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**State/Territory Name:** New Jersey

**State Plan Amendment (SPA) #:** NJ-20-0029

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**Children and Adults Health Programs Group**

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March 15, 2021

Jennifer Langer Jacobs  
Assistant Commissioner  
State of New Jersey Department of Human Services  
Division of Medical Assistance and Health Services  
PO Box 712  
Trenton, NJ 08625-0712

Dear Ms. Jacobs:

Your title XXI Children's Health Insurance Program (CHIP) State Plan Amendment (SPA) number NJ-20-0029, has been approved. Through this SPA, New Jersey has demonstrated compliance with section 5022 of the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act. This SPA has an effective date of July 1, 2019.

Section 5022 of the SUPPORT Act added Section 2103(c)(5) to the Social Security Act (the Act) and requires child health and pregnancy related assistance to include coverage of services necessary to prevent, diagnose, and treat a broad range of behavioral health symptoms and disorders. Additionally, Section 2103(c)(5)(B) of the Act requires that behavioral health services be delivered in a culturally and linguistically appropriate manner. New Jersey demonstrated compliance by providing the necessary assurances and benefit descriptions that the state covers a range of behavioral health services in a culturally and linguistically appropriate manner.

This amendment also contains disaster flexibilities related to the state's waiting period. New Jersey may temporarily suspend the waiting period policy for CHIP applicants who reside and/or work in a State or Federally declared disaster area. This provision has an effective date of July 1, 2019.

Your title XXI project officer is Shakia Singleton. She is available to answer questions concerning this amendment and other CHIP-related issues. Her contact information is as follows:

Centers for Medicare & Medicaid Services  
Center for Medicaid & CHIP Services  
7500 Security Boulevard, Mail Stop: S2-01-16  
Baltimore, MD 21244-1850  
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If you have any questions, please contact Meg Barry, Director, Division of State Coverage Programs, at (410) 786-1536. We look forward to continuing to work with you and your staff.

Sincerely,

/Signed Amy Lutzky/

Amy Lutzky  
Deputy Director

Section 1.4 cont'd

**SPA #20-0029 CHIP SUPPORT Act SPA**

(also implements a disaster relief provision related to waiting periods to provide temporary adjustments to the state's policies related to suspending the waiting period for CHIP applicants who reside and/or work in a State or Federally declared disaster area into section 4.3 where previous disaster relief provisions are)

Effective Date July 1, 2019

Implementation Date: July 1, 2019

**6.2.22. ☒ EPSDT consistent with requirements of sections 1905(r) and 1902(a)(43) of the Act**

**6.2.22.1 ☒ The state assures that any limitations applied to the amount, duration, and scope of benefits described in Sections 6.2 and 6.3- BH of the CHIP state plan can be exceeded as medically necessary.**

**6.2-BH Behavioral Health Coverage** Section 2103(c)(5) requires that states provide coverage to prevent, diagnose, and treat a broad range of mental health and substance use disorders in a culturally and linguistically appropriate manner for all CHIP enrollees, including pregnant women and unborn children.

Guidance: Please attach a copy of the state's periodicity schedule. For pregnancy-related coverage, please describe the recommendations being followed for those services.

**6.2.1- BH Periodicity Schedule** The state has adopted the following periodicity schedule for behavioral health screenings and assessments. Please specify any differences between any covered CHIP populations:

- ☐ State-developed schedule
- ☒ American Academy of Pediatrics/ Bright Futures
- ☐ Other Nationally recognized periodicity schedule (please specify: \_\_\_\_\_)
- ☐ Other (please describe: \_\_\_\_\_)

**6.3- BH Covered Benefits** Please check off the behavioral health services that are provided to the state's CHIP populations, and provide a description of the amount, duration, and scope of each benefit. For each benefit, please also indicate whether the benefit is available for mental health and/or substance use disorders. If there are differences in benefits based on the population or type of condition being treated, please specify those differences.

If EPSDT is provided, as described at Section 6.2.22 and 6.2.22.1, the state should only check off the applicable benefits. It does not have to provide additional information regarding the amount, duration, and scope of each covered behavioral health benefit.

