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State/Territory Name: New Jersey / Region II

State Plan Amendment (SPA) #: NJ-18-0003

- 1) Approval Letter
- 2) Approved 3.1A Pages
- 3) Approved 4.19B Pages (Attachment 4.19B, Page 28.2 and Page 36)
- 4) CMS 179 with Pen/Ink Changes



Medicaid and CHIP Operations Group

January 23, 2020

Ms. Jennifer Jacobs Medicaid Director of Medical Assistance and Health Services Department of Human Services CN 12 Quakerbridge Plaza Trenton, New Jersey 08625-0712

RE: Title XIX State Plan Amendment (SPA), Transmittal # NJ 18-0003

Dear Ms. Jacobs:

We have reviewed the proposed New Jersey State Plan Amendment 18-0003, which was submitted to the New York Regional Operations Group on April 24, 2018. This amendment provides coverage of Diabetes Self-Management Education (DSME), Diabetes Prevention Programs (OPP) and Medical Nutrition Therapy (MNT), to New Jersey Medicaid beneficiaries who are referred by a licensed, registered or certified healthcare professional. The services shall be comprised of diabetes prevention education, diabetes self-management and nutrition to promote optimal metabolic control, prevent and manage complications, and ultimately to maximize member quality of life.

Based on the information provided, NJ SPA 18-0003 was approved on January 23, 2020. The effective date of this amendment is July 1, 2018. We are enclosing the approved CMS-179 and the approved state plan page and will forward via email to you at Jennifer.Jacobs@dhs.state.nj.us and Julie Hubbs Julie.Hubbs@dhs.state.nj.us

If you have any additional questions or need further assistance, please contact Tara Porcher for program concerns at (212) 616-2418 or Tara.Porcher@cms.hhs.gov and Yvette Moore for financial concerns at (646) 694-0915 or Yvette.Moore@cms.hhs.gov.

Sincerely,

James Scott, Director

Division of Program Operations

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICIAD SERVICES		FORM APPROVED OMB NO. 0938-0193
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL	18-0003 MA	New Jersey
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	July 1, 2018	
5. TYPE OF PLAN MATERIAL (Check One):		
		AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMEN 6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	h amendment)
	T. TEDERAL BODGET IMPACT.	
42 CFR 440 Subpart B	a. FFY 2018 \$ 1.3 M	
42 CFR 447 Subpart A	b. FFY 2019 \$ 5.3 M	
42 CFR 440.50	2010 0 0.0 1	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPER SECTION OR ATTACHMENT (If App	
Attachment 3.1 A Page 9	Same	
Addendum to Attachment 3.1 A Page 24(g)	New	
Attachment 3.1 B Page 8a	Same	
Attachment 3.1 B Page 8b	Same	
Attachment 3.1 B :Page 8c	Same	
Addendum to Attachment 3.1B page 23(g)	New	
Attachment 4.19 B Page 28.2	New	
10. SUBJECT OF AMENDMENT:	New	
Diabetes Services		
11. GOVERNOR'S REVIEW (Check One): GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	OTHER, AS S Not required, pursuan	
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	
13. TYPED NAME: Carole Johnson	Meghan Davey, Director	
14. TITLE: Commissioner,	Division of Medical Assistance and Health	
Department of Human Services	Services	
15. DATE SUBMITTED: 1 / 14 / 19	P.O. Box 712, Mail Code #26	
4/24/18	Trenton, NJ 08625-0712	
FOR REGIONAL OFF		
17. DATE RECEIVED: 04/24/2018	18. DATE APPROVED: 01/23/2020	
PLAN APPROVED - ONE		
19. EFFECTIVE DATE OF APPROVED MATERIAL: 07/01/2018	20. SIGNATURE OF REGIONAL OFF	
21. TYPED NAME: James G. Scott	22. TITLE: Director, Division of Program O	narations
23. REMARKS: PEN & AUTHORIZATIONS:		per acions
BLOCK 8: ADD: Attachment 4.19B, Page 36	BLOCK 9: ADD: Attachment 4.19B, Page 36	
ADD: Attachment 4.199, Page 36 ADD: Addendum to Attachment 3.1B, Pages 13 (c)(2)-(5) REMOVE: Attachment 3.1A, Page 9	ADD: Addendum to Attachment 3.1B, Page 9 REMOVE: Attachment 3.1A, Page 9	ges 13 (c)(2)-(5)
	Relatio v E. Artaeninient 5.171, 1 age 5	

