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State/Territory Name: **New Jersey** / Region II

State Plan Amendment (SPA) #: **NJ-15-0006**

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- 3) HCFA 179

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
New York Regional Office
26 Federal Plaza, Room 37-100
New York, NY 10278



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS
DMCHO: ZYM: SPA-NJ-15-0006-Approval Letter

December 19, 2017

Meghan Davey
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 15-0006

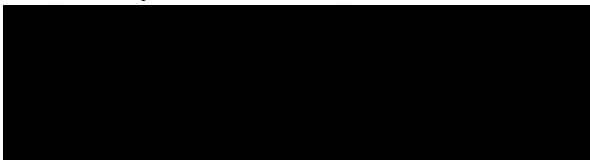
Dear Ms. Davey:

We have reviewed the proposed New Jersey State Plan Amendment 15-0006, which was submitted to the New York Regional Office on August 20, 2015. The SPA allows NJ to update the mental health and substance use disorder rates and fee schedule to more closely align with existing state rates currently paid by the Division of Mental Health and Addition Services.

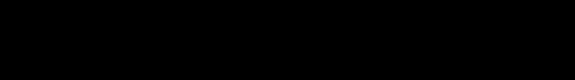

Based on the information provided, the Medicaid State Plan Amendment 15-0006 was approved on December 19, 2017. The effective date of this amendment is July 1, 2015. We are enclosing the approved HCFA-179 and the plan page.

If you have any additional questions or need further assistance, please contact Yvette Moore at (646) 694-0915 or Yvette.Moore@cms.hhs.gov.

Sincerely,



Michael Melendez, LMSW
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 15-006-MA(NJ)	2. STATE New Jersey
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE July 1, 2015	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 USC 1396a (a)(30(A))		7. FEDERAL BUDGET IMPACT FFY 2015: \$255,418 FFY 2016: \$1,021,671	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B page 36		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Same	
10. SUBJECT OF AMENDMENT: Mental Health Rates			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Not required, pursuant to 7.4 of the Plan <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Valerie Harr, Director Division of Medical Assistance and Health Services P.O. Box 712, #26 Trenton, NJ 08625-0712	
13. TYPED NAME: Elizabeth Connolly			
14. TITLE: Acting Commissioner			
15. DATE SUBMITTED: 8/17/15			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:		18. DATE APPROVED: 6/5/15 4:00 PM	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: JULY 01, 2015		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: MICHAEL MELENDEZ		22. TITLE: ADMINISTRATOR DIVISION OF MEDICAID & CHILDREN'S HEALTH	
23. REMARKS:			

**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, 2015 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 www.njmmis.com 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 2015
 - **Link:** <https://www.njmmis.com/downloadDocuments/CPTHCPSCODES2015.pdf>
 - **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))**
 - **Location:** Procedure Master Listing – Children's Rates – CY 2015
 - **Link:** <https://www.njmmis.com/downloadDocuments/childrensrates2015.pdf>
 - **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:**
 - **Location:** Procedure Master Listing - Outpatient Hospital Laboratory Billing Only – CY 2015
 - **Link:** <https://www.njmmis.com/downloadDocuments/Outpatientlabonly2015.pdf>
 - **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.
- **Outpatient Mental Health Services Only:**
 - **Location:** Procedure Code Master Listing – Outpatient Psychiatric Services Only – CY 2015
 - **Link:** https://www.njmmis.com/ps_revCodes.aspx
 - **Description:** File containing Revenue Codes and rates for Outpatient Psychiatric Services provided to adults and children, as described under Outpatient Mental Health Services on Page 2a of this Section.
- **Home Health Rates Only:**
 - **Location:** Skilled Nursing Service Rates – Statewide and Provider Specific Rates
 - **Link:** https://www.njmmis.com/SN_Revcodes.aspx
 - **Description:** File containing Revenue Codes and rates for statewide Home Health services as described on Page 6a of this Section.

15-0006 MA (NJ)

TN: 15-0006 MA (NJ)

Approval Date: 12/19/2017

SUPERCEDES: 15-0001

Effective Date: 07/01/2015