Pregnant women over 21 are enrolled in Plan A which provides full coverage for mental health and substance use disorder services. Mental health services include all inpatient hospitalization, outpatient psychotherapy services, partial care, case management and mental health rehabilitation services. Inpatient hospitalization is determined appropriate using Milliman Criteria. Partial care utilizes a soft limit of 5 hours a day and 25 hours per week as required under statutory authority. All other mental health services are determined medically necessary based on the individual treatment plan. If an individual fails to meet identified goals or objectives the provider is expected to change the treatment interventions or refer the individual to an appropriate level of care. No hard limitations exist that will limit medically necessary services. Substance use includes outpatient counseling, MAT, IOP, partial care, ambulatory detox, residential detox, short term rehabilitation and long term rehabilitation services. SUD

services are authorized using ASAM criteria to determine the appropriate level of care but no medically necessary service is denied.

Guidance: Please include a description of the services provided in addition to the behavioral health screenings and assessments described in the assurance below at 6.3.1.1-BH.

**6.3.1- BH** ☒ Behavioral health screenings and assessments. (Section 2103(c)(6)(A)) CHIP and Pregnant Women are entitled to behavioral health screenings and assessments by any NJ Medicaid contracted provider. As multiple evidence-based and verified screening tools exist, the preference for screening tools is generally determined by the licensed professional. Bright futures has a list of acceptable screening and assessment tools within their online tool box. The state contractor (IME) responsible for assessing and referring individuals for SUD services utilizes a State designed tool called the “Immediate Needs Profile Screening” tool as well as ASAM criteria and the Level of Care Index (LOCI) tool to assess/match beneficiaries to the level of services that best meets their needs during the assessment.

**6.3.1.1- BH** ☒ The state assures that all developmental and behavioral health recommendations outlined in the AAP Bright Futures periodicity schedule and United States Public Preventive Services Task Force (USPSTF) recommendations graded as A and B are covered as a part of the CHIP benefit package, as appropriate for the covered populations.

Guidance: Examples of facilitation efforts include requiring managed care organizations and their networks to use such tools in primary care practice, providing education, training, and technical resources, and covering the costs of administering or purchasing the tools.

**6.3.1.2- BH** ☒ The state assures that it will implement a strategy to facilitate the use of age-appropriate validated behavioral health screening tools in primary care settings. Please describe how the state will facilitate the use of validated screening tools.

The State requires PCPs and pediatricians utilize Bright Futures guidelines which includes a “toolkit” with a series of age appropriate tools that include screenings and assessments for alcohol and drug use, emotional security and self-esteem as well as developmental, behavioral, psychosocial, screening, and assessment forms. None of these tools are mandated and the American Academy of Pediatrics and Bright Futures do not recommend one tool over another. The MCOs (contractors) will make access to these tools (screening and assessment) available. The contractor must require all providers to use the Well-Being Screening Tool for behavioral health conditions. In addition, the contractor may request to use other types of screening tools subject to NJ’s approval, including those recommended in AAP Bright Futures guidelines. Provider training is required and NJ suggests training for screening tools for Identification

and treatment of alcohol/Substance Use Disorder and depression.

**6.3.2- BH** ☒ Outpatient services (Sections 2110(a)(11) and 2110(a)(19))

Guidance: Psychosocial treatment includes services such as psychotherapy, group therapy, family therapy and other types of counseling services.

**6.3.2.1- BH** ☒ Psychosocial treatment  
Provided for: ☒ Mental Health ☒ Substance Use Disorder

CHIP and Pregnant women are eligible for all MH acute inpatient, individual therapy, group therapy, day programs, rehabilitative residence programs, case management, and crisis. For substance use disorder, they are eligible for OP, IOP, Day programs, acute and community detox, OTP, MAT, short term and long term rehabilitation. These programs provide psychosocial treatment as part of their programming and include structured counseling, motivational enhancement, care management, care-coordination, and if necessary, psychotherapy designed to prevent relapse.