REMOVE: Attachment 3.1B, Pages 8a, 8b and 8c FORM CMS-179 (07-92)<sup>REMOVE:</sup> Addendum to Attachment **Attachment Back** 

REMOVE: Attachment 3.1B, Pages 8a, 8b and 8c

### Addendum to Attachment 3.1 A

Page 13(c)(2)

# STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

### Limitations on Amount, Duration and Scope of Services Provided to the Categorically Needy

13(c) Preventive Services - Diabetes Services:

<u>General Description</u>Diabetes services are provided as preventive services pursuant to 42 C.F.R. Section 440.130(c) and must be recommended by a physician or other licensed practitioner of the healing arts within his or her scope of practice under state law to prevent diabetes or the progression of diabetes, prolong life, and/or promote the physical and mental health of the beneficiary. Services may be provided in the home, clinic, hospital out-patient facility, or any other setting as authorized and include: counseling related to long-term dietary change, increased physical activity, and behavior change strategies for weight control; counseling and skill building to facilitate the knowledge, skill, and ability necessary for diabetes self-care; and nutritional counseling services.

### Provider Participation Standards

Diabetes services shall be rendered by qualified individuals as follows:

Qualified individuals must be a Medicaid/NJFamilyCare provider or work for a Medicaid/NJFamilyCare provider and must possess a State license to practice independently and/or a national certification appropriate to the services they provide.

Individuals authorized to provide counseling related to long-term dietary change, increased physical activity, and behavior change strategies for weight control; counseling and skill building to facilitate the knowledge, skill, and ability necessary for diabetes self-care include:

Licensed individuals include:

- Physicians
- Pharmacists

<u>18-0003-MA (NJ)</u>

TN: 18-0003-MA

Supersedes: NEW

Approval Date: 01/23/2020 07/01/2018 Effective Date:\_\_\_\_\_

# Addendum to Attachment 3.1 A

Page 13(c)(3)

# STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

### Limitations on Amount, Duration and Scope of Services Provided to the Categorically Needy

13(c) Preventive Services - Diabetes Services: (cont'd)

- Chiropractors
- Advanced Practice Nurses, Registered Nurses, or Nurse Midwives
- Physician Assistants
- Any other licensed individual meeting CDC and/or American Diabetes Association (ADA) standards

### Certified individuals include:

- Certified Diabetes Educators (CDE) as defined by National Certification Board of Diabetes Educators (NCBDE)
- Board Certified-Advanced Diabetes Management educators (BC-ADM) as defined by American Association of Diabetes Educators (AADE)

Individuals authorized to provide nutritional counseling services include:

- Registered Dietitians who are registered by a nationally recognized professional association of dietitians
- Certified Nutritionist Specialists (CNS) as defined by Board for Certification of Nutrition Specialists

18-0003-MA (NJ)

TN: 18-0003-MA

Supersedes: NEW

Approval Date: <u>01/23/2020</u> 07/01/2018 Effective Date:\_\_\_\_\_

Addendum to Attachment 3.1 B

Page 13(c)(2)

# STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

# Limitations on Amount, Duration and Scope of Services Provided to Medically Needy Groups Pregnant Woman, Dependent Children, and the Aged, Blind, or Disabled

13(c) Preventive Services - Diabetes Services:

### General Description

Diabetes services are provided as preventive services pursuant to 42 C.F.R. Section 440.130(c) and must be recommended by a physician or other licensed practitioner of the healing arts within his or her scope of practice under state law to prevent diabetes or the progression of diabetes, prolong life, and/or promote the physical and mental health of the beneficiary. Services may be provided in the home, clinic, hospital out-patient facility, or any other setting as authorized and include: counseling related to long-term dietary change, increased physical activity, and behavior change strategies for weight control; counseling and skill building to facilitate the knowledge, skill, and ability necessary for diabetes self-care; and nutritional counseling services.

### Provider Participation Standards

Diabetes services shall be rendered by qualified individuals as follows:

Qualified individuals must be a Medicaid/NJFamilyCare provider or work for a Medicaid/NJFamilyCare provider and must possess a State license to practice independently and/or a national certification appropriate to the services they provide.

