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State/Territory Name: **New Jersey** / New York Regional Operations Group

State Plan Amendment (SPA) #: **NJ-19-0015**

- 1) Approval Letter
- 2) Approved 3.1A Pages and Approved 4.19B Page (Supplement 1 to Attachment 4.19 – B Page 9)
- 3) CMS 179 with pen/ink authorization

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



**CMS – NEW YORK**

**DMCHO:TLSP: SPA-NJ-19-0015-Approval Letter**

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December 11, 2019

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 19-0015

Dear Ms. Jacobs:

We have reviewed the proposed New Jersey State Plan Amendment 19-0015, which was submitted to the New York Regional Operations Group on September 26, 2019. This amendment to the New Jersey Medicaid (Title XIX) State Plan is to add coverage and reimbursement for peer support services for individuals with Substance Use Disorder (SUD) or Severe Mental Illness (SMI).

Based on the information provided, SPA 19-0015 was approved on December 11, 2019. The effective date of this amendment is July 1, 2019. We are enclosing the approved CMS-179 and the approved state plan page.

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](mailto:Tara.Porcher@cms.hhs.gov) and Yvette Moore for financial concerns at (646) 694-0915 or [Yvette.Moore@cms.hhs.gov](mailto:Yvette.Moore@cms.hhs.gov).

Sincerely,

  
Ricardo Holligan  
Deputy Director  
CMS – New York

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:  
19-0015 MA

2. STATE  
New Jersey

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
CENTERS FOR MEDICARE & MEDICAID SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
July 1, 2019

5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN       AMENDMENT TO BE CONSIDERED AS NEW PLAN       AMENDMENT  
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 U.S. C. 1396a(a)(30)(A); 42 USC 1396d(a)(13)

7. FEDERAL BUDGET IMPACT:

a. FFY 2019 \$ 675,000  
b. FFY 2020 \$ 2.6M

8. PAGE NUMBER OF THE PLAN SECTION OR  
ATTACHMENT:

Addendum to Attachment 3.1-A Page 13(d).9pp1-3

9. PAGE NUMBER OF THE SUPERSEDED PLAN  
SECTION OR ATTACHMENT (If Applicable):

New

10. SUBJECT OF AMENDMENT:

Peer Recovery Support 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 SPECIFIED:  
Not required, pursuant to 7.4 of the Plan

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME: Carole Johnson

14. TITLE: Commissioner,  
Department of Human Services

15. DATE SUBMITTED: 9/26/19

16. RETURN TO:

Jennifer Langer Jacobs, Assistant Commissioner  
Division of Medical Assistance and Health  
Services  
P.O. Box 712, Mail Code #26  
Trenton, NJ 08625-0712

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

18. DATE APPROVED:  
**DECEMBER 11, 2019**

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
**JULY 01, 2019**

21. TYPED NAME: Ricardo Holligan

20. SIGNATURE OF REGIONAL OFFICIAL:

22. TITLE: **Deputy Director**  
**CMS - New York**

23. REMARKS:

**PENANDINK AUTHORIZATION**

**BLOCK 8:**

**ADD:** Supplement 1 to Attachment 4.19B, Page 9 (NEW)

**BLOCK 9:**

**ADD:** Supplement 1 to Attachment 4.19B, Page 9 (NEW)

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

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES-OTHER  
TYPES OF CARE

Reimbursement for Rehabilitation Services – Mental Health Community Services

**Peer Recovery Support Services**

The Peer Recovery Support Services rate is \$16.62 per 15 minute unit. These services are not payable while a recipient is receiving inpatient services in a personal care or residential setting.

The effective date, the applicable fee schedules, and link to their electronic publication, can be found on page 36a of Attachment 4.19-B of the State Plan. The rates are the same for both governmental and private providers. 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](http://www.njmmis.com) under the link for "Rates and Code Information" and Medicaid fee for services sections.

