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State/Territory Name: New Jersey

State Plan Amendment (SPA) #: 22-0008

This file contains the following documents in the order listed:

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



Medicaid and CHIP Operations Group

April 15, 2022

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

Re: New Jersey State Plan Amendment (SPA) #NJ-22-0008

Dear Ms. Jacobs:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) #NJ-22-0008. This amendment proposes to include assurances that the state covers routine patient costs for items and services furnished in connection with participation by Medicaid beneficiaries, who receive benefits through the alternative benefit plan, in qualifying clinical trials.

We conducted our review of your submittal according to statutory requirements in sections 1905(a)(30), 1905(gg), and 1937 of the Social Security Act. This letter is to inform you that New Jersey Medicaid SPA #NJ-22-0008 was approved on April 13, 2022 with an effective date of January 1, 2022.

If you have any questions, please contact Terri Fraser at 410-786-5573 or via email at <u>Terri Fraser@cms.hhs.gov</u>.

Sincerely,

Ruth A. Hughes, Acting Director Division of Program Operations

cc: Nicole McKnight Terri Fraser Sheri Gaskins Michael Tankersley Ryan Tisdale

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. NJ-22-0008

Proposed Effective Date

01/01/2022

(mm/dd/yyyy)

Federal Statute/Regulation Citation

Social Security Act 1905(a)(30); 1905(gg); and 1937

Federal Budget Impact

	Federal Fiscal Year		
First Year	2022	\$ 0.00	
Second Year	2023	\$ 0.00	

Subject of Amendment

New Jersey's Alternative Benefit Plan Package to include required coverage of patient costs associated with participation in qualifying clinical trials.

Amount

//

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:

Not required pursuant to section 7.4 of the Title 19 Plan.

Signature of State Agency Official

Submitted By:	Julie Hubbs
Last Revision Date:	Apr 8, 2022
Submit Date:	Mar 29, 2022



Attachment 3.1-L-	OMB Control Number: 0938-1148
Benefits Description	OMB Expiration date: 10/31/2014 ABP5
The state/territory proposes a "Benchmark-Equi	valent" benefit package. No
The state/territory is proposing "Secretary-Appr	oved Coverage" as its section 1937 coverage option. Yes
Secretary-Approved Benchmark Package	e: Benefit by Benefit Comparison Table
Benefit Plan with the benefits provided by o plan under Title XIX of the Act. Submit a d and include a chart comparing each benefit i	benefit comparison of the benefits in its proposed Secretary-Approved Alternative one of the section 1937 Benchmark Benefit Packages or the standard full Medicaid state locument indicating which of these benefit packages will be used to make the comparison in the proposed Secretary-Approved benefit package with the same or similar benefit in iny limitations on amount, duration and scope pertaining to the benefits in each benefit
	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 cove "Secretary-Approved."	erage option selected, if other than Secretary-Approved. Otherwise, enter
Secretary Approved	



Essential Health Benefit 1: Ambulatory pa	tient services	Collapse All
Benefit Provided:	Source:	
Physicians Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Elective cosmetic surgery not covere	d unless it is determined medically necessary.	
Other information regarding this bene benchmark plan:	fit, including the specific name of the source plan if it	is not the base
NJ FamilyCare Plan A Standard Med	icaid.	
Benefit Provided:	Source:	
Outpatient Hospital	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Cosmetic Surgery must be pre-author	rized for medical necessity	
Other information regarding this bene benchmark plan:	fit, including the specific name of the source plan if it	is not the base
NJ FamilyCare Plan A Standard Med	icaid	
Benefit Provided:	Source:	
Chiropractic Services/OLP	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
limited to spinal manipulation		



benchmark plan: NJ FamilyCare Plan A Standard Medicaid		Remove
enefit Provided:	Source:	
linic Services - Ambulatory	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Medical Services, procedures or prescription drug covered service.	gs whose use is to promote or enhance fertility are not a	
Other information regarding this benefit, including benchmark plan:	g the specific name of the source plan if it is not the base	
NJ FamilyCare Plan A Standard Medicaid		
enefit Provided:	Source:	
diatric & Family Adv. Practice Nurse Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, including benchmark plan:	g the specific name of the source plan if it is not the base	
NJ FamilyCare Plan A Standard Medicaid		
enefit Provided	Source:	
odiatrist Services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	



Routine foot care, subluxations of the foot and treat medically indicated.	tment of flat foot conditions are not covered unless	Remove
La construction de la constructi	the specific name of the source plan if it is not the base	
NJ FamilyCare Plan A Standard Medicaid		
Benefit Provided:	Source:	
Dental Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Authorization required in excess of limitation	Medicaid State Plan	
Amount Limit:	Duration Limit:	
1 visit for dental exams, flouride and prophylaxis	per calendar year	
Scope Limit:		
Space maintainers, flouride varnish and sealants are not covered for adults.		
Other information regarding this benefit, including t benchmark plan:	the specific name of the source plan if it is not the base	
	ear, and prior authorization required for prosthodonic	
treatments and prophylaxis in excess of 1 visit per year replacements, periodontal work and select dental ser children under 21.	ear, and prior authorization required for prosthodonic rvices, including TMJ, and orthodontic work for	
treatments and prophylaxis in excess of 1 visit per year replacements, periodontal work and select dental ser	ear, and prior authorization required for prosthodonic	Remove
treatments and prophylaxis in excess of 1 visit per yer replacements, periodontal work and select dental ser children under 21. Benefit Provided Hospice - Home Care	ear, and prior authorization required for prosthodonic rvices, including TMJ, and orthodontic work for Source:	Remove
treatments and prophylaxis in excess of 1 visit per year replacements, periodontal work and select dental ser children under 21.	ear, and prior authorization required for prosthodonic rvices, including TMJ, and orthodontic work for Source: State Plan 1905(a)	Remove
treatments and prophylaxis in excess of 1 visit per year replacements, periodontal work and select dental ser children under 21. Benefit Provided Hospice - Home Care Authorization:	ear, and prior authorization required for prosthodonic rvices, including TMJ, and orthodontic work for Source: State Plan 1905(a) Provider Qualifications:	Remove
treatments and prophylaxis in excess of 1 visit per year replacements, periodontal work and select dental ser children under 21. Benefit Provided Hospice - Home Care Authorization: None	ear, and prior authorization required for prosthodonic rvices, including TMJ, and orthodontic work for Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan	Remove
treatments and prophylaxis in excess of 1 visit per yeareplacements, periodontal work and select dental ser children under 21. Benefit Provided Hospice - Home Care Authorization: None Amount Limit:	ear, and prior authorization required for prosthodonic rvices, including TMJ, and orthodontic work for Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
treatments and prophylaxis in excess of 1 visit per yeareplacements, periodontal work and select dental ser children under 21. Benefit Provided Hospice - Home Care Authorization: None Amount Limit: None Scope Limit:	ear, and prior authorization required for prosthodonic rvices, including TMJ, and orthodontic work for Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
treatments and prophylaxis in excess of 1 visit per year replacements, periodontal work and select dental ser children under 21. Benefit Provided Hospice - Home Care Authorization: None Amount Limit: None Scope Limit: Individual must be diagnosed with a terminal illness less as certified by a licensed physician.	ear, and prior authorization required for prosthodonic rvices, including TMJ, and orthodontic work for Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: None	Remove
treatments and prophylaxis in excess of 1 visit per yeareplacements, periodontal work and select dental ser- children under 21. Benefit Provided Hospice - Home Care Authorization: None Amount Limit: None Scope Limit: Individual must be diagnosed with a terminal illness less as certified by a licensed physician. Other information regarding this benefit, including the benchmark plan:	ear, and prior authorization required for prosthodonic rvices, including TMJ, and orthodontic work for Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: None s with a prognosis of a life expectancy of six months or the specific name of the source plan if it is not the base	Remove
treatments and prophylaxis in excess of 1 visit per year replacements, periodontal work and select dental ser children under 21. Benefit Provided Hospice - Home Care Authorization: None Amount Limit: None Scope Limit: Individual must be diagnosed with a terminal illness less as certified by a licensed physician. Other information regarding this benefit, including t benchmark plan: NJ FamilyCare Plan A Standard Medicaid; An indiv services concurrently with services related to the treat	ear, and prior authorization required for prosthodonic rvices, including TMJ, and orthodontic work for Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: None s with a prognosis of a life expectancy of six months or the specific name of the source plan if it is not the base	Remove



Authorization:	Provider Qualifications:	_
None	Medicaid State Plan	Remove
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
covered if mother's life is endangered	if pregnancy goes to term, or in the case of rape or incest.	
0 0	fit, including the specific name of the source plan if it is not the base	-
benchmark plan:		_
benchmark plan: NJ FamilyCare Plan A Standard Medi	caid; coverage within parameters of the Hyde Amendment.	



Essential Health Benefit 2: Emergency services		Collapse All
Benefit Provided:	Source:	
Outpatient Hospital: Emergency	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	1 A .
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, inclubenchmark plan: NJ FamilyCare Plan A Standard Medicaid; inc	ding the specific name of the source plan if it is not cludes Emergency Room Services.	ot the base
Benefit Provided:	Source:	
Outpatient Hospital Transportation Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, inclu benchmark plan: NJ FamilyCare Plan A Standard Medicaid	ding the specific name of the source plan if it is no	ot the base
Benefit Provided:	Source:	
Physicians Services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:	· •	
None		



J FamilyCare Plan A Standard Medicaid	
Flar Metric Description of the second s	



ssential Health Benefit 3: Hospitalization		Collapse All
Benefit Provided:	Source:	
Inpatient Hospital Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	t i
Scope Limit:		
Elective cosmetic surgery not covered	unless determined medically necessary.	
Other information regarding this benefi benchmark plan:	t, including the specific name of the source plan if it is not the base	
NJ FamilyCare Plan A Standard Medic	aid	
Benefit Provided:	Source:	
Hospice	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
none	none	
Scope Limit:		
Individual must be diagnosed with a te less as certified by a licensed physiciar	rminal illness with a prognosis of a life expectancy of six months or 1.	
Other information regarding this benefi benchmark plan:	t, including the specific name of the source plan if it is not the base	
	aid; An individual under the age of 21 is eligible to receive hospice ted to the treatment of the child for the condition for which a nade.	
Benefit Provided:	Source:	
Physicians Services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		