**6.3.2.2- BH** ☒ Tobacco cessation  
Provided for: ☒ Substance Use Disorder

CHIP and PW are eligible for outpatient group and individual counseling as well as all FDA approved pharmacologic treatments for tobacco cessation.

The state does not apply limitations to the number of counseling sessions available under tobacco cessation; however the state does apply a soft limit of only receiving one behavioral health service per day, but that it can be exceeded if medically necessary. Tobacco cessation includes all FDA approved pharmacological treatments. The plans may only apply prior authorization requirements to non-generic medications that are not included in the plan's formulary.

Guidance: In order to provide a benefit package consistent with section 2103(c)(5) of the Act, MAT benefits are required for the treatment of opioid use disorders. However, if the state provides MAT for other SUD conditions, please include a description of those benefits below at section 6.3.2.3- BH.

**6.3.2.3- BH** ☒ Medication Assisted Treatment  
Provided for: ☒ Substance Use Disorder

CHIP and PW are entitled to Office Based Addiction Treatment (OBAT) with referral to OP counseling for any addictive substance when treatment is determined medically necessary

All types of FDA approved medications are available, and behavioral therapies are required to be provided in an opioid treatment program (OTP) and

are made available through referral for office-based addiction treatment (OBAT) participants. There are no limits applied to behavioral therapy provided by the OTPs. Similarly, there are no limitations for OBAT services or for services to which the OBAT may make referral.

**6.3.2.3.1- BH** ☒ Opioid Use Disorder

CHIP and PW are entitled to all OP, IOP, MAT, Office Based Addiction Treatment (OBAT), OTP, detoxification, and residential rehabilitation programs that offer MAT for OUD.

**6.3.2.3.2- BH** ☒ Alcohol Use Disorder

CHIP and PW are entitled to MAT treatment through OBAT and PCP offices, OP, acute and community detoxification, STR and LTR

**6.3.2.3.3- BH** ☐ Other

**6.3.2.4- BH** ☒ Peer Support  
Provided for: ☒ Mental Health ☒ Substance Use Disorder

For CHIP and PW, Peer support is offered for SUD in all Independent Clinic Drug/Alcohol settings including residential programs. OBAT utilizes Navigators who function similarly to a peer. Mental Health peers are available for CHIP and PW based on medical necessity.

**6.3.2.5- BH** ☒ Caregiver Support  
Provided for: ☒ Mental Health ☒ Substance Use Disorder

For CHIP and PW, limited mental health and SUD caregiver supports are available. . For PW, services are limited to family therapy and for CHIP, parents can be involved in parenting classes, reunification services, care management services and counseling.

**6.3.2.6- BH** ☐ Respite Care  
Provided for: ☐ Mental Health ☐ Substance Use Disorder

Respite is an 1115 waiver service only. PW and CHIP beneficiaries must become Medicaid eligible to receive these waiver services. Respite is offered to Medicaid eligible beneficiaries who are eligible for MLTSS, the Community Care waiver or the SED waiver.

**6.3.2.7- BH** ☒ Intensive in-home services  
Provided for: ☒ Mental Health ☒ Substance Use Disorder



CHIP and PW are entitled to intensive in-home (IIH) MH services including mental health mobile crisis, applied behavior analysis services, capacity building, skill acquisition, parental support and mentoring. OP psychotherapy or SUD services may be provided in the home or office as required. IIH services are short term services designed to keep a beneficiary at home and to prevent institutionalization.

**6.3.2.8- BH** ☒ Intensive outpatient  
Provided for: ☒ Mental Health ☒ Substance Use Disorder

CHIP and PW are eligible for all SUD services including IOP services. IOP when offered for the treatment of substance use consists of 9 to 12 hours of service per week, delivered in three hour sessions per day, three to four days per week. The services consist of individual counseling, group substance abuse counseling, group counseling and family counseling. The service meets ASAM level 2.1 treatment modality. Mental health IOP consists of one of each modality (individual, group or family) therapy per day up to 3 days per week. This can be overridden if medically necessary.

