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State/Territory Name: New Jersey

State Plan Amendment (SPA) #: 19-0005

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

August 23, 2021

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

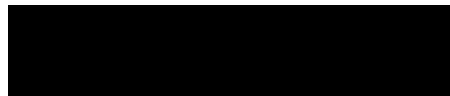
RE: SPA #19-0005

Dear Ms. Jacobs:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of the New Jersey's Medicaid state plan amendment (SPA) submitted under transmittal number #19-0005 on April 10, 2019. The purpose of SPA #19-0005 is to add office-based addiction treatment and care coordination to the state's alternative benefit plan (ABP). This letter is to inform you that CMS has approved SPA #19-0005 on August 17, 2021 with an effective date of January 1, 2019.

If you have any questions or wish to discuss this SPA further, please contact Terri Fraser of this office. Ms. Fraser may be reached by email at Terri.Fraser@cms.hhs.gov or by telephone at (410) 786-5573.

Sincerely,



Ruth A. Hughes, Acting Director
Division of Program Operations

cc: Nicole McKnight
Terri Fraser
Brandon Smith

Medicaid Alternative Benefit Plan: Summary Page (CMS 179)

State/Territory name: **New Jersey**

Transmittal Number:

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

19-0005

Proposed Effective Date

01/01/2019 (mm/dd/yyyy)

Federal Statute/Regulation Citation

42 USC 1396a(a)(30)(A); 42 USC 1396d(a)(13)

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2019	\$ 2227095.00
Second Year	2020	\$ 3917160.00

Subject of Amendment

Office Based Addiction Treatment (OBAT) Care Coordination Services

Governor's Office Review

- Governor's office reported no comment
 Comments of Governor's office received

Describe:

- No reply received within 45 days of submittal
 Other, as specified

Describe:

Per the requirement of 42 CFR Sec.430.12, the Governor's designee and head of the Medicaid agency, the Commissioner of Human Services, has reviewed and commented on the SPA.

Signature of State Agency Official

Submitted By: **Julie Hubbs**
Last Revision Date: **Jul 28, 2021**
Submit Date: **Mar 29, 2019**



Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: NJ - 18 - 0010

Alternative Benefit Plan Populations ABP1

Identify and define the population that will participate in the Alternative Benefit Plan.

Alternative Benefit Plan Population Name:

Identify eligibility groups that are included in the Alternative Benefit Plan's population, and which may contain individuals that meet any targeting criteria used to further define the population.

Eligibility Groups Included in the Alternative Benefit Plan Population:

Add	Eligibility Group:	Enrollment is mandatory or voluntary?	Remove
Add	Adult Group	Mandatory	Remove

Enrollment is available for all individuals in these eligibility group(s).

Geographic Area

The Alternative Benefit Plan population will include individuals from the entire state/territory.

Any other information the state/territory wishes to provide about the population (optional)

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 5 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V.20181119



Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-C-

Voluntary Benefit Package Selection Assurances - Eligibility Group under Section 1902(a)(10)(A) (i)(VIII) of the Act **ABP2a**

The state/territory has fully aligned its benefits in the Alternative Benefit Plan using Essential Health Benefits and subject to 1937 requirements with its Alternative Benefit Plan that is the state's approved Medicaid state plan that is not subject to 1937 requirements. Therefore the state/territory is deemed to have met the requirements for voluntary choice of benefit package for individuals exempt from mandatory participation in a section 1937 Alternative Benefit Plan.

Yes

Explain how the state has fully aligned its benefits in the Alternative Benefit Plan using Essential Health Benefits and subject to 1937 requirements with its Alternative Benefit Plan that is the state's approved Medicaid state plan that is not subject to 1937 requirements.

For NJ FamilyCare ABP, the state compared its State Plan benefits with those offered through its base benchmark plan, the largest commercial plan, Horizon HMO. The state concluded that the Medicaid State Plan offers all the Essential Health Benefits at the same or richer amount, duration and scope.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 5 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V.20130807



Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: NJ - 16 - 0010

Selection of Benchmark Benefit Package or Benchmark-Equivalent Benefit Package ABP3

Select one of the following:

- The state/territory is amending one existing benefit package for the population defined in Section 1.
- The state/territory is creating a single new benefit package for the population defined in Section 1.

Name of benefit package:

Selection of the Section 1937 Coverage Option

The state/territory selects as its Section 1937 Coverage option the following type of Benchmark Benefit Package or Benchmark-Equivalent Benefit Package under this Alternative Benefit Plan (check one):

- Benchmark Benefit Package.
- Benchmark-Equivalent Benefit Package.

The state/territory will provide the following Benchmark Benefit Package (check one that applies):

- The Standard Blue Cross/Blue Shield Preferred Provider Option offered through the Federal Employee Health Benefit Program (FEHBP).
- State employee coverage that is offered and generally available to state employees (State Employee Coverage):
- A commercial HMO with the largest insured commercial, non-Medicaid enrollment in the state/territory (Commercial HMO):
- Secretary-Approved Coverage.
 - The state/territory offers benefits based on the approved state plan.
 - The state/territory offers an array of benefits from the section 1937 coverage option and/or base benchmark plan benefit packages, or the approved state plan, or from a combination of these benefit packages.
 - The state/territory offers the benefits provided in the approved state plan.
 - Benefits include all those provided in the approved state plan plus additional benefits.
 - Benefits are the same as provided in the approved state plan but in a different amount, duration and/or scope.
 - The state/territory offers only a partial list of benefits provided in the approved state plan.
 - The state/territory offers a partial list of benefits provided in the approved state plan plus additional benefits.

Please briefly identify the benefits, the source of benefits and any limitations:

Selection of Base Benchmark Plan



Alternative Benefit Plan

The state/territory must select a Base Benchmark Plan as the basis for providing Essential Health Benefits in its Benchmark or Benchmark-Equivalent Package.

The Base Benchmark Plan is the same as the Section 1937 Coverage option.

Indicate which Benchmark Plan described at 45 CFR 156.100(a) the state/territory will use as its Base Benchmark Plan:

- Largest plan by enrollment of the three largest small group insurance products in the state's small group market.
- Any of the largest three state employee health benefit plans by enrollment.
- Any of the largest three national FEHBP plan options open to Federal employees in all geographies by enrollment.
- Largest insured commercial non-Medicaid HMO.

Plan name:

Other Information Related to Selection of the Section 1937 Coverage Option and the Base Benchmark Plan (optional):

The state assures that all services in the base benchmark have been accounted for throughout the benefit chart found in ABP 5.

The state assures the accuracy of all information in ABP 5 depicting amount, duration and scope parameters of services authorized in the currently approved Medicaid state plan.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 5 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V.20160722



Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-L-

Alternative Benefit Plan Cost-Sharing

ABP4

Any cost sharing described in Attachment 4.18-A applies to the Alternative Benefit Plan.

Attachment 4.18-A may be revised to include cost sharing for ABP services that are not otherwise described in the state plan. Any such cost sharing must comply with Section 1916 of the Social Security Act.

The Alternative Benefit Plan for individuals with income over 100% FPL includes cost-sharing other than that described in Attachment 4.18-A.

No

Other Information Related to Cost Sharing Requirements (optional):

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 5 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V.20131219



Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-C-

Benefits Description ABP5

The state/territory proposes a “Benchmark-Equivalent” benefit package. No

The state/territory is proposing “Secretary-Approved Coverage” as its section 1937 coverage option. Yes

Secretary-Approved Benchmark Package: Benefit by Benefit Comparison Table

The state/territory must provide a benefit by benefit comparison of the benefits in its proposed Secretary-Approved Alternative Benefit Plan with the benefits provided by one of the section 1937 Benchmark Benefit Packages or the standard full Medicaid state plan under Title XIX of the Act. Submit a document indicating which of these benefit packages will be used to make the comparison and include a chart comparing each benefit in the proposed Secretary-Approved benefit package with the same or similar benefit in the comparison benefit package, including any limitations on amount, duration and scope pertaining to the benefits in each benefit package.

An attachment is submitted.

Benefits Included in Alternative Benefit Plan

Enter the specific name of the base benchmark plan selected:

Horizon HMO

Enter the specific name of the section 1937 coverage option selected, if other than Secretary-Approved. Otherwise, enter “Secretary-Approved.”

Secretary Approved



Alternative Benefit Plan

<input checked="" type="checkbox"/> Essential Health Benefit 1: Ambulatory patient services	Collapse All <input type="checkbox"/>
<p>Benefit Provided: <input type="text" value="Physicians Services"/> Source: <input type="text" value="State Plan 1905(a)"/> <input type="button" value="Remove"/></p> <p>Authorization: <input type="text" value="None"/> Provider Qualifications: <input type="text" value="Medicaid State Plan"/></p> <p>Amount Limit: <input type="text" value="None"/> Duration Limit: <input type="text" value="None"/></p> <p>Scope Limit: <input type="text" value="Elective cosmetic surgery not covered unless it is determined medically necessary."/></p> <p>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text" value="NJ FamilyCare Plan A Standard Medicaid."/></p>	
<p>Benefit Provided: <input type="text" value="Outpatient Hospital"/> Source: <input type="text" value="State Plan 1905(a)"/> <input type="button" value="Remove"/></p> <p>Authorization: <input type="text" value="None"/> Provider Qualifications: <input type="text" value="Medicaid State Plan"/></p> <p>Amount Limit: <input type="text" value="None"/> Duration Limit: <input type="text" value="None"/></p> <p>Scope Limit: <input type="text" value="Cosmetic Surgery must be pre-authorized for medical necessity"/></p> <p>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text" value="NJ FamilyCare Plan A Standard Medicaid"/></p>	
<p>Benefit Provided: <input type="text" value="Chiropractic Services/OLP"/> Source: <input type="text" value="State Plan 1905(a)"/></p> <p>Authorization: <input type="text" value="None"/> Provider Qualifications: <input type="text" value="Medicaid State Plan"/></p> <p>Amount Limit: <input type="text" value="None"/> Duration Limit: <input type="text" value="None"/></p> <p>Scope Limit: <input type="text" value="limited to spinal manipulation"/></p>	



Alternative Benefit Plan

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

NJ FamilyCare Plan A Standard Medicaid

Remove

Benefit Provided:

Clinic Services - Ambulatory

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Medical Services, procedures or prescription drugs whose use is to promote or enhance fertility are not a covered service.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

NJ FamilyCare Plan A Standard Medicaid

Benefit Provided:

Pediatric & Family Adv. Practice Nurse Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

NJ FamilyCare Plan A Standard Medicaid

Benefit Provided:

Podiatrist Services

Source:

State Plan 1905(a)

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None



Alternative Benefit Plan

Scope Limit:

Routine foot care, subluxations of the foot and treatment of flat foot conditions are not covered unless medically indicated.

Remove

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

NJ FamilyCare Plan A Standard Medicaid

Benefit Provided:

Dental Services

Source:

State Plan 1905(a)

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

1 visit for dental exams, flouride and prophylaxis

Duration Limit:

per calendar year

Scope Limit:

Space maintainers, flouride varnish and sealants are not covered for adults.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

NJ FamilyCare Plan A Standard Medicaid; Prior authorization required for dental exams, flouride treatments and prophylaxis in excess of 1 visit per year, and prior authorization required for prosthodontic replacements, periodontal work and select dental services, including TMJ, and orthodontic work for children under 21.

Benefit Provided:

Hospice - Home Care

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Individual must be diagnosed with a terminal illness with a prognosis of a life expectancy of six months or less as certified by a licensed physician.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

NJ FamilyCare Plan A Standard Medicaid; An individual under the age of 21 is eligible to receive hospice services concurrently with services related to the treatment of the child for the condition for which a diagnosis of terminal illness has been made.

