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State of New Jersey
DEPARTMENT OF CHILDREN AND FAMILIES
DIVISION OF CHILD BEHAVIORAL HEALTH SERVICES
PO BOX 717
TRENTON, NJ 08625-0717

JON S. CORZINE
Governor

KEVIN M. RYAN
Commissioner

Attestation of attempts to complete Intensive In-Community Assessment

SUBMIT VIA AUTOFAX (609-689-6781) TO THE CSA BY THE 15th BUSINESS DAY POST-AUTHORIZATION OR SUBMIT BY CALLING VALUEOPTIONS AT 1-877-652-7624 AND REQUEST THAT CUSTOMER SERVICES ENTER AN "ATTESTATION PROGRESS NOTE" IN THE CHILD'S RECORD. (You will need to tell the CSA Customer Service Representative if you met "Condition 1" or "Condition 2.")

PLEASE PRINT!

Provider AGENCY:	
Assessor NAME:	
Medicaid Provider Number:	
Date of referral:	

Child's Absolute ID:

I, _____, attest to having met the requirements of Condition 1 or Condition 2 in order to complete the authorized intensive in-community assessment:

Condition 1:

(initial) I called the family using all phone numbers provided on a morning, afternoon, and evening across a four day period. (When applicable): Since the case management body was identified, one of these calls was to the case manager during routine business hours.

Condition 2 (all three components must be met):

(initial) The phone number provided is no longer in service or the family does not have a phone. Within 36 hours of receiving the referral, I sent a letter to the family via US Mail which provided my name, agency, and a reliable contact phone number.

(initial) I did not hear from the family 5 days after posting the letter.

(initial) I have confirmed with the CSA (via telephone) that the family has not communicated with the CSA after the authorization date.

(Optional): Based on any information I have gleaned during this process,

(please check one): I am not able to assess the urgency of linking this family to services

I am able to assess the urgency of linking this family to services

Comments:

NOTE: To ensure that the Attestation Form gets attached to the correct child's record, please make sure that the Absolute ID entered is accurate.

Signature: _____ Date: _____