Effective Date: 01/01/2022



benchmark plan:	Remove
NJ FamilyCare Plan A Standard Medicaid	
	Ad



Essential Health Benefit 4: Maternity and r	newborn care	Collapse All
Benefit Provided:	Source:	
Nurse-midwife Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	1.
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
benchmark plan:	fit, including the specific name of the source plan if it i	s not the base
NJ FamilyCare Plan A Standard Medi	cald	
Benefit Provided:	Source:	
Physicians Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
none		
Other information regarding this bene- benchmark plan: NJ FamilyCare Plan A Standard Medi	fit, including the specific name of the source plan if it i caid	s not the base
Benefit Provided:	Source:	
Clinic Services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		



benchmark plan: NJ FamilyCare Plan A Standard Medica	id	Remove
Benefit Provided:	Source:	
npatient Hospital Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit benchmark plan:	, including the specific name of the source plan if it is n	ot the base
NJ FamilyCare Plan A Standard Medica	id	
Benefit Provided:	Source:	
Newborn Hearing Screening	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
1 tone		
Amount Limit:	Duration Limit:	
and the second s	Duration Limit: None	
Amount Limit:	1	
Amount Limit: None	None	
Amount Limit: None Scope Limit: must be performed within 30 days of bi	None	not the base
Amount Limit: None Scope Limit: must be performed within 30 days of bi Other information regarding this benefit benchmark plan:	none	ot the base



Benefit Provided:	Source:	
Inpatient Medical Detox-Inpatient Hospital	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, including benchmark plan:	the specific name of the source plan if it is not the base	
NJ FamilyCare Plan A Standard Medicaid. State Pl Services.	an Addendum to Attachment 3.1-A, 13(d) Rehabilitative	
Benefit Provided:	Source:	
Non-Hospital based detox -Rehabilitative Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, including benchmark plan:	the specific name of the source plan if it is not the base	
NJ FamilyCare Plan A Standard Medicaid. State Pl Services.	an Addendum to Attachment 3.1-A, 13(d) Rehabilitative	
Benefit Provided:	Source:	
Substance Use disorder outpatient - Rehabilitative	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	



Scope Limit:		
None		Remove
Other information regarding this benefit, includi benchmark plan:	ing the specific name of the source plan if it is not the base	
Service under the State Plan Authority 1905(a)(13)	
counseling, family counseling or group therapy alcohol or other drug using behaviors. Services	vices is a set of treatment activities such as individual designed to help the client achieve changes in his or her are provided in regularly scheduled sessions of fewer than we abuse treatment facility. Outpatient services approximate	
Services include: -intake and assessment (1hour)-Licensed Clinica -Physician Visit: Physician or APN under super -Outpatient substance abuse individual counseling- -Outpatient substance abuse group counseling-L -Outpatient-Family Counseling/Coference-LCP	ng-LCP or clinical staff supervised by a LCP CP or clinical staff supervised by a LCP	
type (individual, group, or family). These servic more than one of the same service type per day. considered a behavioral health service.	e date of service but no more than one of the same service ces may be provided on the same date of service but no Physician visits for evaluation and management are not urs per week, services can be increased if it is medically opriate 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		
Regulation Cite: NJAC 10:161B	Source:	
Regulation Cite: NJAC 10:161B	Source: State Plan 1905(a)	



	Amount Limit:	Duration Limit:	
	None	None	Remove
	Scope Limit:		
	None		
	Other information regarding this benefit, including the benchmark plan:	e specific name of the source plan if it is not the base	
	NJ FamilyCare Plan A Standard Medicaid. Beneficia meet criteria for program enrollment.	ries have a clinical assessment to determine if they	
Be	nefit Provided:	Source:	
Inp	atient pyschiatric services	State Plan 1905(a)	Remove
	Authorization:	Provider Qualifications:	
	None	Medicaid State Plan	
	Amount Limit:	Duration Limit:	
	None	None	
	Scope Limit:		
	None		
	Other information regarding this benefit, including the benchmark plan:	e specific name of the source plan if it is not the base IMD exclusion	
-	nefit Provided:	Source:	
Cli	nic Services - mental health	State Plan 1905(a)	Remove
	Authorization:		
		Provider Qualifications:	
	Other	Provider Qualifications: Medicaid State Plan	
	Other Amount Limit:		
	Other	Medicaid State Plan	
	Other Amount Limit:	Medicaid State Plan Duration Limit:	
	Other Amount Limit: 1 service except pychotherapy limited to 3 per day	Medicaid State Plan Duration Limit:	
	Other Amount Limit: 1 service except pychotherapy limited to 3 per day Scope Limit:	Medicaid State Plan Duration Limit: per day	



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



benchmark plan: NJ FamilyCare Plan A Standard Med	licaid	Remove
mefit Provided	Source:	1
ACT	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	1
None	Medicaid State Plan	É.
Amount Limit:	Duration Limit:	
None	None]
Scope Limit:		-
Not available to individuals receivin periods of transition between deliver	g Partial Care/Partial Hospitalization Services except during brief y systems.	
Other information regarding this bene benchmark plan:	efit, including the specific name of the source plan if it is not the base	
NJ FamilyCare Plan A Standard Med meet criteria or proper enrollment.	licaid. Beneficiaries have a clinical assessment to determine if they]
enefit Provided:	Source:	
patient Mental Health	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan]
Amount Limit:	Duration Limit:	-
None	None]
Scope Limit:		
None]
	efit, including the specific name of the source plan if it is not the base	-
benchmark plan:	ind address and address]
NJ FamilyCare Plan A Standard Med	licald, subject to IMD exclusion]



Coverage is at least the greater of one drug in each same number of prescription drugs in each categories.		,
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	s or other:	
The State of New Jersey's ABP prescription drug	benefit plan is the sam	e as under the approved Medicaid



Benefit Provided:	Source:	
Physical Therapy and related services - Rehab	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
1 treatment session	per day	
Scope Limit:		
None		
Other information regarding this benefit, includin benchmark plan:	ng the specific name of the source plan if it is not the bas	se
NJ FamilyCare Plan A Standard Medicaid; also i units.	includes Home Health Services, 1 treatment session is 6	
Benefit Provided:	Source:	
Occupational Therapy - Rehab	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
1 treatment session	per day	
Scope Limit:		
None		
Other information regarding this benefit, including benchmark plan:	ng the specific name of the source plan if it is not the bas	se
NJ FamilyCare Plan A Standard Medicaid; also i units.	includes Home Health Services. 1 treatment session is 6	
Benefit Provided:	Source:	
Speech Therapy – Rehab	State Plan 1905(a)	
Authorization:	Provider Qualifications:-	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
1 treatment session	per day	
Scope Limit:		



benchmark plan: NJ FamilyCare Plan A Standard Medica treatment session is 6 units.	id; also includes Home Health Services and Cognitive Therapy. 1	Remove
Benefit Provided:	Source:	
Physical Therapy - habilitative	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
1 treatment session	per day.	
Scope Limit:		
Provided within the scope of the New J information" for definition.	ersey state definition of habilitative services. See "Other	
Other information regarding this benefit benchmark plan:	, including the specific name of the source plan if it is not the base	
	id; Definition of Habilitative Services: Medically necessary licensed practitioner, to maintain or slow the deterioration of a	
	es could result in a preventable deterioration of a person's health	
person's health status. Absence of service status or deter the acquisition of a develo	es could result in a preventable deterioration of a person's health	
person's health status. Absence of service status or deter the acquisition of a development	ces could result in a preventable deterioration of a person's health opmental function not yet attained.	Remove
person's health status. Absence of service status or deter the acquisition of a development	ces could result in a preventable deterioration of a person's health opmental function not yet attained. Source:	Remove
person's health status. Absence of service status or deter the acquisition of a development Benefit Provided: Occupational Therapy - habilitative	Source: State Plan 1905(a)	Remove
person's health status. Absence of service status or deter the acquisition of a development Benefit Provided: Occupational Therapy - habilitative Authorization:	ses could result in a preventable deterioration of a person's health opmental function not yet attained. Source: State Plan 1905(a) Provider Qualifications:	Remove
person's health status. Absence of service status or deter the acquisition of a development Benefit Provided: Occupational Therapy - habilitative Authorization: None	ses could result in a preventable deterioration of a person's health opmental function not yet attained. Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan	Remove
person's health status. Absence of service status or deter the acquisition of a development Benefit Provided: Decupational Therapy - habilitative Authorization: None Amount Limit:	ses could result in a preventable deterioration of a person's health person of a person's health Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
person's health status. Absence of service status or deter the acquisition of a development Benefit Provided: Decupational Therapy - habilitative Authorization: None Amount Limit: 1 treatment session Scope Limit:	ses could result in a preventable deterioration of a person's health person of a person's health Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
person's health status. Absence of service status or deter the acquisition of a develop Benefit Provided: Occupational Therapy - habilitative Authorization: None Amount Limit: 1 treatment session Scope Limit: Provided within the scope of the New J information" for definition.	ces could result in a preventable deterioration of a person's health opmental function not yet attained. Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: per day	Remove
person's health status. Absence of service status or deter the acquisition of a development of a development of the service of the service of the status or deter the acquisition of a development o	ces could result in a preventable deterioration of a person's health opmental function not yet attained. Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: per day ersey state definition of habilitative services. See "Other , including the specific name of the source plan if it is not the base id; Definition of Habilitative Services: Medically necessary licensed practitioner, to maintain or slow the deterioration of a ces could result in a preventable deterioration of a person's health	Remove
person's health status. Absence of service status or deter the acquisition of a development of service of serv	ces could result in a preventable deterioration of a person's health opmental function not yet attained. Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: per day ersey state definition of habilitative services. See "Other , including the specific name of the source plan if it is not the base id; Definition of Habilitative Services: Medically necessary licensed practitioner, to maintain or slow the deterioration of a ces could result in a preventable deterioration of a person's health	Remove



4	Authorization:	Provider Qualifications:	
þ	None	Medicaid State Plan	Remove
1	Amount Limit:	Duration Limit:	
	1 treatment session	per day	
1	Scope Limit:		
	Provided within the scope of the New Jersey state de information" for definition.	efinition of habilitative services. See "Other	
	Other information regarding this benefit, including the benchmark plan:	he specific name of the source plan if it is not the base	
S s d	NJ FamilyCare Plan A Standard Medicaid; Also incl Services: Medically necessary services/ equipment re low the deterioration of a person's health status. Ab leterioration of a person's health status or deter the a ttained.	ecommended by a licensed practitioner, to maintain or sence of services could result in a preventable	
Sene	efit Provided	Source:	
rost	thetic and orthotic appliances	State Plan 1905(a)	Remove
J	Authorization:	Provider Qualifications:	
Į.	Authorization required in excess of limitation	Medicaid State Plan	
,	Amount Limit:	Duration Limit:	
1	None	None	
;	Scope Limit:	·	
Г	None		
b	benchmark plan:	he specific name of the source plan if it is not the base horization required for prostheses when charges are in kcess of \$500.	
Bene	fit Provided:	Source:	
Iom	e Health - Nursing & Home Health Aid Services	State Plan 1905(a)	
	Authorization:	Provider Qualifications:	
6	Other	Medicaid State Plan	
2	Amount Limit:	Duration Limit:	
F	None	None	
- F			