Individuals authorized to provide counseling related to long-term dietary change, increased physical activity, and behavior change strategies for weight control; counseling and skill building to facilitate the knowledge, skill, and ability necessary for diabetes self-care include:

### Licensed individuals include:

- Physicians
- Pharmacists
- Chiropractors

18-0003-MA (NJ)

TN: 18-0003-MA

Approval Date: <u>01/23/2020</u> 07/01/2018 Effective Date:

Supersedes: NEW

Addendum to Attachment 3.1 B

Page 13(c)(3)

# STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

# Limitations on Amount, Duration and Scope of Services Provided to Medically Needy Groups Pregnant Woman, Dependent Children, and the Aged, Blind, or Disabled

13(c) Preventive Services - Diabetes Services: (cont'd)

- Advanced Practice Nurses, Registered Nurses, or Nurse Midwives
- Physician Assistants
- Any other licensed individual meeting CDC and/or American Diabetes Association (ADA) standards

### Certified individuals include:

- Certified Diabetes Educators (CDE) as defined by National Certification Board of Diabetes Educators (NCBDE)
- Board Certified-Advanced Diabetes Management educators (BC-ADM) as defined by American Association of Diabetes Educators (AADE)

Individuals authorized to provide nutritional counseling services include:

- Registered Dietitians who are registered by a nationally recognized professional association of dietitians
- Certified Nutritionist Specialists (CNS) as defined by Board for Certification of Nutrition Specialists

18-0003-MA (NJ)

TN: 18-0003-MA

Approval Date: <u>01/23/2020</u> 07/01/2018 Effective Date:

Supersedes: NEW

### STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT State of New Jersey

### Methods and Standards for Establishing Payment Rates For Non-Institutional Services

### Reimbursement for Diabetes Services

Reimbursement for Diabetes services shall be made in accordance with the published "Medicaid fee schedule". The effective date, the applicable fee schedules, and link to their electronic publication, can be found on page 36 of Attachment 4.19-B of the State Plan. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Medicaid services listed above. Services for both ABP and non-ABP beneficiaries utilize the same rates unless otherwise noted in the plan. All applicable procedure code listings and/or rates are published on the State's website at <u>www.njmmis.com</u> under the link for "Rates and Code Information" and Medicaid fee for services sections.

18-0003-MA (NJ)

TN 18-0003 Supersedes: New Approval Date: <u>01/23/2020</u> Effective Date: <u>07/01/2018</u>

### STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT STATE OF NEW JERSEY

### METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES FOR NON-INSTITUTIONAL SERVICES

### FEE SCHEDULE EFFECTIVE DATES AND LINKS

The fees in the State's fee schedules referenced in Attachment 4.19-B were set on July 1, 2018 and are effective for services provided on or after that date. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of the Medicaid services listed below. Services for both ABP and non-ABP beneficiaries utilize the same rates unless otherwise noted in the plan. All applicable procedure code listings and/or rates are published on the State's website at <u>www.njmmis.com</u> under the link for 'Rate and Code Information' and can be found in the following locations:

#### • Medicaid Fee Schedules:

- Location: Procedure Master Listing Medicaid Fee for Service CY 2018 (last updated in SPA 18-0003 effective 7/1/2018)
- **Description:** Main file of procedure codes billable to Medicaid for all services except as listed below.

#### • Children's Rates: (excluding Special Education Medicaid Initiative (SEMI))

All applicable procedure code listings and/or rates are published on the State's website at www.njmmis.com under the link for 'Rate and Code Information' and can be found in the following locations:

- Location: Procedure Master Listing Children's Rates CY 2018 (SPA 18-0001 effective 1/1/2018)
- **Description:** File contains procedure codes billable to Medicaid for services provided to beneficiaries under the age of 21 except as listed below.

#### • Outpatient Laboratory Billing Only:

All applicable procedure code listings and/or rates are published on the State's website at www.njmmis.com under the link for 'Rate and Code Information' and can be found in the following locations:

- Location: Procedure Master Listing Outpatient Hospital Laboratory Billing Only CY 2018 (SPA NJ 18-0001 effective 1/1/2018)
- **Description:** File contains procedure codes billable to Medicaid for laboratory services conducted in an outpatient hospital setting as described beginning on Page 2 of this Section.

SUPERCEDES: 18-0001