**6.3.2.9- BH** ☒ Psychosocial rehabilitation  
Provided for: ☒ Mental Health ☒ Substance Use Disorder

CHIP and PW are eligible for all BH and SUD psychosocial rehabilitation services including day programming (partial care/partial hospital) and residential services.

Guidance: If the state considers day treatment and partial hospitalization to be the same benefit, please indicate that in the benefit description. If there are differences between these benefits, such as the staffing or intensity of the setting, please specify those in the description of the benefit's amount, duration, and scope.

**6.3.3- BH** ☒ Day Treatment  
Provided for: ☒ Mental Health ☒ Substance Use Disorder  
18 and older

CHIP and PW are eligible for day treatment services (partial care/hospital) are available for a minimum of 2 hours and a maximum of 5 hours a day, 5 days a week for MH and SUD treatment is 5 hrs a day/ 5 days a week. These limits are soft limits and may be exceeded if medically necessary. They are also eligible for outpatient ambulatory detox day services.

**6.3.3.1- BH** ☒ Partial Hospitalization  
Provided for: ☒ Mental Health ☐ Substance Use Disorder

Partial Hospitalization is provided for CHIP children and PW for mental

health only. For SUD, CHIP and PW may receive services in an outpatient partial care program (equivalent to a partial hospital program) but provided by SUD independent clinics in the community.

**6.3.4- BH** ☒ Inpatient services, including services furnished in a state-operated mental hospital and including residential or other 24-hour therapeutically planned structural services (Sections 2110(a)(10) and 2110(a)(18))

Provided for: ☒ Mental Health ☒ Substance Use Disorder

Children requiring inpatient MH services are served in psychiatric residential treatment facilities (PRTFs) or residential treatment centers (RTCs). PRTFs are units in a general acute care hospital or stand-alone psychiatric facility. RTCs are residential programs that tend to resemble a dormitory setting. Children requiring inpatient detoxification can be treated in a PRTF or acute care hospital. Residential rehabilitation services are generally 18 years of age or older and CHIP and PW are eligible for all acute inpatient mental health services. They are also eligible for acute inpatient detoxification. In addition, CHIP and PW are eligible for inpatient SUD short term and long term rehabilitation, and inpatient detoxification services.

Guidance: If applicable, please clarify any differences within the residential treatment benefit (e.g. intensity of services, provider types, or settings in which the residential treatment services are provided).

**6.3.4.1- BH** ☒ Residential Treatment

Provided for: ☒ Mental Health ☒ Substance Use Disorder

**Mental Health:** CHIP and PW are eligible for outpatient mental health services in the community utilizing the least restrictive setting to facilitate timely and appropriate access to care for beneficiaries. This includes Adult Mental Health Rehab (AMHR) and crisis residential services.

**SUDs:** Perinatal beneficiaries are eligible for residential treatment during their pregnancy and up to 60 days postpartum.

**SUD:** Residential treatment is provided in a non-institutional, 24 hour, short-term residential program that provides SUD rehabilitation services (ASAM Level 3.1-3.5) for beneficiaries with a Substance use disorder diagnosis. Residential treatment services are provided as part of the five levels of ASAMs residential treatment continuum of care.

- Adolescents- eligible for services based on medical necessity
- Perinatal beneficiaries for the duration of their pregnancy and 60 days postpartum

**6.3.4.2- BH** ☒ Detoxification

Provided for: ☒ Substance Use Disorder

Detoxification is available for CHIP and PW in an acute care setting, residential detox program or ambulatory detox program (day program).

Guidance: Crisis intervention and stabilization could include services such as mobile crisis, or short term residential or other facility based services in order to avoid inpatient hospitalization.

**6.3.5- BH** ☒ Emergency services

Provided for: ☒ Mental Health ☒ Substance Use Disorder

CHIP and PW are entitled to all crisis services provided in an emergency department or outpatient crisis center. For CHIP or PW assessed and receiving services beyond primary care services from the Department of Children and Families (DCF) are eligible for mobile crisis in the home for behavioral crises. These beneficiaries are eligible to contact a contracted vendor who will assess and refer urgent SUD or MH services.

