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State/Territory Name: New Jersey

State Plan Amendment (SPA) #: 24-0020

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Form CMS-179
- 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

December 3, 2024

Gregory Woods
Assistant Commissioner
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) – 24-0020

Dear Assistant Commissioner Woods:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0020. The state proposes changes to improve access to primary behavioral health services by allowing licensed clinical social workers, licensed professional counselors, and licensed marriage and family therapists to enroll as Medicaid fee-for-service providers and deliver behavioral health services permitted within the scope of their practice.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act in Section 1902(a)(13) as implemented at §440.60. This letter informs you that New Jersey's Medicaid SPA TN 24-0020 was approved on December 3, 2024, effective 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,



James G. Scott, 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 2 0

2. STATE

NJ3. 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 \$ 2,100,000b FFY 2025 \$ 8,400,000

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

~~Addendum to Attachment 3.1-A Page 6(d)(3) —~~~~Addendum to Attachment 3.1-B Page 6(d)(3) —~~

Attachment 4.19 – B Page 36

~~Attachment 4.19-B Page 16.3 —~~

Addendum to Attachment 3.1-A Page 6(d)(3)

Addendum to Attachment 3.1-B Page 6(d)(3)

Attachment 4.19-B Page 16.3

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-Licensed Clinical Social Workers (LCSWs), Licensed Professional Counselors (LPCs), and
and Licensed Marriage and Family Therapists (LMFTs)

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, ASSPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME

Sarah Adelman

13. TITLE

Commissioner, Department of Human Services

14. DATE SUBMITTED

9/26/24

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

09/26/24

17. DATE APPROVED

12/03/24

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

07/01/24

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

11/12/24 - At state's request, P&I change to boxes 7, 8, and 9. (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 (cont'd)

Licensed Clinical Social Workers, Licensed Professional Counselors, and Licensed Marriage and Family Therapists:

Services by qualified Licensed Clinical Social Workers (LCSWs), Licensed Professional Counselors (LPCs), and Licensed Marriage and Family Therapists (LMFTs) for the provision of behavioral health services permitted within the LCSW, LPC, and LMFT's scope of practice as established by the New Jersey State Board of Social Work Examiners, and Professional Counselor Examiners Committee and the State Board of Marriage and Family Examiners are provided.

24-0020-MA (NJ)

TN: 24-0020

Approval Date: December 3, 2024

Supersedes TN: 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 (con't)

Licensed Clinical Social Workers (LCSWs), Licensed Professional Counselors (LPCs), and Licensed Marriage and Family Therapists (LMFTs) services for Medically Needy Groups are identical to Licensed LCSWs, LPCs, and LMFTs services for the Categorically Needy, as set forth in Addendum to Attachment 3.1-A page 6(d)(3).

24-0020-MA (NJ)

TN: 24-0020

Approval Date: December 3, 2024

Supersedes TN: 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: Licensed Clinical Social Workers (LCSWs), Licensed Professional Counselors (LPCs), and Licensed Marriage and Family Therapists (LMFTs)

Reimbursement for licensed LCSWs, LPCs, and LMFTs will be based on of 85% of the current specialist rate 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.

24-0020-MA (NJ)

TN: 24-0020

Approval Date: December 3, 2024

Supersedes TN: 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 24-0020 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.