.

Provider is able to see the Adjustment Amount(s) by running the following reports:
- Encounter Void report for the Month or billing period in which the Encounters have been voided. (Please refer to section 6.6.12 for details of this report)
- Provider Fiscal Dashboard report for the Month in which the Encounters have been voided.
- Service Date Billing Report for the Service Dates in which the Encounters have been voided.

6.10.11 Encounter/Billing Void Calendar Screen Layout

![Calendar Screen Layout]

[By checking the box to the left of this text, the NJMHP user entering the encounter information is confirming that such encounter data has been entered accurately based on information recorded in the client’s progress note on the entered date(s) with respect to the type and duration (number of units) provided to the client.*]
6.10.12 Encounter/Billing Void Calendar Fields/Process definitions

- **Month** – Dropdown selection field containing every month/year (dating 6 month back) the Provider has billed via NJMHAPP for services provided to the Consumer.
- **Service** – Dropdown selection field with the name(s) of services provided to this Consumer.
- **Calendar fields** – Calendar display of the month selected in the Month Dropdown filed. Days on which no encounters were recorded are grayed out. Days with encountered units are available for entry of adjustment units. Number of previously encountered units is displayed in the cell. All adjustments must be entered as a negative number (number preceded by “-“). All entrees are subject to validations and an entry of a number exceeding original encounter units is not allowed.
- **Provider Attestation checkbox** – by checking this box, the user is confirming that he or she has accurately entered the encounter information based on information in the consumer’s progress note regarding the date and duration of the service provided. This box must be checked in order to save the encounter data.
- **Save Button** – Hitting this button saves the encounter information entered into the Encounter/Billing Calendar Screen. The Save Button is activated only when both of the above-described checkboxes are checked.
- **Close Button** – Closes the Encounter/Billing Screen. This button does not save the information entered during the session; that must be accomplished by hitting the Save Button.

6.11 Discharge

A consumer is discharged from a provider agency for the purposes of the NJMHAPP when the consumer no longer is receiving any service from the provider agency that is eligible for funding through the MH FFS Program. This could occur because the consumer no longer is receiving the service at all; for example because the consumer has met the goals of the service or declines to continue the service. It also could occur because another source of funding for the service has become available, for example the
consumer has been found eligible for Medicaid and all the services being provided to the consumer by the provider agency are covered by Medicaid.

Once the consumer is discharged in the NJMHAPP, the provider agency will no longer be able to submit encounter/billing information for that consumer. Therefore, the consumer should NOT be discharged in NJMHAPP as long as the consumer is receiving at least one service from the provider agency that is eligible for funding through the MH FFS Program. For example: A consumer is receiving both outpatient and supported education services from a provider agency and there is a decision to stop providing outpatient services based on the consumer’s progress, but the consumer will continue with supported education services. That consumer should not be discharged in the NJMHAPP.

As part of Phase III enhancements, any Pre-Admission requests that were not in Approved status will be deleted (set to “Deleted Upon Discharge” status) upon discharge of the Consumer. Provider User will be presented with the message containing this warning in the Discharge module.

**6.11.1 Discharge Screen Functionality**

- Enables Consumer Discharge.
- Requires selection of Discharge Reason Code
- Provides ability to enter Discharge notes.
6.11.2 Discharge Screen Layout

The Discharge Screen consists of 2 parts:
- Consumer Information
- Consumer Discharge section

Section 1: Consumer information section - This is a display-only section that is pre-populated with information about the consumer. See Section 6.4.3 for additional information about the fields displayed in the consumer information section.

Section 2: Consumer Discharge section includes the following data entry fields:
- Discharge Date – Date of discharge (required field).
- Discharge Reason – Dropdown field for selecting the reason for discharge reasons (required field).
- Discharge comments – Comments associated with this discharge.

6.12 Provider Fiscal Dashboard

The Provider Fiscal Dashboard displays real-time monthly financial information regarding the provider agency’s funding through the MH FFS Program. This display-only section is included on the Admission, Encumbrance, and Encounter/Billing screens. It also can be accessed by selecting the “Fiscal Dashboard” option in the menu bar, which will display the Fiscal Dashboard on top of any open application page.

6.12.1 Provider Fiscal Dashboard Pop-up Window Functionality

- Provides real time Provider Agency fiscal information.
- Displayed as part of Admission, Encumbrance, and Encounter/Billing modules for both CSS and Non-CSS programs.
- Is available as a pop-up window for an on-demand view in any module by selecting Fiscal Dashboard menu option.

6.12.2 Provider Fiscal Dashboard Pop-up Window Layout

![Provider Fiscal Dashboard](image)

6.11.3 Fields/Process definitions

The Fiscal Dashboard includes the following display-only fields:
<table>
<thead>
<tr>
<th>Field name</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly Limit</td>
<td>The provider agency’s monthly limit for payment through the MH FFS Program as established in the Provider Agency’s contract with the DMHAS.</td>
</tr>
<tr>
<td>Remaining Amount</td>
<td>Amount of the monthly limit remaining as of the current date. This is the monthly limit minus cost of encumbered services entered into the system for the month.</td>
</tr>
<tr>
<td>Net Encumbered Dollars</td>
<td>Total Encumbered dollars for the month minus encountered dollars for the month</td>
</tr>
<tr>
<td>Encounter/Billed Dollars</td>
<td>Total amount billed to the MH FFS Program through the NJMHAPP for the current month.</td>
</tr>
</tbody>
</table>

### 6.13 Notes Module

The **Notes** functionality allows an authorized user to enter and save notes related to a consumer that automatically includes the authorized user’s name and Date/ Time stamp. The **Notes** pop-up window is accessed by selecting the Notes option on the application bar menu and will be positioned on top of any other open application screen.

#### 6.13.1 Notes Pop-up Window Functionality

- Provides ability to enter notes associated with a consumer.
- Notes will be retained in the system and presented within the same Notes module with User ID and timestamp.

#### 6.13.2 Notes Pop-up Window Layout
6.13.3 Fields/Process definitions

Notes pop-up window consists of 2 parts:

- Consumer Information
- Notes section

**Section 2:** Consumer information section: This section includes the pre-populated display-only fields with information about the consumer (see description under Section 6.4.3.)

The following fields are present in the Notes section:

- Note history: – displays the User ID, date/timestamp and note text for any previously entered notes related to the consumer, if any.
- Enter New Notes: - multi-line text entry field for entry of new note.

6.14 User Management Module

The **User Management module** allows authorized provider administrators **to the** 1) **Create** user credentials for provider agency and IME staff who need access to the NJMHAPP ; 2) Edit or delete the user profile of authorized users in the provider agency and 3) Reset Users’ locked account and reset user passwords. Access to this module is limited to the Provider Administrator. The module is accessed by the **User Management** sub-menu link under the **Admin** menu bar.
### 6.14.1 User Management Pop-up Window Functionality

**Enables** – Provider Administrators to add new authorized Provider Users and Provider Administrators.

**Provides** – Ability to edit information about existing Provider User(s) and Provider Administrator(s).

**Provides** – Ability to delete user accounts.

**Provides** – Ability to reset User passwords and locked accounts.

### 6.14.2 User Management Pop-up Window Layout

![User Management Pop-up Window](image)

### 6.14.3 Fields/Process definitions

**Add User** – The button that navigates the user to the pop-up window to add New Provider User or Administrator. *(See section 5.13.4 for further detail of this functionality).*
**Login Name** – A list of the login names of the currently authorized Provider Users and Administrators for the provider agency.

**First Name** – The authorized provider user or administrators first name

**Last Name** – The authorized provider user or administrators last name.

**Role** – Provider User or Provider Administrator.

**Email** – The User or Administrator’s email.

**Edit (Action Link)** – Navigates Administrator to the Edit User’s Password pop-up window (See the Edit Password Screen Functionality section 5.13.8).

**Reset (Action Link)** – Navigates Administrator to the Reset User’s Password pop-up window (See the Reset Password Screen Functionality section 5.13.10).

**Delete (Action Link)** – Allows Provider Administrator to delete the listed Provider User or Administrator from the screen.

### 6.14.4 Add User Screen Functionality

**Enables** – Provider Administrators to add new authorized provider users and administrators to the system.

### 6.14.5 Add User Screen Layout

Select the **Add User** button to display the Add **User Information** pop-up window

### 6.14.6 Fields/Process definitions

**Provider** – non-editable field displaying the provider agency name.
**UserName** – A standardized User ID assigned by the authorized provider administrator (required field).

**First Name** – The new provider user or administrator’s first name (required field).

**Last Name** – The new provider user or administrator’s last name (required field).

**Role** – The new user’s role- Provider User or Provider Administrator (required field).

**Email** – The new provider user or administrator’s email.

**Password** – A complex password assigned by the authorized provider administrator with the minimum of 8 characters containing at least 1 Alpha, 1 Number and 1 Special Character (required field).

### 6.14.7 Edit User Screen Functionality

**Enables** – authorized provider administrators to edit user’s first name, last name, role, and Email.

This screen is accessed by clicking the “Edit” action link within the User Management main screen grid for a specific user.

### 6.14.8 Edit User Information Screen Layout

![Edit User Information Screen](image)

### 6.14.9 Fields/Process definitions

**UserName** – Non-editable field displaying previously selected User ID.

**First Name** – The first name of the User/Administrator for the specific Provider Agency.
Last Name – The last name of the User/Administrator for the specific Provider Agency.
Role – User’s role- Provider User or Provider Administrator.
Email – User/Administrator’s email.

6.14.10 Reset Password Screen Functionality

This screen allows authorized provider administrators to create a new temporary password for existing authorized provider users and administrators in order to unlock that user’s account.
This screen is accessed by clicking the “Reset” action link on the User Management main screen grid for a specific user.

6.14.11 Reset Password Screen Layout

![Reset Password Screen](image)
6.14.13 Delete User Functionality

This screen allows authorized provider administrators to delete existing authorized provider users or administrators. This screen is accessed by clicking the “Delete” action link on the User Management main screen grid for a specific user.

Choose **OK** to validate the deletion. **Cancel** to cancel this action.

Select the **Delete** (Action Link) to Delete User. **OK** in the pop-up validation window to confirm.
6.15 EHR Data Import

This functionality provides Users with ability to selectively import existing Consumer Demographic and Address information extracted from Provider Agency EHR application in HL7 format into NJMHAPP

6.15.1 EHR Data Import Screen Functionality

- Gives Providers ability to import Consumer Demographic and Address information extracted from their systems in HL7 format in order to streamline the data entry process and minimize data entry errors.
- Provides ability to review and delete specific Consumer demographic information from imported set.
# 6.15.2 EHR Data Import Screen Layout

![Image of EHR Data Import Screen Layout]

### Screen Layout
- **Welcome** - Khorash Savely
- **Jewish Family Service of Atlantic County**
- **Environment**: Staging
- **Home** - Consumer - Billing - Admin - Fiscal dashboard - HL7 Import - Reports - Ticket

## Import Data for NJMHAPP

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Date of Birth</th>
<th>Gender</th>
<th>SSN</th>
<th>Address1</th>
<th>Address2 City</th>
<th>StateAdd to NJMHAPP</th>
<th>Delete</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dhiruv</td>
<td>Patel</td>
<td>06/15/1961</td>
<td>M</td>
<td>6970056342</td>
<td>222 a warran st</td>
<td>Trenton</td>
<td>NJ</td>
<td>Delete</td>
</tr>
<tr>
<td>Mary</td>
<td>Arargil</td>
<td>06/19/1955</td>
<td>F</td>
<td>T242129212</td>
<td>4 Greyhound CT</td>
<td>Kendal park</td>
<td>NJ</td>
<td>Delete</td>
</tr>
<tr>
<td>David</td>
<td>Bedam</td>
<td>09/25/1972</td>
<td>M</td>
<td>805012342</td>
<td>10 Petunia Dr</td>
<td>North Brunswick</td>
<td>NJ</td>
<td>Delete</td>
</tr>
<tr>
<td>Lima</td>
<td>Rivera</td>
<td>06/06/1966</td>
<td>F</td>
<td>920212432</td>
<td>901 NJ-168</td>
<td>Blackwood</td>
<td>NJ</td>
<td>Delete</td>
</tr>
<tr>
<td>Bob</td>
<td>Smith</td>
<td>09/23/1979</td>
<td>M</td>
<td>923375664</td>
<td>1804 Oak Tree Rd</td>
<td>Edison</td>
<td>NJ</td>
<td>Delete</td>
</tr>
<tr>
<td>Kim</td>
<td>Cavauto</td>
<td>06/29/1968</td>
<td>F</td>
<td>5633512515</td>
<td>100 Commons Way</td>
<td>Holmdel</td>
<td>NJ</td>
<td>Delete</td>
</tr>
<tr>
<td>Rajkumar</td>
<td>Patel</td>
<td>06/17/1965</td>
<td>M</td>
<td>912871243</td>
<td>267 Hobart St</td>
<td>Perth Amboy</td>
<td>NY</td>
<td>Delete</td>
</tr>
<tr>
<td>Hiten</td>
<td>Gupta</td>
<td>08/27/1982</td>
<td>M</td>
<td>723561290</td>
<td>657 Blackwood</td>
<td>Lindermold</td>
<td>NJ</td>
<td>Delete</td>
</tr>
<tr>
<td>Jayendra</td>
<td>Garg</td>
<td>08/05/1968</td>
<td>M</td>
<td>892345712</td>
<td>222 High St</td>
<td>Site 102</td>
<td>Newton</td>
<td>NJ</td>
</tr>
<tr>
<td>Ashish</td>
<td>Agarwal</td>
<td>05/23/1979</td>
<td>M</td>
<td>454674403</td>
<td>1 Union Bl Site 101</td>
<td>Robbinsville</td>
<td>NJ</td>
<td>Delete</td>
</tr>
</tbody>
</table>

For any help regarding NJMHAPP, please call at 800-752-2678 or email at NJMHAPP-UIT.SUPPORT@DHSS.STATE.NJ.US

**Password Policy**
**Browse window and button** – by clicking on the Browse button the user is able to select the file located in a pre-determined location on Users computer or connected network devise for upload into NJMHAPP application.

