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State/Territory Name: **New Jersey**

State Plan Amendment (SPA) #: **24-0021**

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

December 12, 2024

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

Re: New Jersey State Plan Amendment (SPA) – 24-0021

Dear Assistant Commissioner Woods:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0021. The state proposes to improve access by adding Community-Based Mobile Crisis Outreach Response Teams (MCORT) to the array of behavioral health crisis services. The MCORT services will provide timely response, individual assessment, crisis stabilization, and time limited rehabilitative services and supports to Medicaid-enrolled individuals in the community, who are suspected of experiencing a substance use disorder or mental health related crisis.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act at section 1947(b) and implementing regulations. This letter informs you that New Jersey's Medicaid SPA TN 24-0021 was approved on December 12, 2024, with an effective date of September 23, 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 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

September 23, 2024

5. FEDERAL STATUTE/REGULATION CITATION *section 1947(b)*

42 U.S. C. 1396a(a)(30)(A); 42 USC 1396d(a)(13)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2024 \$ 118,000
b. FFY 2025 \$ 6,142,400

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B Page 36
~~Attachment 4.19 B Page 28.6 Attachment 4.19-B Page 28.6~~
~~Attachment 3.1 B Page 13(d)(1) Addendum to Attachment 3.1-B Page 13(d)(1)~~
~~Addendum to Attachment 3.1A Page 13(d).9aaa-9ddd~~

Addendum to Attachment 3.1-A Page 13(d).9aaa-9ddd

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

same
new
new
new

9. SUBJECT OF AMENDMENT

Community Based Mobile Crisis Outreach Response Teams (MCORT)

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: 2024.09.23 14:51:05 -04'00'

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

12. TYPED NAME

Sarah Adelman

13. TITLE

Commissioner, Department of Human Services

14. DATE SUBMITTED

09/24/24

FOR CMS USE ONLY

16. DATE RECEIVED

09/24/2024

17. DATE APPROVED

12/12/2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

09/23/2024

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

12/02/24 - Per state's request P&I change to Box 7. (TF)
12/04/24 - Per state's request P&I change to Box 5. (TF)

**LIMITATIONS ON AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED
TO THE CATEGORICALLY NEEDY**

Rehabilitation Services

Community-Based Mobile Crisis Outreach Response Team

Community-Based Mobile Crisis Outreach Response Teams (MCORTs) are covered as a Rehabilitation Service. MCORT services provide timely response, individual assessment, crisis stabilization, and time-limited rehabilitative services and supports to individuals who are suspected of or attesting to experiencing a mental health and/or substance use disorder-related crisis. MCORT services are designed to achieve crisis symptom reduction, avoid hospitalization, and maintain the individual's community tenure, when possible. MCORTs are available throughout the State and are staffed twenty-four (24) hours per day, seven (7) days a week. Services are provided at the individual's home, work, school, or other natural or community-based setting. Services may not be delivered to an individual admitted to hospital or other facility setting. A MCORT provider enrolled in Medicaid/NJ FamilyCare, supervised by a qualified provider agency, and designated as a MCORT by the Division of Mental Health and Addiction Services (DMHAS) (or its successor) is eligible to provide MCORT services.

New Jersey will only claim increased FMAP for mobile crisis services that meet the requirements as described in section 1947(b) of the Social Security Act (SSA).

Service Descriptions

MCORT services will be tailored to the needs of beneficiaries in crisis, and will be delivered in-person and remotely, within the State's designated timeframe. Services may include family or other supportive services when for the direct benefit of the beneficiary. MCORT services may include any or all the following components:

- De-escalation, and stabilization
- Screening, assessment, and treatment planning
- Coordination and referrals and warm handoffs to other services and providers
- Peer support

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**LIMITATIONS ON AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED
TO THE CATEGORICALLY NEEDY**

Rehabilitation Services

Community-Based Mobile Crisis Outreach Response Team (cont'd)

Provider Specifications

MCORTs are a multi-disciplinary team comprised of Field Staff, Peer Support Specialists, and at least one Master's Level Supervisor/clinician capable of completing a crisis assessment within their scope of practice under state law. At least one MCORT team member must be physically present with the beneficiary experiencing crisis, and at least one member of the team must be qualified to perform assessments. All members of the team must be trained in trauma-informed care, de-escalation strategies and harm reduction. MCORTs are composed of the following positions:

- *Master's Level Supervisor:* A Master's Level Supervisor primarily provides supervision to MCORT staff in the field. A Master's Level Supervisor may also serve as Field Staff and provide MCORT services to beneficiaries in crisis. If not part of the staff responding in the field, a Master's Level Supervisor will provide remote assistance and supervision to MCORT Field Staff and must be qualified to conduct assessments within their scope of practice under state law. A Master's Level Supervisor, when permitted by State professional licensing and credentialing standards, may provide the individual with MCORT services via telemedicine/telehealth in accordance with applicable laws and regulations. A Master's Level Supervisor shall:
 - Be a practitioner of the healing arts licensed in New Jersey (including, but not limited to, a licensed clinical social worker, licensed social worker, licensed professional counselor, licensed marriage and family therapist, licensed associate counselor, licensed rehabilitation counselor, or licensed clinical alcohol and drug counselor); and
 - possess a master's degree from an accredited institution in social work, rehabilitation counseling, or other related behavioral health or counseling program.