NJ FamilyCare Plan A Standard Medicaid; Authori	ization required in excess of scope limit	Remove
No FaintyCale Fian A Standard Wedleard, Auton	ization required in excess of scope mint.	
nefit Provided:	Source:	
me Health- Med. supplies, Equipment & Appliances	s State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Authorization required in excess of limitation	Medicaid State Plan	
Amount Limit:	Duration Limit:	
1 month supply for certain supplies	None	
Scope Limit:		
None		
Other information regarding this benefit, including benchmark plan:	the specific name of the source plan if it is not the base	
More than one month supplies may be given depen nefît Provided:	dent on medical necessity. Source:	
	· · · · · · · · · · · · · · · · · · ·	Remove
nefit Provided:	Source:	Remove
nefit Provided: rsing Facility/Skilled Nursing Facility Services	Source: State Plan 1905(a)	Remove
nefit Provided: rsing Facility/Skilled Nursing Facility Services Authorization:	Source: State Plan 1905(a) Provider Qualifications:	Remove
nefit Provided: rsing Facility/Skilled Nursing Facility Services Authorization: Prior Authorization	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan	Remove
nefit Provided: rsing Facility/Skilled Nursing Facility Services Authorization: Prior Authorization Amount Limit:	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
nefit Provided: rsing Facility/Skilled Nursing Facility Services Authorization: Prior Authorization Amount Limit: None	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
nefit Provided: rsing Facility/Skilled Nursing Facility Services Authorization: Prior Authorization Amount Limit: None Scope Limit: None	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
nefit Provided: rsing Facility/Skilled Nursing Facility Services Authorization: Prior Authorization Amount Limit: None Scope Limit: None Other information regarding this benefit, including benchmark plan: NJ FamilyCare Plan A Standard Medicaid; Prior au	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: None	Remove



Benefit Provided:	Source:	
laboratory and x-ray services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
benchmark plan: NJ FamilyCare Plan A Standard Mec	efit, including the specific name of the source plan if it is licaid	
Benefit Provided	Source:	
Diagnostic Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
	Duration Limit:	
Amount Limit:		
Amount Limit: None	None	
None	None	
None Scope Limit: Limited to non-experimental proced	None	not the base
None Scope Limit: Limited to non-experimental proced Other information regarding this ben	urcs efit, including the specific name of the source plan if it is	not the base



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

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:	Source:	
Diabetic Supplies and Equipment	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	· · · · ·
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this bene benchmark plan:	fit, including the specific name of the source plan if it is not the base	
NJ FamilyCare Plan A Standard Med	icaid	



Benefit Provided: Medicaid State Plan EPSDT Benefits	Source:	
redicaid State Plan EPSD1 Benefits	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, include benchmark plan:	uding the specific name of the source plan if it is not	the base
		Add



Other Covered Benefits from Base Benchmark

Collapse All



Base Benchmark Benefits Not Covered due to Substitu	ution or Duplication	Collapse All
Base Benchmark Benefit that was Substituted:	Source:	
Primary Care Visit to Treat Injury/Illness	Base Benchmark	Remove
Explain the substitution or duplication, including section 1937 benchmark benefit(s) included abov	indicating the substituted benefit(s) or the duplicate e under Essential Health Benefits:	
This benefit was mapped to EHB 1, and will be d State Plan package.	luplicated by the Physician Services under the Medicaid	
Base Benchmark Benefit that was Substituted:	Source:	
Specialist Visit	Base Benchmark	Remove
Explain the substitution or duplication, including section 1937 benchmark benefit(s) included abov	indicating the substituted benefit(s) or the duplicate e under Essential Health Benefits:	
This benefit was mapped to EHB 1 and will be du State Plan package.	uplicated by the Physicians Services under the Medicaid	
Base Benchmark Benefit that was Substituted:	Source:	
Other Practitioner Office Visit	Base Benchmark	Remove
	indicating the substituted benefit(s) or the duplicate	
section 1937 benchmark benefit(s) included abov This benefit was mapped to EHB 1 and will be du Family Advanced Practice Nurse Services benefit	uplicated by the Physicians Services and Pediatric and	
This benefit was mapped to EHB 1 and will be du	uplicated by the Physicians Services and Pediatric and ts under the Medicaid State Plan package. Source:	
This benefit was mapped to EHB 1 and will be du Family Advanced Practice Nurse Services benefit	uplicated by the Physicians Services and Pediatric and ts under the Medicaid State Plan package.	Remove
This benefit was mapped to EHB 1 and will be du Family Advanced Practice Nurse Services benefit Base Benchmark Benefit that was Substituted: Outpatient Facility Fee	uplicated by the Physicians Services and Pediatric and ts under the Medicaid State Plan package. Source: Base Benchmark indicating the substituted benefit(s) or the duplicate	Remove
This benefit was mapped to EHB 1 and will be du Family Advanced Practice Nurse Services benefit Base Benchmark Benefit that was Substituted: Outpatient Facility Fee Explain the substitution or duplication, including section 1937 benchmark benefit(s) included abov	uplicated by the Physicians Services and Pediatric and ts under the Medicaid State Plan package. Source: Base Benchmark indicating the substituted benefit(s) or the duplicate	Remove
This benefit was mapped to EHB 1 and will be du Family Advanced Practice Nurse Services benefit Base Benchmark Benefit that was Substituted: Outpatient Facility Fee Explain the substitution or duplication, including section 1937 benchmark benefit(s) included abov This benefit was mapped to EHB 1 and will be du	Applicated by the Physicians Services and Pediatric and ts under the Medicaid State Plan package. Source: Base Benchmark indicating the substituted benefit(s) or the duplicate re under Essential Health Benefits: applicated by the Outpatient Hospital benefit under the Source:	Remove
This benefit was mapped to EHB 1 and will be du Family Advanced Practice Nurse Services benefit Base Benchmark Benefit that was Substituted: Outpatient Facility Fee Explain the substitution or duplication, including section 1937 benchmark benefit(s) included abov This benefit was mapped to EHB 1 and will be du Medicaid State Plan package.	Applicated by the Physicians Services and Pediatric and ts under the Medicaid State Plan package. Source: Base Benchmark indicating the substituted benefit(s) or the duplicate re under Essential Health Benefits: applicated by the Outpatient Hospital benefit under the	Remove
This benefit was mapped to EHB 1 and will be du Family Advanced Practice Nurse Services benefit Base Benchmark Benefit that was Substituted: Outpatient Facility Fee Explain the substitution or duplication, including section 1937 benchmark benefit(s) included abov This benefit was mapped to EHB 1 and will be du Medicaid State Plan package. Base Benchmark Benefit that was Substituted: Outpatient Surgery: Physician/Surgical Services	Applicated by the Physicians Services and Pediatric and ts under the Medicaid State Plan package. Source: Base Benchmark indicating the substituted benefit(s) or the duplicate re under Essential Health Benefits: applicated by the Outpatient Hospital benefit under the Source: Base Benchmark indicating the substituted benefit(s) or the duplicate	
This benefit was mapped to EHB 1 and will be du Family Advanced Practice Nurse Services benefit Base Benchmark Benefit that was Substituted: Outpatient Facility Fee Explain the substitution or duplication, including section 1937 benchmark benefit(s) included abov This benefit was mapped to EHB 1 and will be du Medicaid State Plan package. Base Benchmark Benefit that was Substituted: Outpatient Surgery: Physician/Surgical Services Explain the substitution or duplication, including section 1937 benchmark benefit(s) included abov	Applicated by the Physicians Services and Pediatric and ts under the Medicaid State Plan package. Source: Base Benchmark indicating the substituted benefit(s) or the duplicate re under Essential Health Benefits: applicated by the Outpatient Hospital benefit under the Source: Base Benchmark indicating the substituted benefit(s) or the duplicate	
This benefit was mapped to EHB 1 and will be du Family Advanced Practice Nurse Services benefit Base Benchmark Benefit that was Substituted: Outpatient Facility Fee Explain the substitution or duplication, including section 1937 benchmark benefit(s) included abov This benefit was mapped to EHB 1 and will be du Medicaid State Plan package. Base Benchmark Benefit that was Substituted: Outpatient Surgery: Physician/Surgical Services Explain the substitution or duplication, including section 1937 benchmark benefit(s) included abov This benefit was mapped to EHB 1 and will be du	aplicated by the Physicians Services and Pediatric and ts under the Medicaid State Plan package. Source: Base Benchmark indicating the substituted benefit(s) or the duplicate re under Essential Health Benefits: uplicated by the Outpatient Hospital benefit under the Source: Base Benchmark indicating the substituted benefit(s) or the duplicate re under Essential Health Benefits:	



Supersedes: NJ 21-0004

This benefit was mapped to EHB 1 and EHB 3 and Hospice benefit.	nd will be duplicated under the Medicaid State Plan	Remove
Base Benchmark Benefit that was Substituted:	Source:	
Infertility Treatment - Substitution	Base Benchmark	Remove
Explain the substitution or duplication, including section 1937 benchmark benefit(s) included abov	indicating the substituted benefit(s) or the duplicate we under Essential Health Benefits:	
New Jersey will be substituting infertility treatme EHB 1 with the full dental package offered through	ent and the limited dental package that was mapped to gh our Medicaid State Plan package.	
Base Benchmark Benefit that was Substituted:	Source:	
Urgent Care Centers or Facilities	Base Benchmark	Remove
Explain the substitution or duplication, including section 1937 benchmark benefit(s) included abov	indicating the substituted benefit(s) or the duplicate we under Essential Health Benefits:	
This benefit was mapped to EHB 1 and will be de benefit.	uplicated under the Medicaid State Plan Clinic Services	
Base Benchmark Benefit that was Substituted:	Source:	
Home Health Care Services	Base Benchmark	Remove
Explain the substitution or duplication, including section 1937 benchmark benefit(s) included abov	indicating the substituted benefit(s) or the duplicate we under Essential Health Benefits:	
This benefit was mapped to EHB 7 and will be de Nursing & Home Health Aid Services.	uplicated by the Medicaid State Plan Home Health Care -	
Base Benchmark Benefit that was Substituted:	Source:	
Emergency Room Services	Base Benchmark	Remove
Explain the substitution or duplication, including section 1937 benchmark benefit(s) included abov	indicating the substituted benefit(s) or the duplicate e under Essential Health Benefits:	<i>C</i> =
This benefit was mapped to EHB 2 and will be du Hospital Services: Outpatient benefit and Physici	uplicated by the Medicaid State Plan package Emergency ans Services.	
Base Benchmark Benefit that was Substituted:	Source:	
Emergency Transportation/Ambulance	Base Benchmark	Remove
Explain the substitution or duplication, including section 1937 benchmark benefit(s) included abov	indicating the substituted benefit(s) or the duplicate e under Essential Health Benefits:	
This benefit was mapped to EHB 2 and will be de Hospital Transportation benefit.	uplicated by the Medicaid State Plan package Outpatient	
Base Benchmark Benefit that was Substituted:	Source: Base Benchmark	
Inpatient Hospital Services		
TN: NJ 22-0008 App	proval Date: 04/13/2022 Effective Date: 01	/01/2022