Benefit Provided:

Abortion

Source:

State Plan 1905(a)



Alternative Benefit Plan

Authorization:	Provider Qualifications:	
<input type="text" value="None"/>	<input type="text" value="Medicaid State Plan"/>	<input type="button" value="Remove"/>
Amount Limit:	Duration Limit:	
<input type="text" value="None"/>	<input type="text" value="None"/>	
Scope Limit:		
<input type="text" value="covered if mother's life is endangered if pregnancy goes to term, or in the case of rape or incest."/>		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
<input type="text" value="NJ FamilyCare Plan A Standard Medicaid; coverage within parameters of the Hyde Amendment."/>		
		<input type="button" value="Add"/>



Alternative Benefit Plan

<input checked="" type="checkbox"/> Essential Health Benefit 2: Emergency services	Collapse All <input type="checkbox"/>
<p>Benefit Provided: <input type="text" value="Outpatient Hospital: Emergency"/> Source: <input type="text" value="State Plan 1905(a)"/> <input type="button" value="Remove"/></p> <p>Authorization: <input type="text" value="None"/> Provider Qualifications: <input type="text" value="Medicaid State Plan"/></p> <p>Amount Limit: <input type="text" value="None"/> Duration Limit: <input type="text" value="None"/></p> <p>Scope Limit: <input type="text" value="None"/></p> <p>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text" value="NJ FamilyCare Plan A Standard Medicaid; includes Emergency Room Services."/></p>	
<p>Benefit Provided: <input type="text" value="Outpatient Hospital Transportation Services"/> Source: <input type="text" value="State Plan 1905(a)"/> <input type="button" value="Remove"/></p> <p>Authorization: <input type="text" value="None"/> Provider Qualifications: <input type="text" value="Medicaid State Plan"/></p> <p>Amount Limit: <input type="text" value="None"/> Duration Limit: <input type="text" value="None"/></p> <p>Scope Limit: <input type="text" value="None"/></p> <p>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text" value="NJ FamilyCare Plan A Standard Medicaid"/></p>	
<p>Benefit Provided: <input type="text" value="Physicians Services"/> Source: <input type="text" value="State Plan 1905(a)"/></p> <p>Authorization: <input type="text" value="None"/> Provider Qualifications: <input type="text" value="Medicaid State Plan"/></p> <p>Amount Limit: <input type="text" value="None"/> Duration Limit: <input type="text" value="None"/></p> <p>Scope Limit: <input type="text" value="None"/></p>	



Alternative Benefit Plan

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

NJ FamilyCare Plan A Standard Medicaid

Remove

Add



Alternative Benefit Plan

<input checked="" type="checkbox"/> Essential Health Benefit 3: Hospitalization	Collapse All <input type="checkbox"/>
<p>Benefit Provided: <input type="text" value="Inpatient Hospital Services"/> Source: <input type="text" value="State Plan 1905(a)"/> <input type="button" value="Remove"/></p> <p>Authorization: <input type="text" value="None"/> Provider Qualifications: <input type="text" value="Medicaid State Plan"/></p> <p>Amount Limit: <input type="text" value="None"/> Duration Limit: <input type="text" value="None"/></p> <p>Scope Limit: <input type="text" value="Elective cosmetic surgery not covered unless determined medically necessary."/></p> <p>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text" value="NJ FamilyCare Plan A Standard Medicaid"/></p>	
<p>Benefit Provided: <input type="text" value="Hospice"/> Source: <input type="text" value="State Plan 1905(a)"/> <input type="button" value="Remove"/></p> <p>Authorization: <input type="text" value="None"/> Provider Qualifications: <input type="text" value="Medicaid State Plan"/></p> <p>Amount Limit: <input type="text" value="none"/> Duration Limit: <input type="text" value="none"/></p> <p>Scope Limit: <input type="text" value="Individual must be diagnosed with a terminal illness with a prognosis of a life expectancy of six months or less as certified by a licensed physician."/></p> <p>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text" value="NJ FamilyCare Plan A Standard Medicaid; An individual under the age of 21 is eligible to receive hospice services concurrently with services related to the treatment of the child for the condition for which a diagnosis of terminal illness has been made."/></p>	
<p>Benefit Provided: <input type="text" value="Physicians Services"/> Source: <input type="text" value="State Plan 1905(a)"/></p> <p>Authorization: <input type="text" value="None"/> Provider Qualifications: <input type="text" value="Medicaid State Plan"/></p> <p>Amount Limit: <input type="text" value="None"/> Duration Limit: <input type="text" value="None"/></p> <p>Scope Limit: <input type="text" value="None"/></p>	



Alternative Benefit Plan

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

NJ FamilyCare Plan A Standard Medicaid

Remove

Add



Alternative Benefit Plan

<input checked="" type="checkbox"/> Essential Health Benefit 4: Maternity and newborn care	Collapse All <input type="checkbox"/>
<p>Benefit Provided: <input style="width: 350px;" type="text" value="Nurse-midwife Services"/> Source: <input style="width: 350px;" type="text" value="State Plan 1905(a)"/> <input style="float: right;" type="button" value="Remove"/></p> <p>Authorization: <input style="width: 350px;" type="text" value="None"/> Provider Qualifications: <input style="width: 350px;" type="text" value="Medicaid State Plan"/></p> <p>Amount Limit: <input style="width: 350px;" type="text" value="None"/> Duration Limit: <input style="width: 350px;" type="text" value="None"/></p> <p>Scope Limit: <input style="width: 700px;" type="text" value="None"/></p> <p>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input style="width: 700px;" type="text" value="NJ FamilyCare Plan A Standard Medicaid"/></p>	
<p>Benefit Provided: <input style="width: 350px;" type="text" value="Physicians Services"/> Source: <input style="width: 350px;" type="text" value="State Plan 1905(a)"/> <input style="float: right;" type="button" value="Remove"/></p> <p>Authorization: <input style="width: 350px;" type="text" value="None"/> Provider Qualifications: <input style="width: 350px;" type="text" value="Medicaid State Plan"/></p> <p>Amount Limit: <input style="width: 350px;" type="text" value="None"/> Duration Limit: <input style="width: 350px;" type="text" value="None"/></p> <p>Scope Limit: <input style="width: 700px;" type="text" value="none"/></p> <p>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input style="width: 700px;" type="text" value="NJ FamilyCare Plan A Standard Medicaid"/></p>	
<p>Benefit Provided: <input style="width: 350px;" type="text" value="Clinic Services"/> Source: <input style="width: 350px;" type="text" value="State Plan 1905(a)"/></p> <p>Authorization: <input style="width: 350px;" type="text" value="None"/> Provider Qualifications: <input style="width: 350px;" type="text" value="Medicaid State Plan"/></p> <p>Amount Limit: <input style="width: 350px;" type="text" value="None"/> Duration Limit: <input style="width: 350px;" type="text" value="None"/></p> <p>Scope Limit: <input style="width: 700px;" type="text" value="None"/></p>	



Alternative Benefit Plan

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

NJ FamilyCare Plan A Standard Medicaid

Remove

Benefit Provided:

Inpatient Hospital Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

NJ FamilyCare Plan A Standard Medicaid

Benefit Provided:

Newborn Hearing Screening

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

must be performed within 30 days of birth

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

NJ FamilyCare Plan A Standard Medicaid; must be billed under mother's benefit.

Add



Alternative Benefit Plan

Essential Health Benefit 5: Mental health and substance use disorder services including behavioral health treatment Collapse All

Benefit Provided:	Source:
<input type="text" value="Inpatient Medical Detox-Inpatient Hospital"/>	<input type="text" value="State Plan 1905(a)"/>
<input type="button" value="Remove"/>	
Authorization:	Provider Qualifications:
<input type="text" value="None"/>	<input type="text" value="Medicaid State Plan"/>
Amount Limit:	Duration Limit:
<input type="text" value="None"/>	<input type="text" value="None"/>
Scope Limit:	
<input type="text" value="None"/>	
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:	
<input type="text" value="NJ FamilyCare Plan A Standard Medicaid. State Plan Addendum to Attachment 3.1-A, 13(d) Rehabilitative Services."/>	

Benefit Provided:	Source:
<input type="text" value="Non-Hospital based detox -Rehabilitative Services"/>	<input type="text" value="State Plan 1905(a)"/>
<input type="button" value="Remove"/>	
Authorization:	Provider Qualifications:
<input type="text" value="Other"/>	<input type="text" value="Medicaid State Plan"/>
Amount Limit:	Duration Limit:
<input type="text" value="None"/>	<input type="text" value="None"/>
Scope Limit:	
<input type="text" value="None"/>	
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:	
<input type="text" value="NJ FamilyCare Plan A Standard Medicaid. State Plan Addendum to Attachment 3.1-A, 13(d) Rehabilitative Services."/>	

Benefit Provided:	Source:
<input type="text" value="Substance Use disorder outpatient - Rehabilitative"/>	<input type="text" value="State Plan 1905(a)"/>
Authorization:	Provider Qualifications:
<input type="text" value="None"/>	<input type="text" value="Medicaid State Plan"/>
Amount Limit:	Duration Limit:
<input type="text" value="See below"/>	<input type="text" value="None"/>



Alternative Benefit Plan

Scope Limit:

None

Remove

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Service under the State Plan Authority 1905(a)(13)

Service Descriptions: Outpatient Treatment Services is a set of treatment activities such as individual counseling, family counseling or group therapy designed to help the client achieve changes in his or her alcohol or other drug using behaviors. Services are provided in regularly scheduled sessions of fewer than nine contact hours a week in a licensed substance abuse treatment facility. Outpatient services approximate ASAM level 1.

Services include:

- intake and assessment (1hour)-Licensed Clinical Professional (LCP) or clinical staff supervised by a LCP
- Physician Visit: Physician or APN under supervision of a physician
- Outpatient substance abuse individual counseling-LCP or clinical staff supervised by a LCP
- Outpatient substance abuse group counseling-LCP or clinical staff supervised by a LCP
- Outpatient-Family Counseling/Conference-LCP or clinical staff supervised by a LCP

Service Limitations:

- Multiple services may be provided on the same date of service but no more than one of the same service type (individual, group, or family). These services may be provided on the same date of service but no more than one of the same service type per day. Physician visits for evaluation and management are not considered a behavioral health service.
- If an individuals needs more than 9 contract hours per week, services can be increased if it is medically necessary or an individual is reassessed for appropriate level of care.

Provider Specifications:

- NJ DHS Licensed Substance Abuse facility
- NJ Medicaid Licensed Independent Clinic

Unit of Service: as defined by each code

Licensing entity: DHS

Regulation Cite: NJAC 10:161B

Benefit Provided:

Case Management - Chronically Mentally Ill

Source:

State Plan 1905(a)

Authorization:

None

Provider Qualifications:

Medicaid State Plan



Alternative Benefit Plan

Amount Limit: <input type="text" value="None"/>	Duration Limit: <input type="text" value="None"/>	<input type="button" value="Remove"/>
Scope Limit: <input type="text" value="None"/>		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text" value="NJ FamilyCare Plan A Standard Medicaid. Beneficiaries have a clinical assessment to determine if they meet criteria for program enrollment."/>		
Benefit Provided: <input type="text" value="Inpatient psychiatric services"/>	Source: <input type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>
Authorization: <input type="text" value="None"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="None"/>	Duration Limit: <input type="text" value="None"/>	
Scope Limit: <input type="text" value="None"/>		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text" value="NJ FamilyCare Plan A Standard Medicaid; subject to IMD exclusion"/>		
Benefit Provided: <input type="text" value="Clinic Services - mental health"/>	Source: <input type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>
Authorization: <input type="text" value="Other"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="1 service except psychotherapy limited to 3 per day"/>	Duration Limit: <input type="text" value="per day"/>	
Scope Limit: <input type="text" value="psychotherapy services limited to 5 per week."/>		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text" value="NJ FamilyCare Plan A Standard Medicaid; prior authorization for medical necessity for partial care only. Prior authorization is intended to ensure services support client movement toward a stable discharge. No prior authorization required for other mental health services. Established limits may be exceeded based on medical necessity and clinical appropriateness. Prior authorization applies to partial care (same as medical day care) to control over utilization of services."/>		