**Import button** – upon selection of the relevant file clicking on the Import button, the system initiates the import of the Consumer information into the import module for review only.

**Import Data for NJMHAPP** – A grid populated with the imported Consumer information containing basic identifiable consumer data from the import file.

**Add to NJMHAPP** – action link enabling the addition of the selected Consumer to the NJMHAPP application as part of registration process.

**Delete** – action link enabling the delete of selected Consumer from the import list.

### 6.16 Reports

The NJMHAPP application provides Agencies with an initial set of reports accessible via Reports option on the menu bar. The list of reports is detailed in this section and will be updated with additional reporting capabilities throughout the lifecycle of this application.

#### 6.16.1 Reports Main Screen Functionality

- Currently provides ability to generate the following reports:
  - Aggregate Utilization Rate Report - Provider Wide
  - Billing Details by Billing Cycle Report
  - Billing Details-Monthly Report
  - **Block Grant Expenditure Report**
  - Consumer Specific Billing Cycle Report
  - Consumer Specific Encumbrance & Encounter Report
  - Consumer Specific Units Report
  - CSS Most and Least Used Services Report
• ECAS Encounter and Void Report
• ECAS Encounter Void Report
• Encounter Void Report
• Encumbrance Crossing Monthly Limit Report
• F99 Diagnosis Report
• Fiscal Billing Report
• IRP Modifications Report
• IRP Units Requested Vs Claimed Report
• Monthly Medicaid Check Report
• Preadmissions Services Payment to Providers Report
• Preadmissions Services Summary Report
• Provider Census Report
• Provider Fiscal Dashboard Report
• Provider Roll Over Limit Report
• Service Dates Report
• Volume of Service Encumbered and Encountered Report
• Weekly Consumer Medicaid Report
• WRAP Claim Summary Report
• WRAP Fund Usage Report
• WRAP Payment Report
• WRAP Service Summary Report
• YTD Report

6.16.2 Reports Main Screen Layout
6.16.3 Fields/Process definitions
The Reports module provides Users with ability to generate a specific report based on the selection and sort criteria in the main Reports screen.
While the Report, Provider, Site, Program, Service, and Start and End Date report variables criteria are applicable for all Reports, additional criteria are displayed based on the selected report.
The selection/sort criteria are detailed in each individual report description in the sections below.

6.16.4 Aggregate Utilization Rate Report
This report provides Agencies with the Aggregate Utilization rate for the selected Site(s), selected Program(s) within the Site(s), selected Service(s) within Program(s), for the selected Date range (Start Date, End Date).
The following selection/filter/sort criteria are provided for execution of this report:

- **Report** – Dropdown selection field containing all active reports (required field).
- **Provider** – non-selectable field listing User Provider.
- **Site** – Dropdown selection field listing all sites for the provider
- **Program Type** – ALL/CSS/Non-CSS. These selection criteria appears only for Providers offering both CSS and Non-CSS Programs.
- **Program** – Dropdown selection field listing all programs Provider offers at the Site (selected above)
- **Service** – Dropdown selection field listing Services for the selected Program.
- **Start Date** – Type-in/Selection field allowing the User to select Start (from) Month/Year for the selected report (required field).
- **End Date** – Type-in/Selection field allowing the User to select End (to) Month/Year for the selected report (required field).
- **Sort By** - Dropdown selection field listing Sites and Programs as sort criteria for Billing Detail and Billing Detail by Billing Cycle Reports only (required field).

6.16.4.1 Aggregate Utilization Rate Report Description
The following information is displayed on the report:

**Provider Name** – The name of the Provider Agency running this report.

**Site Name** – Name(s) of Site(s) selected by the User for reporting.

**Program Name** – Program(s) selected by the User for reporting.

**Service Name** – Service(s) selected by the User for reporting.

**Encumbered Amount** – Total Amount Encumbered for the specific Service under the Program at the selected Site for a specific month (multiple months may be selected and reported upon).

**Encountered Amount** - Total Amount Encountered (billed for) for the specific Service under the Program at the selected Site for a specific month (multiple months may be selected and reported upon).

**Encountered %** - Calculated percentage (5) of Encumbered Amount that was billed/Encountered.

**Totals of Encumbered and Encountered amounts for all selected Sites, Programs, and Services are provided at the bottom of the report.**
### 6.16.5 Consumer Specific Encumbrance & Encounter Report

This report provides Agencies with the Billing Claims by Consumer for the selected Site(s), selected Program(s) within the Site(s), selected Service(s) within Program(s), for the selected Date range (Start Date, End Date).

The following selection/filter/sort criteria are provided for execution of this report:

- **Report** – Dropdown selection field containing all active reports (required field).
- **Provider** – non-selectable field listing User Provider.
- **Site** – Dropdown selection field listing all sites for the provider
- **Program Type** – ALL/CSS/Non-CSS. These selection criteria appears only for Providers offering both CSS and Non-CSS Programs.
- **Program** – Dropdown selection field listing all programs Provider offers at the Site (selected above)
- **Service** – Dropdown selection field listing Services for the selected Program.
- **Start Date** – Type-in/Selection field allowing the User to select Start (from) Month/Year for the selected report (required field).
- **End Date** – Type-in/Selection field allowing the User to select End (to) Month/Year for the selected report (required field).

### 6.16.5.1 Consumer Specific Encumbrance & Encounter Report Description

The following information is displayed on the report:

- **Provider Name** – The name of the Provider Agency running this report.
- **Consumer Name** – Name of the Consumer receiving Services.
- **Site Name** – Name(s) of Site(s) selected by the User for reporting.
- **Program Name** – Program(s) selected by the User for reporting.
- **Service Name** – Service(s) selected by the User for reporting.
- **Encumbered Amount** – Total Amount Encumbered for the specific Service provided to Consumer under the Program at the selected Site for a specific month (multiple months may be selected and reported upon).
- **Encountered Amount** - Total Amount Encountered (billed for) for the specific Service under the Program at the selected Site for a specific month (multiple months may be selected and reported upon) provided to Consumer.

**Totals of Encumbered and Encountered amounts for all selected Sites, Programs, and Services are provided at the bottom of the report.**

### 6.16.5.2 Consumer Specific Encumbrance & Encounter Report Layout
### Department of Health
**Division of Mental Health And Addiction Services**

### Client Specific Encumbrance & Encounter Report

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Site Name</th>
<th>Consumer Name</th>
<th>Program Name</th>
<th>Service Name</th>
<th>January 2018</th>
<th>February 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>GAKULProvider</td>
<td>5 Commerce St - Trenton - Admin Site</td>
<td>St. Teresa</td>
<td>Programs of Assertive Community Treatment (PACT)</td>
<td>PACT In-Reach</td>
<td>1,467.61</td>
<td>0.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Supported Education</td>
<td>95.95</td>
<td>0.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Supported Education</td>
<td>95.95</td>
<td>19.19</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Supported Education</td>
<td>95.95</td>
<td>19.19</td>
</tr>
<tr>
<td>Provider Total</td>
<td></td>
<td></td>
<td></td>
<td>PACT In-Reach</td>
<td>$1,685.56</td>
<td>$44.10</td>
</tr>
<tr>
<td>ODAKOLEA Provider</td>
<td>707 07 - New York - Admin Site</td>
<td>Brenda Tiern</td>
<td>Partial Hospitalization</td>
<td>PACT In-Reach</td>
<td>117.00</td>
<td>117.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Integrated Case Management Services (ICMS)</td>
<td>14.31</td>
<td>0.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Supported Education</td>
<td>95.95</td>
<td>0.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Residential</td>
<td>144.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Provider Total</td>
<td></td>
<td></td>
<td></td>
<td>PACT In-Reach</td>
<td>$2,409.33</td>
<td>$117.00</td>
</tr>
<tr>
<td>ODAKOLEA Provider</td>
<td>707 07 - New York - Admin Site</td>
<td>Michelle</td>
<td>Outpatient</td>
<td>Individual Therapy</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>PACT In-Reach</td>
<td>1,467.61</td>
<td>0.00</td>
</tr>
<tr>
<td>Provider Total</td>
<td></td>
<td></td>
<td></td>
<td>PACT In-Reach</td>
<td>$1,687.61</td>
<td>$0.00</td>
</tr>
<tr>
<td>UNIIHMA/5.5</td>
<td>23 gro - Trenton - Admin Site</td>
<td>Peter</td>
<td>Programs of Assertive Community Treatment (PACT)</td>
<td>PACT Service</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Outpatient</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Provider Total</td>
<td></td>
<td></td>
<td></td>
<td>PACT Service</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

Note: The table provides a summary of encumbrances and encounters for the specified providers and service types for January and February 2018.
6.16.6 Billing Detail – Monthly Report

This report provides Agencies with the Billing Claims Detail by the selected Site(s), selected Program(s) within the Site(s), selected Service(s) within Program(s), for the selected Date range (Start Date, End Date), and sorted by either Site or Program.

6.16.6.1 Billing Detail – Monthly Report Description

The following information is displayed on the report:

Provider Name – The name of the Provider Agency running this report.
Site Name – Name(s) of Site(s) selected by the User for reporting.
Program Name – Program(s) selected by the User for reporting.
Service Name – Service(s) selected by the User for reporting.

Billed Amount - Total Amount Billed (Encountered) for the specific Service under the Program at the selected Site for a specific month (multiple months may be selected and reported upon).

Totals by Site and for all selected Sites are provided at the bottom of the report.

6.16.6.2 Billing Detail – Monthly Report Layout
## Billing Detail Report Monthly

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Site Name</th>
<th>Program Name</th>
<th>Service Name</th>
<th>Billed Amount</th>
<th>January 2018</th>
<th>February 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>AKUA Provider</td>
<td>5 Commerce Way - Trenton - Admin Site</td>
<td>Supported Education</td>
<td>Supported Education</td>
<td>25.00</td>
<td>0.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Supported Education In-Reach</td>
<td>19.19</td>
<td>0.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Provider Total</td>
<td></td>
<td></td>
<td></td>
<td>$44.19</td>
<td></td>
</tr>
<tr>
<td>ODAKULA Provider</td>
<td>23 st - Newyork - Admin Site</td>
<td>Partial Hospitalization</td>
<td>Acute Partial Hospitalization</td>
<td>117.00</td>
<td>0.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Provider Total</td>
<td></td>
<td></td>
<td></td>
<td>$117.00</td>
<td></td>
</tr>
<tr>
<td>NJMHAPP3.5</td>
<td>23 guy - Trenton - Admin Site</td>
<td>CSS</td>
<td>Band 1 - CSS Physician Individual (15 min unit)</td>
<td>94.20</td>
<td>1,224.60</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Band 2 - CSS APN Individual (15 min unit)</td>
<td>48.93</td>
<td>485.30</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Band 3 - CSS Masters Ind - No Clinical Lic. (15 min unit)</td>
<td>26.28</td>
<td>0.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Band 4 - CSS Bachelor Degree Ind (15 min unit)</td>
<td>24.97</td>
<td>0.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Band 4 - CSS Bachelor Group (15 min unit)</td>
<td>0.00</td>
<td>6.24</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Integrated Case Management Services (ICMS)</td>
<td>ICMS In-Reach</td>
<td>0.00</td>
<td>274.48</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Targeted CM</td>
<td>171.55</td>
<td>377.41</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Outpatient</td>
<td></td>
<td>E/M Medication Monitoring (10 min Unit)-APN</td>
<td>0.00</td>
<td>39.74</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>E/M Medication Monitoring (10 min Unit)-Physician</td>
<td>0.00</td>
<td>44.15</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Individual Therapy (20-30 min)</td>
<td>0.00</td>
<td>122.78</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Individual Therapy (45-60 min)</td>
<td>0.00</td>
<td>243.69</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Psychiatric Evaluation With Medical Services</td>
<td>292.50</td>
<td>292.50</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Partial Care</td>
<td></td>
<td>E/M Medication Monitoring (10 min Unit)-Physician</td>
<td>0.00</td>
<td>88.30</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Partial Care - 60 Min</td>
<td>64.52</td>
<td>0.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>PC Transportation</td>
<td>25.20</td>
<td>0.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Partial Hospitalization</td>
<td></td>
<td>Partial Hospital - 60 Min</td>
<td>0.00</td>
<td>96.78</td>
<td></td>
</tr>
</tbody>
</table>

### 6.16.7 Billing Detail by Billing Cycle Report
This report provides Agencies with the Billing Claims Detail by the selected Site(s),
selected Program(s) within the Site(s), selected Service(s) within Program(s), for the
selected Billing Cycle(s), sorted by either Site or Program.

