**WFNJ SAI/BHI Service Description Desk Guide**

**Intake Evaluation:** All levels of care will be preauthorized for one (1) comprehensive intake evaluation. If the client is not admitted to treatment, the intake evaluation will not be authorized. The CC does not open a PPL; therefore, the intake will not be authorized.

**Case Management (CM) Units:** Weekly transmission of GA Attendance Forms and TANF Sign-in Sheets, and addressing and documenting attendance and treatment participation in progress notes, treatment plans, and CSRs; or, if a laboratory is directly transmitting UDS results, the results must be addressed with client and documented in progress notes, treatment plans and CSRs. The provider must:

* Review UDS results in counseling sessions, with associated documentation in progress notes, treatment plans, and CSRs;
* Ensure Continued Service Reviews are conducted as scheduled and that all services are preauthorized;
* Remember that the WFNJ SAI/BHI is a welfare-to-work program and employment-directed strategies and counseling must be documented on all clients’ treatment plans and progress notes for all levels of care.

**Two (2) CM units may be authorized weekly to the OP, IOP, and PC** network providers with the receipt of weekly attendance and UDS results, addressing attendance, treatment participation, and UDS results as stated above. Failure to transmit the weekly attendance and/or transmission/review of UDS results will result in receiving no CM units.

**Two (2) weekly CM units will be authorized to network inpatient (3.1, 3.5**). For level 3.1 and 3.5 providers, two (2) additional CM units may be authorized for the receipt of weekly attendance and UDS results (these two levels of care require weekly UDS) with assurance that attendance, treatment participation, and UDS results are addressed and documented.

**One (1) additional CM unit may be authorized** for level **3.7 and 3.7-WM providers,** for the receipt of weekly attendance with assurance that attendance and treatment participation are addressed and documented (UDS and additional CM units may be authorized if UDS are conducted.

**Continuity of Care Counseling (discharge planning):** One (1) 30-minute face-to-face session (OP-HAF) in collaboration with the CC for 3.1, 3.5, 3.7, and 3.7WM. A service log entry regarding this discussion with the counselor must be entered into the client’s record. The provider must collaborate with the CC prior to all client discharges to ensure a smooth transition for the client into the next level of care within the WFNJ SAI/BHI network. If a residential treatment provider fails to communicate the continuity of care/discharge plan or involuntary client discharge, the provider will not receive payment authorization for the OP-half continuity of care counseling session. The CC is ultimately responsible for facilitating discharge and transfer to a new provider or higher/lower level of care.

* **One (1) OP-HAF auto-fill 3.7-WM PPLs only.**
* **The CC is responsible for preauthorizing one OP-HAF for 3.1, 3.5, and 3.7 during the last month of treatment.**
* **If a treatment provider fails to contact the CC prior to discharge, the CC is responsible to delete the OP-HAF session that was preauthorized.**

Continuity of care counseling may be authorized for 2.1 or 2.5 if the provider assists the CC with stepping the client up or down into a new program and level of care.

**COD Individual Therapy and Groups:** One (1) additional OP-FUL session per week may be preauthorized for COD individual therapy for IOP, PC, HH, and TC COD providers. One (1) additional COD group may be preauthorized at HH and TC residential treatment providers. COD services should be reserved for those individuals with the more profound COD disorders and greatest need.

* All COD sessions are conducted in addition to the required bundled individual and group sessions; a client must not be removed from any active group to participate in a COD session, thereby reducing treatment hours delivered.
* The COD provider must send one progress note from each COD individual or COD group session at the end of each month. If the progress notes are insufficient, or not received, the provider will not be paid for current or future services. If a clinician with an associate license (e.g., LAC, LSW) conducts therapy, their fully licensed supervisor must also sign the note.
	+ **If progress notes are not received by the end of the month, the CC must delete the respective COD pre-authorizations** **ASAP.**

**Exception to pre-authorizations:** If a treatment program informs the CC that they have exceeded their responsibilities (“went above and beyond”) to assist a client with Case Management services, the CC may authorize an additional CM Unit. The CC will be required to enter the extra unit in the pre-authorizations and put a note in the service log indicating the reason for the additional unit **and** email Laura Abramowitz that you have authorized the extra CM unit for that month.

**Reminder for Providers at Admission and CSRs**: If a treatment provider will be presenting a case at a consortium, they can request a family conference unit prior to the case being presented. The CC would need to enter the Family Conference Unit in the preauthorization.