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State/Territory Name: **New Jersey**

State Plan Amendment (SPA) #: **23-0006**

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
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

May 10, 2023

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

Re: New Jersey State Plan Amendment (SPA) NJ-23-0006

Dear Ms. Jacobs:

The Centers for Medicare & Medicaid Services (CMS) has reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) NJ-23-0006. This amendment proposes to expand lactation services to include perinatal services delivered by a lactation consultant to the state plan in an effort to improve maternal and infant health outcomes in the state.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations, 42 C.F.R. §440.130(c). This letter is to inform you that New Jersey Medicaid SPA, NJ-23-0006, was approved on May 4, 2023, with an effective date of March 1, 2023.

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

Sincerely,

A solid black rectangular box redacting the signature of James G. Scott.

James G. Scott, Director
Division of Program Operations

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

1. TRANSMITTAL NUMBER

2 3 — 0 0 0 6

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

March 1, 2023

5. FEDERAL STATUTE/REGULATION CITATION

42 C.F.R. Section 440.130(c)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2023 \$ 46,778
b. FFY 2024 \$ 801,906

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Addendum to Attachment 3.1 A Page 13(c)(2c1)
Addendum to Attachment 3.1 A Page 13(c)(2c2)
Addendum to Attachment 4.19B Page 28.5
Attachment 4.19 B Page 36
Addendum to Attachment 3.1 B Page 13(c)(2c1)

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

new
new
new
same
new

9. SUBJECT OF AMENDMENT

Lactation Consultant Services

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

12. TYPED NAME
Sarah Adelman

13. TITLE
Commissioner, Department of Human Services

14. DATE SUBMITTED
3/20/23

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
03/20/2023

17. DATE APPROVED
05/04/2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
03/01/2023

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL
James G. Scott

21. TITLE OF APPROVING OFFICIAL
Director, Division of Program Operations

22. REMARKS

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

13(c) Preventive Services: Lactation Consultant Services

General Description:

Lactation consultant services will provide education and lactation support for pregnant individuals throughout the perinatal period, with the goal of improving outcomes for birthing parents and infants.

Pursuant to 42 C.F.R. Section 440.130(c), lactation consultant services are provided as preventive services and must be recommended by a physician or other licensed practitioner of the healing arts within his or her scope of practice under state law to prevent perinatal complications and/or promote the physical and mental health of the beneficiary.

Service Description:

New Jersey intends to provide lactation consultant services for pregnant individuals during pregnancy and the postpartum period for the duration of breastfeeding as determined by the member.

Service components include:

- Perinatal education about breastfeeding and human lactation, from preconception to weaning.
- Comprehensive maternal, infant, and feeding assessments related to breastfeeding and human lactation.
- Evidence-based lactation counseling and provision of support and encouragement to promote successful attainment of breastfeeding goals.

23-0006-MA (NJ)

TN: 23-0006-MA

Approval Date: **05/04/2023**

Supersedes: NEW

Effective Date: 03/01/2023

13(c) Preventive Services: Lactation Consultant Services (cont'd)

Services may be delivered individually or in group settings, and could be provided telephonically.

Qualified Provider Specifications:

Lactation consultant services shall be provided by International Board Certified Lactation Consultants (IBCLCs) certified by the International Board of Lactation Consultant Examiners (IBLCE).

23-0006-MA (NJ)

TN: 23-0006-MA

Approval Date: **05/04/2023**

Supersedes: NEW

Effective Date: 03/01/2023

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
Limitations on Amount, Duration and Scope of Services
Provided to Medically Needy Groups
PREGNANT WOMEN, DEPENDENT CHILDREN, AND THE AGED, BLIND, OR
DISABLED

13(c) Preventive Services: Lactation Consultant Services

Lactation Consultant services for Medically Needy Groups are identical to Lactation Consultant Services for the Categorically Needy, as set forth in Addendum to Attachment 3.1-A (13)(c)(2c1) through (2c2).

23-0006-MA (NJ)

TN: 23-0006-MA

Approval Date: **05/04/2023**

Supersedes: NEW

Effective Date: 03/01/2023

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES FOR NON
INSTITUTIONAL SERVICES

Reimbursement for Preventive Services: Lactation Consultant Services

Reimbursement for group lactation consultant services:

Group education classes will be reimbursed as a flat fee per participating beneficiary. Each beneficiary is eligible to receive one (1) group education class per 280 days.

Group peer support sessions will be reimbursed as a flat fee per participating beneficiary. Each beneficiary is eligible to receive twelve (12) group peer support sessions per 280 days.

Reimbursement for individual lactation consultant services:

Individual visits will be reimbursed in fifteen minute increments. For service delivered to a beneficiary with a singleton birth, each visit can be a maximum of eight units. For service delivered to a beneficiary with multiples, each visit can be a maximum of twelve units. Each beneficiary is eligible to five (5) visits by a lactation consultant per 365 days.

Each beneficiary is eligible to four (4) telephonic services by a lactation consultant per 365 days. Reimbursement depends on call duration.

The effective date, the applicable fee schedules, and link to their electronic publication, can be found on page 36 of Attachment 4.19-B of the State Plan. The rates are the same for both governmental and private providers. All applicable procedure code listings and/or rates are published on the State's website at www.njmmis.com under the link for "Rates and Code Information" and Medicaid fee for services sections.

23-0006-MA (NJ)

TN: 23-0006-MA

Approval Date: **05/04/2023**

Supersedes: NEW

Effective Date: 03/01/2023

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

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES FOR NON-
INSTITUTIONAL SERVICES

FEE SCHEDULE EFFECTIVE DATES AND LINKS

Except where noted otherwise, the fees in the State's fee schedules referenced in Attachment 4.19-B below were set on January 1, 2023 and are effective for services provided on or after that date. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of the Medicaid services listed below. Services for both ABP and non-ABP beneficiaries utilize the same rates unless otherwise noted in the plan. All applicable procedure code listings and/or rates are published on the State's website at www.njmmis.com under the link for 'Rate and Code Information' and can be found in the following locations:

- **Medicaid Fee Schedules:**

- **Location: Procedure Master Listing – Medicaid Fee for Service - CY 2023 (last updated in SPA 23-00006 effective 3/1/23)**
- **Description:** Main file of procedure codes billable to Medicaid for all services except as listed below.

- **Children's Rates: (excluding Special Education Medicaid Initiative (SEMI))**

All applicable procedure code listings and/or rates are published on the State's website at www.njmmis.com under the link for 'Rate and Code Information' and can be found in the following locations:

- **Location: Procedure Master Listing – Children's Rates – CY 2023 (last updated in SPA 23-0004– effective 1/1/2023)**
- **Description:** File contains procedure codes billable to Medicaid for services provided to beneficiaries under the age of 21 except as listed below.

- **Outpatient Laboratory Billing Only:**

All applicable procedure code listings and/or rates are published on the State's website at www.njmmis.com under the link for 'Rate and Code Information' and can be found in the following locations:

- **Location: Procedure Master Listing - Outpatient Hospital Laboratory Billing Only – CY 2023 (SPA NJ 23-0004 effective 1/1/2023)**
- **Description:** File contains procedure codes billable to Medicaid for laboratory services conducted in an outpatient hospital setting as described beginning on Page 2 of this Section.

23-0006 MA (NJ)

TN: 23-0006

Approval Date: 05/04/2023

SUPERCEDES: 23-0004

Effective Date: 03/01/2023