6.16.7.1 Billing Detail by Billing Cycle Report Description

The following information is displayed on the report:
Provider Name – The name of the Provider Agency running this report.
Site Name – Name(s) of Site(s) selected by the User for reporting.
Program Name – Program(s) selected by the User for reporting.
Service Name – Service(s) selected by the User for reporting.
Billed Amount - Total Amount Billed (Encountered) for the specific Service under the
Program at the selected Site for a specific Billing Cycle (multiple Cycles may be selected
and reported upon). Cycle Numbers and their respective date ranges are listed on the
report. Please note
Dollar Totals are provided by Site or by Program (selection dependent). Total Billed
Dollars for all selected Sites by Billing Cycle are provided at the bottom of the
report.

6.16.7.2 Billing Detail by Billing Cycle Report Layout
**6.16.8 Consumer Specific Billing Cycle- Report**

This report provides Agencies with the Billing Claims Detail by the selected Site(s), Consumers in the Site(s), selected Program(s) within the Site(s), selected Service(s) within Program(s), for the selected Billing Cycle(s), sorted by either Site or Program.

**6.16.8.1 Consumer Specific Billing Cycle Description**

The following information is displayed on the report:

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Site Name</th>
<th>Program Name</th>
<th>Service Name</th>
<th>Billed Amount</th>
<th>45 (02/05/2016 To 02/07/2016)</th>
<th>46 (02/08/2016 To 02/10/2016)</th>
<th>47 (02/11/2016 To 02/13/2016)</th>
<th>48 (02/14/2016 To 02/16/2016)</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOAKULA</td>
<td>23 st - Nework - Admin Site</td>
<td>Partial Hospitalization</td>
<td>Acute Partial Hospitalization</td>
<td>$117.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Site Total</td>
<td></td>
<td></td>
<td></td>
<td>$117.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0JNMTHAPP35</td>
<td>23 gyu - Trenton - Admin Site</td>
<td>CSB</td>
<td>Band 1 - CSS Physician Individual (15 min unit)</td>
<td>0.00</td>
<td>0.00</td>
<td>$1,318.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Band 2 - CSS APN Individual (15 min unit)</td>
<td>0.00</td>
<td>0.00</td>
<td>$533.03</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Band 3 - CSS Masters Ind - No Clinical Lic. (15 min unit)</td>
<td>0.00</td>
<td>0.00</td>
<td>$20.28</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Band 4 - CSS Bachelor Degree Ind (15 min unit)</td>
<td>0.00</td>
<td>0.00</td>
<td>$24.97</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Band 4 - CSS Bachelor Group (15 min unit)</td>
<td>0.00</td>
<td>0.00</td>
<td>$6.24</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Integrated Case Management Services (ICMS)</td>
<td></td>
<td></td>
<td>ICU MS in Reach</td>
<td>$274.48</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Targeted CM</td>
<td>$649.96</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Outpatient</td>
<td></td>
<td></td>
<td>EIM Medication Monitoring (10 min Unit), APN</td>
<td>0.00</td>
<td>$39.74</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>EIM Medication Monitoring (10 min Unit), Physician</td>
<td>0.00</td>
<td>$44.15</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Individual Therapy (20-30 min)</td>
<td>0.00</td>
<td>0.00</td>
<td>$122.78</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Individual Therapy (45-50 min)</td>
<td>0.00</td>
<td>0.00</td>
<td>$243.69</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Psychiatric Evaluation With Medical Services</td>
<td>0.00</td>
<td>0.00</td>
<td>$585.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Partial Care</td>
<td></td>
<td></td>
<td>EIM Medication Monitoring (10 min Unit), Physician</td>
<td>0.00</td>
<td>$44.15</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Partial Care - 60 Min</td>
<td>0.00</td>
<td>$64.52</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>PC Transportation</td>
<td>0.00</td>
<td>$25.20</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
</tbody>
</table>
**Provider Name** – The name of the Provider Agency running this report.

**Site Name** – Name(s) of Site(s) selected by the User for reporting.

**Consumer Name** – Name of the Consumer receiving Services.

**Program Name** – Program(s) selected by the User for reporting.

**Service Name** – Service(s) selected by the User for reporting.

**Billed Amount** - Amount Billed (Encountered) for the Consumer, for the specific Service under the Program at the selected Site for a specific Billing Cycle (multiple Cycles may be selected and reported upon). Cycle Numbers and their respective date ranges are listed on the report.

**Dollar Totals are provided by Site (if Sort by Site is selected). Total Billed Dollars for all selected Sites by Billing Cycle are provided at the bottom of the report.**

### 6.16.8.2 Consumer Specific Billing Cycle Report Layout

![Client Specific Billing Report]

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Site Name</th>
<th>Consumer Name</th>
<th>Program Name</th>
<th>Service Name</th>
<th>19 (06/01/2019 To 09/30/2019)</th>
<th>20 (09/01/2019 To 11/30/2019)</th>
<th>21 (10/01/2019 To 12/31/2019)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jewish Family Service of Atlantic County</td>
<td>Edison</td>
<td>Alakhya Kshettra</td>
<td>Programs of Assertive Community Treatment (PACT)</td>
<td>PACT In-Reach</td>
<td>50,000.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ben Hansen</td>
<td>Residential</td>
<td>Room and Board</td>
<td>0.00</td>
<td>0.00</td>
<td>400,000.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Bob Lee</td>
<td>Partial Hospitalization</td>
<td>Partial Hospital – 50 Min</td>
<td>0.00</td>
<td>0.00</td>
<td>50,600.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Jasper Kaur</td>
<td>Integrated Case Management Services (ICMS)</td>
<td>Targeted CRM</td>
<td>0.00</td>
<td>4400.000</td>
<td>0.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Rahul David</td>
<td>Residential</td>
<td>Room and Board</td>
<td>0.00</td>
<td>0.00</td>
<td>200,000.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ravens aranya</td>
<td>Outpatient</td>
<td>Family Conference (50 min)</td>
<td>0.00</td>
<td>0.00</td>
<td>20,000.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Tim Cook</td>
<td>Residential</td>
<td>Room and Board</td>
<td>0.00</td>
<td>0.00</td>
<td>505,400.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td>vell vell</td>
<td>Outpatient</td>
<td>Group Therapy - 30 min</td>
<td>49,300.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td></td>
<td>Jersey</td>
<td>Angra Bird</td>
<td>Residential</td>
<td>Room and Board</td>
<td>190,400.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Dinup Patel</td>
<td>Programs of Assertive Community Treatment (PACT)</td>
<td>PACT</td>
<td>0.00</td>
<td>0.00</td>
<td>50,000.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Donald Dutt</td>
<td>Integrated Case Management Services (ICMS)</td>
<td>Targeted CRM</td>
<td>137,260.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Jasper Kaur</td>
<td>Integrated Case Management Services (ICMS)</td>
<td>ICMS In-Reach</td>
<td>90,000.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Kim Kiron</td>
<td>Partial Hospitalization</td>
<td>Partial Hospital – 50 Min</td>
<td>64,500.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Kran g</td>
<td>Integrated Case Management Services (ICMS)</td>
<td>Targeted CRM</td>
<td>0.00</td>
<td>34,310.00</td>
<td>0.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Michael Jackson</td>
<td>Integrated Case Management Services (ICMS)</td>
<td>ICMS In-Reach</td>
<td>0.00</td>
<td>0.00</td>
<td>15,000.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Targeted CRM</td>
<td>0.00</td>
<td>0.00</td>
<td>34,310.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Site Total</td>
<td>482,590.00</td>
<td>34,310.00</td>
<td>59,310.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Total</td>
<td>581,680.00</td>
<td>4404,610.00</td>
<td>1506,180.00</td>
<td></td>
</tr>
</tbody>
</table>
6.16.9 Fiscal Billing Report

This report provides Agencies with the Billed and Paid Amounts detailed by Billing Cycle for a selected year.

6.16.9.1 Fiscal Billing Report Description

The following information is displayed on the report:

**Provider Name** – The name of the Provider Agency running this report.

**Billing Cycle Number** – the Number of the Billing Cycle with dates.

**Billed Amount** – Amount billed (encountered) by Provider agency for a specific Billing Cycle.

**Paid Amount** – Amount paid by State to the Provider Agency for a specific Billing Cycle.

**Totals** Amount Billed by the Provider and Total Amount Paid to the Provider Agency by the State for the selected year are displayed at the bottom of the report.

6.16.9.2 Fiscal Billing Report Layout

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Billing Cycle Number</th>
<th>Billed Amount</th>
<th>Paid Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>0AkulaProvider</td>
<td>33 (12/31/2017 To 01/02/2018)</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td></td>
<td>34 (01/03/2018 To 01/05/2018)</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td></td>
<td>35 (01/06/2018 To 01/08/2018)</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td></td>
<td>36 (01/09/2018 To 01/11/2018)</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td></td>
<td>37 (01/12/2018 To 01/14/2018)</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td></td>
<td>38 (01/15/2018 To 01/17/2018)</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td></td>
<td>39 (01/18/2018 To 01/20/2018)</td>
<td>$44.19</td>
<td>$44.19</td>
</tr>
<tr>
<td></td>
<td>40 (01/21/2018 To 01/23/2018)</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td></td>
<td>41 (01/24/2018 To 01/26/2018)</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td></td>
<td>42 (01/27/2018 To 01/29/2018)</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td></td>
<td>43 (01/30/2018 To 02/01/2018)</td>
<td>$115.14</td>
<td>$115.14</td>
</tr>
<tr>
<td></td>
<td>44 (02/02/2018 To 02/04/2018)</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td></td>
<td>45 (02/05/2018 To 02/07/2018)</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td></td>
<td>46 (02/08/2018 To 02/10/2018)</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td></td>
<td>47 (02/11/2018 To 02/15/2018)</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td></td>
<td>48 (02/16/2018 To 02/19/2018)</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

**Provider Total** $159.33 $159.33
6.16.10 Block Grant Expenditure Report

This report lists expenditures at the Block Grant providers.

6.16.10.1 Block Grant Expenditure Report Description

The following information is displayed on the report:

Provider Name – The name of the Provider Agency for whom this report is run.

Site Name – Name/Address of the Provider Site (may be selected at run time).

Consumer Name – Name(s) of Consumer receiving service(s) for which Provider has billed through NJMHAPP.

GLOF – Global Level of Functioning of the Consumer.

Program Name – Name of the Program funded through Block Grant.

Service Name – Name of the Service within the Program funded through Block Grant.

BG Expenditure – Dollar amount for the selected month of Block Grant charged for the Program/Service provided to the Consumer. Multiple months may be selected at run time.

Provider Total – Total expenditures for the Provider by selected month(s).

Total Expenditure Amount for all Block Grant Providers selected (CO functionality) at run time.
6.16.10 Consumer Specific Units Report

This report details Units of Service provided to the Consumer that were Encumbered, Encountered, and Remaining for the month(s) selected at runtime.

6.16.10.1 Consumer Specific Units Report Description

The following information is displayed on the report:

Provider Name – The name of the Provider Agency for whom this report is run.

Site Name – Name/Address of the Provider Site (may be selected at run time).
**Consumer Name** – Name(s) of Consumer receiving service(s) for which Provider has billed through NJMHAPP.

**Program Name** – Name of the Program funded through Block Grant.

**Service Name** – Name of the Service within the Program funded through Block Grant.

**Procedure Codes** – ICD10 codes for the Services provided to the Consumer.

**Encumbered Units** – Number of Service Units Encumbered for the listed Service for the month indicated above the column.

**Encountered Units** – Number of Service Units Encountered/Billed for the listed Service for the month indicated above the column.

**Remaining Units** – Number of Service Units Remaining (difference between Encumbered and Encountered/Billed) for the listed Service for the month indicated above the column.

**Provider Totals** – Provider Totals for the following are displayed at the bottom of each column for each selected month of reporting:

- Provider Total Encumbered Units
- Provider Total Encountered Units
- Provider Total Remaining Units (Encumbered Units minus Encountered Units).