**6.3.5.1- BH** ☒ Crisis Intervention and Stabilization

Provided for: ☒ Mental Health ☒ Substance Use Disorder

The State assures that the amount, duration and/or scope limitations associated with its benefits can be exceeded based on medical necessity for EPSDT eligible populations.

**Mental Health:** Outpatient mental health providers shall provide services in the least restrictive community based setting to promote appropriate and timely access to care for beneficiaries. This includes Crisis Intervention and Stabilization services. Crisis Stabilization in an emergency room must be provided onsite at a licensed 24-hr health care facility, as part of a hospital-based outpatient program, certified and contracted with the State to provide crisis stabilization. Guidelines for urgent care follow the same as emergency room care.

**SUDs:** Crisis intervention outpatient services are available through inpatient and outpatient SUD programs including MAT services when needed. Service duration limits are determined by medical necessity using ASAM level criteria.

**6.3.6- BH** ☒ Continuing care services

Provided for: ☒ Mental Health ☒ Substance Use Disorder

CHIP and PW are entitled to continuing care services including supportive group homes, residential treatment centers, and home and community based services to maintain CHIP and PW in a stable home setting and avoid institutional care. Outpatient BH services including psychotherapy, psychoeducational, psychosocial and Intensive In-Home (IIH) and Intensive In-Community (IIC)

services to support families, children and PW.

**6.3.7- BH** ☒ Care Coordination  
Provided for: ☒ Mental Health ☒ Substance Use Disorder

All CHIP and PW are eligible for care coordination services. Children's case management services are provided through DCF Care Management Organizations (CMOs) and/or their Medicaid managed care plans. CMOs provide case management (assessment of needs, coordination of services, referral to providers) and care management (creating a smooth transition between different treatments and stages of care). For CHIP and PW, managed care plans provide care management services to support integrated care, assist with obtaining care services and service coordination, . .

Regardless of age, contracted managed care organizations (MCOs) must offer care management. All individuals within Medicaid, CHIP and PW are eligible for managed care and managed care coordination. MCOs focus on moving individuals through a treatment trajectory following nationally accepted guidelines and medical appropriateness. They may coordinate care between medical and psychological providers but do not get involved in areas outside of health such as housing, legal issues, or other social determinants.

**6.3.7.1- BH** ☒ Intensive wraparound  
Provided for: ☒ Mental Health ☒ Substance Use Disorder

CHIP and Pregnant women are eligible for intensive wrap around services for mental health. CMOs provide family support and wraparound services for children with behavioral health needs. Services include Intensive In-Community (IIC), Intensive In-Home (IIH), mentors, mobile crisis, and respite if medically necessary.

**6.3.7.2- BH** ☒ Care transition services  
Provided for: ☒ Mental Health ☒ Substance Use Disorder  
CMO and FSO coordination- dual diagnosis only

CHIP and PW are entitled to care transition services for BH services. Care transition is provided by contracted managed care plans and the CMO when applicable. Care transition services assist beneficiaries to move from one health care setting or level of care to another. For SUD, level of care is determined using ASAM criteria and programs generally assist (finding providers, seeking authorizations) with moving the individual to the next level of care as needed.

**6.3.8- BH** ☒ Case Management  
Provided for: ☒ Mental Health ☒ Substance Use Disorder

Case management is provided for all CHIP and PW beneficiaries for mental health and SUD (when co-occurring). For mental health, CHIP or PW under 18 years of age, they receive case management services from the designated Care Management Organization (CMO) until they turn 19. For those individuals determined to have severe behavioral or emotional disorders, the CMO assesses and coordinates care, connecting individuals with covered BH services. Over 18 all CHIP and PW are eligible for intensive case management services which are contracted by and administered by the Division of Mental Health and Addiction Services. ICMS services are available for those identified at risk for hospitalization. Comprehensive Community Behavioral Health Centers (CCBHCs) provide screening, assessment and case management for individuals with BH diagnoses for all CHIP and PW.