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



Base Benchmark Benefit that was Substituted:	Source:	
Mental/Behavioral Health Inpatient Services	Base Benchmark	Remove
Explain the substitution or duplication, including section 1937 benchmark benefit(s) included above	; indicating the substituted benefit(s) or the duplicate we under Essential Health Benefits:	
This benefit was mapped to EHB 5 and will be de Health Services, and Inpatient Psychiatric benefit	uplicated by the Medicaid State Plan Inpatient Mental its.	
Base Benchmark Benefit that was Substituted:	Source:	
Substance Abuse Disorder Outpatient Services	Base Benchmark	Remove
Explain the substitution or duplication, including section 1937 benchmark benefit(s) included above	indicating the substituted benefit(s) or the duplicate we under Essential Health Benefits:	
This benefit was mapped to EHB 5 and will be de Disorder Outpatient benefit.	uplicated by the Medicaid State Plan Substance Abuse]
Base Benchmark Benefit that was Substituted:	Source:	1
Substance Abuse Disorder Inpatient Services	Base Benchmark	Remove
Explain the substitution or duplication, including section 1937 benchmark benefit(s) included above	indicating the substituted benefit(s) or the duplicate ve under Essential Health Benefits:	
This benefit was mapped to EHB 5 and will be de Disorder Inpatient Medical Detox and Non-medi	uplicated by the Medicaid State Plan Substance Abuse cal Detox benefits.]
Base Benchmark Benefit that was Substituted:	Source:	
Base Benchmark Benefit that was Substituted: Prescription Benefits	Base Benchmark	Remove
Prescription Benefits	Base Benchmark indicating the substituted benefit(s) or the duplicate	Remove
Prescription Benefits Explain the substitution or duplication, including section 1937 benchmark benefit(s) included abov	Base Benchmark indicating the substituted benefit(s) or the duplicate	Remove
Prescription Benefits Explain the substitution or duplication, including section 1937 benchmark benefit(s) included abov This benefit was mapped to EHB 6 and will be du	Base Benchmark indicating the substituted benefit(s) or the duplicate we under Essential Health Benefits:	Remove
Prescription Benefits Explain the substitution or duplication, including section 1937 benchmark benefit(s) included abov This benefit was mapped to EHB 6 and will be du coverage.	Base Benchmark indicating the substituted benefit(s) or the duplicate we under Essential Health Benefits: uplicated by the Medicaid State Plan Prescription drug	Remove
Prescription Benefits Explain the substitution or duplication, including section 1937 benchmark benefit(s) included abov This benefit was mapped to EHB 6 and will be du coverage. Base Benchmark Benefit that was Substituted: Chiropractic Care	Base Benchmark indicating the substituted benefit(s) or the duplicate we under Essential Health Benefits: uplicated by the Medicaid State Plan Prescription drug Source: Base Benchmark indicating the substituted benefit(s) or the duplicate]
Prescription Benefits Explain the substitution or duplication, including section 1937 benchmark benefit(s) included abov This benefit was mapped to EHB 6 and will be dreverage. Base Benchmark Benefit that was Substituted: Chiropractic Care Explain the substitution or duplication, including section 1937 benchmark benefit(s) included abov This benefit was mapped to EHB 1 and will be dreverage.	Base Benchmark indicating the substituted benefit(s) or the duplicate we under Essential Health Benefits: uplicated by the Medicaid State Plan Prescription drug Source: Base Benchmark indicating the substituted benefit(s) or the duplicate we under Essential Health Benefits:]
Prescription Benefits Explain the substitution or duplication, including section 1937 benchmark benefit(s) included abov This benefit was mapped to EHB 6 and will be du coverage. Base Benchmark Benefit that was Substituted: Chiropractic Care Explain the substitution or duplication, including section 1937 benchmark benefit(s) included abov This benefit was mapped to EHB 1 and will be du chiropractic Services/OLP benefit. The benchmark visits per year and two modalities per visit. The Mathematical Section 1937 benchmark benefit.	Base Benchmark indicating the substituted benefit(s) or the duplicate we under Essential Health Benefits: uplicated by the Medicaid State Plan Prescription drug Source: Base Benchmark indicating the substituted benefit(s) or the duplicate we under Essential Health Benefits: uplicated with the Medicaid State Plan package ark benefit is limited to therapeutic manipulation and 30]



section 1937 benchmark benefit(s) included above This benefit was mapped to EHB 7 and will be d Medical Supplies, Equipment and Appliances and	luplicated by the Medicaid State Plan Home Health -	Remove
Base Benchmark Benefit that was Substituted:	Source: Base Benchmark	
Diagnostic Test (X-ray and Lab Work)	Base Benefiniark	Remove
Explain the substitution or duplication, including section 1937 benchmark benefit(s) included above	g indicating the substituted benefit(s) or the duplicate ve under Essential Health Benefits:	
This benefit was mapped to EHB 8 and will be d Services benefit.	duplicated by the Medicaid State Plan Laboratory and X-ray	
Base Benchmark Benefit that was Substituted:	Source:	
Imaging (CT/PET Scans, MRI)	Base Benchmark	Remove
Explain the substitution or duplication, including section 1937 benchmark benefit(s) included above	g indicating the substituted benefit(s) or the duplicate ve under Essential Health Benefits:	
This benefit was mapped to EHB 8 and will be d benefit.	luplicated by the Medicaid State Plan Diagnostic Services	
Base Benchmark Benefit that was Substituted:	Source:	
Preventative Care/Screening/Immunization	Base Benchmark	Remove
section 1937 benchmark benefit(s) included above This benefit was mapped to EHB 9 and will be d and Immunizations benefit.	ve under Essential Health Benefits: Iuplicated by the Medicaid State Plan Preventative Services	
Base Benchmark Benefit that was Substituted:	Source:	
Foot Care	Base Benchmark	Remove
Explain the substitution or duplication, including section 1937 benchmark benefit(s) included above	g indicating the substituted benefit(s) or the duplicate ve under Essential Health Benefits:	C
This benefit was mapped to EHB 1 and will be d benefit.	luplicated by the Medicaid State Plan Podiatrist Services	
Base Benchmark Benefit that was Substituted:	Source:	
Acupuncture	Base Benchmark	Remove
	g indicating the substituted benefit(s) or the duplicate ve under Essential Health Benefits:	
section 1937 benchmark benefit(s) included abov		
	be duplicated by the Medicaid State Plan Outpatient and	
This benefit was mapped EHB 1 and 3 and will b	be duplicated by the Medicaid State Plan Outpatient and Source: Base Benchmark	



This benefit was mapped to EHB 10 and will be o	duplicated by Medicaid State Plan EPSDT benefits.	Remove
Base Benchmark Benefit that was Substituted: Dental Check-up for Children	Source: Base Benchmark	Remove
	indicating the substituted benefit(s) or the duplicate re under Essential Health Benefits:	Kemove
This benefit was mapped to EHB 10 and will be a	duplicated by Medicaid State Plan EPSDT benefits.	
Base Benchmark Benefit that was Substituted;	Source:	
Autism/Developmental Disabilities - Speech Therapy	Base Benchmark	Remove
Explain the substitution or duplication, including section 1937 benchmark benefit(s) included abov	indicating the substituted benefit(s) or the duplicate ve under Essential Health Benefits:	
	duplicated by the Medicaid State Plan EPSDT benefit. a 30 visit per calendar year limit. The Medicaid State Plan	
Base Benchmark Benefit that was Substituted:	Source: Base Benchmark	
section 1937 benchmark benefit(s) included abov This benefit was mapped to EHB 10 and will be This benefit under the base benchmark includes a	indicating the substituted benefit(s) or the duplicate	Remove
Base Benchmark Benefit that was Substituted:	Source:	
Autism/Developmental Disability-Occupational The	ra Base Benchmark	Remove
Explain the substitution or duplication, including section 1937 benchmark benefit(s) included above	indicating the substituted benefit(s) or the duplicate ve under Essential Health Benefits:	
This henefit was manned to EUP 10 and will be	duplicated by the Medicaid State Plan EPSDT benefit. a 30 visit per calendar year limit. The 30 visit limit is a	
This benefit under the base benchmark includes a combined limit with Physical Therapy. The Medi		
This benefit under the base benchmark includes a	icaid State Plan does not include a visit limit. Source:	
This benefit under the base benchmark includes a combined limit with Physical Therapy. The Medi	icaid State Plan does not include a visit limit.	Remove
This benefit under the base benchmark includes a combined limit with Physical Therapy. The Medi Base Benchmark Benefit that was Substituted: nherited Metabolic Disease - PKU	icaid State Plan does not include a visit limit. Source: Base Benchmark indicating the substituted benefit(s) or the duplicate	Remove