Alternative Benefit Plan

Benefit Provided: Partial Hospital	Source: State Plan 1905(a)	Remove
Authorization: Prior Authorization	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: acute partial hospitalization requires prior authorization to ensure acute partial hospital is a diversion from acute inpatient admission and to ensure clients movement toward a stable discharge.		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: NJ FamilyCare Plan A Standard Medicaid. Prior authorization applies to partial hospital (same as medical day care and PCA) to control over utilization of services.		
Benefit Provided: Community Support Services	Source: State Plan 1905(a)	Remove
Authorization: Prior Authorization	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: NJ FamilyCare Plan A Standard Medicaid; authorization based on medical necessity and to ensure community based rehab services assist client's transition back into the community. Prior authorization is routinely applied to newly covered Medicaid benefits to ensure that the service is provided appropriately and billed correctly.		
Benefit Provided: Outpatient Hospital - Mental Health	Source: State Plan 1905(a)	
Authorization: None	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: None		



Alternative Benefit Plan

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text" value="NJ FamilyCare Plan A Standard Medicaid"/>		<input type="button" value="Remove"/>
Benefit Provided: <input type="text" value="PACT"/>	Source: <input type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>
Authorization: <input type="text" value="None"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="None"/>	Duration Limit: <input type="text" value="None"/>	
Scope Limit: <input type="text" value="Not available to individuals receiving Partial Care/Partial Hospitalization Services except during brief periods of transition between delivery systems."/>		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text" value="NJ FamilyCare Plan A Standard Medicaid. Beneficiaries have a clinical assessment to determine if they meet criteria or proper enrollment."/>		
Benefit Provided: <input type="text" value="Inpatient Mental Health"/>	Source: <input type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>
Authorization: <input type="text" value="None"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="None"/>	Duration Limit: <input type="text" value="None"/>	
Scope Limit: <input type="text" value="None"/>		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text" value="NJ FamilyCare Plan A Standard Medicaid, subject to IMD exclusion"/>		
<input type="button" value="Add"/>		



Alternative Benefit Plan

Essential Health Benefit 6: Prescription drugs

Benefit Provided:

Coverage is at least the greater of one drug in each U.S. Pharmacopeia (USP) category and class or the same number of prescription drugs in each category and class as the base benchmark.

Prescription Drug Limits (Check all that apply.): Authorization: Provider Qualifications:

Limit on days supply

No

State licensed

Limit on number of prescriptions

Limit on brand drugs

Other coverage limits

Preferred drug list

Coverage that exceeds the minimum requirements or other:

The State of New Jersey's ABP prescription drug benefit plan is the same as under the approved Medicaid state plan for prescribed drugs.



Alternative Benefit Plan

<input checked="" type="checkbox"/> Essential Health Benefit 7: Rehabilitative and habilitative services and devices		Collapse All <input type="checkbox"/>
<p>Benefit Provided: <input type="text" value="Physical Therapy and related services - Rehab"/> Source: <input type="text" value="State Plan 1905(a)"/> <input type="button" value="Remove"/></p> <p>Authorization: <input type="text" value="None"/> Provider Qualifications: <input type="text" value="Medicaid State Plan"/></p> <p>Amount Limit: <input type="text" value="1 treatment session"/> Duration Limit: <input type="text" value="per day"/></p> <p>Scope Limit: <input type="text" value="None"/></p> <p>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text" value="NJ FamilyCare Plan A Standard Medicaid; also includes Home Health Services, 1 treatment session is 6 units."/></p>		
<p>Benefit Provided: <input type="text" value="Occupational Therapy - Rehab"/> Source: <input type="text" value="State Plan 1905(a)"/> <input type="button" value="Remove"/></p> <p>Authorization: <input type="text" value="None"/> Provider Qualifications: <input type="text" value="Medicaid State Plan"/></p> <p>Amount Limit: <input type="text" value="1 treatment session"/> Duration Limit: <input type="text" value="per day"/></p> <p>Scope Limit: <input type="text" value="None"/></p> <p>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text" value="NJ FamilyCare Plan A Standard Medicaid; also includes Home Health Services. 1 treatment session is 6 units."/></p>		
<p>Benefit Provided: <input type="text" value="Speech Therapy - Rehab"/> Source: <input type="text" value="State Plan 1905(a)"/></p> <p>Authorization: <input type="text" value="None"/> Provider Qualifications: <input type="text" value="Medicaid State Plan"/></p> <p>Amount Limit: <input type="text" value="1 treatment session"/> Duration Limit: <input type="text" value="per day"/></p> <p>Scope Limit: <input type="text" value="None"/></p>		



Alternative Benefit Plan

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

NJ FamilyCare Plan A Standard Medicaid; also includes Home Health Services and Cognitive Therapy. 1 treatment session is 6 units.

Remove

Benefit Provided:

Physical Therapy - habilitative

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

1 treatment session

Duration Limit:

per day

Scope Limit:

Provided within the scope of the New Jersey state definition of habilitative services. See "Other information" for definition.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

NJ FamilyCare Plan A Standard Medicaid; Definition of Habilitative Services: Medically necessary services/ equipment recommended by a licensed practitioner, to maintain or slow the deterioration of a person's health status. Absence of services could result in a preventable deterioration of a person's health status or deter the acquisition of a developmental function not yet attained.

Benefit Provided:

Occupational Therapy - habilitative

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

1 treatment session

Duration Limit:

per day

Scope Limit:

Provided within the scope of the New Jersey state definition of habilitative services. See "Other information" for definition.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

NJ FamilyCare Plan A Standard Medicaid; Definition of Habilitative Services: Medically necessary services/ equipment recommended by a licensed practitioner, to maintain or slow the deterioration of a person's health status. Absence of services could result in a preventable deterioration of a person's health status or deter the acquisition of a developmental function not yet attained.

Benefit Provided:

Speech Therapy - Habilitative

Source:

State Plan 1905(a)



Alternative Benefit Plan

Authorization: <input type="text" value="None"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	<input type="button" value="Remove"/>
Amount Limit: <input type="text" value="1 treatment session"/>	Duration Limit: <input type="text" value="per day"/>	
Scope Limit: <input type="text" value="Provided within the scope of the New Jersey state definition of habilitative services. See 'Other information' for definition."/>		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text" value="NJ FamilyCare Plan A Standard Medicaid; Also includes Cognitive Therapy. Definition of Habilitative Services: Medically necessary services/ equipment recommended by a licensed practitioner, to maintain or slow the deterioration of a person's health status. Absence of services could result in a preventable deterioration of a person's health status or deter the acquisition of a developmental function not yet attained."/>		
Benefit Provided: <input type="text" value="Prosthetic and orthotic appliances"/>	Source: <input type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>
Authorization: <input type="text" value="Authorization required in excess of limitation"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="None"/>	Duration Limit: <input type="text" value="None"/>	
Scope Limit: <input type="text" value="None"/>		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text" value="NJ FamilyCare Plan A Standard Medicaid; prior authorization required for prostheses when charges are in excess of \$1000 and orthotics when charges are in excess of \$500."/>		
Benefit Provided: <input type="text" value="Home Health - Nursing & Home Health Aid Services"/>	Source: <input type="text" value="State Plan 1905(a)"/>	
Authorization: <input type="text" value="Other"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="None"/>	Duration Limit: <input type="text" value="None"/>	
Scope Limit: <input type="text" value="Cost equal to or in excess of institutional care may be limited or denied dependent upon medical necessity."/>		



Alternative Benefit Plan

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

NJ FamilyCare Plan A Standard Medicaid; Authorization required in excess of scope limit.

Remove

Benefit Provided:

Home Health- Med. supplies, Equipment & Appliances

Source:

State Plan 1905(a)

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

1 month supply for certain supplies

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

NJ FamilyCare Plan A Standard Medicaid; Some items require prior authorization regardless of amount. More than one month supplies may be given dependent on medical necessity.

Benefit Provided:

Nursing Facility/Skilled Nursing Facility Services

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

NJ FamilyCare Plan A Standard Medicaid; Prior authorization required for medical necessity. Duration based on plan of care documents and progress of individual. Includes both rehabilitation and custodial care.

Add



Alternative Benefit Plan

<input checked="" type="checkbox"/> Essential Health Benefit 8: Laboratory services	Collapse All <input type="checkbox"/>															
<table style="width: 100%; border: none;"><tr><td style="width: 50%; border: none;">Benefit Provided: <input style="width: 95%;" type="text" value="laboratory and x-ray services"/></td><td style="width: 40%; border: none;">Source: <input style="width: 95%;" type="text" value="State Plan 1905(a)"/></td><td style="width: 10%; border: none; text-align: center;"><input type="button" value="Remove"/></td></tr><tr><td style="border: none;">Authorization: <input style="width: 95%;" type="text" value="None"/></td><td style="border: none;">Provider Qualifications: <input style="width: 95%;" type="text" value="Medicaid State Plan"/></td><td style="border: none;"></td></tr><tr><td style="border: none;">Amount Limit: <input style="width: 95%;" type="text" value="None"/></td><td style="border: none;">Duration Limit: <input style="width: 95%;" type="text" value="None"/></td><td style="border: none;"></td></tr><tr><td colspan="3" style="border: none;">Scope Limit: <input style="width: 95%;" type="text" value="None"/></td></tr><tr><td colspan="3" style="border: none;">Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input style="width: 95%;" type="text" value="NJ FamilyCare Plan A Standard Medicaid"/></td></tr></table>		Benefit Provided: <input style="width: 95%;" type="text" value="laboratory and x-ray services"/>	Source: <input style="width: 95%;" type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>	Authorization: <input style="width: 95%;" type="text" value="None"/>	Provider Qualifications: <input style="width: 95%;" type="text" value="Medicaid State Plan"/>		Amount Limit: <input style="width: 95%;" type="text" value="None"/>	Duration Limit: <input style="width: 95%;" type="text" value="None"/>		Scope Limit: <input style="width: 95%;" type="text" value="None"/>			Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input style="width: 95%;" type="text" value="NJ FamilyCare Plan A Standard Medicaid"/>		
Benefit Provided: <input style="width: 95%;" type="text" value="laboratory and x-ray services"/>	Source: <input style="width: 95%;" type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>														
Authorization: <input style="width: 95%;" type="text" value="None"/>	Provider Qualifications: <input style="width: 95%;" type="text" value="Medicaid State Plan"/>															
Amount Limit: <input style="width: 95%;" type="text" value="None"/>	Duration Limit: <input style="width: 95%;" type="text" value="None"/>															
Scope Limit: <input style="width: 95%;" type="text" value="None"/>																
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input style="width: 95%;" type="text" value="NJ FamilyCare Plan A Standard Medicaid"/>																
<table style="width: 100%; border: none;"><tr><td style="width: 50%; border: none;">Benefit Provided: <input style="width: 95%;" type="text" value="Diagnostic Services"/></td><td style="width: 40%; border: none;">Source: <input style="width: 95%;" type="text" value="State Plan 1905(a)"/></td><td style="width: 10%; border: none; text-align: center;"><input type="button" value="Remove"/></td></tr><tr><td style="border: none;">Authorization: <input style="width: 95%;" type="text" value="None"/></td><td style="border: none;">Provider Qualifications: <input style="width: 95%;" type="text" value="Medicaid State Plan"/></td><td style="border: none;"></td></tr><tr><td style="border: none;">Amount Limit: <input style="width: 95%;" type="text" value="None"/></td><td style="border: none;">Duration Limit: <input style="width: 95%;" type="text" value="None"/></td><td style="border: none;"></td></tr><tr><td colspan="3" style="border: none;">Scope Limit: <input style="width: 95%;" type="text" value="Limited to non-experimental procedures"/></td></tr><tr><td colspan="3" style="border: none;">Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input style="width: 95%;" type="text" value="NJ FamilyCare Plan A Standard Medicaid"/></td></tr></table>		Benefit Provided: <input style="width: 95%;" type="text" value="Diagnostic Services"/>	Source: <input style="width: 95%;" type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>	Authorization: <input style="width: 95%;" type="text" value="None"/>	Provider Qualifications: <input style="width: 95%;" type="text" value="Medicaid State Plan"/>		Amount Limit: <input style="width: 95%;" type="text" value="None"/>	Duration Limit: <input style="width: 95%;" type="text" value="None"/>		Scope Limit: <input style="width: 95%;" type="text" value="Limited to non-experimental procedures"/>			Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input style="width: 95%;" type="text" value="NJ FamilyCare Plan A Standard Medicaid"/>		
Benefit Provided: <input style="width: 95%;" type="text" value="Diagnostic Services"/>	Source: <input style="width: 95%;" type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>														
Authorization: <input style="width: 95%;" type="text" value="None"/>	Provider Qualifications: <input style="width: 95%;" type="text" value="Medicaid State Plan"/>															
Amount Limit: <input style="width: 95%;" type="text" value="None"/>	Duration Limit: <input style="width: 95%;" type="text" value="None"/>															
Scope Limit: <input style="width: 95%;" type="text" value="Limited to non-experimental procedures"/>																
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input style="width: 95%;" type="text" value="NJ FamilyCare Plan A Standard Medicaid"/>																
<input type="button" value="Add"/>																



Alternative Benefit Plan

Essential Health Benefit 9: Preventive and wellness services and chronic disease management

Collapse All

The state/territory must provide, at a minimum, a broad range of preventive services including: “A” and “B” services recommended by the United States Preventive Services Task Force; Advisory Committee for Immunization Practices (ACIP) recommended vaccines; preventive care and screening for infants, children and adults recommended by HRSA’s Bright Futures program/project; and additional preventive services for women recommended by the Institute of Medicine (IOM).