**Grand Totals** – Displays grand totals for all providers in the report (CO Fiscal functionality):

- Grand Total Encumbered Units
- Grand Total Encountered Units
- Grand Total Remaining Units (Encumbered Units minus Encountered Units).
### 6.16.10.2 Consumer Specific Units Report Layout

**Department of Health**

**Division of Mental Health And Addiction Services**

**Consumer Specific Units Report**

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Site Name</th>
<th>Name</th>
<th>Program Name</th>
<th>Service Name</th>
<th>Procedure Codes</th>
<th>Encumbered Units</th>
<th>Encumbered Units</th>
<th>Remaining Units</th>
<th>Remaining Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>SMA Payers</td>
<td>5 Converse Way, Trenton, NJ Site</td>
<td>Adams, Steve</td>
<td>Programs of Assertive Community Treatment (PACT)</td>
<td>PACT In-Room</td>
<td>H034Q1</td>
<td>1</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>H324H4</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>H324H4</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td></td>
</tr>
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<td></td>
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<td></td>
<td></td>
<td>H2524H1</td>
<td>5</td>
<td>1</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Provider Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>12</td>
<td>2</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>TAPUL Provider</td>
<td>23 of 800, Trenton, NJ Site</td>
<td>Tani, Tami</td>
<td>Partial Hospitalization</td>
<td>Acute Partial Hospitalization</td>
<td>911</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>H324H4</td>
<td>6</td>
<td>0</td>
<td>6</td>
<td></td>
</tr>
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<td></td>
<td></td>
<td>H324H4</td>
<td>31</td>
<td>0</td>
<td>31</td>
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</tr>
<tr>
<td>Provider Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>38</td>
<td>2</td>
<td>36</td>
<td></td>
</tr>
<tr>
<td>TAPUL Provider</td>
<td>23 of 800, Trenton, NJ Site</td>
<td>Siven, Reva</td>
<td>Residential</td>
<td>Supported Education</td>
<td>5112</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Provider Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>TAPUL Provider</td>
<td>23 of 800, Trenton, NJ Site</td>
<td>Rohan, Rohan</td>
<td>Programs of Assertive Community Treatment</td>
<td>PACT Service</td>
<td>9012</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Provider Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

### 6.16.11 CSS Most and Least Used Services Report

This report lists Most and Least used CSS Services provided by the FFS Provider Agencies by Unit count for a pre-selected month.

#### 6.16.11.1 CSS Most and Least Used Services Report Description

The following information is displayed on the report:

**Service Name** – The name of the Services provided.

**CSS Band Name** – The name/description of the CSS Bands.

**Unit Count** – Number of Units utilized for the re-selected month.
6.1.12 Encounter Void Report

This report details all Encounter Voids performed by the Provider agency in NJMHAPP for a selected timeframe.

6.1.12.1 Encounter Void Report Description

The following information is displayed on the report:

**Provider Name** – The name of the Provider Agency for whom this report is run.

**Site Name** – Name/Address of the Provider Site (may be selected at run time).
**Program Name** – Name of the Program for which Encounters have been voided.

**Service Name** – Name of the Service within the Program for which Encounters have been voided.

**Service Dates** – The date of the Voided Encounter.

**No of Units** – Number of Encountered Service Units that were voided (negative number).

**Voided Amount** – $ Amount of Voided Units (Unit cost multiplied by the number of Units) (negative number).

**Month** – Month in which the Voided Units were encountered.

**Provider Total** – Total $ Amount of Voided Units for the Provider.

**Grand Total** – Total $ Amount of all Voided Units for all Providers (CO Fiscal functionality).

### 6.16.12.2 Encounter Void Report Layout

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Site Name</th>
<th>Program Name</th>
<th>Service Name</th>
<th>Service Dates</th>
<th>No of Units</th>
<th>Voided Amount</th>
<th>Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safety Test</td>
<td>123 Main St - Atlantic City</td>
<td>Outpatient</td>
<td>EM Medication Monitoring (15 min Unit)</td>
<td>1/9/2016</td>
<td>-1</td>
<td>-$73.44</td>
<td>January 2016</td>
</tr>
<tr>
<td>Provider</td>
<td>Admin Site</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1/1/2016</td>
<td>-1</td>
<td>-$73.44</td>
<td>January 2016</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1/3/2016</td>
<td>-1</td>
<td>-$73.44</td>
<td>January 2016</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1/6/2016</td>
<td>-1</td>
<td>-$73.44</td>
<td>January 2016</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1/29/2016</td>
<td>-1</td>
<td>-$73.44</td>
<td>January 2016</td>
</tr>
<tr>
<td></td>
<td>Partial Care</td>
<td>Partial Care - 60 Min</td>
<td></td>
<td>1/2/2016</td>
<td>-1</td>
<td>-$96.13</td>
<td>January 2016</td>
</tr>
<tr>
<td></td>
<td>Residential</td>
<td>A Group Home</td>
<td></td>
<td>1/6/2016</td>
<td>-1</td>
<td>-$153.27</td>
<td>January 2016</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1/7/2016</td>
<td>-1</td>
<td>-$153.27</td>
<td>January 2016</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1/8/2016</td>
<td>-1</td>
<td>-$153.27</td>
<td>January 2016</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1/11/2016</td>
<td>-1</td>
<td>-$153.27</td>
<td>January 2016</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1/12/2016</td>
<td>-1</td>
<td>-$153.27</td>
<td>January 2016</td>
</tr>
<tr>
<td></td>
<td>Provider Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>-$1,069.07</td>
<td></td>
</tr>
<tr>
<td>SPS Prov -</td>
<td>Bethesda - Barakulin</td>
<td>Supported Education</td>
<td>Supported Education</td>
<td>2/11/2016</td>
<td>-16</td>
<td>-$575.00</td>
<td>February 2016</td>
</tr>
<tr>
<td>Admin Site</td>
<td></td>
<td></td>
<td></td>
<td>2/1/2016</td>
<td>-5</td>
<td>-$125.00</td>
<td>February 2016</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2/1/2016</td>
<td>-2</td>
<td>-$50.00</td>
<td>February 2016</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2/2/2016</td>
<td>-2</td>
<td>-$50.00</td>
<td>February 2016</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3/3/2016</td>
<td>-3</td>
<td>-$50.00</td>
<td>February 2016</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3/4/2016</td>
<td>-2</td>
<td>-$50.00</td>
<td>February 2016</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3/6/2016</td>
<td>-2</td>
<td>-$50.00</td>
<td>February 2016</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2/14/2016</td>
<td>-5</td>
<td>-$125.00</td>
<td>February 2016</td>
</tr>
<tr>
<td></td>
<td>Provider Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>-$1,230.58</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Room and Board</td>
<td></td>
<td>1/1/2016</td>
<td>-1</td>
<td>-$27.47</td>
<td>January 2016</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Room and Board</td>
<td></td>
<td>1/1/2016</td>
<td>-1</td>
<td>-$27.47</td>
<td>January 2016</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Residential - Overnight</td>
<td></td>
<td>1/1/2016</td>
<td>-1</td>
<td>-$27.47</td>
<td>January 2016</td>
</tr>
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<td></td>
<td>Provider Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>-$266,178.19</td>
<td></td>
</tr>
</tbody>
</table>

Department of Health  
Division of Mental Health And Addiction Services
6.16.13 ECAS Encounter Report

This report details all ECAS Encounter entered by the Provider agency in NJMHAPP ECAS module for a selected timeframe.

6.16.13.1 ECAS Encounter Report Description

The following information is displayed on the report:

Provider Name – The name of the Provider Agency for whom this report is run.

Site Name – Name/Address of the Provider Site (may be selected at run time).

Program Name – Name of the Program for which Encounters have been entered.

Service Name – Name of the Service within the Program for which Encounters have been entered.

NJMHAPP ID – NJMHAPP ID of the Consumer for whom the Encounters were entered.

Name – Consumer’s name for whom the Encounters were entered.

Service Dates – The date of the Encounter.

No of Units – Number of Encountered Service Units that were entered.

Billed Amount – $ Amount for entered Units (Unit cost multiplied by the number of Units).

Billed on Date – Date on which the Encounters were entered.

Provider Total – Total $ Amount of entered Units for the Provider.

Grand Total – Total $ Amount of all entered Units for all Providers (CO Fiscal functionality).
6.16.13.2 ECAS Encounter Report Layout

This report details all ECAS Encounter Voids by the Provider agency in NJMHAPP ECAS module for a selected timeframe.

6.16.14 ECAS Encounter Void Report

This report details all ECAS Encounter Voids by the Provider agency in NJMHAPP ECAS module for a selected timeframe.

6.16.14.1 ECAS Encounter Void Report Description

The following information is displayed on the report:

Provider Name – The name of the Provider Agency for whom this report is run.
Site Name – Name/Address of the Provider Site (may be selected at run time).
Program Name – Name of the Program for which Encounter Voids have been created.
**Service Name** – Name of the Service within the Program for which Encounter Voids have been created.

**NJMHAPP ID** – NJMHAPP ID of the Consumer for whom the Encounter Voids were entered.

**Name** – Consumer’s name for whom the Encounter Voids were entered.

**Service Dates** – The date of the Encounters that were voided.

**No of Units** – Number of Encountered Service Units that were Voided.

**Billed Amount** – $ Amount for Voided Units (Unit cost multiplied by the number of Units).

**Voided on Date** – Date on which the Encounters were Voided.

**Provider Total** – Total $ Amount of Voided Units for the Provider.

**Grand Total** – Total $ Amount of all Voided Units for all Providers (CO Fiscal functionality).

### 6.16.14.2 ECAS Encounter Void Report Layout

![ECAS Encounter Void Report](https://example.com/ECAS_Report.png)

### 6.16.15 WRAP Reporting process

To accommodate the WRAP Processing in NJMHAPP the following four (4) WRAP Services related reports have been developed and availed to the Provider Users:
WRAP Claim Summary report
WRAP Fund Usage report
WRAP Payment report
WRAP Service Summary report.

6.16.15.1 WRAP Claim Summary Report Description
This report details WRAP Claims by the Provider agency, by Program, by WRAP Request Type, by WRAP Service for a selected date range (Start and End dates) by Claim Status. While the Date Range and Claim Status selections are required, All Other criteria may be selected as ALL, except Provider for individual Provider Agencies. The report details of the claims and totals of the Encumbered and Paid Amounts.

The following is the report data selection criteria:
- **Provider** – set to the Provider agency running this report.
- **Program** – dropdown selection field listing all Programs offered by this Provider.
- **WRAP Request Type** - dropdown selection field listing all WRAP Types for the selected Program.
- **WRAP Service** - dropdown selection field listing all WRAP Services for the selected WRAP Request Type.
- **Start Date** – entry/month/year calendar selection filed for selection of the start of the Date range for the report.
- **End Date** - entry/month/year calendar selection filed for selection of the end of the Date range for the report.
- **Claim Status** - dropdown selection field listing all Claim statuses to be reported upon (Claim Submitted, Claim Approved, and Claim Rejected).

The following information is displayed on the report:
- **Provider Name** – Name of the Provider running this report
- **Program Name** – Name of the Program for which the claim is reported upon.
- **WRAP Category** – Name of the WRAP Category for which the claim is reported upon.
- **WRAP Service** - Name of the WRAP Service for which the claim is reported upon.
- **Procedure Code** – of the WRAP Service.
- **Modifier** – Procedure Code Modifier.
- **Consumer Name** – Name of the Consumer for whom the Claim is being reported upon.
** NJMHAPP ID – System ID of the Consumer for whom the Claim is being reported upon. 

** Status – Status of the Claim at the time of report generation. 

** Encumbered Amount - $ Amount originally encumbered for this WRAP Service. Please note: Encumbered and Paid amounts may differ. 

** Paid Amount - $ Amount paid on the Claim. Please note: Encumbered and Paid amounts may differ. 

** Decision Date – Date the Claim was Approved or Rejected. Please note: This field is not displayed for reporting of the Claims in Submitted status. 

6.16.15.2 WRAP Claim Summary Report Layout

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Program Name</th>
<th>WRAP Category</th>
<th>WRAP Service</th>
<th>Procedure Code</th>
<th>Modifier</th>
<th>Consumer Name</th>
<th>NJMHAPP ID</th>
<th>Status</th>
<th>Encumbered Amount</th>
<th>Paid Amount</th>
<th>Decision Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

** 6.16.15.3 WRAP Fund Usage Report Description 

This report details WRAP Funds usage by Provider for the current Fiscal Year. 

The following is the report data selection criteria: Fiscal year – dropdown selection field featuring past and current fiscal year with the latter being a default. 

The following information is displayed on the report: 

** Provider Name – Name of the Provider executing the report. 

** Encumbered Amount - Total $ Amount encumbered by the Provider for the selected fiscal year. 

** Paid Amount - Total $ Amount paid to the Provider in the selected fiscal year.
Claim Amount To Be Approved – Total $ Amount of Claims that are yet to be approved by CO.

6.16.15.4 WRAP Fund Usage Report Layout

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Encumbered Amount</th>
<th>Paid Amount</th>
<th>Claim Amount To Be Approved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alameda Center</td>
<td>$10884.50</td>
<td>$6038.00</td>
<td>$40.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$10884.50</strong></td>
<td><strong>$6038.00</strong></td>
<td><strong>$40.00</strong></td>
</tr>
</tbody>
</table>

6.16.15.5 WRAP Payment Report Description

This report provides a total of WRAP Payments to the Provider for the pre-selected timeframe (months).