Base Benchmark Benefit that was Substituted:	Source:	
Blood, blood products and blood transfusions	Base Benchmark	Remove
Explain the substitution or duplication, includi section 1937 benchmark benefit(s) included ab	ing indicating the substituted benefit(s) or the duplicate bove under Essential Health Benefits:	
This benefit was mapped to EHB 1 and 3 and 9 Hospital Services, Outpatient Hospital Service	will be duplicated by the Medicaid State Plan Inpatient es and Clinic Services benefits.	
Base Benchmark Benefit that was Substituted:	Source:	
Dental Care and Treatment: Illness and Injury	Base Benchmark	Remove
Explain the substitution or duplication, includi section 1937 benchmark benefit(s) included ab	ing indicating the substituted benefit(s) or the duplicate pove under Essential Health Benefits:	
New Jersey will be substituting infertility treat EHB 1 with the full dental package offered thr	tment and the limited dental package that was mapped to rough our Medicaid State Plan package.	
Base Benchmark Benefit that was Substituted:	Source:	
Dental Care and Treatment: Anesthesia	Base Benchmark	Remove
Explain the substitution or duplication, includi section 1937 benchmark benefit(s) included at	ing indicating the substituted benefit(s) or the duplicate bove under Essential Health Benefits:	
New Jersey will be substituting infertility treat EHB 1 with the full dental package offered thr	tment and the limited dental package that was mapped to rough our Medicaid State Plan package.	
Base Benchmark Benefit that was Substituted:	Source:	
Temporomandibular Joint Disorder	Base Benchmark	Remove
Explain the substitution or duplication, includi	ing indicating the substituted benefit(s) or the duplicate	
section 1937 benchmark benefit(s) included ab		
section 1937 benchmark benefit(s) included ab		
section 1937 benchmark benefit(s) included ab This benefit was mapped to EHB 1 and will be	e duplicated by the Medicaid State Plan package Dental Source:	
section 1937 benchmark benefit(s) included ab This benefit was mapped to EHB 1 and will be Services benefit.	bove under Essential Health Benefits: e duplicated by the Medicaid State Plan package Dental	Remove
section 1937 benchmark benefit(s) included ab This benefit was mapped to EHB 1 and will be Services benefit. Base Benchmark Benefit that was Substituted: Cancer Clinical Trials	e duplicated by the Medicaid State Plan package Dental Source: Base Benchmark ing indicating the substituted benefit(s) or the duplicate	Remove
section 1937 benchmark benefit(s) included ab This benefit was mapped to EHB 1 and will be Services benefit. Base Benchmark Benefit that was Substituted: Cancer Clinical Trials Explain the substitution or duplication, includi section 1937 benchmark benefit(s) included ab	e duplicated by the Medicaid State Plan package Dental Source: Base Benchmark ing indicating the substituted benefit(s) or the duplicate	Remove
section 1937 benchmark benefit(s) included ab This benefit was mapped to EHB 1 and will be Services benefit. Base Benchmark Benefit that was Substituted: Cancer Clinical Trials Explain the substitution or duplication, includi section 1937 benchmark benefit(s) included ab This benefit was mapped to EHB 1 and 3 will	Source: be duplicated by the Medicaid State Plan package Dental Source: Base Benchmark ing indicating the substituted benefit(s) or the duplicate bove under Essential Health Benefits: be duplicated by the Medicaid State Plan package Outpatient Source:	Remove
section 1937 benchmark benefit(s) included ab This benefit was mapped to EHB 1 and will be Services benefit. Base Benchmark Benefit that was Substituted: Cancer Clinical Trials Explain the substitution or duplication, includi section 1937 benchmark benefit(s) included ab This benefit was mapped to EHB 1 and 3 will Hospital and Inpatient Hospital benefits.	source: Base Benchmark ing indicating the substituted benefit(s) or the duplicate bove under Essential Health Benefits: be duplicated by the Medicaid State Plan package Outpatient	Remove
section 1937 benchmark benefit(s) included ab This benefit was mapped to EHB 1 and will be Services benefit. Base Benchmark Benefit that was Substituted: Cancer Clinical Trials Explain the substitution or duplication, includi section 1937 benchmark benefit(s) included ab This benefit was mapped to EHB 1 and 3 will Hospital and Inpatient Hospital benefits. Base Benchmark Benefit that was Substituted: Pain Management Services	bove under Essential Health Benefits: e duplicated by the Medicaid State Plan package Dental Source: Base Benchmark ing indicating the substituted benefit(s) or the duplicate be duplicated by the Medicaid State Plan package Outpatient Source: Base Benchmark ing indicating the substituted benefit(s) or the duplicate Source: Base Benchmark ing indicating the substituted benefit(s) or the duplicate	



Base Benchmark Benefit that was Substituted:	Source:	
Chelation Therapy	Base Benchmark	Remove
Explain the substitution or duplication, includin section 1937 benchmark benefit(s) included abo	ng indicating the substituted benefit(s) or the duplicate ove under Essential Health Benefits:	
This benefit was mapped to EHB 1 and 3 and w Hospital Services, Outpatient Hospital Services	vill be duplicated by the Medicaid State Plan Inpatient a, and Clinic Services Benefits.	
Base Benchmark Benefit that was Substituted:	Source: Base Benchmark	
Chemotherapy	Base Benchinark	Remove
Explain the substitution or duplication, includin section 1937 benchmark benefit(s) included abo	ng indicating the substituted benefit(s) or the duplicate ove under Essential Health Benefits:	
This benefit was mapped to EHB 1 and 3 and w Hospital Services, Outpatient Hospital Services	vill be duplicated by the Medicaid State Plan Inpatient s, and Clinic Services Benefits.	
Base Benchmark Benefit that was Substituted:	Source:	
Dialysis Treatment	Base Benchmark	Remove
Explain the substitution or duplication, includin section 1937 benchmark benefit(s) included about the section 1937 benchmark benchmark benefit(s) included about	ng indicating the substituted benefit(s) or the duplicate over under Essential Health Benefits:	
This benefit was mapped to EHB 1 and 3 and w Hospital Services, Outpatient Hospital Services	vill be duplicated by the Medicaid State Plan Inpatient s, and Clinic Services Benefits.	
Base Benchmark Benefit that was Substituted:	Source:	
Radiation therapy	Base Benchmark	Remove
Explain the substitution or duplication, includin section 1937 benchmark benefit(s) included about the section 1937 benchmark benchmark benchmark benefit(s) incl	ng indicating the substituted benefit(s) or the duplicate ove under Essential Health Benefits:	
This benefit was mapped to EHB 1 and 3 and w Hospital Services, Outpatient Hospital Services	vill be duplicated by the Medicaid State Plan Inpatient s, and Clinic Services Benefits.	
Base Benchmark Benefit that was Substituted:	Source:	
Infusion Therapy	Base Benchmark	Remove
Explain the substitution or duplication, includin section 1937 benchmark benefit(s) included about the section 1937 benchmark benefit(s) included about the section of the section sec	ng indicating the substituted benefit(s) or the duplicate ove under Essential Health Benefits:	
This benefit was mapped to EHB 1 and 3 and w Outpatient Hospital Benefits.	vill be duplicated by the Medicaid State Plan Inpatient and	1
Base Benchmark Benefit that was Substituted:	Source:	
Transplants	Base Benchmark	Remove
Explain the substitution or duplication, includin	ng indicating the substituted benefit(s) or the duplicate	
section 1937 benchmark benefit(s) included abo	ove under Essential Health Benefits:	

ffective Date: 01/01/20



	Base Benchmark Benefit that was Substituted:	Source:		
	Hemophilia Services	Base Benchmark	Remove	
	Explain the substitution or duplication, including section 1937 benchmark benefit(s) included abov	; indicating the substituted benefit(s) or the duplicate ve under Essential Health Benefits:		
	This benefit was mapped to EHB 1, 3, and 7 and Hospital, Outpatient Hospital, Clinic Services and	will be duplicated by the Medicaid State Plan Inpatient d Home Health Care benefits.		
	Base Benchmark Benefit that was Substituted: Source:	Source: Base Benchmark		
	Orthotics and Prosthetics	base benchmark	Remove	
	Explain the substitution or duplication, including section 1937 benchmark benefit(s) included above	; indicating the substituted benefit(s) or the duplicate ve under Essential Health Benefits:		
	This benefit was mapped to EHB 7 and will be de Prosthetics benefit.	uplicated by the Medicaid State Plan Orthotics and		
	Base Benchmark Benefit that was Substituted:	Source:	_	
	Newborn Hearing Screening	Base Benchmark	Remove	
	Explain the substitution or duplication, including section 1937 benchmark benefit(s) included abov	indicating the substituted benefit(s) or the duplicate ve under Essential Health Benefits:		
	This benefit was mapped to EHB 4 and will be de Screening benefit.	uplicated under the Medicaid State Plan Newborn Hearing		
	Base Benchmark Benefit that was Substituted:			
	Mammograms	Base Benchmark	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:			
	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:	Source:		
	Mastectomy inpatient stay	Base Benchmark	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:			
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:	Source:		
	Reconstructive breast surgery	Base Benchmark	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:			
	This benefit was mapped to EHB 3 and will be de Benefit.	uplicated by the Medicaid State Plan Inpatient Hospital		

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Base Benchmark Benefit that was Substituted:	Source:	
Diabetes Treatment - services and supplies	Base Benchmark	Remove
Explain the substitution or duplication, includin section 1937 benchmark benefit(s) included abo	g indicating the substituted benefit(s) or the duplicate we under Essential Health Benefits:	
This benefit was mapped to EHB 9 and will be & Equipment benefit.	duplicated under the Medicaid State Plan Diabetic Supplies	
Base Benchmark Benefit that was Substituted:	Source:	
Nutritional Counseling	Base Benchmark	Remove
Explain the substitution or duplication, includin section 1937 benchmark benefit(s) included abo	g indicating the substituted benefit(s) or the duplicate we under Essential Health Benefits:	
This benefit was mapped to EHB 9 and will be benefit.	duplicated by the Medicaid State Plan Preventive Services	
Base Benchmark Benefit that was Substituted:	Source:	
Skilled Nursing Facility - Skilled Nursing Care	Base Benchmark	Remove
	a indicating the substituted herefit(s) on the duplicate	
Skilled Nursing Facility Services benefit. Base I authorization is required for medical necessity.	ve under Essential Health Benefits: duplicated by the Medicaid State Plan Nursing Facility/ Benchmark does not have a duration limit but prior Duration based on plan of care documents and progress of	
section 1937 benchmark benefit(s) included abo This benefit was mapped to EHB 7 and will be Skilled Nursing Facility Services benefit. Base I	ve under Essential Health Benefits: duplicated by the Medicaid State Plan Nursing Facility/ Benchmark does not have a duration limit but prior Duration based on plan of care documents and progress of	
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This benefit was mapped to EHB 10 and will be s	substituted by the Medicaid State Plan EPSDT benefit.	Remove
Base Benchmark Benefit that was Substituted:	Source:	
Abortion - Hyde Amendment	Base Benchmark	Remove
Explain the substitution or duplication, including section 1937 benchmark benefit(s) included abov	indicating the substituted benefit(s) or the duplicate e under Essential Health Benefits:	
This benefit was mapped to EHB 1 and is duplicated	ated by the Medicaid State Plan Abortion benefit.	
Base Benchmark Benefit that was Substituted:	Source:	2
Eyeglasses for Children	Base Benchmark	Remove
Explain the substitution or duplication, including section 1937 benchmark benefit(s) included abov	indicating the substituted benefit(s) or the duplicate we under Essential Health Benefits:	
This benefit was mapped to EHB 10 and is duplic benchmark benefit is limited to children ages 18 a	cated by the Medicaid State Plan EPSDT benefit. The and under.]
Base Benchmark Benefit that was Substituted:	Source:	
Hearing Aid Services	Base Benchmark	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: 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.		
Base Benchmark Benefit that was Substituted:	Source:	
Routine Eye Exam - Adult	Base Benchmark	Remove
Explain the substitution or duplication, including section 1937 benchmark benefit(s) included abov	indicating the substituted benefit(s) or the duplicate e under Essential Health Benefits:	
section 1937 benchmark benefit(s) included abov]
section 1937 benchmark benefit(s) included abov This benefit was mapped to EHB 1 and is duplica benefit.	e under Essential Health Benefits: ated by the Medicaid State Plan Physicians Services Source:]
section 1937 benchmark benefit(s) included abov This benefit was mapped to EHB 1 and is duplica	re under Essential Health Benefits: ated by the Medicaid State Plan Physicians Services	Remove
section 1937 benchmark benefit(s) included abov This benefit was mapped to EHB 1 and is duplica benefit. Base Benchmark Benefit that was Substituted: Outpatient Rehabilitation Services	e under Essential Health Benefits: ated by the Medicaid State Plan Physicians Services Source: Base Benchmark indicating the substituted benefit(s) or the duplicate	Remove
section 1937 benchmark benefit(s) included abov This benefit was mapped to EHB 1 and is duplicate benefit. Base Benchmark Benefit that was Substituted: Outpatient Rehabilitation Services Explain the substitution or duplication, including section 1937 benchmark benefit(s) included abov	source: Base Benchmark indicating the substituted benefit(s) or the duplicate e under Essential Health Benefits: ated by the Medicaid State Plan Physical Therapy and	Remove
section 1937 benchmark benefit(s) included abov This benefit was mapped to EHB 1 and is duplicat benefit. Base Benchmark Benefit that was Substituted: Outpatient Rehabilitation Services Explain the substitution or duplication, including section 1937 benchmark benefit(s) included abov This benefit was mapped to EHB 7 and is duplication	source: Base Benchmark indicating the substituted benefit(s) or the duplicate e under Essential Health Benefits: ated by the Medicaid State Plan Physical Therapy and	Remove