Benefit Provided:

Diabetic Supplies and Equipment

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

NJ FamilyCare Plan A Standard Medicaid

Add



Alternative Benefit Plan

<input checked="" type="checkbox"/> Essential Health Benefit 10: Pediatric services including oral and vision care	Collapse All <input type="checkbox"/>
<p>Benefit Provided: Medicaid State Plan EPSDT Benefits</p>	
Source: State Plan 1905(a)	<input type="button" value="Remove"/>
Authorization: None	Provider Qualifications: Medicaid State Plan
Amount Limit: None	Duration Limit: None
Scope Limit: None	
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text"/>	
<input type="button" value="Add"/>	



Alternative Benefit Plan

Other Covered Benefits from Base Benchmark

Collapse All



Alternative Benefit Plan

<input checked="" type="checkbox"/>	Base Benchmark Benefits Not Covered due to Substitution or Duplication	Collapse All <input type="checkbox"/>
<hr/>		
Base Benchmark Benefit that was Substituted: <input style="width: 90%;" type="text" value="Primary Care Visit to Treat Injury/Illness"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:		
<input style="width: 95%;" type="text" value="This benefit was mapped to EHB 1, and will be duplicated by the Physician Services under the Medicaid State Plan package."/>		
<hr/>		
Base Benchmark Benefit that was Substituted: <input style="width: 90%;" type="text" value="Specialist Visit"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:		
<input style="width: 95%;" type="text" value="This benefit was mapped to EHB 1 and will be duplicated by the Physicians Services under the Medicaid State Plan package."/>		
<hr/>		
Base Benchmark Benefit that was Substituted: <input style="width: 90%;" type="text" value="Other Practitioner Office Visit"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:		
<input style="width: 95%;" type="text" value="This benefit was mapped to EHB 1 and will be duplicated by the Physicians Services and Pediatric and Family Advanced Practice Nurse Services benefits under the Medicaid State Plan package."/>		
<hr/>		
Base Benchmark Benefit that was Substituted: <input style="width: 90%;" type="text" value="Outpatient Facility Fee"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:		
<input style="width: 95%;" type="text" value="This benefit was mapped to EHB 1 and will be duplicated by the Outpatient Hospital benefit under the Medicaid State Plan package."/>		
<hr/>		
Base Benchmark Benefit that was Substituted: <input style="width: 90%;" type="text" value="Outpatient Surgery: Physician/Surgical Services"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:		
<input style="width: 95%;" type="text" value="This benefit was mapped to EHB 1 and will be duplicated by the Outpatient Hospital benefit under the Medicaid State Plan package."/>		
<hr/>		
Base Benchmark Benefit that was Substituted: <input style="width: 90%;" type="text" value="Hospice Services"/>	Source: Base Benchmark	



Alternative Benefit Plan

<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>This benefit was mapped to EHB 1 and EHB 3 and will be duplicated under the Medicaid State Plan Hospice benefit.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted:</p> <p>Infertility Treatment - Substitution</p> <p>Source:</p> <p>Base Benchmark</p> <p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>New Jersey will be substituting infertility treatment and the limited dental package that was mapped to EHB 1 with the full dental package offered through our Medicaid State Plan package.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted:</p> <p>Urgent Care Centers or Facilities</p> <p>Source:</p> <p>Base Benchmark</p> <p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>This benefit was mapped to EHB 1 and will be duplicated under the Medicaid State Plan Clinic Services benefit.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted:</p> <p>Home Health Care Services</p> <p>Source:</p> <p>Base Benchmark</p> <p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>This benefit was mapped to EHB 7 and will be duplicated by the Medicaid State Plan Home Health Care - Nursing & Home Health Aid Services.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted:</p> <p>Emergency Room Services</p> <p>Source:</p> <p>Base Benchmark</p> <p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>This benefit was mapped to EHB 2 and will be duplicated by the Medicaid State Plan package Emergency Hospital Services: Outpatient benefit and Physicians Services.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted:</p> <p>Emergency Transportation/Ambulance</p> <p>Source:</p> <p>Base Benchmark</p> <p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>This benefit was mapped to EHB 2 and will be duplicated by the Medicaid State Plan package Outpatient Hospital Transportation benefit.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted:</p> <p>Inpatient Hospital Services</p> <p>Source:</p> <p>Base Benchmark</p>	



Alternative Benefit Plan

<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>This benefit was mapped to EHB 3 and will be duplicated by the Medicaid State Plan package Inpatient Hospital Services benefit.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: Inpatient Physician and Surgical Services</p> <p>Source: Base Benchmark</p> <p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>This benefit was mapped to EHB 3 and will be duplicated by the Medicaid State Plan package Inpatient Hospital and Physician Services benefit.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: Bariatric Surgery</p> <p>Source: Base Benchmark</p> <p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>This benefit was mapped to EHB 3 and will be duplicated by the Medicaid State Plan package Inpatient Hospital Services benefit.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: Prenatal and Postnatal Care</p> <p>Source: Base Benchmark</p> <p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>This benefit was mapped to EHB 4 and will be duplicated by the Nurse-Midwife services, Physician and Clinic Services benefits.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: Delivery & All Inpatient Maternity Services</p> <p>Source: Base Benchmark</p> <p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>This benefit was mapped to EHB 4 and will be duplicated by the Inpatient Hospital benefit.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: Mental/Behavioral Health Outpatient Services</p> <p>Source: Base Benchmark</p> <p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>This benefit was mapped to EHB 5 and will be duplicated by the Outpatient Hospital - Mental Health, Clinic Services - Mental Health, Partial Hospital, Community Support Services, PACT, and Case Management - Chronically Ill benefits.</p>	<p>Remove</p>



Alternative Benefit Plan

Base Benchmark Benefit that was Substituted: <input type="text" value="Mental/Behavioral Health Inpatient Services"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="This benefit was mapped to EHB 5 and will be duplicated by the Medicaid State Plan Inpatient Mental Health Services, and Inpatient Psychiatric benefits."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Substance Abuse Disorder Outpatient Services"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="This benefit was mapped to EHB 5 and will be duplicated by the Medicaid State Plan Substance Abuse Disorder Outpatient benefit."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Substance Abuse Disorder Inpatient Services"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="This benefit was mapped to EHB 5 and will be duplicated by the Medicaid State Plan Substance Abuse Disorder Inpatient Medical Detox and Non-medical Detox benefits."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Prescription Benefits"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="This benefit was mapped to EHB 6 and will be duplicated by the Medicaid State Plan Prescription drug coverage."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Chiropractic Care"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="This benefit was mapped to EHB 1 and will be duplicated with the Medicaid State Plan package Chiropractic Services/OLP benefit. The benchmark benefit is limited to therapeutic manipulation and 30 visits per year and two modalities per visit. The Medicaid State Plan benefit does not limit by visits or modalities."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Durable Medical Equipment"/>	Source: Base Benchmark	



Alternative Benefit Plan

<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>This benefit was mapped to EHB 7 and will be duplicated by the Medicaid State Plan Home Health - Medical Supplies, Equipment and Appliances and Home Health - PT, OT, ST benefits.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: Diagnostic Test (X-ray and Lab Work)</p> <p>Source: Base Benchmark</p> <p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>This benefit was mapped to EHB 8 and will be duplicated by the Medicaid State Plan Laboratory and X-ray Services benefit.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: Imaging (CT/PET Scans, MRI)</p> <p>Source: Base Benchmark</p> <p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>This benefit was mapped to EHB 8 and will be duplicated by the Medicaid State Plan Diagnostic Services benefit.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: Preventative Care/Screening/Immunization</p> <p>Source: Base Benchmark</p> <p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>This benefit was mapped to EHB 9 and will be duplicated by the Medicaid State Plan Preventative Services and Immunizations benefit.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: Foot Care</p> <p>Source: Base Benchmark</p> <p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>This benefit was mapped to EHB 1 and will be duplicated by the Medicaid State Plan Podiatrist Services benefit.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: Acupuncture</p> <p>Source: Base Benchmark</p> <p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>This benefit was mapped EHB 1 and 3 and will be duplicated by the Medicaid State Plan Outpatient and Inpatient Hospital Services benefits.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: Routine Eye Exam for children</p> <p>Source: Base Benchmark</p>	



Alternative Benefit Plan

<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>This benefit was mapped to EHB 10 and will be duplicated by Medicaid State Plan EPSDT benefits.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted:</p> <p>Dental Check-up for Children</p> <p>Source:</p> <p>Base Benchmark</p> <p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>This benefit was mapped to EHB 10 and will be duplicated by Medicaid State Plan EPSDT benefits.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted:</p> <p>Autism/Developmental Disabilities - Speech Therapy</p> <p>Source:</p> <p>Base Benchmark</p> <p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>This benefit was mapped to EHB 10 and will be duplicated by the Medicaid State Plan EPSDT benefit. This benefit under the base benchmark includes a 30 visit per calendar year limit. The Medicaid State Plan does not include a visit limit.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted:</p> <p>Autism/Developmental Disabilities-Physical Therapy</p> <p>Source:</p> <p>Base Benchmark</p> <p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>This benefit was mapped to EHB 10 and will be duplicated by the Medicaid State Plan EPSDT benefit. This benefit under the base benchmark includes a 30 visit per calendar year limit. The 30 visit limit is a combined limit with Occupational Therapy. The Medicaid State Plan does not include a visit limit.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted:</p> <p>Autism/Developmental Disability-Occupational Thera</p> <p>Source:</p> <p>Base Benchmark</p> <p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>This benefit was mapped to EHB 10 and will be duplicated by the Medicaid State Plan EPSDT benefit. This benefit under the base benchmark includes a 30 visit per calendar year limit. The 30 visit limit is a combined limit with Physical Therapy. The Medicaid State Plan does not include a visit limit.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted:</p> <p>Inherited Metabolic Disease - PKU</p> <p>Source:</p> <p>Base Benchmark</p> <p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>This benefit was mapped to EHB 7 and will be duplicated under the Medicaid State Plan Home Health-Medical Supplies, Equipment and Appliances Benefit.</p>	<p>Remove</p>