The following is the report data selection criteria:

Provider – set to the Provider agency running this report.

Start Date – entry/month/year calendar selection filed for selection of the start of the Date range for the report.

End Date - entry/month/year calendar selection filed for selection of the end of the Date range for the report.

The following information is displayed on the report:

Provider Name – Name of the Provider running this report.

Billed Amount – Total $ Amount Approved for the Provider in the selected month(s).
6.16.15.6 WRAP Payment Report Layout

Division of Mental Health And Addiction Services

**WRAP Payment Report**

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Billed Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Harris Center</td>
<td>$6,638.95</td>
</tr>
<tr>
<td>Total</td>
<td>$6,638.95</td>
</tr>
</tbody>
</table>

6.16.15.7 WRAP Service Summary Report Description

This report details Requested WRAP Services by Provider for a selected timeframe. The following is the report data selection criteria:

- **Provider** – set to the Provider agency running this report.
- **Program** – dropdown selection field listing all Programs offered by this Provider.
- **WRAP Request Type** - dropdown selection field listing all WRAP Types for the selected Program.
- **WRAP Service** - dropdown selection field listing all WRAP Services for the selected WRAP Request Type.
- **Start Date** – entry/month/year calendar selection filed for selection of the start of the Date range for the report.
- **End Date** - entry/month/year calendar selection filed for selection of the end of the Date range for the report.
- **Service Status** - dropdown selection field listing all Service Request statuses to be reported upon (Request Pending, Request Approved, Request Rejected, and Request Closed).

The following information is displayed on the report:

- **Provider Name** – Name of the Provider running this report
- **Program Name** – Name of the Program for which the claim is reported upon.
- **WRAP Category** – Name of the WRAP Category for which the claim is reported upon.
- **WRAP Service** - Name of the WRAP Service for which the claim is reported upon.
- **Procedure Code** – of the WRAP Service.
**Modifier** – Procedure Code Modifier.

**Consumer Name** – Name of the Consumer for whom the Claim is being reported upon.

**NJMHAPP ID** – System ID of the Consumer for whom the Claim is being reported upon.

**Status Description** – Status of the WRAP Request at the time of report generation (may be pre-selected at runtime).

**Requested Amount** - $ Amount originally requested for this WRAP Service. Please note: Requested and Approved amounts may differ.

**Approved Amount** - $ Amount approved for the Claim. Please note: Requested and Approved amounts may differ.

**Decision Date** – Date the WRAP Service request was Approved, Rejected, or Closed (as per runtime selection).

---

6.16.15.8 WRAP Service Summary Report Layout

---

**WRAP Services Summary Report**

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Program Name</th>
<th>WRAP Category</th>
<th>WRAP Service</th>
<th>Procedure Code</th>
<th>Modifier</th>
<th>Consumer Name</th>
<th>NJMHAPP ID</th>
<th>Status Description</th>
<th>Requested Amount</th>
<th>Approved Amount</th>
<th>Decision Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>AcmeCare Center</td>
<td>CSS</td>
<td>Security Monitoring - CSS</td>
<td>Mental Health Behavior Maintenance</td>
<td>2008</td>
<td>M010</td>
<td>Roy, Gina</td>
<td>1322</td>
<td>Request Approved</td>
<td>$150.00</td>
<td>$100.00</td>
<td>10/25/2015</td>
</tr>
<tr>
<td>Integrated Case Management Services (ICMS)</td>
<td>Follow-up support</td>
<td>Security/Ward</td>
<td>CSS02</td>
<td>Smith, J.</td>
<td>3520</td>
<td>Request Approved</td>
<td>$100.00</td>
<td>$100.00</td>
<td>10/25/2015</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program for Early Childhood Treatment (FACT)</td>
<td>Discharge Planning</td>
<td>Psychiatry</td>
<td>BS01</td>
<td>Ray, Gina</td>
<td>1322</td>
<td>Request Approved</td>
<td>$150.00</td>
<td>$150.00</td>
<td>10/25/2015</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Residential</td>
<td>Medical Services</td>
<td>Injection Induction</td>
<td>CM01</td>
<td>Erich, Vegar</td>
<td>1322</td>
<td>Request Approved</td>
<td>$100.00</td>
<td>$100.00</td>
<td>10/25/2015</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supported Education</td>
<td>Wrap around / Other</td>
<td>Court mandated services</td>
<td>CM01</td>
<td>Stephanie, single</td>
<td>3623</td>
<td>Request Approved</td>
<td>$100.00</td>
<td>$100.00</td>
<td>10/25/2015</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Total Requested Amount</strong>: $612.00</td>
<td><strong>Total Approved Amount</strong>: $452.00</td>
<td></td>
</tr>
</tbody>
</table>

---

6.16.16 ICMS Ancillary and Transportation Reporting process

To accommodate the ICMS Ancillary and Transportation process in NJMHAPP the following three (3) ICMS Ancillary and Transportation Services related reports have been developed and availed to the Provider Users:

ICMS Ancillary Services report

ICMS Transportation Services report

ICMS Ancillary Transportation Payment report
6.16.16.1 ICMS Ancillary Services Report Description

This report details ICMS Ancillary Services encountered for the Provider agency, by Service Name within the Provider site with in the pre-selected Date Range (Start and End dates).

The following is the report data selection criteria:

**Provider** – set to the Provider agency running this report.

**Site** – dropdown selection field listing all Sites for the Provider. All Sites is also an option.

**Service** - dropdown selection field listing all Ancillary Services. All Services is also an option.

**Start Date** – entry/month/year calendar selection fielded for selection of the start of the Date range for the report.

**End Date** – entry/month/year calendar selection fielded for selection of the end of the Date range for the report.

The following information is displayed on the report:

**Provider Name** – Name of the Provider running this report.

**Site Name** – Name of the Site in which the Service was provided.

**Service** - Name of the Ancillary Service provided.

**Procedure Code** – of the Ancillary Service.

**Modifier** – Ancillary Service Code Modifier.

**Consumer Name** – Name of the Consumer for whom the Claim is being reported upon.

**NJMHAPP ID** – System ID of the Consumer for whom the Claim is being reported upon.

**Billing Type** – Regular (billed in NJMHAPP proper) or ECAS.

**Service Date** – Date the Ancillary Service request was provided.

**No of Units** – Number of Units of Ancillary Service provided. *Note: Adjusted/Voided units are displayed as a negative number.*

**Date of Entry** – Date the Ancillary Service was encountered.

**Total** – Total number of Units provided.
## 6.16.16.2 ICMS Ancillary Services Report layout

### ICMS Ancillary Service Report

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Site Name</th>
<th>Service Name</th>
<th>Procedure Code</th>
<th>Modifier</th>
<th>Consumer Name</th>
<th>N/J/HAPF ID</th>
<th>Billing Type</th>
<th>Service Date</th>
<th>No Of Units</th>
<th>Date of Entry</th>
</tr>
</thead>
<tbody>
<tr>
<td>Akshay Provider</td>
<td>NJHAPP Health Care - Trenton - Admin Site</td>
<td>Essential Erands with or on Behalf of Consumer Service</td>
<td>Z5006</td>
<td>AEB</td>
<td>mat bus</td>
<td>3670</td>
<td>Regular</td>
<td>5/3/2020</td>
<td>11</td>
<td>5/5/2020</td>
</tr>
<tr>
<td>Akshay Provider</td>
<td>NJHAPP Health Care - Trenton - Admin Site</td>
<td>Essential Erands with or on Behalf of Consumer Service - Group</td>
<td>Z5006</td>
<td>AEEO</td>
<td>h war Bob</td>
<td>33016</td>
<td>Regular</td>
<td>5/5/2020</td>
<td>10</td>
<td>5/12/2020</td>
</tr>
<tr>
<td>Akshay Provider</td>
<td>NJHAPP Health Care - Trenton - Admin Site</td>
<td>Essential Erands with or on Behalf of Consumer Service - Group</td>
<td>Z5006</td>
<td>AEEO</td>
<td>h war Bob</td>
<td>33016</td>
<td>Regular</td>
<td>5/12/2020</td>
<td>10</td>
<td>5/12/2020</td>
</tr>
<tr>
<td>Akshay Provider</td>
<td>NJHAPP Health Care - Trenton - Admin Site</td>
<td>Participating with Consumer at Intake Appointment for Other Essential Services</td>
<td>Z5006</td>
<td>APAC</td>
<td>h war Bob</td>
<td>33016</td>
<td>Regular</td>
<td>5/5/2020</td>
<td>.70</td>
<td>5/12/2020</td>
</tr>
<tr>
<td>Akshay Provider</td>
<td>NJHAPP Health Care - Trenton - Admin Site</td>
<td>Participating with Consumer at Intake Appointment for Other Essential Services</td>
<td>Z5006</td>
<td>APAC</td>
<td>h war Bob</td>
<td>33016</td>
<td>Regular</td>
<td>5/6/2020</td>
<td>90</td>
<td>5/12/2020</td>
</tr>
<tr>
<td>Akshay Provider</td>
<td>NJHAPP Health Care - Trenton - Admin Site</td>
<td>Participating with Consumer at Intake Appointment for Other Essential Services</td>
<td>Z5006</td>
<td>APAC</td>
<td>h war Bob</td>
<td>33016</td>
<td>Regular</td>
<td>5/7/2020</td>
<td>90</td>
<td>5/12/2020</td>
</tr>
<tr>
<td>Akshay Provider</td>
<td>NJHAPP Health Care - Trenton - Admin Site</td>
<td>Participating with Consumer at Intake Appointment for Other Essential Services</td>
<td>Z5006</td>
<td>APAC</td>
<td>h war Bob</td>
<td>33016</td>
<td>Regular</td>
<td>5/8/2020</td>
<td>90</td>
<td>5/12/2020</td>
</tr>
<tr>
<td>Akshay Provider</td>
<td>NJHAPP Health Care - Trenton - Admin Site</td>
<td>Participating with Consumer at Intake Appointment for Other Essential Services</td>
<td>Z5006</td>
<td>APAC</td>
<td>h war Bob</td>
<td>33016</td>
<td>Regular</td>
<td>5/9/2020</td>
<td>90</td>
<td>5/12/2020</td>
</tr>
<tr>
<td>Akshay Provider</td>
<td>NJHAPP Health Care - Trenton - Admin Site</td>
<td>Participating with Consumer at Intake Appointment for Other Essential Services</td>
<td>Z5006</td>
<td>APAC</td>
<td>h war Bob</td>
<td>33016</td>
<td>Regular</td>
<td>5/10/2020</td>
<td>90</td>
<td>5/12/2020</td>
</tr>
<tr>
<td>Akshay Provider</td>
<td>NJHAPP Health Care - Trenton - Admin Site</td>
<td>Participating with Consumer at Intake Appointment for Other Essential Services</td>
<td>Z5006</td>
<td>APAC</td>
<td>h war Bob</td>
<td>33016</td>
<td>Regular</td>
<td>5/11/2020</td>
<td>90</td>
<td>5/12/2020</td>
</tr>
<tr>
<td>Akshay Provider</td>
<td>NJHAPP Health Care - Trenton - Admin Site</td>
<td>Participating with Consumer at Intake Appointment for Other Essential Services</td>
<td>Z5006</td>
<td>APAC</td>
<td>h war Bob</td>
<td>33016</td>
<td>Regular</td>
<td>5/12/2020</td>
<td>90</td>
<td>5/12/2020</td>
</tr>
<tr>
<td>Provider Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>852</td>
<td></td>
</tr>
</tbody>
</table>

### 6.16.16.3 ICMS Transportation Services Report Description

This report details ICMS Transportation Services encountered for the Provider agency, by Service Name within the Provider site with in the pre-selected Date Range (Start and End dates).

The following is the report data selection criteria:

- **Provider** – set to the Provider agency running this report.
- **Site** – dropdown selection field listing all Sites for the Provider. All Sites is also an option.
- **Service** - dropdown selection field listing all Transportation Services. All Services is also an option.
Start Date – entry/month/year calendar selection filed for selection of the start of the Date range for the report.
End Date - entry/month/year calendar selection filed for selection of the end of the Date range for the report.

The following information is displayed on the report:
Provider Name – Name of the Provider running this report
Site Name – Name of the Site in which the Service was provided.
Service - Name of the Transportation Service provided.
Procedure Code – of the Transportation Service.
Modifier – Transportation Service Code Modifier.
Consumer Name – Name of the Consumer for whom the Claim is being reported upon.
NJMHAPP ID – System ID of the Consumer for whom the Claim is being reported upon.
Billing Type – Regular (billed in NJMHAPP proper) or ECAS.
Service Date – Date the Transportation Service request was provided.
No of Units – Number of Units of Transportation Service provided. Note: Adjusted/Voided units are displayed as a negative number.
Date of Entry – Date the Transportation Service was encountered.
Total – Total number of Transportation Service Units provided.