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**LIMITATIONS ON AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED
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Rehabilitation Services

Community-Based Mobile Crisis Outreach Response Team (cont'd)

- *Field Staff.* Field Staff provide community-based mobile crisis intervention services within their scope of practice or credentialing standard. Field Staff will be physically present with beneficiaries and/or for the benefit of the beneficiary experiencing a crisis and determine if additional psychological, psychiatric, or clinical services might be needed. Field Staff may include a Master's Level Supervisor (as defined above) or a Bachelor's level professional.

If Field Staff is a Bachelor's level professional, they must consult with a Master's Level Supervisor via remote connection to engage a licensed clinician to assess and/or determine the most appropriate interventions. Bachelor's level Field Staff may provide community-based mobile crisis intervention services under the supervision of a Master's Level Supervisor, within their scope of practice or credentialing standard. A Bachelor's level Field Staff shall:

- Possess a bachelor's degree or higher from an accredited institution in social work, rehabilitation counseling, or other related behavioral health or counseling program; and
 - Possess experience in behavioral health or counseling, or complete DMHAS-approved training(s).
- *Peer Support Specialist.* A Peer Support Specialist will work in the field with Field Staff to engage the beneficiary and/or for the benefit of the beneficiary experiencing a crisis and provide non-clinical assistance, including post-crisis mentoring, advocacy, or facilitation of continuing engagement. A Peer Support Specialist shall:
 - Be supervised by the master's level supervisor when working in the field;
 - Be an individual in recovery for Serious Mental Illness (SMI) and/or Substance Use Disorder (SUD) who use their lived experience to help others; and
 - Have a minimum of 2 years of continuous recovery from an SMI or SUD diagnosis; and
 - Possess field experience working with individuals or completed DMHAS-approved training(s); and

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**LIMITATIONS ON AMOUNT, DURATION, AND SCOPE OF SERVICES
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Rehabilitation Services

- Possess, or secure within the State’s designated timeframe, certification from a Department of Human Services (DHS) approved certification entity and complete continuing education requirements.

Program Director: The Program Director will oversee and manage all aspects of the MCORT program for the provider agency. The Program Director is not a member of the MCORT Team, except the Program Director may serve as a Master’s Level Supervisor on MCORT Teams if they possess the requisite credentials for a Master’s Level Supervisor. The Program Director shall, at a minimum, possess a Master’s degree from an accredited institution in social work, rehabilitation counseling, or other related behavioral health or counseling program in a relevant discipline (i.e., social work, counseling, psychology).

Provider Agency Qualifications

Organizational provider types eligible to supervise MCORT services will be a Medicaid/NJ FamilyCare enrolled provider and one of the following:

- A DMHAS contracted provider
- Certified Community Behavioral Health Clinics

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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(d) Rehabilitative Services- Community-Based Mobile Crisis Outreach Response Team

Community-Based Mobile Crisis Outreach Response Team services for Medically Needy Groups are identical to Community-Based Mobile Crisis Outreach Response Team services for the Categorically Needy, as set forth in Addendum to Attachment 3.1A Page 13(d).9aaa through 9ddd.

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

**Reimbursement for Rehabilitation Services- Community-Based Mobile Crisis
Outreach Response Team**

Reimbursement for Community-Based Mobile Crisis Outreach Response Team
Services

Reimbursement for Community-Based Mobile Crisis Outreach Response Team (MCORT), are paid based upon Medicaid rates established by the State of New Jersey.

The rate development methodology will primarily be comprised of provider cost modeling, through New Jersey provider compensation studies and cost data. Rates from similar State Medicaid programs may also be considered. The following list outlines the major components of the cost model to be used in rate development.

- Staffing assumptions and staff wages
- Employee-related expenses—benefits, employer taxes (e.g., Federal Insurance Contributions Act (FICA), unemployment, and workers compensation)
- Program-related expenses (e.g., supplies)
- Provider overhead expenses
- Program billable units

The rates will be developed as the ratio of total annual modeled provider costs to the estimated annual billable units.

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.njmms.com under the link for “Rates and Code Information” and Medicaid fee for service sections.

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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 24-0021 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.