Alternative Benefit Plan

Base Benchmark Benefit that was Substituted: <input type="text" value="Blood, blood products and blood transfusions"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="This benefit was mapped to EHB 1 and 3 and will be duplicated by the Medicaid State Plan Inpatient Hospital Services, Outpatient Hospital Services and Clinic Services benefits."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Dental Care and Treatment: Illness and Injury"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="New Jersey will be substituting infertility treatment and the limited dental package that was mapped to EHB 1 with the full dental package offered through our Medicaid State Plan package."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Dental Care and Treatment: Anesthesia"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="New Jersey will be substituting infertility treatment and the limited dental package that was mapped to EHB 1 with the full dental package offered through our Medicaid State Plan package."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Temporomandibular Joint Disorder"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="This benefit was mapped to EHB 1 and will be duplicated by the Medicaid State Plan package Dental Services benefit."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Cancer Clinical Trials"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="This benefit was mapped to EHB 1 and 3 will be duplicated by the Medicaid State Plan package Outpatient Hospital and Inpatient Hospital benefits."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Pain Management Services"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="This benefit was mapped to EHB 1 and will be duplicated by the Medicaid State Plan package Physicians Services benefit."/>		



Alternative Benefit Plan

Base Benchmark Benefit that was Substituted: <input type="text" value="Chelation Therapy"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="This benefit was mapped to EHB 1 and 3 and will be duplicated by the Medicaid State Plan Inpatient Hospital Services, Outpatient Hospital Services, and Clinic Services Benefits."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Chemotherapy"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="This benefit was mapped to EHB 1 and 3 and will be duplicated by the Medicaid State Plan Inpatient Hospital Services, Outpatient Hospital Services, and Clinic Services Benefits."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Dialysis Treatment"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="This benefit was mapped to EHB 1 and 3 and will be duplicated by the Medicaid State Plan Inpatient Hospital Services, Outpatient Hospital Services, and Clinic Services Benefits."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Radiation therapy"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="This benefit was mapped to EHB 1 and 3 and will be duplicated by the Medicaid State Plan Inpatient Hospital Services, Outpatient Hospital Services, and Clinic Services Benefits."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Infusion Therapy"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="This benefit was mapped to EHB 1 and 3 and will be duplicated by the Medicaid State Plan Inpatient and Outpatient Hospital Benefits."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Transplants"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="This benefit was mapped to EHB 3 and will be duplicated by the Medicaid State Plan package Inpatient Hospital Services benefit."/>		



Alternative Benefit Plan

Base Benchmark Benefit that was Substituted: <input type="text" value="Hemophilia Services"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="This benefit was mapped to EHB 1, 3, and 7 and will be duplicated by the Medicaid State Plan Inpatient Hospital, Outpatient Hospital, Clinic Services and Home Health Care benefits."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Orthotics and Prosthetics"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="This benefit was mapped to EHB 7 and will be duplicated by the Medicaid State Plan Orthotics and Prosthetics benefit."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Newborn Hearing Screening"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="This benefit was mapped to EHB 4 and will be duplicated under the Medicaid State Plan Newborn Hearing Screening benefit."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Mammograms"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="This benefit was mapped to EHB 9 and will be duplicated by the Medicaid State Plan Preventative Services benefit."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Mastectomy inpatient stay"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="This benefit was mapped to EHB 3 and will be duplicated by the Medicaid State Plan Inpatient Hospital Benefit."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Reconstructive breast surgery"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="This benefit was mapped to EHB 3 and will be duplicated by the Medicaid State Plan Inpatient Hospital Benefit."/>		



Alternative Benefit Plan

Base Benchmark Benefit that was Substituted: <input type="text" value="Diabetes Treatment - services and supplies"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="This benefit was mapped to EHB 9 and will be duplicated under the Medicaid State Plan Diabetic Supplies & Equipment benefit."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Nutritional Counseling"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="This benefit was mapped to EHB 9 and will be duplicated by the Medicaid State Plan Preventive Services benefit."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Skilled Nursing Facility - Skilled Nursing Care"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="This benefit was mapped to EHB 7 and will be duplicated by the Medicaid State Plan Nursing Facility/ Skilled Nursing Facility Services benefit. Base Benchmark does not have a duration limit but prior authorization is required for medical necessity. Duration based on plan of care documents and progress of individual. Custodial Care is not covered under the base benchmark."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Speech and Cognitive Therapy - Rehab/Hab"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="This benefit was mapped to EHB 7 and will be duplicated by the Medicaid State Plan Speech Therapy benefit. The base benchmark includes a combined 30 visit per calendar year limit and is limited to 1 session per day. The Medicaid State Plan does not include a visit limit. Cognitive Therapy is a part of the Medicaid State Plan Speech Therapy benefit."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Physical and Occupational Therapy - Rehab/Hab"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="This benefit was mapped to EHB 7 and will be duplicated by the Medicaid State Plan Physical Therapy and Occupational benefit. The base benchmark includes a combined 30 visit per calendar year limit and is limited to 1 session per day. The Medicaid State Plan does not include a visit limit."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Autism/Developmental Disabilities - ABA or Related"/>	Source: Base Benchmark	



Alternative Benefit Plan

<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>This benefit was mapped to EHB 10 and will be substituted by the Medicaid State Plan EPSDT benefit.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: Abortion - Hyde Amendment</p> <p>Source: Base Benchmark</p> <p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>This benefit was mapped to EHB 1 and is duplicated by the Medicaid State Plan Abortion benefit.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: Eyeglasses for Children</p> <p>Source: Base Benchmark</p> <p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>This benefit was mapped to EHB 10 and is duplicated by the Medicaid State Plan EPSDT benefit. The benchmark benefit is limited to children ages 18 and under.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: Hearing Aid Services</p> <p>Source: Base Benchmark</p> <p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>This benefit was mapped to EHB 10 and is duplicated by the Medicaid State Plan EPSDT benefit. The benchmark benefit is limited to children ages 15 and under.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: Routine Eye Exam - Adult</p> <p>Source: Base Benchmark</p> <p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>This benefit was mapped to EHB 1 and is duplicated by the Medicaid State Plan Physicians Services benefit.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: Outpatient Rehabilitation Services</p> <p>Source: Base Benchmark</p> <p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>This benefit was mapped to EHB 7 and is duplicated by the Medicaid State Plan Physical Therapy and Related Services, Speech Therapy, and Occupational Therapy benefits.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: Habilitation Services</p> <p>Source: Base Benchmark</p>	



Alternative Benefit Plan

<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>This benefit was mapped to EHB 7 and is duplicated by the Medicaid State Plan Physical Therapy and Related Services, Speech Therapy, and Occupational Therapy benefits.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted:</p> <p>Diabetes Care Management</p> <p>Source:</p> <p>Base Benchmark</p> <p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>This benefit was mapped to EHB 1 and is duplicated under the Physicians Services benefit.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted:</p> <p>Second Opinion</p> <p>Source:</p> <p>Base Benchmark</p> <p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>This benefit was mapped to EHB 1 and is duplicated by the Physicians Services benefit.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted:</p> <p>Third Opinion</p> <p>Source:</p> <p>Base Benchmark</p> <p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>This benefit was mapped to EHB 1 and is duplicated by the Physicians Services benefit.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted:</p> <p>Domestic Violence Treatment</p> <p>Source:</p> <p>Base Benchmark</p> <p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>This benefit was mapped to EHB 5 and is duplicated by the Clinic Services - mental health benefit.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted:</p> <p>Respiration Therapy</p> <p>Source:</p> <p>Base Benchmark</p> <p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>This benefit was mapped to EHB 3 and 7 and is duplicated by the Inpatient Hospital and Home Health: Nursing and Home Health Aide Services benefits.</p>	<p>Remove</p>
	<p>Add</p>



Alternative Benefit Plan

<input checked="" type="checkbox"/> Other Base Benchmark Benefits Not Covered		Collapse All <input checked="" type="checkbox"/>
Base Benchmark Benefit not Included in the Alternative Benefit Plan:	Source: Base Benchmark	<input type="button" value="Remove"/>
<input type="text" value="Abortion Services greater than Hyde Amendment"/>		
		<input type="button" value="Add"/>



Alternative Benefit Plan

Other 1937 Covered Benefits that are not Essential Health Benefits Collapse All

Other 1937 Benefit Provided: <input type="text" value="FQHC"/>	Source: Section 1937 Coverage Option Benchmark Benefit Package	<input type="button" value="Remove"/>
Authorization: <input type="text" value="Other"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="None"/>	Duration Limit: <input type="text" value="None"/>	
Scope Limit: <input type="text" value="None"/>		
Other: <input type="text" value="No prior authorization required; NJ FamilyCare Plan A Standard Medicaid; Source: State Plan 1905(a)"/>		

Other 1937 Benefit Provided: <input type="text" value="Non-medical transportation"/>	Source: Section 1937 Coverage Option Benchmark Benefit Package	<input type="button" value="Remove"/>
Authorization: <input type="text" value="Prior Authorization"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="None"/>	Duration Limit: <input type="text" value="None"/>	
Scope Limit: <input type="text" value="None"/>		
Other: <input type="text" value="NJ FamilyCare Plan A Standard Medicaid; Source: State Plan 1905(a)"/>		

Other 1937 Benefit Provided: <input type="text" value="Inpatient - religious non-medical services"/>	Source: Section 1937 Coverage Option Benchmark Benefit Package	
Authorization: <input type="text" value="Other"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="None"/>	Duration Limit: <input type="text" value="None"/>	
Scope Limit: <input type="text" value="Elective cosmetic surgery not covered unless determined medically necessary."/>		
Other: <input type="text" value="NJ FamilyCare Plan A Standard Medicaid; Source: State Plan 1905(a)"/>		



Alternative Benefit Plan

<input type="text"/>		<input type="button" value="Remove"/>
Other 1937 Benefit Provided: <input type="text" value="Substance Use Disorder - Partial Care"/>	Source: <input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>	<input type="button" value="Remove"/>
Authorization: <input type="text" value="Other"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="None"/>	Duration Limit: <input type="text" value="None"/>	
Scope Limit: <input type="text" value="None"/>		
Other: <input type="text" value="Full benefit name: Rehabilitative Services - Substance Use Disorder - Partial Care"/> Service covered under the State Plan Authority 1905(a)(13) Service Descriptions: Partial Care-Day or Evening - A licensed rehabilitative program that provides a broad range of clinically intensive treatment services in a structured environment for a minimum of twenty (20) hours a week, during the day or evening hours. Services are delivered for no less than 4 hours per day and include individual, group, family therapy. Independent assessment is required utilizing ASAM criteria to ensure beneficiary meets ASAM Level II.5. Services include: -Physician visit: Physician or APN under supervision of a physician. -Individuals counseling-Licensed clinical professional (LCP) or clinical staff supervised by a LCP -Group substance abuse counseling-LCP or clinical staff supervised by a LCP -Group counseling-LCP or clinical staff supervised by a LCP -Family Counseling -LCP or clinical staff supervised by a LCP -Laboratory services-Medically Licensed clinical professional Service Limitations: Service admission is recommended by a physician or other licensed practitioner of the healing arts within their scope of practice under State law. If an individuals needs more than 20 hours per week, services can be increased if medically necessary or an individual is reassessed for appropriate level of care. Provider Specifications: -NJ DHS Licensed Substance Abuse Facility -NJ Medicaid Licensed Independent Clinic Unit of Service = 1 day, up to 5 days/wk Licensing Entity: DHS Regulation Cite: NJAC 10:161B		



Alternative Benefit Plan

Other 1937 Benefit Provided:

Substance Use Disorder Intensive Outpatient

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

Full benefit name: Rehabilitative Services - Substance Abuse Disorder Intensive Outpatient

Service under the State Plan Authority 1905(a)(13)

Service Descriptions: A rehabilitative service designed to help clients change his or her alcohol or other drug using and related behaviors. This service consists of approximately nine to 12 hours of services each week and provides counseling about substance related problems. Services delivered are at a minimum of three hours per day for a minimum of three days per week. Independent assessment is required utilizing ASAM criteria to ensure beneficiary meets ASAM Level II.1.

Services include:

- Physician visit: Physician or APN under supervision of a physician.
- Individuals counseling-Licensed clinical professional (LCP) or clinical staff supervised by a LCP
- Group substance abuse counseling-LCP or clinical staff supervised by a LCP
- Group counseling-LCP or clinical staff supervised by a LCP
- Family Counseling -LCP or clinical staff supervised by a LCP
- Laboratory services-Medically Licensed clinical professional

Service Limitations:

- Service admission is recommended by a physician or other licensed practitioner of the healing arts within their scope of practice under State law.
- Services delivered are at a minimum of three hours per day for a minimum of three days per week.
- If an individuals needs more than 12 hours per week, services can be increased if it is medically necessary or an individual is reassessed for appropriate level of care.

