

## **Table of Contents**

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

**State Plan Amendment (SPA) #:**      **23-0001**

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

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S2-26-12  
Baltimore, Maryland 21244-1850



March 24, 2023

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) #23-0001

Dear Ms. Jacobs:

The Centers for Medicare & Medicaid Services (CMS) reviewed the proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) #23-0001. This amendment proposes to temporarily extend certain targeted case management staffing, telehealth, drug benefit, and behavioral health home requirements originally approved in Disaster Relief SPA #20-0003 and later amended in #22-0021.

CMS conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations. This letter is to inform you that New Jersey's Medicaid SPA Transmittal Number #23-0001 is approved effective May 12, 2023.

If you have any questions, please contact Terri Fraser at 410-786-5573 or via email at [Terri.Fraser@cms.hhs.gov](mailto:Terri.Fraser@cms.hhs.gov).

Sincerely,

Alissa M.  
Deboy -S

Digitally signed by Alissa  
M. Deboy -S  
Date: 2023.03.24  
08:58:02 -04'00'

Alissa Mooney DeBoy  
On Behalf of Anne Marie Costello, Deputy Director  
Center for Medicaid and CHIP Services

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 3 — 0 0 0 1

2. STATE

NJ

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT

XIX  XXI

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

~~The day after the PHE ends~~ **May 12, 2023**

5. FEDERAL STATUTE/REGULATION CITATION **42 C.F.R. 440; Section 1945**

~~National Emergencies Act (50 U.S.C. 1601 et seq.); Section 1135 of~~

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2022 \$ 0  
b. FFY 2023 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

~~Section 7.4 B Pages 1-2~~

**Section 7.4.B Pages 1-3**

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

**new**

9. SUBJECT OF AMENDMENT

**Disaster Relief extension SPA**

10. GOVERNOR'S REVIEW (Check One)

- GOVERNOR'S OFFICE REPORTED NO COMMENT  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL

**Sarah Adelman** Digitally signed by Sarah Adelman  
Date: 2023.02.27 14:29:54 -05'00'

12. TYPED NAME

Sarah Adelman

13. TITLE

Commissioner, Department of Human Services

14. DATE SUBMITTED

3/8/23

15. RETURN TO

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

**FOR CMS USE ONLY**

16. DATE RECEIVED  
03/08/2023

17. DATE APPROVED **03/24/2023**

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

05/12/2023

19. SIGNATURE OF APPROVING OFFICIAL

**Alissa M. Deboy** Digitally signed by Alissa M. Deboy -S  
Date: 2023.03.24 08:58:36 -04'00'

20. TYPED NAME OF APPROVING OFFICIAL

Alissa Mooney DeBoy On Behalf of Anne Marie Costello

21. TITLE OF APPROVING OFFICIAL

Deputy Director, Center for Medicaid and CHIP Services

22. REMARKS

**Box 4: CMS made P&I change on 3/16/23 to specify the effective day of May 12, 2023.**  
**Box 5: CMS made P&I change on 3/16/23 to add statutory and regulatory citations.**  
**Box 7: CMS made P&I change on 3/16/23 to correct SPA page reference.**

**Section 7.4.B Temporary Extension to the Disaster Relief Policies for the COVID-19 National Emergency**

Effective the day after the end of the Public Health Emergency (PHE) for one year from that date, the agency temporarily extends the following elections in section 7.4 (approved on 07/23/2020 in SPA Number NJ-20-0003 and later amended on 12/16/2022 in SPA Number NJ-22-0021) of the state plan.

*Benefits:*

  x   The agency makes the following adjustments to benefits currently covered in the state plan:

Care Management Organization (CMO) Targeted Case Management Staffing requirements: New Jersey's State Plan at Supplement 1 B to Attachment 3.1A page 2a provides for a ratio of one supervisor for each 10 care coordinators. New Jersey is requesting a suspension of these minimum staffing ratios impacted by COVID-19 for Children's System of Care (CSOC) providers.

  x   The agency assures that newly added benefits or adjustments to benefits comply with all applicable statutory requirements, including the statewideness requirements found at 1902(a)(1), comparability requirements found at 1902(a)(10)(B), and free choice of provider requirements found at 1902(a)(23).

  x   Application to Alternative Benefit Plans (ABP). The state adheres to all ABP provisions in 42 CFR Part 440, Subpart C. This section only applies to states that have an approved ABP(s).

- a.   x   The agency assures that these newly added and/or adjusted benefits will be made available to individuals receiving services under ABPs.
- b.        Individuals receiving services under ABPs will not receive these newly added and/or adjusted benefits, or will only receive the following subset:

*Please describe.*

**Section 7.4.B Temporary Extension to the Disaster Relief Policies for the COVID-19 National Emergency (cont'd)**

Telehealth:

  x   The agency utilizes telehealth in the following manner, which may be different than outlined in the state's approved state plan:

To the extent permitted by state law and regulations (including all state Executive Orders and waivers), Medicaid will reimburse for any service provided via telehealth and associated telecommunication at the same rate that would be paid had the service been provided in-person. No specific prior authorization is required based on telehealth modality. Documentation requirements and licensure standards remain unchanged.

Services provided via telehealth and telecommunication shall be required to meet all requirements in state or federal statutes or regulations for the provision of telehealth and telecommunication as well as the service being provided. In the absence of a statute or regulation pertaining to specific provisions for telehealth or telecommunication, services are provided following all applicable laws and regulations for the base service being provided.

*Drug Benefit:*

  x   The agency makes the following adjustments to the day supply or quantity limit for covered outpatient drugs. The agency should only make this modification if its current state plan pages have limits on the amount of medication dispensed.

*Please describe the change in days or quantities that are allowed for the emergency period and for which drugs.*

Although Medicaid does not pay for non-FDA approved, investigational, cosmetic, experimental or clinical trial products, exception may be made at the State's discretion during the COVID-19 emergency for investigational products for the specific purpose of COVID-19 treatment.

**Section 7.4 B Temporary Extension to the Disaster Relief Policies for the COVID-19 National Emergency (cont'd)**

*Other Policies and Procedures Differing from Approved Medicaid State Plan /Additional Information*

Behavioral Health Home: New Jersey is requesting suspension of the State Plan requirement that the behavioral health home (BHH) team accompany youth to admission appointments for inpatient or other out of home setting.