6.16.16.4 ICMS Transportation Services Report layout

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Site Name</th>
<th>Service Name</th>
<th>Procedure Code</th>
<th>Modifier</th>
<th>Consumer Name</th>
<th>NJMHAPP ID</th>
<th>Billing Type</th>
<th>Service Date</th>
<th>No Of Units</th>
<th>Date of Entry</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alakaye Provider</td>
<td>NJMHAPP Health Care - Transport - Admin Site</td>
<td>ICMS Transportation Service</td>
<td>Z5006</td>
<td>TRAI</td>
<td>jordan ryan</td>
<td>33018</td>
<td>Regular</td>
<td>4/15/2020</td>
<td>2</td>
<td>5/1/2020</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Z5006</td>
<td>TRAI</td>
<td>jordan ryan</td>
<td>3070</td>
<td>Regular</td>
<td>5/3/2020</td>
<td>2</td>
<td>5/3/2020</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>33018</td>
<td>Regular</td>
<td>5/13/2020</td>
<td>2</td>
<td>5/4/2020</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>33018</td>
<td>Regular</td>
<td>5/1/2020</td>
<td>4</td>
<td>5/1/2020</td>
</tr>
</tbody>
</table>

Provider Total

Total

7

7
6.16.16.5 ICMS Ancillary Transportation Payment Report

Description

This report lists ICMS Ancillary and Transportation payments to Provider for the selected Month-Year.

The following is the report data selection criteria:

Provider – set to the Provider agency running this report.

Date – Dropdown selection field listing all Month-Years payment have been made.

The following information is displayed on the report:

Provider Name – Name of the Provider running this report

Month-Year – Month-Year in which the payment has been made.

6.16.16.5 ICMS Ancillary Transportation Payment Report layout

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Month-Year</th>
<th>Number of Consumers</th>
<th>Total Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Akshay Provider</td>
<td>May-2022</td>
<td>6</td>
<td>$326.22</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>6</td>
<td>$326.22</td>
</tr>
</tbody>
</table>

6.16.17 Provider Revenue Reporting process

To accommodate the Provider Revenue reporting a new Provider Revenue report has been developed and availed to the Provider Users listing reported by Provider collected Revenue based on information entered into the Provider Revenue worksheet.

6.16.17.1 Provider Revenue Report Description

This report details Revenue information entered by the Provider into the Provider Revenue worksheet. Ancillary Services encountered for the Provider agency, by Service Name within the Provider site with in the pre-selected Date Range (Start and End dates).

The following is the report data selection criteria:
Provider – set to the Provider agency running this report.
Program - dropdown selection field listing all Programs for which the revenue were reported. All Programs is also an option.
Start Date – entry/month/year selection filed for selection of the start of the Date range for the report.
End Date - entry/month/year selection filed for selection of the end of the Date range for the report.

The following information is displayed on the report:
Provider Name – Name of the Provider running this report
Month & Year – the month(s) and the year selected for reporting.
Program Name - Name of the selected Program or all Programs.
Client Rental, Outpatient, Nutritional Fees, Client Family Fees, – Revenue collected for each of these fees.
Revenue Total – The total dollar amount of reported Revenue per Program.
Billing Cycle – The number of the billing Cycle in which these Revenue was subtracted from.

6.16.17.2 Provider Revenue Report layout
6.17 Ticket Management

The NJMHAPP application provides Agencies with an ability to log system and data related issues through the application utilizing graduated Priorities and various Categories to assure proper routing (IT, Program, and/or Fiscal departments) and timely resolution (High, Medium, and/or Low).

6.17.1 Ticket Management Main Screen Functionality

- Provides User with ability to search for and view a list of current Tickets.
- Enables logging of new Tickets.
- Provides access to Ticket detail with status, comments, and attachments.
- Automated Email updates upon Closure of the Ticket to Ticket issuing User
### 6.17.2 Ticket Management Main Screen Layout

#### Category
- Search selection criteria dropdown field containing a pre-defined list of Ticket Categories.

#### Status
- Search selection criteria dropdown field containing the following Ticket Statuses:
  - Open
  - Assigned
  - In-Progress
  - Completed
  - Duplicate
  - Inadequate Info
  - No Issue Found
- Contact FFS Office.

**Search button** – Starts the search based on the selected Search Criteria.

**Create New Ticket button** – Opens New Ticket creation window.

**Grid containing the following ticket related information:**

- **Category** - Category of the logged Ticket issue.
- **Status** - Current status of the logged Ticket issue.
- **Assigned to** – Department the logged Ticket is assigned to.
- **Ticket Number** – Ticket Number assigned by the system for tracking purposes.
- **View action link** – opens Ticket detail window.

### 6.17.4 Create New Ticket window functionality

Enables Provider User with ability to enter new Ticket details with Priority, Category, Description and any pertinent Attachments.
6.17.5 Create New Ticket window Layout

Priority – dropdown selection field listing Ticket Priority (Low, Medium, High) (required field).

Category - dropdown selection field listing Ticket Category (Open, Assigned, In-Progress, Completed, Duplicate, Inadequate Info, No Issue Found, Contact FFS Office). (required field).

Email – Email of the User logging the issue/Opening Ticket. Populated by default with Users Email entered as part of the User Credentials setup.

NJMHAPP ID – Open text field for entry of the System assigned Consumer NJMHAPP ID (located in the Consumer information section on the Consumer related system screens/modules).
Description – Multi-Line open test field for entry of the issue description. (required field).

Attachments 1 through 4 – Search/File Selection field/functionality providing User with ability to search his/her computer and/or any accessible network location for pertinent files/documents related to the logged issue.

Save button – Saves and logs the Issue Ticket and assigns Ticket Number displayed at the top of the window.

Close button – closes the window.

Please Note: As of NJMHAPP release 4.5 Provider Users will be restricted by the application from creating a Consumer Medicaid Status Issue ticket for Admitted Consumers.

6.18 IME Functionality

NJMHAPP provides IME with ability to input and edit 6 month IRP Units for Providers (other than UBHC).

Please note that in the case of Payer change or Consumers transitioning from Contract to FFS, IME must only enter billable Units i.e. Units remaining in the IRP as of the time of transition.

6.18.1 IME Main Screen Functionality

- Provides IME User with ability to search for and view a list of current IRPs and IRPs to be entered.
- Enables editing of existing IRPs and addition of new IRPs.
- Enables IMEs with the ability to execute application reports.

6.18.2 IME Main Screen Layout
6.18.3 IME Main Screen Fields/Process definitions

**Provider Name (search field)** – Search selection criteria dropdown field for selection of the specific Provider (All Provider IRPs are displayed as default).

**First Name** – Search selection criteria text field for selection of a Consumer with entered First Name.

**Last Name** – Search selection criteria text field for selection of a Consumer with entered Last Name.

**IRP Grid fields:**

**Provider Name** – Name of the Provider Agency with existing Consumer IRP(s) (60 Day IRP and/or 6 month IRP(s)).

**Last Name** – Last Name of the Consumer with existing IRP(s) (60 Day IRP and/or 6 month IRP(s)).
First Name – First Name of the Consumer with existing IRP(s) (60 Day IRP and/or 6 month IRP(s)).

Date of Birth – DOB of the Consumer with existing IRP(s) (60 Day IRP and/or 6 month IRP(s)).

View/Add IRP - Action link that opens the Add IRP functionality window.

6.18.4 IME Add IRP window functionality.
- Provides IME with ability to view existing IRPs (both 60 Day and 6 Month).
- Provides IME with ability to add the 6 Months IRPs for the qualified Consumer for all Provider Agencies except for the UBHC Provider Agency.
- Provides IME with ability to edit the 6 Months IRPs for the qualified Consumer for all Provider Agencies except for the UBHC Provider Agency, as part of the Mid-IRP review.

6.18.5 Add IRP window Layout

6.18.6 IME Add IRP window Fields/Process definitions
IRP Type – Search selection criteria dropdown field for selection of either viewing the 60 Day IRP entered by Provider or viewing/entering/editing of the 6 months IRP.

IRP Name - Search selection criteria dropdown field containing a list of existing IRPs and “Add New 6 moth IRP” selection.

Start Date – Contains the Start Date of the IRP being viewed or being entered.

End Date – Contains the End Date of the IRP being viewed or being entered.

IRP Grid containing the following IRP related information:

Band – Description of the Band for Unit assignment.

No Of Units – Numeric field populated with the Units selected per band (by Provider for the 60 Day IRP and by IME for the 6 months IRP). For new IRPs, This field contains 0 (zero) and is available for entry of Units by IME.

6.19 ECAS payment request/Void functionality in NJMHAPP

NJMHAPP provides Providers with ability to request and void ECAS payment(s) for services provided in the timeframe beyond the buffer days (15th of the following month) and for the following services that are not covered in the primary flow of NJMHAPP:

- SE Non Face-to-Face
- SED Non Face-to-Face
- CSS In-Reach

The ECAS Billing/void functionality consists of the following four (4) screens:

- Consumer Search/list screen
- Billing/Void Detail screen
- Add Encounter popup window
- Void Encounter popup window

Please note that due to a separate funding source and Providers’ ability to bill for the Pre-Admission Services without buffer days limitation, said Pre-Admission services will not be allowed to be billed via ECAS functionality in NJMHAPP. Additionally, due to yet another funding source, ECAS billing for WRAP services will not be permitted.
6.19.1 ECAS Claims Search/List screen functionality

- Enables Providers’ ability to search for and view a list of Consumers for whom ECAS payment(s) have been requested, filtered by the following:
  - Program
  - Service
  - Consumer First Name
  - Consumer Last Name
  - Claim Status
  - NJMHAPP ID

- Lists Consumer (search result) for whom ECAS payment requests and ECAS payment request voids have been and/or are to be created by the Provider.
6.19.2 ECAS Claims Search/List screen Layout

The Claims Search screen consists of 2 parts – Search/Filter section and List/Grid section.

The Search section provides user with ability to find a Consumer for whom the ECAS billing requests have been entered, based on the following search criteria:

- Consumer First Name
- Consumer Last Name
- SSN
- Gender
The List/Grid section provides user with list of Consumers based on the performed search with the above listed search criteria. The following information is contained in the grid:

- **NJMHAPP ID** – Consumer’s NJMHAPP ID
- **Provider Name**
- **Consumer Last Name**
- **Consumer First Name**
- **Services** – Services provided to Consumer for which the ECAS claim has been entered.
- **Service Date** – All of the Service Dates and number of Service Units for which encounters have been entered via the ECAS billing claims.
- **Claim Status** – Current status of the claim. The Claim Statuses are:
  - **Pending** – Set to upon successful claim submission by Provider.
  - **Approved by FFS** – Set to upon approval by the CO FFS Team.
  - **Approved by Fiscal** - Set to upon approval by the CO Fiscal Team.
  - **Denied by FFS** – Set to upon denial of claim by the CO FFS Team.
  - **Denied by Fiscal** - Set to upon denial of claim by the CO Fiscal Team.
- **Select** – action link to a screen displaying detail information and allowing entry of ECAS payment requests and ECAS payment request voids for the selected Consumer.

The grid/list may be sorted on any of the fields by clicking on the column header.

### 6.19.4 ECAS Billing/Void screen functionality

- Enables Providers’ ability to search for and view Registered and/or Admitted Consumers for creation of ECAS Claims and ECAS Claim Voids filtered by the following:
- Consumer First Name (required)
- Consumer Last Name (required)
- SSN
- Gender (required)
- Date of Birth (required)
- NJMHAPP ID

- Lists Consumer (search result) for whom ECAS payment requests and ECAS payment request voids are to be created by the Provider.

### 6.19.5 ECAS Billing/Void screen Layout

![ECAS Billing/Void screen](image)

#### Search Consumer
- First Name: test
- Last Name: akshay
- SSN: 
- Gender: Male
- Date of Birth: 01/22/1977

#### Consumer Information

<table>
<thead>
<tr>
<th>NJMHAPP ID</th>
<th>First Name</th>
<th>Last Name</th>
<th>Date of Birth</th>
<th>SSN</th>
</tr>
</thead>
<tbody>
<tr>
<td>230</td>
<td>test</td>
<td>akshay</td>
<td>01/22/1977</td>
<td>**<em>.</em>-3535</td>
</tr>
<tr>
<td>269</td>
<td>test</td>
<td>akshay</td>
<td>01/22/1977</td>
<td>**<em>.</em>-2233</td>
</tr>
</tbody>
</table>

### 6.19.6 ECAS Billing/Void screen fields/process definitions

- Password Policy
The ECAS Payment request screen consists of 2 parts – Search/Filter section and List/Grid section.

The Search section provides user with ability to find a Consumer based on the following search criteria:

- Consumer First Name
- Consumer Last Name
- SSN
- Gender
- Date of Birth
- NJMHAPP ID
- Search button – initiates the search
- Reset Button – clears the search criteria fields.

The List/Grid section provides user with list of Consumers based on the performed search with the above listed search criteria. The following information is contained in the grid:

- NJMHAPP ID – Consumer’s NJMHAPP ID
- Consumer First Name
- Consumer Last Name
- Consumer’s DOB
- Consumer’s SSN – only the last 4 digits are displayed for security and privacy reasons.
- Select – action link to a screen displaying detail information and allowing entry of ECAS payment requests and ECAS payment request voids for the selected Consumer.