Provider Specifications:

- NJ DHS Licensed Substance Abuse Facility
- NJ Medicaid Licensed Independent Clinic

Unit of Service: Per diem

Licensing Entity: DHS

Regulation Cite: NJAC 10:161B



Alternative Benefit Plan

<input type="text"/>		<input type="button" value="Remove"/>
Other 1937 Benefit Provided: <input type="text" value="Substance Use Disorder - short term residential"/>	Source: Section 1937 Coverage Option Benchmark Benefit Package	<input type="button" value="Remove"/>
Authorization: <input type="text" value="Other"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="None"/>	Duration Limit: <input type="text" value="None"/>	
Scope Limit: <input type="text" value="None"/>		
Other: <input type="text" value="Full benefit name: Rehabilitative Services - Substance Use Disorder - short term residential"/> Service under the State Plan Authority 1905(a)(13) Service Descriptions: Short-term residential substance use disorder treatment facilities are rehabilitative treatment facilities in which treatment is designed primarily to address specific addiction and living skills problems through a prescribed 23-hour per day activity regimen on a short-term basis, and independent assessment is required utilizing ASAM criteria to ensure beneficiary meets ASAM Level III.7 treatment services. Subject to IMD exclusion i.e. sixteen beds or less. A minimum of 7 hours of structured programming must be provided on a billable day. Structured activities must include at a minimum of 12 hours per week of counseling services provided by a licensed clinical practitioner (LCP) or by clinical staff under the supervision of a LCP to include; -individual therapy -group therapy -family therapy Service Limitations: Service admission is recommended by a physician or other licensed practitioner of the healing arts within their scope of practice under State law. Provider Specifications: -NJ DHS Licensed Substance Abuse facility Unit of Service: Per diem Licensing Entity: DHS Regulation Cite: NJAC 10:161A		
Other 1937 Benefit Provided: <input type="text" value="Psychiatric Emergency Rehabilitation Services"/>	Source: Section 1937 Coverage Option Benchmark Benefit Package	



Alternative Benefit Plan

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

No prior authorization required; NJ FamilyCare Plan A Standard Medicaid

Community Mental Health Rehabilitation Services - Psychiatric Emergency Rehabilitation Services (PERS)

Service Description:

Psychiatric Emergency Rehabilitation Services (PERS) services are provided to a person who is experiencing a behavior health crisis, designed to interrupt and/or ameliorate a crisis experience including an assessment, immediate crisis resolution and de-escalation, and referral and linkage to appropriate services to avoid, where possible, more restrictive levels of treatment. The goals of PERS are symptom reduction, stabilization, and restoration to a previous level of functioning. All activities must occur within the context of a potential or actual behavioral health crisis. PERS is a face-to-face intervention and can occur in a variety of locations, including but not limited to an emergency room or clinic setting, in addition to other community locations where the person lives, works, attends school, and/or socializes. Eligible providers of PERS services must meet the rehab qualifications under the SPA and individuals may choose from any providers meeting the established provider qualifications.

Specific services include;

- A. An assessment of risk and mental status; as well as the need for further evaluation or other mental health services. Includes contact with the client, family members or other collateral sources (e.g. caregiver, school personnel) with pertinent information for the purpose of an assessment and/or referral to other alternative mental health services at an appropriate level.
- B. Short-term PERS including crisis resolution and de-briefing with the identified Medicaid eligible individual.
- C. Follow-up with the individual, and as necessary, with the individual's caretaker and/or family member(s).
- D. Consultation with a physician or with other qualified providers to assist with the individuals' specific crisis

Certified assessors and/or licensed professional of the healing arts shall assess, refer and link all Medicaid eligible individuals in crisis. This shall include but not be limited to performing any necessary assessments; providing crisis stabilization and de-escalation; development of alternative treatment plans; consultation, training and technical assistance to other staff; consultation with the psychiatrist; monitoring of consumers; and arranging for linkage, transfer, transport, or admission as necessary for Medicaid eligible individuals at the conclusion of the PERS.

PERS specialists shall provide PERS counseling, on and off-site; monitoring of consumers; assessment under the supervision of a certified assessor and/or licensed professional of the healing arts; and referral and linkage, if indicated. PERS specialists who are nurses may also provide medication monitoring and nursing assessments.

Psychiatrists in each crisis program perform psychiatric assessments, evaluation and management as



Alternative Benefit Plan

needed; prescription and monitoring of medication; as well as supervision and consultation with PERS program staff.

Consumer Participation Criteria

These rehabilitation services are provided as part of a comprehensive specialized psychiatric program available to all Medicaid eligible consumers. PERS services must be medically necessary. The medical necessity for these rehabilitative services must be recommended by a licensed practitioner of the healing arts who is acting within the scope of his/her professional licensed and applicable state law to promote the maximum reduction of symptoms and/or restoration of an individual to his/her best age-appropriate functional level. All individuals who are identified as experiencing a seriously acute psychological/emotional change which results in a marked increase in personal distress and which exceeds the abilities and the resources of those involved to effectively resolve it are eligible. Individuals may choose from any providers meeting the established provider qualifications outlined in this SPA.

Provider Qualifications:

Programs shall be certified by Medicaid and/or its designee as meeting state requirements for PERS programs.

PERS services are delivered by certified assessors, temporary assessors, PERS specialists, and licensed professionals of the healing arts. Prior to achieving full status as a certified assessor, an individual shall serve as a temporary assessor for one year, complete certification training, and pass a proficiency exam. Certified assessors must have:

1. a MA/MS in a mental health related field from an accredited institution, plus one year of post-master's full time professional experience in a psychiatric setting; OR
2. a BA/BS in a mental health related field from an accredited institution, plus three years of post-bachelor's full time professional experience in a mental health setting, one of which is in a crisis setting; OR
3. a BA/BS in a mental health related field from an accredited institution, plus two years of post-bachelor's full time professional experience in a mental health setting, one of which is in a crisis setting and currently enrolled in a master's program; OR
4. a licensed registered nurse with three years full-time, post RN, professional experience in the mental health field, one of which is in a crisis setting.

PERS specialists shall have:

1. A MA/MS in a mental health related field from an accredited institution; OR
2. A BA/BS in a mental health related field from an accredited institution, plus two years of full time professional experience in a psychiatric setting; OR
3. Licensure as a registered professional nurse.

Each PERS program is supervised by a medical director who is a psychiatrist. A licensed professional of the healing arts who is acting within the scope of his/her professional licensed and applicable state law is available for consultation and able to recommend treatment 24 hours a day, seven days a week to the PERS program.

Amount, Duration and Scope:

A unit of service is defined according to the HCPCS approved code set unless otherwise specified.

PERS services by their nature are crisis services and are not subject to prior approval. Components that are not provided to, or directed exclusively toward the treatment of, the Medicaid eligible individual are not eligible for Medicaid coverage.

The PERS services should follow any established crisis plan already developed for the consumer as part of an individualized treatment plan, called a care plan. The PERS activities must be intended to achieve identified care plan goals or objectives.



Alternative Benefit Plan

Remove

If no crisis plan has yet been developed for the consumer, then the PERS services should stabilize the individual, identify appropriate aftercare for the consumer including referral and linkage to a community provider who will develop a formal care plan, admission to an inpatient/residential setting where a formal care plan will be developed or the development of an alternative care plan by the certified assessor. In all circumstances, the goal of PERS should be the de-escalation and stabilization of the individual as well as determining longer-term care goals through the implementation of or development of a care plan either directly or through referral. The crisis/aftercare/care plan (care plan) should be developed in a person-centered manner with the active participation of the individual, family and providers and be based on the individual's condition and the standards of practice for the provision of these specific rehabilitative services. An individual in crisis may be represented by a family member or other collateral contact who has knowledge of the individual's capabilities and functioning. The care plan should identify the medical or remedial services intended to reduce the identified condition as well as the anticipated outcomes of the individual. The care plan must specify the frequency, amount and duration of services. The care plan must be recommended by a licensed practitioner of the healing arts and should, where possible, be signed by the consumer as appropriate for his or her diagnosis. The care plan developed during PERS will specify a timeline for reevaluation as applicable. Ideally, the care plan developed in PERS will be replaced almost immediately (e.g., in a few weeks) by a more permanent care plan once the individual is stabilized and in a longer term community or institutional placement. The reevaluation should involve the individual, family and providers and include a reevaluation of plan to determine whether services have contributed to meeting the stated goals. A new care plan should be developed if there is no measureable reduction of disability or restoration of functional level. The new plan should identify a different rehabilitation strategy with revised goals and services. Coordination with crisis intervention teams in community support services is required and includes receiving referrals from individuals enrolled in that program and ensuring coordination back to that community program where necessary de-escalation and stabilization has occurred.

Substance use must be recognized and addressed in an integrated fashion as it may add to the risk of increasing the need for engagement in care. Individuals may not be excluded from service due to active, current, substance abuse or history of substance abuse.

Limitations:

Providers must maintain medical records that include a copy of the care plan, the name of the individual, dates of services provided, nature, content and units of rehabilitation services provided, and progress made toward functional improvement and goals in the care plan. Services cannot be provided to a resident of an institution including any residents of Institutions for Mental Disease (IMD). Room and board is not included in Medicaid coverage of PERS.

Services provided to children and youth must include communication and coordination with the family and/or legal guardian and custodial agency for children in state custody. Coordination with other child serving systems should occur as needed to achieve the treatment goals and should include appropriate referrals to the child mobile response program(s). All coordination must be documented in the youth's medical record.

Other 1937 Benefit Provided:

Behavioral Health Home (Adult)

Authorization:

Other

Amount Limit:

None

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Provider Qualifications:

Medicaid State Plan

Duration Limit:

None



Alternative Benefit Plan

Scope Limit:

Adults with SMI who are at risk for high utilization of medical and behavioral health care services.

Other:

This benefit is identical to NJ FamilyCare Plan A Standard Medicaid Plan 1945 described on pages: Attachment 3.1 H page 9 of 48 to page 48 of 48.

Service Descriptions: Comprehensive Care Management: Care Management is the primary coordinating function in a BHH. The goal of Care Management is the assessment of consumer needs, development of the care plan, coordination of the services identified in the care plan and the ongoing assessment and revisions to the plan based on evaluation of the consumer's needs. The Care Manager is the Team Leader. Comprehensive care management services are conducted by registered nurses, physician's assistants or advanced practice nurses.

Service Limitations: Entry to this service is based on diagnostic and service utilization criteria. An adult consumer must have a diagnosis of Serious Mental Illness (SMI) and be at risk for high utilization of services.

Consumer Eligibility: NJ plans to provide Behavioral Health Home (BHH) services to adults with a Serious Mental Illness (SMI) who are high utilizers of services or who are at risk of high utilization of services in the counties identified in the NJ FamilyCare Plan A Standard Medicaid Plan 1945 described on pages: Attachment 3.1 H page 9 of 48 to page 48 of 48. For this service SMI is defined a mental illness that causes serious impairments in emotional and behavioral functioning that interfere with an individual's capacity to remain in the community unless supported by treatment and services. The determination of risk is made using the Chronic Illness and Disability Payment System (CDPS).

Enrollment: NJ Division of Medical Assistance and Health Services (DMAHS) and Division Mental Health and Addiction Services (DMHAS) will partner with providers to identify and refer to the BHH service. Using claims data, DMAHS will identify consumers for the BHH service. NJ DMAHS will notify the consumers via hard copy mail of their eligibility, how to engage in the service, and choice of provider. Individuals will not be auto enrolled in the BHH service. For those individuals receiving the ABP benefit package, BHH eligibility is driven by diagnosis. The list of BHH eligible diagnosis will be available to BHH providers enabling them to screen individuals for eligibility and enroll in the BHH. The BHH will also be required to outreach to consumers who are not currently receiving services.