This benefit was mapped to EHB 7 and is duplic	ve under Essential Health Benefits: ated by the Medicaid State Plan Physical Therapy and	Remove	
Related Services, Speech Therapy, and Occupational Therapy benefits.			
Base Benchmark Benefit that was Substituted:	Source:		
Diabetes Care Management	Base Benchmark	Remove	
Explain the substitution or duplication, including section 1937 benchmark benefit(s) included abort	g indicating the substituted benefit(s) or the duplicate ve under Essential Health Benefits:	-	
This benefit was mapped to EHB 1 and is duplic	ated under the Physicians Services benefit.		
Base Benchmark Benefit that was Substituted:	Source:		
Second Opinion	Base Benchmark	Remove	
Explain the substitution or duplication, including section 1937 benchmark benefit(s) included abort	g indicating the substituted benefit(s) or the duplicate ve under Essential Health Benefits:		
This benefit was mapped to EHB 1 and is duplic	ated by the Physicians Services benefit.		
Base Benchmark Benefit that was Substituted:	Source:	~~~~	
Third Opinion	Base Benchmark	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:			
This benefit was mapped to EHB 1 and is duplic	ated by the Physicians Services benefit.		
Base Benchmark Benefit that was Substituted:	Source: Base Benchmark		
Domestic Violence Treatment	Base Benchmark	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:		
		_	
section 1937 benchmark benefit(s) included abo]	
section 1937 benchmark benefit(s) included abo	ve under Essential Health Benefits: ated by the Clinic Services - mental health benefit. Source:]	
section 1937 benchmark benefit(s) included abo This benefit was mapped to EHB 5 and is duplic	ve under Essential Health Benefits: ated by the Clinic Services - mental health benefit.	Remove	
section 1937 benchmark benefit(s) included abo This benefit was mapped to EHB 5 and is duplic Base Benchmark Benefit that was Substituted: Respiration Therapy	ve under Essential Health Benefits: ated by the Clinic Services - mental health benefit. Source: Base Benchmark g indicating the substituted benefit(s) or the duplicate	Remove	
section 1937 benchmark benefit(s) included abo This benefit was mapped to EHB 5 and is duplic Base Benchmark Benefit that was Substituted: Respiration Therapy Explain the substitution or duplication, including section 1937 benchmark benefit(s) included abo	ve under Essential Health Benefits: ated by the Clinic Services - mental health benefit. Source: Base Benchmark g indicating the substituted benefit(s) or the duplicate ve under Essential Health Benefits: duplicated by the Inpatient Hospital and Home Health:	Remove	



Other Base Benchmark Benefits Not Covered		Collapse All 🔀
Base Benchmark Benefit not Included in the Alternative Benefit Plan:	Source: Base Benchmark	Remove
Abortion Services greater than Hyde Amendment		Reinove
		Add



Other 1937 Covered Benefits that are not Essential	Health Benefits	Collapse All
Other 1937 Benefit Provided:	Source:	
FQHC	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	1
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	-
None	None	
Scope Limit:		
None		
Other:		_
No prior authorization required; NJ FamilyCa	re Plan A Standard Medicaid; Source: State Plan 1905(a)	
Other 1937 Benefit Provided:	Source:	
Non-medical transportation	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	-
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	_
None	None	
Scope Limit:		_
Nonc		
Other:		
NJ FamilyCare Plan A Standard Medicaid; Se	nurce: State Plan 1905(a)	
Other 1937 Benefit Provided:	Source:	
Inpatient - religious non-medical services	Section 1937 Coverage Option Benchmark Benefit Package	
Authorization:	Provider Qualifications:	_
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	-
None	None	
Scope Limit:		_
Elective cosmetic surgery not covered unless	determined medically necessary.	
Elective cosmetic surgery not covered unless Other:	determined medically necessary.	



		Remove
ther 1937 Benefit Provided:	Source:	
ubstance Use Disorder - Partial Care	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None	-	
Other:		
Full benefit name: Rehabilitative Services	- Substance Use Disorder - Partial Care	
Service covered under the State Plan Author	prity 1905(a)(13)	
	Evening - A licensed rehabilitative program that provides a broad dices in a structured environment for a minimum of twenty (20)	
range of clinically intensive treatment servi hours a week, during the day or evening ho	Evening - A licensed rehabilitative program that provides a broad ices in a structured environment for a minimum of twenty (20) ours. Services are delivered for no less than 4 hours per day and independent assessment is required utilizing ASAM criteria to	
range of clinically intensive treatment servi hours a week, during the day or evening ho	ices in a structured environment for a minimum of twenty (20) urs. Services are delivered for no less than 4 hours per day and independent assessment is required utilizing ASAM criteria to	
range of clinically intensive treatment servi hours a week, during the day or evening ho include individual, group, family therapy. I	ices in a structured environment for a minimum of twenty (20) urs. Services are delivered for no less than 4 hours per day and independent assessment is required utilizing ASAM criteria to	
range of clinically intensive treatment servi hours a week, during the day or evening ho include individual, group, family therapy. I ensure beneficiary meets ASAM Level II.5 Services include: -Physician visit: Physician or APN under se	ices in a structured environment for a minimum of twenty (20) urs. Services are delivered for no less than 4 hours per day and independent assessment is required utilizing ASAM criteria to upervision of a physician.	
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Other 1937 Benefit Provided:	Source:	
Substance Use Disorder Intensive Outpatient	Section 1937 Coverage Option Benchmark Benefit Package	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other:		
Full benefit name: Rehabilitative Services - Substance	e Abuse Disorder Intensive Outpatient	
Service under the State Plan Authority 1905(a)(13)		
Service Descriptions: A rehabilitative service designed drug using and related behaviors. This service consist week and provides counseling about substance related three hours per day for a minimum of three days per v ASAM criteria to ensure beneficiary meets ASAM Le Services include:	ts of approximately nine to 12 hours of services each l problems. Services delivered are at a minimum of veek. Independent assessment is required utilizing evel II.1.	
-Physician visit: Physician or APN under supervision -Individuals counseling-Licensed clinical professional -Group substance abuse counseling-LCP or clinical st -Group counseling-LCP or clinical staff supervised by -Family Counseling -LCP or clinical staff supervised -Laboratory services-Medically Licensed clinical prof	l (LCP) or clinical staff supervised by a LCP aff supervised by a LCP v a LCP by a LCP	
Service Limitations: -Service admission is recommended by a physician or their scope of practice under State law. -Services delivered are at a minimum of three hours p -If an individuals needs more than 12 hours per week, or an individual is reassessed for appropriate level of the	per day for a minimum of three days per week. services can be increased if it is medically necessary	
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		

Approval Date: 04/13/2022

Effective Date: 01/01/2022



		Remove
Other 1937 Benefit Provided:	Source:	
Substance Use Disorder - short term residential	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None	+	
Other:		
Full benefit name: Rehabilitative Services - Subst	ance Use Disorder - short term residential	
which treatment is designed primarily to address s	specific addiction and living skills problems through a	
utilizing ASAM criteria to ensure beneficiary med exclusion i.e. sixteen beds or less. A minimum of 7 hours of structured programming must include at a minimum of 12 hours per week practitioner (LCP) or by clinical staff under the su -individual therapy -group therapy -family therapy	short-term basis, and independent assessment is required ets ASAM Level III.7 treatment services. Subject to IMD g must be provided on a billable day. Structured activities of counseling services provided by a licensed clinical	
utilizing ASAM criteria to ensure beneficiary med exclusion i.e. sixteen beds or less. A minimum of 7 hours of structured programming must include at a minimum of 12 hours per week practitioner (LCP) or by clinical staff under the su -individual therapy -group therapy -family therapy Service Limitations:	short-term basis, and independent assessment is required ets ASAM Level III.7 treatment services. Subject to IMD g must be provided on a billable day. Structured activities of counseling services provided by a licensed clinical	
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Authorization:	Provider Qualifications:
Other	Medicaid State Plan
Amount Limit:	Duration Limit:
None	None
Scope Limit:	
None	
Other:	
No prior authorization required; NJ FamilyCare Plan A	A Standard Medicaid
Community Mental Health Rehabilitation Services - P	sychiatric Emergency Rehabilitation Services (PERS)
Psychiatric Emergency Rehabilitation Services (PERS experiencing a behavior health crisis, designed to inter an assessment, immediate crisis resolution and de-esca services to avoid, where possible, more restrictive leve reduction, stabilization, and restoration to a previous le the context of a potential or actual behavioral health cr occur in a variety of locations, including but not limite to other community locations where the person lives, v providers of PERS services must meet the rehab qualit from any providers meeting the established provider q	rrupt and/or ameliorate a crisis experience including alation, and referral and linkage to appropriate els of treatment. The goals of PERS are symptom evel of functioning. All activities must occur within risis. PERS is a face-to-face intervention and can ed to an emergency room or clinic setting, in addition works, attends school, and/or socializes. Eligible fications under the SPA and individuals may choose
 Specific services include; A. An assessment of risk and mental status; as well as services. Includes contact with the client, family mem personnel) with pertinent information for the purpose of mental health services at an appropriate level. B. Short-term PERS including crisis resolution and de individual. C. Follow-up with the individual, and as necessary, member(s). D. Consultation with a physician or with other qualifie crisis 	bers or other collateral sources (e.g. caregiver, school of an assessment and/or referral to other alternative -briefing with the identified Medicaid eligible with the individual's caretaker and/or family
Certified assessors and/or licensed professional of the eligible individuals in crisis. This shall include but no assessments; providing crisis stabilization and de-esca consultation, training and technical assistance to other of consumers; and arranging for linkage, transfer, trans- individuals at the conclusion of the PERS.	t be limited to performing any necessary lation; development of alternative treatment plans; staff; consultation with the psychiatrist; monitoring
PERS specialists shall provide PERS counseling, on an under the supervision of a certified assessor and/or lice and linkage, if indicated. PERS specialists who are nur nursing assessments.	ensed professional of the healing arts; and referral
Psychiatrists in each crisis program perform psychiatri	ic assessments, evaluation and management as

Approval Date: 04/13/2022



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 fiend 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.