TN: 19-0015

Approval Date: 12/11/2019

SUPERCEDES: NEW

Effective Date: July 1, 2019

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
Limitations on Amount, Duration and Scope of Services  
Provided to the Categorically Needy**

**13(d).9 Rehabilitation Services (cont'd)**

**Community Mental Health Rehabilitation Services –  
Peer Recovery Support Services**

**Peer Recovery Support Services**

Peer support services are recommended by a “physician or other licensed practitioner of the healing arts, within the scope his practice under state law. Peer support specialists are individuals who have been successful in the recovery process for Substance Use Disorder (SUD) or Severe Mental Illness (SMI). These individuals use their lived experience to help others that are experiencing similar situations. Through shared understanding, respect and mutual empowerment, peer recovery specialists help individuals stay engaged in their recovery process, thereby reducing the likelihood of relapse or re-hospitalization. Peer specialists can effectively extend the reach of treatment beyond the clinical setting into the everyday environment of those seeking a successful, sustained recovery.

**Service Descriptions:**

Under the supervision of a clinical supervisor, Peer Support Specialists provide non-clinical assistance and support throughout all stages of the SUD or SMI recovery and rehabilitation process. Peer services are coordinated within the context of a treatment plan, developed by a licensed clinician. The treatment plan reflects the needs and preferences of the beneficiary and identifies those interventions in which a peer can assist a beneficiary to achieve specific, individualized goals with measurable results. Services include but are not limited to:

- Participating in the treatment planning process
- Mentoring and assisting the beneficiary with problem solving, goal setting and skill building
- Initiating and reinforcing a beneficiary's interest in pursuing and maintaining treatment services
- Providing support and linkages to specialty support services (ie Individuals may need support to participate actively in recovery based supportive

**19-0015-MA (NJ)**

**TN 19-0015**

**Approval Date 12/11/2019**

**Supersedes TN NEW**

**Effective Date 07/01/2019**

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
Limitations on Amount, Duration and Scope of Services  
Provided to the Categorically Needy**

**13(d).9 Rehabilitation Services (cont'd)**

**Community Mental Health Rehabilitation Services –  
Peer Recovery Support Services**

- activities, such as to attend a family meeting or a 12 step group, or practice skills needed for self-management of symptoms and prevention of relapse.)
- Sharing experiential knowledge, hope and skills
- Advocating for the beneficiary
- Being a positive role model

**Service Limitations:**

For individuals with a diagnosis of Severe Mental Illness (SMI) or Substance Use Disorder (SUD). Providers limited to outpatient community care providers. Qualified individuals must be a Medicaid/NJFamilyCare provider or work for a Medicaid/NJFamilyCare provider.

**Provider Specifications:**

- NJ DOH Licensed Independent Clinics including Mental Health and Drug/Alcohol, SUD Residential facilities, Federally Qualified Health Centers (FQHCs), Certified Community Behavioral Health Centers (CCBHCs), Community Home Care providers and outpatient hospital programs approved by the Division of Medical Assistance Health Services (DMAHS), to provide mental health and/or substance use disorder treatment. Peer services must be provided under clinical supervision by licensed clinicians, practicing within their licensing board scope of practice.
- Peer Support Specialists are required to have lived experience with a minimum of 2 years of successful recovery from an SUD or SMI diagnosis. SUD peer support specialists are required to be certified as a certified Peer a National Certified Peer Recovery Support Specialist (NCPRSS) by the National Certification Commission for Addiction Professionals. Mental health peer support specialists working in the field of mental health and/or co-occurring fields must be

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**19-0015-MA (NJ)**

**TN** 19-0015

**Approval Date** 12/11/2019  
07/01/2019

**Supersedes TN** NEW

**Effective Date** \_\_\_\_\_

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
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**13(d).9 Rehabilitation Services (cont'd)**

**Community Mental Health Rehabilitation Services –  
Peer Recovery Support Services**

certified by the Addiction Professional Certification Board as a Certified Recovery Support Professional (CRSP). Peers are required to practice under the supervision of a licensed clinical supervisor and to work with that supervisor to ensure treatment is contained within the treatment plan.

- o Licensed clinical supervisors are any licensed mental health or substance use disorder clinician practicing within their scope of practice that participate in the creation of the individualized treatment plan and oversee the activities of the Peer Support Specialist. They ensure proper documentation of services provided to the beneficiary including identification of the intervention, how long the intervention is required, where the intervention took place, and the outcome of the intervention.

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**19-0015-MA (NJ)**

**TN** 19-0015

**Approval Date** 12/11/2019  
07/01/2019

**Supersedes TN** NEW

**Effective Date** \_\_\_\_\_