Provider Specifications:

- A mental health treatment provider licensed by DHS.
- Certified to provide BHH by DHS
- Accredited by NCQA or other nationally recognized accrediting body as a Health Home within two years of initial state certification

Provider Eligibility: All BHH provider agencies must be licensed as a mental health provider by the New Jersey Department of Human Services (NJ DHS) and serve Bergen County and Mercer County residents. The DMHAS will use a qualification process to certify licensed mental health providers as BHHs. Providers will have two years from certification as a BHH to become accredited as a BHH by a nationally recognized and state approved accrediting body.

Provider Infrastructure: The BHH Core Team will include: a Nurse Care Manager, a Care Coordinator, a Health and Wellness Educator, consultative services of a Psychiatrist and a Primary Care Physician, and Support Staff. Physician time for BHH services is limited to the time spent in face to face team meetings and consultation. Optional team members include a nutritionist/dietician, Peer, pharmacist and Hospital



Alternative Benefit Plan

Liaison. Support for both the required and optional members were built into the BHH rate.

Staff Qualifications:

Care Management is the primary coordinating function in a BHH (BHH). The goal of Care Management is the assessment of consumer needs, development of the care plan, coordination of the services identified in the care plan and the ongoing assessment and revisions to the plan based on evaluation of the consumer's needs. The Care Manager is the Team Leader. Comprehensive care management services are conducted by licensed registered nurses, physician's assistants or advanced practice nurses.

Care Coordination services are provided by Care Coordinators and other Health Team members with the primary goal of implementing the individualized service plan, with active involvement by the consumer, to ensure the plan reflects consumer needs and preferences. Care coordination emphasizes access to a wide variety of services required to improve overall health and wellness. Care Coordinators can be trained social workers or Licensed Practical Nurses.

Health promotion activities are conducted with an emphasis on empowering the consumer to improve health and wellness. Health Promotion can be provided by any member of the team, a certified peer wellness counselor or other certified health educator.

Individual and family support services (including authorized representatives) can be delivered by nurse care manager or other members of the home health team. Helping the individual and family recognize the importance of family and community support in recovery, health and wellness, and helping them develop and strengthen family and community supports to aid in the process of recovery and health maintenance.

BHHs provide comprehensive transitional care and follow-up to consumers transitioning from inpatient care and/or emergency care to the community. Comprehensive transitional care can be provided by the Nurse Care Manager or other BHH team members.

Referral to community and social support services involves providing assistance for consumers to obtain necessary community and social supports. Referral activities are most often provided by the Care Coordinator but can be performed by any member of the team.

SERVICE BASED ON STAGES OF INVOLVEMENT:

- o Engagement
- o Active
- o Maintenance

Unit of Service = Monthly Case Rate for the service based on level of involvement

Licensing Entity: DHS

Accredited by: Accredited by NCQA, JACHO, CARF or other nationally recognized accrediting body as a Health Home within two years of initial state certification

Remove

Other 1937 Benefit Provided:

Personal Care Services

Authorization:

Other

Amount Limit:

40 hours per week

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Provider Qualifications:

Medicaid State Plan

Duration Limit:

None



Alternative Benefit Plan

Scope Limit: <input type="text" value="None"/>		<input type="button" value="Remove"/>
Other: <input type="text" value="NJ FamilyCare Plan A Standard Medicaid; Source: State Plan 1905(a); Includes 1915(j) Self-directed service delivery model as part of benefit."/>		
Other 1937 Benefit Provided: <input type="text" value="Family Planning Services"/>	Source: Section 1937 Coverage Option Benchmark Benefit Package	<input type="button" value="Remove"/>
Authorization: <input type="text" value="Other"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="None"/>	Duration Limit: <input type="text" value="None"/>	
Scope Limit: <input type="text" value="None"/>		
Other: <input type="text" value="No prior authorization required; NJ FamilyCare Plan A Standard Medicaid; Source: State Plan 1905(a)"/>		
Other 1937 Benefit Provided: <input type="text" value="Tobacco Cessation"/>	Source: Section 1937 Coverage Option Benchmark Benefit Package	<input type="button" value="Remove"/>
Authorization: <input type="text" value="Other"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="None"/>	Duration Limit: <input type="text" value="None"/>	
Scope Limit: <input type="text" value="None"/>		
Other: <input type="text" value="NJ FamilyCare Plan A Standard Medicaid; Source: State Plan 1905(a)"/>		
Other 1937 Benefit Provided: <input type="text" value="Extended Services for Pregnant Women"/>	Source: Section 1937 Coverage Option Benchmark Benefit Package	
Authorization: <input type="text" value="Other"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	



Alternative Benefit Plan

Amount Limit: No Limitations	Duration Limit: During pregnancy and 60 days post partum	Remove
Scope Limit: Extended services to pregnant women includes all major categories of services as long as the services are determined to be medically necessary and related to the pregnancy		
Other: Prior authorization is not required. Source: State Plan 1905(a)		
Other 1937 Benefit Provided: Dentures	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization: Prior Authorization	Provider Qualifications: Medicaid State Plan	
Amount Limit: 1 device in each arch	Duration Limit: every 7.5 years	
Scope Limit: None		
Other: NJ FamilyCare Plan A Standard Medicaid; Source: State Plan 1905(a); Exceptions to the amount limit may be made for medical necessity which must be documented.		
Other 1937 Benefit Provided: Clinic Services - Medical Day Care	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization: Prior Authorization	Provider Qualifications: Medicaid State Plan	
Amount Limit: 12 hours	Duration Limit: per day	
Scope Limit: Must be provided at least 5 hours per day, 5 days per week		
Other: NJ FamilyCare Plan A Standard Medicaid; Source: State Plan 1905(a)		
Other 1937 Benefit Provided: Medical/Surgical Services furnished by a Dentist	Source: Section 1937 Coverage Option Benchmark Benefit Package	



Alternative Benefit Plan

Authorization: Other	Provider Qualifications: Medicaid State Plan	Remove
Amount Limit: None	Duration Limit: None	
Scope Limit: Elective cosmetic surgery not covered unless determined medically necessary.		
Other: NJ FamilyCare Plan A Standard Medicaid. Source: State Plan 1905(a); No prior authorization required.		
Other 1937 Benefit Provided: Eyeglasses	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization: Authorization required in excess of limitation	Provider Qualifications: Medicaid State Plan	
Amount Limit: 1 pair	Duration Limit: 2 years	
Scope Limit: Prescription sunglasses not provided; bifocals only when prescribed; tinted lenses only when medically indicated; and contact lenses only for specific ocular pathological conditions for patient who cannot be fitted with regular lenses.		
Other: NJ FamilyCare Plan A Standard Medicaid; Source: State Plan 1905(a)		
Other 1937 Benefit Provided: Hearing Aid Services	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization: Prior Authorization	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: 1 hearing aid per client		
Other: NJ FamilyCare Plan A Standard Medicaid; Source: State Plan 1905(a)(11) Full benefit name: Hearing Aid Services - Physical Therapy and Related Services		



Alternative Benefit Plan

Other 1937 Benefit Provided: <input type="text" value="Screening Services"/>	Source: Section 1937 Coverage Option Benchmark Benefit Package	<input type="button" value="Remove"/>
Authorization: <input type="text" value="Other"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="None"/>	Duration Limit: <input type="text" value="None"/>	
Scope Limit: <input type="text" value="None"/>		
Other: <input type="text" value="NJ FamilyCare Plan A Standard Medicaid; Source: State Plan 1905(a); No prior authorization required."/>		
Other 1937 Benefit Provided: <input type="text" value="Medication Assisted Treatment"/>	Source: Section 1937 Coverage Option Benchmark Benefit Package	<input type="button" value="Remove"/>
Authorization: <input type="text" value="Other"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="None"/>	Duration Limit: <input type="text" value="None"/>	
Scope Limit: <input type="text" value="Opiate withdrawal management (WM), including opioid treatment programs providing short term (less than 30 days) opiate withdrawal management."/>		
Other: <input type="text" value="NJ FamilyCare Plan A Standard Medicaid; Source: State Plan 1905(a). Independent assessment utilizing ASAM criteria is required to ensure beneficiary meets ASAM level 2 WM."/>		
Other 1937 Benefit Provided: <input type="text" value="Mental Health Adult Rehabilitation (group homes)"/>	Source: Section 1937 Coverage Option Benchmark Benefit Package	
Authorization: <input type="text" value="Other"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="dependent on level of care"/>	Duration Limit: <input type="text" value="None"/>	
Scope Limit: <input type="text" value="None"/>		



Alternative Benefit Plan

Other:

NJ FamilyCare Plan A Standard Medicaid; Source: State Plan 1905(a); No prior authorization needed; subject to IMD exclusion i.e. sixteen beds or less.

Remove

Residential Levels of Care:

- Supervised Residence A+: refers to licensed group homes or apartments. Community mental health rehabilitation services are available to consumer residents up to 23 hours per day as needed when clinically necessary, seven days a week. This includes awake overnight staff coverage.
- Supervised Residence A: refers to licensed group homes or apartments. Community mental health rehabilitation services are available to consumer residents 12 hours or more per day, (but less than 24 hours per day), seven days per week.
- Supervised Residence B: refers to licensed group homes or apartments. Community mental health rehabilitation services are available to consumer residents for 4 or more hours per day, (but less than 12 hours per day), seven days per week.
- Supervised Residence C: refers to licensed group homes or apartments. Community mental health rehabilitation services are available to consumer residents for one or more hours per week, (but less than 4 hours per day).
- Family Care (Level D): refers to a licensed program in a private home or apartment in which community mental health rehabilitation services are available to consumer residents for 23 hours per day by a Family Care Home provider.

Other 1937 Benefit Provided:

Behavioral Health Home (Children)

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Young adults, children, and adolescents with serious emotional disturbance (SED) and a chronic medical condition .

Other:

This benefit is identical to NJ FamilyCare Plan A Standard Medicaid State Plan 1945 described on pages: Attachment 3.1.H page 9 of 46 to page 46 of 46.

Service Descriptions:

Comprehensive Care Management: Care Management is the primary coordinating function in a BHH. The goal of Care Management is the assessment of consumer needs, development of the care plan, coordination of the services identified in the care plan and the ongoing assessment and revisions to the plan based on evaluation of the child's needs. The Care Manager is the Team Leader. The BHH Team enhances the existing care management team by providing the medical expertise and support needed to help the child and family manage the chronic condition.

Care Coordination: Care Coordination services are provided by the Care Manager with support from the Nurse Manager, with the primary goal of implementing the individualized service plan/plan of care, with active involvement by the child/family, to ensure the plan reflects the child/family needs and preferences. Care coordination emphasized access to a wide variety of services required to improve overall health and wellness. Care Managers can be social workers and/or other trained health care professionals. A license in



Alternative Benefit Plan

the health care professions is not required. Nurse Manager must be properly licensed and credentialed (Minimum RN).

Remove

Health Promotion: Health promotion activities are conducted with an emphasis on empowering the child/family to improve health and wellness. Whenever possible these activities are accomplished using evidence based practices and/or curriculum.

Population Criteria: The Children's Behavioral Health Home will service children with SED, DD/MI, Co-occurring MH/SA, or are DD eligible, with one other chronic condition.

Authorization Requirement:

Provider Criteria: The Department of Children and Families, Children System of Care (CSOC) has an existing network of Care Management Organizations (CMOs) that provide a variety of care management and support services. The BHH will be an enhancement to the existing CMO services for youth that meet BHH eligibility criteria. CMOs will become Children's BHHs through a state BHH certification process and national accreditation.

Other 1937 Benefit Provided:

ICF/IID

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

NJ FamilyCare Medicaid State Plan 1905(a). Intermediate Care Facility/Individuals with Intellectual Disability services are provided with no limitations.

