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State/Territory Name: **New Jersey**

State Plan Amendment (SPA) #: **24-0019**

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

November 25, 2024

Gregory Woods
Assistant Commissioner
P.O. Box 712, Mail Code #26
Trenton, NJ 08625-0712

Re: New Jersey State Plan Amendment (SPA) – 24-0019

Dear Assistant Commissioner Woods:

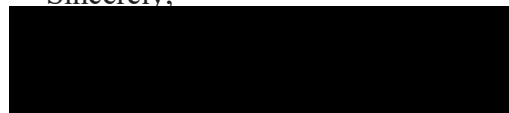
The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0019. The state proposes to allow qualified licensed pharmacists to provide Medicaid services within their scope of practice. This change will expand the number of providers who are able to supply benefits to Medicaid beneficiaries and permit these providers to bill for these services.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act at section 1905(a)(13) as implemented at §440.60. This letter informs you that New Jersey's Medicaid SPA TN 24-0019 was approved on November 25, 2024, with an effective date of July 1, 2024.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the New Jersey State Plan.

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

Sincerely,



Ruth A. Hughes, Acting Director
Division of Program Operations

Enclosures

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

1. TRANSMITTAL NUMBER

2 4 — 0 0 1 9

2. STATE

N J3. 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

July 1, 2024

5. FEDERAL STATUTE/REGULATION CITATION

42 U.S. C. 1396a(a)(30)(A); 42 CFR 440.60

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2024 \$ 0b. FFY 2025 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

~~Addendum to Attachment 3.1 A Page 6(d)(2)~~~~Addendum to Attachment 3.1 B Page 6(d)(2)~~

Attachment 4.19 – B Page 36

~~Attachment 4.19B Page 16.2~~

Addendum to Attachment 3.1-A Page 6(d)(2)

Addendum to Attachment 3.1-B Page 6(d)(2)

Attachment 4.19-B Page 16.2

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

same

~~new~~

new

new

9. SUBJECT OF AMENDMENT

Other Licensed Practitioner Services-Pharmacists

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

9/18/24

15. RETURN TO

Gregory Woods, 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

09/18/2024

17. DATE APPROVED

11/25/2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

07/01/2024

19. SIGNATURE

20. TYPED NAME OF APPROVING OFFICIAL

Ruth A. Hughes

21. TITLE OF APPROVING OFFICIAL

Acting Director, Division of Program Operations

22. REMARKS

11/13/024 - At the state's request, P&I changes made to boxes 7 & 8. (TF)

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

6(d) Other Practitioners' Services

Licensed Pharmacists:

Services by qualified pharmacists licensed by the NJ Board of Pharmacy are provided in accordance with their scope of practice as defined by NJ state law.

24-0019-MA (NJ)

TN: 24-0019

Approval Date: 11/25/2024

Supersedes: NEW

Effective Date: July 1, 2024

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

6(d) Other Practitioner's Services

Licensed pharmacists services for Medically Needy Groups are identical to Licensed pharmacists services for the Categorically Needy, as set forth in Addendum to Attachment 3.1-A page 6(d)(2).

24-0019-MA (NJ)

TN: 24-0019

Approval Date: 11/25/2024

Supersedes: NEW

Effective Date: July 1, 2024

- **STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES FOR NON INSTITUTIONAL SERVICES

Reimbursement for Other Practitioners' Services: Pharmacists

Reimbursement for licensed pharmacists is based on payment of 100 percent of the physician's specialist fee for the same service.

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.

24-0019-MA (NJ)

TN: 24-0019

Approval Date: 11/25/2024

Supersedes: NEW

Effective Date: July 1, 2024

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, 2024 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 2024 (last updated in SPA 24-0019 effective 7/1/24)
 - **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 2024 (last updated in SPA 24-0001– effective 1/1/2024)
 - **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 2024 (SPA NJ 24-0001 effective 1/1/2024)
- **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.

	24-0019 MA (NJ)
TN: <u>24-0019</u>	Approval Date: <u>11/25/2024</u>
SUPERCEDES: <u>24-0018</u>	Effective Date: <u>July 1, 2024</u>