**6.19.7 ECAS Billing/Void Detail screen functionality**

This screen is accessed by clicking on the Select action link in the screen detailed above (6.19.6).
- Provides User with ability to access all ECAS payment requests and ECAS payment request void records for the Consumer selected via search.
- Gives Provider the ability to delete the ECAS payment requests that have not yet been reviewed (approved or rejected).
- Provides Users with a link (button) to enter new ECAS billing requests for services provided to the selected Consumer.
- Provides Users with a link (button) to void previously entered and approved/payed ECAS billing requests.

6.19.8 ECAS Billing/Void Detail Screen Layout
The ECAS Payment Request Detail screen consists of 2 parts – Consumer Information section and Encounter/Encounter Void List/Grid section.

The Consumer Information section is display only and contains the following information:

- **Name** – Last Name, First Name of the selected Consumer.
- **Date of Birth** – DOB of the selected Consumer.
- **NJMHAPP ID** - NJMHAPP ID of the selected Consumer.
- **Admission Date** - Admission Date of the selected Consumer.
- **Medicaid Status** - Medicaid Status of the selected Consumer.
- **Add Encounter** – button generating the Add Encounter popup window.
- **Void Encounter** – button generating the Void Encounter popup window.

The ECAS Encounters section contains the following information in a grid format:

- **Service Name** – Concatenated Procedure code and Service name of the Service being billed for.
- **Billed Amount** - Total dollar amount (Service Unit cost multiplied by the number of Units) for the service(s) provided to the Consumer.
- **No Of Units** – Number of Units billed for that Service.
- **Service Dates** – All of the service dates billed for the that Service.
- **Status** – Status of the ECAS Billing request. The following statuses are possible:
  - *Pending* – set to at the time of ECAS Billing request by the Provider
  - *Approved By FFS* – Set to upon approval by the CO FFS team.
  - *Approved by Fiscal* - Set to upon approval by the CO Fiscal team.
  - *Rejected by FFS* - Set to upon rejection by the CO FFS team.
  - *Rejected by Fiscal* - Set to upon rejection by the CO Fiscal team.
- **Delete** – Delete action link that enables Provider User with ability to delete ECAS Billing request records prior to review by CO FFS team only.
Please note: The Void Encounter button will only appear on the screen if Any Service Claims on said screen have been approved by Fiscal.

6.19.10 ECAS Add Encounter popup window functionality

This window is generated by Provider User clicking on the Add Encounter button in the Payment Request Detail screen.

- Allows Provider Users to enter ECAS payment requests.
- Validates the maximum number of Units per day for the provided service.
- Validates the maximum number of Units per month for the provided service.
- Validates the minimum number of Units per day for the provided service.
6.19.11 ECAS Add Encounter popup window Layout

This popup window consists of 2 parts – Selection Criteria and Calendar control/Encounter entry grid

Selection Criteria section – consists of the following fields:

- **Site** – Dropdown selection field populated with all Provider Sites.
- **Program** - Dropdown selection field populated with all Programs offered at the selected Provider’s Site.
• **Service** - Dropdown selection field populated with all services for the Provider selected Program at the selected Site.

• **Month** - Dropdown selection field populated with Month/Year dating back 12 months (including current month).

• **Reason** - Dropdown selection field populated with a list of pre-set reasons for ECAS encounters.

**Encounter entry grid** – consists of the following fields:

• **Calendar Control** - resulting from a selection in the Selection Criteria section for the selected month, prepopulated with number of Service Units for the selected Service on days encountered via normal NJMHAPP process and/or ECAS process.

• **Attachments** – a file selection field (with the “Browse..” button) allowing user to select and attach a file to the Encounter.

• **Provider Attestation checkbox** – by checking this box, the user is confirming that he or she has accurately entered the encounter information based on information in the consumer’s progress note regarding the date and duration of the service provided. This box must be checked in order to save the encounter data.

• **Medicaid status checkbox** - The purpose of this checkbox is to provide another check against billing through the MH FFS Program when Medicaid funding is available for the service. This box is checked when 1) the service identified in the Encounter/Billing calendar is not a Medicaid covered-service or 2) the user has checked the EMEVS and confirmed that the consumer receiving the service was not eligible for Medicaid on the date(s) that encountered units are entered. Encounter data entered in the Encounter/Billing Calendar Screen cannot be saved unless this box is checked.

**Please note:** Units of Service Encountered for Supported Employment (SE) and Supported Education (SED) are validated against the encounters in NJMHAPP proper for a total of 80 units per Consumer per month encompassing Individual, Group, and Non-Face-to-Face (of each program).

**6.19.13 ECAS Void Encounter popup window functionality**

This window is generated by Provider User clicking on the Void Encounter button in the Payment Request Detail screen.
- Displays Approved Encounters entered via ECAS payment request process only.
- Allows Provider Users to void previously entered and fully approved (by FFS and Fiscal Teams) ECAS payment requests.
- Provides User with ability to void all units of the encounter or reduce the number of previously encountered and approved Service Units.

### 6.19.14 ECAS Void Encounter popup window Layout

![ECAS Void Encounter popup window](image_url)

- By checking the box to the left of this text, the NJMHAAP user entering the encounter information is confirming that such encounter data has been entered accurately based on information recorded in the client’s progress note on the entered date(s) with respect to the type and duration (number of units) provided to the client.
6.19.15 ECAS Void Encounter window Fields/Process definitions

This popup window consists of 2 parts – Selection Criteria and Calendar control/Encounter entry grid

Selection Criteria section – consists of the following fields:

- **Month** - Dropdown selection field populated with Month/Year dating back 12 months (including current month).
- **Site** – Dropdown selection field populated with all Provider Sites.
- **Service** - Dropdown selection field populated with all services for the Provider selected Program at the selected Site.

Encounter Void entry grid – Consists of the following fields

- **Calendar Control - resulting** from a selection in the Selection Criteria section for the selected month, prepopulated with number of Service Units for the selected Service on days encountered via ECAS billing process only.
- **Provider Attestation checkbox** – by checking this box, the user is confirming that he or she has accurately entered the encounter information based on information in the consumer’s progress note regarding the date and duration of the service provided. This box must be checked in order to save the encounter data.
- **Save button** – Saves entered encounter voids.
- **Close button**- Closes the window without saving entered information.
6.20 WRAP Services Process

NJMHAPP now enables Providers with ability to request WRAP Services for their Consumers. The process encompasses Service(s) Request, sustained application driven dialog between Providers and CO team, Request Approval, Funds Encumbrance, Claim submission, Claim Approval, and Reporting. WRAP related functionalities detailed below are availed to both Provider and CO users.

Please refer to the Addendum 7.5 for WRAP Processflow diagram.

6.20.1 WRAP Home Search/List screen functionality

Enables Providers’ ability to search for and view a list of WRAP Service requests filtered by the following:

- Provider (CO users only)
- Program
- WRAP Request Type
- WRAP Service
- Service Status
- NJMHAPP ID
6.20.2 WRAP Home Search/List screen Layout

This screen consists of 2 parts – Selection/Filter Criteria and WRAP Service Requests grid.

**Selection/Filter Criteria section consists of the following fields:**

- **Provider** – Name of the Provider (selectable by CO team users only)
- **Program** – dropdown selection list of Programs offered by this Provider
- **WRAP Request Type** - dropdown selection list of WRAP Request Types filtered by the pre-selected Program.
- **WRAP Service** - dropdown selection list of WRAP Services filtered by the pre-selected WRAP Request Type.
- **Service Status** - dropdown selection list consisting of the following statuses:
  - Request Pending
  - Request Approved
  - Request Rejected
  - Request Closed
**NJMHAPP ID** - NJMHAPP ID of the Consumer for whom WRAP Services have been requested.

**WRAP Service Requests grid section consists of the following fields:**

- **NJMHAPP ID** - NJMHAPP ID of the Consumer with requested WRAP Service(s)
- **Provider Name** – Name of the Provider requesting the WRAP Service
- **Last Name** – The Last Name of the Consumer for whom the WRAP Service has been requested.
- **First Name** - The First Name of the Consumer for whom the WRAP Service has been requested.
- **Program** – Name of the Program with associated WRAP service.
- **WRAP Request Type** - WRAP type requested by the Provider for the Consumer.
- **WRAP Service** – WRAP service requested for the Consumer.
- **Status** – The current Status of the WRAP Request.
- **View** – Action link to view the specific WRAP Request detail.

**6.20.4 Add/View WRAP Services Search/List screen functionality**

Enables Providers’ ability to search for and view a specific Consumer registered at the Provider Agency in order to request WRAP Service(s). The search criteria are as follows:

- **First Name** – text entry field for Consumer’s First Name (required search field).
- **Last Name** – text entry field for Consumer’s Last Name (required search field).
- **SSN** - text entry field for Consumer’s SSN (required search field).
- **Date Of Birth** – entry or Calendar selection field for Consumer’s DOB (required search field).
- **Gender** – dropdown selection field for Consumer’s Gender (required search field).
- **NJMHAPP ID** – searching by the NJMHAPP ID as an alternate to all of the above listed criteria.

**6.20.5 Add/View WRAP Services Search/List screen Layout**
6.20.6 Add/View WRAP Services Search/List screen
Fields/Process definitions

This screen consists of 2 parts – Consumer Selection/Filter Criteria and Consumer list grid.

**Selection/Filter Criteria section consists of the following fields:**

- **First Name** – Consumer’s First Name
- **Last Name** – Consumer’s Last Name
- **SSN** – Consumer’s SSN.
- **Date of Birth** – Consumer’s DOB.
- **Gender** – Dropdown selection field with Genders
- **NJMHAPP ID** – searching by the NJMHAPP ID as an alternate to all of the above listed criteria.

**Consumer Information grid section consists of the following fields:**

- **First Name** - The First Name of the searched for Consumer.
- **Last Name** – The Last Name of the searched for Consumer.
SSN – Searched for Consumer’s SSN.
Date of Birth – Searched for Consumer’s DOB.
Gender – Searched for Consumer’s Gender
NJMHAPP ID - NJMHAPP ID of the Consumer with requested WRAP Service(s)
Select – Action link to select Consumer for WRAP Service assignment.

6.20.7 Add/View WRAP Services Add New Service List screen functionality

Enables Providers’ ability to request a WRAP Service for a specific Consumer. Only Active (Registered and/or Admitted) qualify for WRAP Services. This screen avails Provider user the following abilities:

- WRAP Service request addition – Ability to request a WRAP Service for the Consumer.
- WRAP Service Request Delete – Ability to delete requested WRAP Service that has not yet been encountered/billed for.
- View/Edit WRAP Service Request – ability to change the following information in the WRAP Service Request while the Request is in Pending Status:
  - County
  - Subsidy Type
  - Subsidy Award Date
  - Units and/or Per Unit Rate, or Total Amount (WRAP Service type dependent).
  - Enter Comments.
  - Add Attachments.
- Submit Claim – Ability to submit a claim for an Approved WRAP Service request.
6.20.8 Add/View WRAP Services Add New Service List screen layout

This screen consists of 2 parts – Display only Consumer Information section and WRAP Service request(s) summary list grid.

**Consumer information section consists of the following fields:**

- **Consumer’s Name** – Consumer’s Last, First name
- **Date of Birth** – Consumer’s DOB.
- **NJMHAPP ID** – Consumer’s NJMHAPP ID.
- **Admission Date** – Consumer’s Admission Date
- **Medicaid Status** – Consumer’s Medicaid Status.

**WRAP Service Request grid section consists of the following fields:**

- **NJMHAPP ID** – Consumer’s NJMHAPP ID.
**WRAP Request Type** – Type of WRAP request.

**WRAP Service** – Name of the Service Requested by the Provider.

**Start Date** – WRAP Service Start Date.

**End Date** – WRAP Service End Date.

**Amount** – Total $ Amount for the requested WRAP Service.

**Status** – Current status of the WRAP request

**Delete** – Action link enabling user to delete a WRAP Service Request that has not been Encountered/Billed.

**View/Edit or View** – Action link to view and/or edit a WRAP Service request in Pending Status or only view WRAP Service request in Approved Status.

**Submit Claim** – Action link to submit Claims for Approved WRAP Service Requests only.

**Total $ Amount of the Active WRAP Service Requests appears on the screen in the grid.**

---

**6.20.10 Add WRAP Service pop-up window functionality**

Enables Providers’ ability to request a WRAP Service for a selected Consumer by entering and selecting Program, WRAP Request Type, WRAP Service, County, Subsidy Type, Subsidy Award Date, number of Units and Per Unit Rate or Total Amount, WRAP Start and End Dates, Customer Issues, Comments and Attachments.
6.20.11 Add WRAP Service pop-up window layout

This window consists of 2 parts – Display-only Consumer Information section and WRAP Service request detail entry section.