Children and pregnant women are eligible for both care management (assisting a beneficiary to transition between different treatments and or different levels of care) as well as case management which focuses on a collaborative approach utilizing assessment, evaluation, advocacy and holistic care management to meet the comprehensive needs of the beneficiary and or their family. CMOs are called case management organizations by a department outside of Medicaid but they are a case management organization focusing on all the child's needs including medical, behavioral and psychosocial. Adults (18yo and over) are eligible for adult case management services provided by contracted case management organizations

**6.3.9- BH** ☐ Other  
Provided for: ☐ Mental Health ☐ Substance Use Disorder

#### **6.4- BH Assessment Tools**

**6.4.1- BH** Please specify or describe all of the tool(s) required by the state and/or each managed care entity:

☒ ASAM Criteria (American Society Addiction Medicine)  
☐ Mental Health ☒ Substance Use Disorders

☐ InterQual  
☐ Mental Health ☐ Substance Use Disorders

☒ MCG Care Guidelines  
☒ Mental Health ☒ Substance Use Disorders

Inpatient mental health services and acute medical detoxification only

☐ CALOCUS/LOCUS (Child and Adolescent Level of Care Utilization)

System)

☐ Mental Health ☐ Substance Use Disorders

☐ CASII (Child and Adolescent Service Intensity Instrument)

☐ Mental Health ☐ Substance Use Disorders

☐ CANS (Child and Adolescent Needs and Strengths)

☐ Mental Health ☐ Substance Use Disorders

☐ State-specific criteria (e.g. state law or policies) (please describe)

☐ Mental Health ☐ Substance Use Disorders

☐ Plan-specific criteria (please describe)

☐ Mental Health ☐ Substance Use Disorders

☒ Other (please describe)

☒ Mental Health ☐ Substance Use Disorders

Out patient mental health services for SMI are qualified by diagnosis and services are individually directed by treatment plans. Providers are free to use any evidence based tool they are familiar with in completing an assessment and determining need. There is no formal criteria that is required beyond inpatient criteria. Services are determined appropriate based on medical necessity.

☐ No specific criteria or tools are required

☐ Mental Health ☐ Substance Use Disorders

Guidance: Examples of facilitation efforts include requiring managed care organizations and their networks to use such tools to determine possible treatments or plans of care, providing education, training, and technical resources, and covering the costs of administering or purchasing the assessment tools.

**6.4.2- BH** ☒ Please describe the state's strategy to facilitate the use of validated assessment tools for the treatment of behavioral health conditions.

MCOs are required to complete a Comprehensive Needs Assessment (CNA) for all new members. The CNA includes questions assessing multiple domains including behavioral health. MCOs are also required to ensure the American Academy of Pediatrics Risk Assessment Tool for PCPs is utilized by their contracted providers. Contract language exists to ensure initial training is provided for all new providers. The Contractor shall ensure that all providers receive sufficient training regarding the managed care program

in order to operate in full compliance with program standards and all applicable federal and State regulations. Recommended training topics for MCOs include identification and treatment of alcohol/Substance Use Disorder, identification of abuse and neglect (and associated behavioral needs) and coordination with mental health and SUD providers including policies and procedures for maintaining the centralized Member record. For SUD service assessment, Medicaid utilizes the services of a Division of Mental Health and Addiction Services contracted vendor. They use the evidenced- based clinical guide from the American Society of Addiction Medicine (ASAM) criteria and the Level of care Index (LOCI) tool to assess/match patients to the level of service that best meets their needs during the assessment.

**6.2.5- BH Covered Benefits** The State assures the following related to the provision of behavioral health benefits in CHIP:

- ☒ All behavioral health benefits are provided in a culturally and linguistically appropriate manner consistent with the requirements of section 2103(c)(6), regardless of delivery system.
- ☒ The state will provide all behavioral health benefits consistent with 42 CFR 457.495 to ensure there are procedures in place to access covered services as well as appropriate and timely treatment and monitoring of children with chronic, complex or serious conditions.