Remove 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/aftercar/care plan (care plan) should be developed in a person-center dual 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 dir pERS will specify a timeline for reevaluation a applicable. Ideally, the care plan developed dir pERS will specify a 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 any not be excluded from service due to active, current, substance abuse or history of substance abuse. Evimations: Providers mustiani medical records that include a copy of the care plan, the name of the individual, family and provided in Metricaid coverage of PERS. Services provided to children and youth	If no crisis plan has yet been developed for the consu- individual, identify appropriate aftercare for the const	umer, then the PERS services should stabilize the sumer including referral and linkage to a community	
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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: Source: Behavioral Health Home (Adult) Provider Qualifications: Authorization: Provider Qualifications: Other Medicaid State Plan Amount Limit: Duration Limit:	increasing the need for engagement in care. Individ	luals may not be excluded from service due to active,	
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: Source: Behavioral Health Home (Adult) Provider Qualifications: Authorization: Provider Qualifications: Other Medicaid State Plan Amount Limit: Duration Limit:	Limitations:		
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 Authorization: Other Amount Limit: Duration Limit:	Providers must maintain medical records that include dates of services provided, nature, content and units toward functional improvement and goals in the care institution including any residents of Institutions for	of rehabilitation services provided, and progress made e plan. Services cannot be provided to a resident of an	
Behavioral Health Home (Adult) Section 1937 Coverage Option Benchmark Benefit Package Authorization: Provider Qualifications: Other Medicaid State Plan Amount Limit: Duration Limit:	or legal guardian and custodial agency for children in systems should occur as needed to achieve the treatm	n state custody. Coordination with other child serving nent goals and should include appropriate referrals to	
Behavioral Health Home (Adult) Package Authorization: Provider Qualifications: Other Medicaid State Plan Amount Limit: Duration Limit:	Other 1937 Benefit Provided:		
Other Medicaid State Plan Amount Limit: Duration Limit:	Behavioral Health Home (Adult)		
Amount Limit: Duration Limit:	Authorization:	Provider Qualifications:	
	Other	Medicaid State Plan	
None	Amount Limit:	Duration Limit:	
	None	None	



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 (NJDHS) 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



	and optional members were built into the BHH rate.
the assessment of consumer needs, dev the care plan and the ongoing assessme	Leader. Comprehensive care management services are conducted by assistants or advanced practice nurses.
primary goal of implementing the indi- ensure the plan reflects consumer need	d by Care Coordinators and other Health Team members with the vidualized service plan, with active involvement by the consumer, to s and preferences. Care coordination emphasizes access to a wide overall health and wellness. Care Coordinators can be trained social
	ted with an emphasis on empowering the consumer to improve can be provided by any member of the team, a certified peer ealth educator.
manager or other members of the home importance of family and community s	(including authorized representatives) can be delivered by nurse care e health team. Helping the individual and family recognize the upport in recovery, health and wellness, and helping them develop supports to aid in the process of recovery and health maintenance.
	nal care and follow-up to consumers transitioning from inpatient munity. Comprehensive transitional care can be provided by the m members.
	ort services involves providing assistance for consumers to obtain rts. Referral activities are most often provided by the Care ny member of the team.
Licensing Entity: DHS	or the service based on level of involvement ACHO, CARF or other nationally recognized accrediting body as a
Other 1937 Benefit Provided:	Source:
Personal Care Services	Section 1937 Coverage Option Benchmark Benefit Package
Authorization:	Provider Qualifications:
Other	Medicaid State Plan
Amount Limit:	Duration Limit:
40 hours per week	None



None		Remove
Other:		
	ource: State Plan 1905(a); Includes 1915(j) Self-directed	
ther 1937 Benefit Provided:	Source:	
amily Planning Services	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other:		
THE POLY REPARTOR ON THE FAIL	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
THE POLY REPARTOR ON THE FAIL	Section 1937 Coverage Option Benchmark Benefit	Remove
obacco Cessation	Section 1937 Coverage Option Benchmark Benefit Package	Remove
obacco Cessation Authorization:	Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications:	Remove
Obacco Cessation Authorization: Other	Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan	Remove
Obacco Cessation Authorization: Other Amount Limit:	Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
Authorization: Other Amount Limit: None	Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
Authorization: Other Amount Limit: None Scope Limit:	Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
Authorization: Other Amount Limit: None Scope Limit: None	Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit: None	Remove
Authorization: Other Amount Limit: None Scope Limit: None Other: NJ FamilyCare Plan A Standard Medicaid; So	Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit: None None Source: State Plan 1905(a)	Remove
Authorization: Other Amount Limit: None Scope Limit: None Other: NJ FamilyCare Plan A Standard Medicaid; So ther 1937 Benefit Provided:	Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit: None	Remove
Other Amount Limit: None Scope Limit: None Other:	Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit: None None Source: State Plan 1905(a) Source: Section 1937 Coverage Option Benchmark Benefit	Remove



The second se	Duration Limit:	Dawante
No Limitations	During pregnancy and 60 days post partum	Remove
Scope Limit:		
Extended services to pregnant women includes a determined to be medically necessary and related	all major categories of services as long as the services are d to the pregnancy	
Other:		
Prior authorization is not required. Source: State	Plan 1905(a)	
her 1937 Benefit Provided:	Source: Section 1937 Coverage Option Benchmark Benefit	_
entures	Package	Remove
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
1 device in each arch	every 7.5 years	
Scope Limit:		
None		
Other:		
NJ FamilyCare Plan A Standard Medicaid; Source be made for medical necessity which must be doo		
NJ FamilyCare Plan A Standard Medicaid; Source be made for medical necessity which must be doo her 1937 Benefit Provided:	source:	
NJ FamilyCare Plan A Standard Medicaid; Source be made for medical necessity which must be door	cumented.	Remove
NJ FamilyCare Plan A Standard Medicaid; Source be made for medical necessity which must be doo her 1937 Benefit Provided:	Source: Section 1937 Coverage Option Benchmark Benefit	Remove
NJ FamilyCare Plan A Standard Medicaid; Source be made for medical necessity which must be doo her 1937 Benefit Provided: inic Services - Medical Day Care	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
NJ FamilyCare Plan A Standard Medicaid; Source be made for medical necessity which must be doo her 1937 Benefit Provided: inic Services - Medical Day Care Authorization:	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications:	Remove
NJ FamilyCare Plan A Standard Medicaid; Source be made for medical necessity which must be doo her 1937 Benefit Provided: inic Services - Medical Day Care Authorization: Prior Authorization	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan	Remove
NJ FamilyCare Plan A Standard Medicaid; Source be made for medical necessity which must be doo her 1937 Benefit Provided: inic Services - Medical Day Care Authorization: Prior Authorization Amount Limit:	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
NJ FamilyCare Plan A Standard Medicaid; Source be made for medical necessity which must be doo her 1937 Benefit Provided: inic Services - Medical Day Care Authorization: Prior Authorization Amount Limit: 12 hours	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit: per day	Remove
NJ FamilyCare Plan A Standard Medicaid; Source be made for medical necessity which must be doo her 1937 Benefit Provided: inic Services - Medical Day Care Authorization: Prior Authorization Amount Limit: 12 hours Scope Limit:	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit: per day	Remove
NJ FamilyCare Plan A Standard Medicaid; Source be made for medical necessity which must be doo her 1937 Benefit Provided: inic Services - Medical Day Care Authorization: Prior Authorization Amount Limit: 12 hours Scope Limit: Must be provided at least 5 hours per day, 5 days	s per week	Remove
NJ FamilyCare Plan A Standard Medicaid; Source be made for medical necessity which must be doo her 1937 Benefit Provided: inic Services - Medical Day Care Authorization: Prior Authorization Amount Limit: 12 hours Scope Limit: Must be provided at least 5 hours per day, 5 days Other:	s per week	Remove



Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	Remove
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Elective cosmetic surgery not covered unless dete	rmined medically necessary.	
Other:		
NJ FamilyCare Plan A Standard Medicaid. Source	: State Plan 1905(a); No prior authorization required.	
her 1937 Benefit Provided:	Source:	
eglasses	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Authorization required in excess of limitation	Medicaid State Plan	
Amount Limit:	Duration Limit:	
l pair	2 years	
Scope Limit:		
	y when prescribed; tinted lenses only when medically lar pathological conditions for patient who cannot be	
NJ FamilyCare Plan A Standard Medicaid; Source	· State Plan 1905(a)	
in Family care Flan A Standard Medicald, Source		
her 1937 Benefît Provided:	Source:	
aring Aid Services	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Prior Authorization Amount Limit:	Medicaid State Plan Duration Limit:	
Amount Limit:	Duration Limit:	
Amount Limit: None	Duration Limit:	
Amount Limit: None Scope Limit:	Duration Limit:	
Amount Limit: None Scope Limit: 1 hearing aid per client	Duration Limit: None	