**Consumer information section consists of the following fields:**

**Consumer’s Name** – Consumer’s Last, First name

**Date of Birth** – Consumer’s DOB.

**NJMHAPP ID** – Consumer’s NJMHAPP ID.
**Admission Date** – Consumer’s Admission Date

**Medicaid Status** – Consumer’s Medicaid Status.

**WRAP Service Request detail entry section consists of the following fields:**

- **Program** – Dropdown selection field containing all Programs offered by the Provider.

- **WRAP Request Type** - Dropdown selection field containing WRAP Request Types filtered by the pre-selected Program.

- **WRAP Service** - Dropdown selection field containing WRAP Services offered by the Provider filtered by the pre-selected WRAP Request Type.

- **County** - Dropdown selection field containing all New Jersey Counties.

- **Subsidy Type** - Dropdown selection field containing Subsidy Types. Active for Housing related WRAP Request Types only.

- **Subsidy Award Date** – Entry/Calendar selection field activated for Housing related WRAP Request Types only.

- **Units** – numeric entry field active for Unit/Per Unit Cost types of WRAP Requests.

- **Per Unit Rate** - numeric entry field active for Unit/Per Unit Cost types of WRAP Requests.

- **Total Amount** – dependent on the WRAP Request Type, either a numeric entry field for cost based WRAP Request Types or a display only field totaling Units multiplied by Per Unit Cost for Unit based WRAP Request Types.

- **WRAP Start Date** – Start Date of the requested WRAP Service.

- **WRAP End Date** – End Date of the requested WRAP Service.

- **Consumer Issues** – text entry field for justification of the WRAP Request.

- **Comments** - text entry field for any comments directed at CO Approvers.

- **Attachments** – for any pertinent documentation.

---

**6.20.13 View/EditWRAP Service pop-up window functionality**

Enables Providers’ ability to view an approved WRAP Service request or View/Edit a WRAP Service request in Pending status. The following information may be edited/changed in the WRAP Request in Pending status:
County, Subsidy Type and Subsidy Award Date (only for Subsidy based WRAP Service), Units and Per Unit Rate (for Unit based services only), Total Amount (for fixed cost WRAP Services only), WRAP Start Date, and WRAP End Date. Additional Comments and Attachments may be added to the Request.

### 6.20.14 View/Edit WRAP Service pop-up window Layout

![Image of View/Edit WRAP Service pop-up window]

- **Consumer Information**
  - Name: Smith, Rita
  - Date of Birth: 01/01/1970
  - NJMHAPP ID: 33023
  - Admission Date: Not Admitted
  - Medicaid Status: Not Medicaid Enrolled

- **WRAP Service Details**
  - Program Name: Integrated Case Management Services (ICMS)
  - WRAP Request Type:
  - County: Atlantic
  - Subsidy Type: -- Select --
  - Units: 20
  - Per Unit Rate: 12.00
  - WRAP Start Date: 09/01/2019
  - WRAP End Date: 11/30/2019

- **WRAP Service**
  - Monitor At-Risk Behavior - Associates

- **Consumer Issues**
  - [Savelio Khorosh, Oct 22 2010 11:17AM]: Second Service request. Unit and Rate based

- **Comments**

- **Attachments**

- **Buttons:** Save, Delete, Close

### 6.20.15 Submit WRAP Claim pop-up window functionality

Navigated to by clicking on the Submit Claim action link in the WRAP Requests grid on the Add/View Services screen, the Claim submission window enables Provider users the ability submit billing claim for provided approved WRAP service.
6.20.16 Submit WRAP Claim pop-up window layout

This window consists of 3 parts – Display-only Consumer Information section, display-only WRAP Service information section, and WRAP Service Claim detail entry section.

6.20.17 Submit WRAP Claim pop-up window Fields/Process definitions
Consumer information section consists of the following fields:

Consumer’s Name – Consumer’s Last, First name
Date of Birth – Consumer’s DOB.
NJMHAPP ID – Consumer’s NJMHAPP ID.
Admission Date – Consumer’s Admission Date
Medicaid Status – Consumer’s Medicaid Status.

WRAP Service information section consists of the following fields:

Service Name – Name of the Service being billed.
Approved Amount - $ amount approved for this WRAP Service.
Billed Amount - $ amount that has already been billed for this service. Note: Multiple billing claims may be submitted for one WRAP Service.
Start Date – Start Date of the service.
End Date – End Date of the service.

6.21 Provider Revenue Template

NJMHAPP now enables Providers with ability to record and submit their revenue details for Client Rental, Nutritional Fees, and Client/Family Fees to DMHAS Fiscal team through the Revenue Template functionality in NJMHAPP. This replaces current manual process.

Please refer to the Addendum 7.5 for WRAP Processflow diagram.

6.21.1 Revenue Template screen functionality

Enables Providers’ ability to enter Client Client Rental, Nutritional Fees, and Client/Family Fees collected during a specific month in a specific Fiscal Year for the following Programs:

- ICMS
- CSS (for Providers participating in FFS program only)
- Outpatient
- PACT
- Partial Care
- Partial Hospitalization
- Residential
- Supported Education
- Supported Employment

Application calculates the Total Revenue dollar amount for each Program.

### 6.21.2 Revenue Template screen Layout

![Revenue Template Screen](image)

- **Note:** Enter 0 if there is no Revenue being collected
- **Provider:** Akshay Provider
- **Fiscal Year:** FY20
- **Month:** April 2020

<table>
<thead>
<tr>
<th>Service</th>
<th>Client Rental</th>
<th>Nutritional Fees</th>
<th>Client/Family Fees</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICMS</td>
<td>100.00</td>
<td>20.00</td>
<td>0.00</td>
<td>$120.00</td>
</tr>
<tr>
<td>Outpatient</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Partial Care</td>
<td>10.00</td>
<td>0.00</td>
<td>0.00</td>
<td>$10.00</td>
</tr>
<tr>
<td>Partial Hospitalization</td>
<td>100.00</td>
<td>20.00</td>
<td>0.00</td>
<td>$220.00</td>
</tr>
<tr>
<td>Residential</td>
<td>500.00</td>
<td>500.00</td>
<td>0.00</td>
<td>$1100.00</td>
</tr>
<tr>
<td>Supported Education</td>
<td>100.00</td>
<td>0.00</td>
<td>0.00</td>
<td>$100.00</td>
</tr>
<tr>
<td>Supported Employment</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

### 6.21.3 Revenue Template screen Fields/Process definitions

Enables Providers’ ability to enter Client Rental, Nutritional Fees, and Client/Family Fees collected during a specific month in a specific Fiscal Year.

Please note: Providers are able to enter and edit entered information only until the end of the Current Billing cycle. Once the Billing Cycle ends, no Revenue data may be entered or edited.

The screen is comprised of 2 sections
- Section 1 – Fiscal Year and Month selection
- Section 2 – Revenue Grid
Upon populating the Revenue Collected type for each Service in the grid for the specific month within the selected fiscal year the system automatically sums Revenue in the Total column.

7.0 Appendix

7.1 SUD CONSENT

Appendix A
Consent for Disclosure of Substance Use Disorder Diagnoses

CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

I, ____________________________________________, authorize
(Name of consumer)
______________________________________________________ to disclose my substance use
(Name or general designation program making disclosure)
disorder diagnoses, if any, to the New Jersey Department of Human Services, Division of Mental Health and Addiction Services’ NJ Mental Health Application for Payment Processing (NJMHAPP).

The purpose of the disclosure authorized in this consent is to provide information to assist the Division of Mental Health and Addiction Services to plan for services to address the needs of consumers with co-occurring mental health and substance use disorder diagnoses.

I understand that substance use disorder diagnoses information is protected under the Federal regulations governing Confidentiality and Drug Abuse Patient Records, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), 45 C.F.R. pts 160 & 164, and cannot be disclosed without my written consent unless otherwise provided for by the regulations.

I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically when I am no longer receiving services from:
(Name or general designation program making disclosure)

I understand that I will not be denied services if I refuse to consent to the disclosure described in this form.

I have been provided a copy of this form.

Dated: _____________  
Signature of Patient
7.2 **Family relative income calculation grid**

*Appendix B: Family/Relative Income Calculation Grid*

<table>
<thead>
<tr>
<th>Type of Income</th>
<th>Income of Household Member (required to file tax return)</th>
<th>Total income</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>#1 #2 #3 #4 #5 #6</td>
<td></td>
</tr>
<tr>
<td>Disability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pension/Retirement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work First New Jersey</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Security Benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unemployment benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wages</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-Employment income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tips</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SSI</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total income</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

7.3 **MAGI Rules for Household Size**

*Appendix C
MAGI Rules for Determining Medicaid and CHIP Households*
<table>
<thead>
<tr>
<th>Tax filer not claimed as a dependent</th>
<th>Tax dependent</th>
<th>Non-filer / non-dependent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Individual’s household is:</strong></td>
<td><strong>Individual’s household is:</strong></td>
<td><strong>For individuals age 19 and above:</strong></td>
</tr>
<tr>
<td>• Tax filer and all persons whom taxpayer expects to claim as a dependent(^1),(^2),(^3),(^4)</td>
<td>• The household of the tax filer claiming individual as a dependent(^2),(^3),(^4)</td>
<td>• Household is the individual plus, if living with individual, spouse and children under age 19(^5),(^6),(^7)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>For individuals under age 19(^8):</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Household is the individual plus siblings under 19(^9), parents (including step-parents) and children living with individual(^3),(^4)</td>
</tr>
<tr>
<td><strong>EXCEPTIONS (apply the rules for non-filer):</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Tax dependents not a child of the taxpayer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Individuals under 19(^9) living with both parents not expected to file a joint return</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Individuals under 19(^9) claimed as tax dependent by non-custodial parents</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1 For married couples filing jointly, each spouse is considered a tax filer  
2 Married couples living together are always in each other’s household regardless of how they file  
3 A pregnant woman is counted as herself plus the number of children she is expecting  
4 For individuals whose household includes a pregnant woman, states can count the pregnant woman as 1, 2, or 1 plus the number of children she is expecting  
5 States can extend the age limit to include individuals under 21 who are full-time students.

\(^a\)This chart is reprinted with permission from Health Reform: Beyond the Basics, *Key Facts You Need to Know About: Determining Household Size for Medicaid and the Children’s Health Insurance Program* (February 3, 2016) (available at [http://www.healthreformbeyondthebasics.org/key-facts-determining-household-size-for-medicaid-and-chip/](http://www.healthreformbeyondthebasics.org/key-facts-determining-household-size-for-medicaid-and-chip/)). Health Reform: Beyond the Basics is a program of the Center on Budget and Policy Priorities.

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7.4 Residential program Bed Hold and Bed Hold Extension Requests in NJMHAPP

Appendix E

Residential Bed Hold and Bed Hold Extension(s) Service detail

Reimbursement for bed holds and bed hold extensions is available as set forth in Appendix B of the MH FFS Program Provider Manual.

With respect to NJMHAPP functionality,

Bed Hold service may be selected by the Provider only within the duration of the original Residential Service. For example: Consumer Bob Holder, who is not eligible for Medicaid, has Residential program / A+ Supervised Apartment service from 07/01/2017 through 12/31/2017. (Please note: Room and Board service has been automatically added by the system for the duration of the A+ Supervised Apartment service.) See screen print SC1 below).

SC1
Consumer Bob Holder is absent from the residential program from 08/02/2017 through 08/31/2017. Provider is able to select the 30 day A+ Supervised Apartment Bed Hold for the above listed dates (08/02/2017 - 08/31/2017), but would not be able to select dates prior to 07/01/2017 or dates after 12/31/2017 (duration of the original residential service). See screen print SC2 below. Please note: the duration of the Bed Hold service is automatically calculated and populated into the Total Units per Month field based on the date range entered by the Provider User.

SC2
Additionally, the duration of the Bed Hold service cannot exceed 30 days (screen print SC3 below).
As a result of selecting the Bed Hold service, the original Residential Service as well as Room and Board service which was automatically added by the system for the duration of the primary Residential program, will not be available for encountering/billing for the duration of the Bed Hold.

Note regarding consumers in residential services funded by Medicaid: Funding through the MH FFS Program is available only for room and board for Medicaid-eligible consumers in residential services. Thus, when these consumers are admitted to residential services in NJMHAPP, only the room and board service is available in the admission module. However, reimbursement for bed holds is available for Medicaid-eligible consumers on the same basis as non-Medicaid eligible consumers. As such, the process for admitting Medicaid-eligible consumers to a bed hold service is the same as for non-Medicaid eligible consumers. The room and board service will not be available for encountering/billing for the duration of the bed hold.
**Bed Hold Extension** service may only be selected upon full expiration of the 30 Day Bed Hold. Prior approval from the State (via completed form available via a link on the NJMHAPP Login page) is required prior to selection of the Bed Hold Extension service.

Bed Hold Extension service may be selected with a duration not exceeding 30 days. Upon expiration of the 30 days of the Bed Hold Extension a second and final 30 day Bed Hold Extension may be assigned with another approval from the State.

All of the guidelines detailed in the Bed Hold service description above apply to the Bed Hold Extensions.

### 7.5 WRAP Services process flow in NJMHAPP

The following diagram represents the WRAP Services process for FFS Provider agencies.