Other 1937 Benefit Provided:

Office Based Addiction Treatment (OBAT)

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

NJ FamilyCare Plan A Standard Medicaid. State Plan Addendum to Attachment 3.1-A, 13(d) Rehabilitative



Alternative Benefit Plan

Services.	Remove
	Add



Alternative Benefit Plan

<input type="checkbox"/> Additional Covered Benefits (This category of benefits is not applicable to the adult group under section 1902(a)(10)(A)(i)(VIII) of the Act.)	Collapse All <input type="checkbox"/>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 5 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V.20130808



Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-C-

Benefits Assurances

ABP7

EPSDT Assurances

If the target population includes persons under 21, please complete the following assurances regarding EPSDT. Otherwise, skip to the Prescription Drug Coverage Assurances below.

The alternative benefit plan includes beneficiaries under 21 years of age.

Prescription Drug Coverage Assurances

- The state/territory assures that it meets the minimum requirements for prescription drug coverage in section 1937 of the Act and implementing regulations at 42 CFR 440.347. Coverage is at least the greater of one drug in each United States Pharmacopeia (USP) category and class or the same number of prescription drugs in each category and class as the base benchmark.
- The state/territory assures that procedures are in place to allow a beneficiary to request and gain access to clinically appropriate prescription drugs when not covered.
- The state/territory assures that when it pays for outpatient prescription drugs covered under an Alternative Benefit Plan, it meets the requirements of section 1927 of the Act and implementing regulations at 42 CFR 440.345, except for those requirements that are directly contrary to amount, duration and scope of coverage permitted under section 1937 of the Act.
- The state/territory assures that when conducting prior authorization of prescription drugs under an Alternative Benefit Plan, it complies with prior authorization program requirements in section 1927(d)(5) of the Act.

Other Benefit Assurances

- The state/territory assures that substituted benefits are actuarially equivalent to the benefits they replaced from the base benchmark plan, and that the state/territory has actuarial certification for substituted benefits available for CMS inspection if requested by CMS.
- The state/territory assures that individuals will have access to services in Rural Health Clinics (RHC) and Federally Qualified Health Centers (FQHC) as defined in subparagraphs (B) and (C) of section 1905(a)(2) of the Social Security Act.
- The state/territory assures that payment for RHC and FQHC services is made in accordance with the requirements of section 1902(bb) of the Social Security Act.
- The state/territory assures that it will comply with the requirement of section 1937(b)(5) of the Act by providing, effective January 1, 2014, to all Alternative Benefit Plan participants at least Essential Health Benefits as described in section 1302(b) of the Patient Protection and Affordable Care Act.
- The state/territory assures that it will comply with the mental health and substance use disorder parity requirements of section 1937(b)(6) of the Act by ensuring that the financial requirements and treatment limitations applicable to mental health or substance use disorder benefits comply with the requirements of section 2705(a) of the Public Health Service Act in the same manner as such requirements apply to a group health plan.
- The state/territory assures that it will comply with section 1937(b)(7) of the Act by ensuring that benefits provided to Alternative Benefit Plan participants include, for any individual described in section 1905(a)(4)(C), medical assistance for family planning services and supplies in accordance with such section.
- The state/territory assures transportation (emergency and non-emergency) for individuals enrolled in an Alternative Benefit Plan in accordance with 42 CFR 431.53.



Alternative Benefit Plan

- The state/territory assures, in accordance with 45 CFR 156.115(a)(4) and 45 CFR 147.130, that it will provide as Essential Health Benefits a broad range of preventive services including: “A” and “B” services recommended by the United States Preventive Services Task Force; Advisory Committee for Immunization Practices (ACIP) recommended vaccines; preventive care and screening for infants, children and adults recommended by HRSA's Bright Futures program/project; and additional preventive services for women recommended by the Institute of Medicine (IOM).

PRA Disclosure Statement

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V.20130807



Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: NJ - 18 - 0010

Service Delivery Systems

ABP8

Provide detail on the type of delivery system(s) the state/territory will use for the Alternative Benefit Plan's benchmark benefit package or benchmark-equivalent benefit package, including any variation by the participants' geographic area.

Type of service delivery system(s) the state/territory will use for this Alternative Benefit Plan(s).

Select one or more service delivery systems:

- Managed care.
 - Managed Care Organizations (MCO).
 - Prepaid Inpatient Health Plans (PIHP).
 - Prepaid Ambulatory Health Plans (PAHP).
 - Primary Care Case Management (PCCM).
- Fee-for-service.
- Other service delivery system.

Managed Care Options

Managed Care Assurance

- The state/territory certifies that it will comply with all applicable Medicaid laws and regulations, including but not limited to sections 1903(m), 1905(t), and 1932 of the Act and 42 CFR Part 438, in providing managed care services through this Alternative Benefit Plan. This includes the requirement for CMS approval of contracts and rates pursuant to 42 CFR 438.6.

Managed Care Implementation

Please describe the implementation plan for the Alternative Benefit Plan under managed care including member, stakeholder, and provider outreach efforts.

All current beneficiaries who will begin receiving the Alternative Benefit Plan will be notified that their benefit package is changing to Plan ABP effective 1/1/14. Those not already enrolled in managed care will be required to pick a health plan. New Jersey published the public notice for the Alternative Benefit Plan on September 17, 2013 which allows for a 30-day comment period. We are in the process of making ManagedCare contract revisions to include Plan ABP for 1/1/14 contract. A provider newsletter has been developed and will go out to all FFS providers and managed care organizations outlining the new Alternative Benefit Plan. All new applicants are asked to select a health plan on the application. Once enrolled the member received an enrollment letter with their health plan selection and an overview of the Plan ABP benefits.

MCO: Managed Care Organization

The managed care delivery system is the same as an already approved managed care program.

The managed care program is operating under (select one):

- Section 1915(a) voluntary managed care program.
- Section 1915(b) managed care waiver.
- Section 1932(a) mandatory managed care state plan amendment.



Alternative Benefit Plan

- Section 1115 demonstration.
- Section 1937 Alternative (Benchmark) Benefit Plan state plan amendment.

Identify the date the managed care program was approved by CMS:

Describe program below:

Additional Information: MCO (Optional)

Provide any additional details regarding this service delivery system (optional):

The State of New Jersey operates the NJ FamilyCare program, which includes the mandatory managed care program.

The objective of mandatory enrollment in managed care is to reduce costs, prevent unnecessary utilization, reduce inappropriate utilization, and assure adequate access to quality care for Medicaid recipients.

The basic concept of this program is to enroll Medicaid recipients in MCOs which will provide or prior authorize all primary care and all necessary specialty services. The MCO is responsible for monitoring the health care and utilization of nonemergency services. Neither emergency nor family planning services are restricted under this program.

The MCO will assist the participant in gaining access to the health care system and will monitor on an ongoing basis the participant's condition, health care needs, and service delivery. The plan will be responsible for locating, coordinating and monitoring all primary care and other medical and ancillary services on behalf of recipients enrolled in the plan.

Recipients enrolled under the program will be offered a choice of at least two managed care entities but will be restricted to receive services included in the program either from the plan or from another qualified provider to whom the participant was referred by the plan. The recipient's health care delivery will be managed by the plan. The program's intent is to enhance existing provider-patient relationships and to establish a relationship where there has been none. The program will enhance continuity of care and efficient and effective service delivery

Fee-For-Service Options

Indicate whether the state/territory offers traditional fee-for-service and/or services managed under an administrative services organization:

- Traditional state-managed fee-for-service
- Services managed under an administrative services organization (ASO) arrangement

Please describe this fee-for-service delivery system, including any bundled payment arrangements, pay for performance, fee-for-service care management models/non-risk, contractual incentives as well as the population served via this delivery system.

Additional Information: Fee-For-Service (Optional)

Provide any additional details regarding this service delivery system (optional):



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PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 5 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V.20181119



Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-C-

Employer Sponsored Insurance and Payment of Premiums

ABP9

The state/territory provides the Alternative Benefit Plan through the payment of employer sponsored insurance for participants with such coverage, with additional benefits and services provided through a Benchmark or Benchmark-Equivalent Benefit Package.

Yes

Provide a description of employer sponsored insurance, including the population covered, the amount of premium assistance by population, employer sponsored insurance activities including required contribution, cost-effectiveness test requirements, and benefit information:

Program Overview:

The NJ Premium Support Program operates under a Section 1115 demonstration waiver and is designed to cover Title XXI individuals eligible for NJ FamilyCare (CHIP) who have access to cost-effective employer-sponsored health plans. Assistance is provided in the form of a direct reimbursement to the family for the entire premium deduction (or a portion thereof) required for participation in the employer-sponsored health insurance plan. Beneficiaries are reimbursed on a regular schedule, to coincide with their employer's payroll deduction, so as to minimize any adverse financial impact on the beneficiary.

Benefit Package:

If the employer's health plan is not equal to Plan D under NJFC, then the "wraparound" services for children and adults are provided through our Fee-for-service network. ("Wraparound service" means any service that is not covered by the enrollee's employer plan that is an eligible service covered by NJ FamilyCare for the enrollee's category of eligibility.)

Cost Effectiveness Test:

Cost-effectiveness is determined through an algorithm designed to ensure that the total cost (including administrative costs) for an enrollee is less than what it would cost for that enrollee to participate in one of our Managed Care Organizations (MCO's).

There is currently a requirement for a 50% contribution by the employer and the plan must meet certain benchmarks for the system to determine the case to be cost-effective.

Future Plans:

Starting in July 2014, the NJ Premium Support Program will be operating under new guidelines as a result of obtaining approval from CMS for its Comprehensive Waiver.

Cost-effectiveness:

Cost-effectiveness shall be determined in the aggregate by comparing the cost of all eligible family members' participation in the NJ FamilyCare program against the total cost to the State, including administrative costs, of reimbursing eligible members for their employer-sponsored insurance. The amounts used for the calculations shall be derived from actuarial tables used by the NJ FamilyCare program and actual costs reported by the employer during the processing of the NJFC/PSP application.

Minimum employer contributions of 10% will be acceptable if the remaining criteria make the plans cost-effective in the aggregate.

The state/territory otherwise provides for payment of premiums.

Yes

Provide a description including the population covered, the amount of premium assistance by population, required contributions, cost-effectiveness test requirements, and benefits information.

The NJ Medicaid Payment of Premiums Program derives its authority from Transmittal Letter #91-23-MA (Oct. 1991) and is governed by 42 USC 1396e (for group policies) and 42 USC 1396 d (for individual policies). It currently covers medically fragile



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Title XIX clients who have access to either employer-based health insurance or health insurance policies in the individual market.

The program pays the entire premium amount for the eligible client and the cost shares are picked up by one of our Managed Care Organizations, which serves as the client's secondary insurance. The latter also pays for any "wraparound" benefits to which a client is entitled under the State Plan.

Other Information Regarding Employer Sponsored Insurance or Payment of Premiums:

PRA Disclosure Statement

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V.20130917



Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-C-

General Assurances

ABP10

Economy and Efficiency of Plans

- The state/territory assures that Alternative Benefit Plan coverage is provided in accordance with Federal upper payment limit requirements and other economy and efficiency principles that would otherwise be applicable to the services or delivery system through which the coverage and benefits are obtained.

Economy and efficiency will be achieved using the same approach as used for Medicaid state plan services.

Yes

Compliance with the Law

- The state/territory will continue to comply with all other provisions of the Social Security Act in the administration of the state/territory plan under this title.
- The state/territory assures that Alternative Benefit Plan benefits designs shall conform to the non-discrimination requirements at 42 CFR 430.2 and 42 CFR 440.347(e).
- The state/territory assures that all providers of Alternative Benefit Plan benefits shall meet the provider qualification requirements of the Base Benchmark Plan and/or the Medicaid state plan.

PRA Disclosure Statement

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V.20130807



Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-C-

Payment Methodology

ABP11

Alternative Benefit Plans - Payment Methodologies

- The state/territory provides assurance that, for each benefit provided under an Alternative Benefit Plan that is not provided through managed care, it will use the payment methodology in its approved state plan or hereby submits state plan amendment Attachment 4.19a, 4.19b or 4.19d, as appropriate, describing the payment methodology for the benefit.

An attachment is submitted.

PRA Disclosure Statement

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V.20130807