Effective Date: 01/01/2022



	r 1937 Benefit Provided: ening Services	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
	Authorization:	Provider Qualifications:	
	Other	Medicaid State Plan	
_	Amount Limit:	Duration Limit:	
	None	None	
1	Scope Limit:		
1	None		
C	Other:		
-	r 1937 Benefit Provided: ication Assisted Treatment	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
Г	Authorization:	Provider Qualifications:	
l	Other	Medicaid State Plan	
г Г	Amount Limit:	Duration Limit:	
[]	None	None	
	Scope Limit:		
	Opiate withdrawal management (WM), including op than 30 days) opiate withdrawal management.	ioid treatment programs providing short term (less	
C	Other:		
	IJ FamilyCare Plan A Standard Medicaid; Source: S SAM criteria is required to ensure beneficiary mee		
Othe	r 1937 Benefit Provided:	Source:	
Ment	tal Health Adult Rehabilitation (group homes)	Section 1937 Coverage Option Benchmark Benefit Package	
	Authorization:	Provider Qualifications:	
6	Other	Medicaid State Plan	
	Amount Limit:	Duration Limit:	
Г		None	
	dependent on level of care	1.010	
L	Scope Limit:		



Supersedes: NJ 21-0004

It was not inflavourity is not address to the test of which the line of the	ource: State Plan 1905(a); No prior authorization needed;	Remove
subject to IMD exclusion i.e. sixteen beds or		
Residential Levels of Care:	l anoun hamas ar anortmants. Community mantal haalth	
	d group homes or apartments. Community mental health ner residents up to 23 hours per day as needed when clinically	
necessary, seven days a week. This includes		
	group homes or apartments. Community mental health	
	ner residents 12 hours or more per day, (but less than 24 hours	
per day), seven days per week.		
	group homes or apartments. Community mental health	
	ner residents for 4 or more hours per day, (but less than 12	
hours per day), seven days per week.	group homes or apartments. Community mental health	
	ner residents for one or more hours per week, (but less than 4	
hours per day).	ner residents for one of more nours per week, (our ress than 1	
	program in a private home or apartment in which community	
	able to consumer residents for 23 hours per day by a Family	
Care Home provider.		
ner 1937 Benefit Provided:	Source:	
	Section 1937 Coverage Option Benchmark Benefit	
navioral Health Home (Children)	Package	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Young adults, children, and adolescents with condition.	a serious emotional disturbance (SED) and a chronic medical	
Other:		
	an A Standard Medicaid State Plan 1945 described on pages:	
	an A Standard Medicaid State Plan 1945 described on pages: 46.	
This benefit is identical to NJ FamilyCare Pla Attachment 3.1.H page 9 of 46 to page 46 of		
This benefit is identical to NJ FamilyCare Pla Attachment 3.1.H page 9 of 46 to page 46 of Service Descriptions:	46.	
This benefit is identical to NJ FamilyCare Pla Attachment 3.1.H page 9 of 46 to page 46 of Service Descriptions: Comprehensive Care Management: Care Ma	46. nagement is the primary coordinating function in a BHH. The	
This benefit is identical to NJ FamilyCare Pla Attachment 3.1.H page 9 of 46 to page 46 of Service Descriptions: Comprehensive Care Management: Care Ma goal of Care Management is the assessment of	46. nagement is the primary coordinating function in a BHH. The of consumer needs, development of the care plan, coordination	
This benefit is identical to NJ FamilyCare Pla Attachment 3.1.H page 9 of 46 to page 46 of Service Descriptions: Comprehensive Care Management: Care Ma goal of Care Management is the assessment of of the services identified in the care plan and	46. nagement is the primary coordinating function in a BHH. The of consumer needs, development of the care plan, coordination the ongoing assessment and revisions to the plan based on	
This benefit is identical to NJ FamilyCare Pla Attachment 3.1.H page 9 of 46 to page 46 of Service Descriptions: Comprehensive Care Management: Care Ma goal of Care Management is the assessment of of the services identified in the care plan and evaluation of the child's needs. The Care Ma	46. nagement is the primary coordinating function in a BHH. The of consumer needs, development of the care plan, coordination the ongoing assessment and revisions to the plan based on nager is the Team Leader. The BHH Team enhances the	
This benefit is identical to NJ FamilyCare Pla Attachment 3.1.H page 9 of 46 to page 46 of Service Descriptions: Comprehensive Care Management: Care Ma goal of Care Management is the assessment of of the services identified in the care plan and evaluation of the child's needs. The Care Ma	46. nagement is the primary coordinating function in a BHH. The of consumer needs, development of the care plan, coordination the ongoing assessment and revisions to the plan based on	
This benefit is identical to NJ FamilyCare Pla Attachment 3.1.H page 9 of 46 to page 46 of Service Descriptions: Comprehensive Care Management: Care Ma goal of Care Management is the assessment of of the services identified in the care plan and evaluation of the child's needs. The Care Ma existing care management team by providing	46. nagement is the primary coordinating function in a BHH. The of consumer needs, development of the care plan, coordination the ongoing assessment and revisions to the plan based on nager is the Team Leader. The BHH Team enhances the	
This benefit is identical to NJ FamilyCare Pla Attachment 3.1.H page 9 of 46 to page 46 of Service Descriptions: Comprehensive Care Management: Care Ma goal of Care Management is the assessment of of the services identified in the care plan and evaluation of the child's needs. The Care Ma existing care management team by providing family manage the chronic condition. Care Coordination: Care Coordination service	46. nagement is the primary coordinating function in a BHH. The of consumer needs, development of the care plan, coordination the ongoing assessment and revisions to the plan based on nager is the Team Leader. The BHH Team enhances the the medical expertise and support needed to help the child and es are provided by the Care Manager with support from the	
This benefit is identical to NJ FamilyCare Pla Attachment 3.1.H page 9 of 46 to page 46 of Service Descriptions: Comprehensive Care Management: Care Ma goal of Care Management is the assessment of of the services identified in the care plan and evaluation of the child's needs. The Care Ma existing care management team by providing family manage the chronic condition. Care Coordination: Care Coordination service Nurse Manager, with the primary goal of imp	46. nagement is the primary coordinating function in a BHH. The of consumer needs, development of the care plan, coordination the ongoing assessment and revisions to the plan based on nager is the Team Leader. The BHH Team enhances the the medical expertise and support needed to help the child and es are provided by the Care Manager with support from the olementing the individualized service plan/plan of care, with	
This benefit is identical to NJ FamilyCare Pla Attachment 3.1.H page 9 of 46 to page 46 of Service Descriptions: Comprehensive Care Management: Care Ma goal of Care Management is the assessment of of the services identified in the care plan and evaluation of the child's needs. The Care Ma existing care management team by providing family manage the chronic condition. Care Coordination: Care Coordination servic Nurse Manager, with the primary goal of imp active involvement by the child/family, to end	46. nagement is the primary coordinating function in a BHH. The of consumer needs, development of the care plan, coordination the ongoing assessment and revisions to the plan based on nager is the Team Leader. The BHH Team enhances the the medical expertise and support needed to help the child and es are provided by the Care Manager with support from the olementing the individualized service plan/plan of care, with sure the plan reflects the child/family needs and preferences.	
This benefit is identical to NJ FamilyCare Pla Attachment 3.1.H page 9 of 46 to page 46 of Service Descriptions: Comprehensive Care Management: Care Ma goal of Care Management is the assessment of of the services identified in the care plan and evaluation of the child's needs. The Care Ma existing care management team by providing family manage the chronic condition. Care Coordination: Care Coordination servic Nurse Manager, with the primary goal of imp active involvement by the child/family, to em Care coordination emphasized access to a wide	46. nagement is the primary coordinating function in a BHH. The of consumer needs, development of the care plan, coordination the ongoing assessment and revisions to the plan based on nager is the Team Leader. The BHH Team enhances the the medical expertise and support needed to help the child and es are provided by the Care Manager with support from the olementing the individualized service plan/plan of care, with	



the health care professions is not required. N (Minimum RN).	urse Manager must be properly licensed and credentialed	Dansana
	es are conducted with an emphasis on empowering the child/ never possible these activities are accomplished using evidence	Remove
occurring MH/SA, or are DD eligible, with o	ral Health Home will service children with SED, DD/MI, Co- one other chronic condition.	
Authorization Requirement:		
existing network of Care Management Organ and support services. The BHH will be an er	en and Families, Children System of Care (CSOC) has an nizations (CMOs) that provide a variety of care management hancement to the existing CMO services for youth that meet Children's BHHs through a state BHH certification process	
Other 1937 Benefit Provided:	Source:	-
CF/IID	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None.	
Scope Limit:		
Noné		
Other:		
NJ FamilyCare Medicaid State Plan 1905(a) Disability services are provided with no limi	. Intermediate Care Facility/Individuals with Intellectual itations.	
Other 1937 Benefit Provided:	Source:	
Office Based Addiction Treatment (OBAT)	Section 1937 Coverage Option Benchmark Benefit Package	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other:		
NJ FamilyCare Plan A Standard Medicaid. S	State Plan Addendum to Attachment 3.1-A, 13(d) Rehabilitative	
TN: NJ 22-0008	Approval Date: 04/13/2022 Effective Date: 01/	01/2022



č.		Remove
Other 1937 Benefit Provided:	Source: Section 1937 Coverage Option Benchmark Benefit	6
Opioid Overdose Treatment Program (OORP)	Package	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
none	none	
Scope Limit:		
none		
Other:		
NJ FamilyCare Plan A Standard Medicaid. State Services.	Plan Addendum to Attachment 3.1-A, 13(d) Rehabilitative	
Other 1937 Benefit Provided:	Source:	_
Peer Recovery Support Services (PRSS)	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
none	none	
Scope Limit:		
none		
Other:		
NJ FamilyCare Plan A Standard Medicaid. State Services.	Plan Addendum to Attachment 3.1-A, 13(d) Rehabilitative	
Other 1937 Benefit Provided:	Source:	
Care management Services (SUD)	Section 1937 Coverage Option Benchmark Benefit Package	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
none	none	
Scope Limit:		
none	p0	



Other 1937 Benefit Provided:	Source:	
Doula Services	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
see below	see below	
Scope Limit:		
see below		
Other:		
(2a1-2a2)Preventative Services.	1	
Other 1937 Benefit Provided:	Source: Section 1937 Coverage Option Benchmark Benefit	-
Other 1937 Benefit Provided: Routine Patient Cost in Qualifying Clinical trials	Section 1937 Coverage Option Benchmark Benefit Package	Remove
	Section 1937 Coverage Option Benchmark Benefit	Remove
Routine Patient Cost in Qualifying Clinical trials	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Routine Patient Cost in Qualifying Clinical trials Authorization:	Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications:	Remove
Routine Patient Cost in Qualifying Clinical trials Authorization: Other	Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan	Remove
Routine Patient Cost in Qualifying Clinical trials Authorization: Other Amount Limit:	Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
Routine Patient Cost in Qualifying Clinical trials Authorization: Other Amount Limit: see below	Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
Routine Patient Cost in Qualifying Clinical trials Authorization: Other Amount Limit: see below Scope Limit:	Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit:	Remove



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

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.

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