Table of Contents

State/Territory Name: **New Jersey**

State Plan Amendment (SPA) #: **24-0027**

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

NJ - Submission Package - NJ2024MS0003O - (NJ-24-0027) - Administration; Health Homes

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Medicaid and CHIP Operations Group
601 E. 12th St., Room 355
Kansas City, MO 08625-0712

Center for Medicaid & CHIP Services

February 27, 2025

Gregory Woods
Assistant Commissioner
New Jersey Department of Human Services
Division of Medical Assistance and Health Services
P.O. Box 712
Trenton, NJ 08625-0712

Re: Approval of State Plan Amendment NJ-24-0027

Dear Mr. Woods,

On December 30, 2024, the Centers for Medicare & Medicaid Services (CMS) received New Jersey State Plan Amendment (SPA) NJ-24-0027. This SPA updates state plan assurances in accordance with federally mandated quality reporting requirements for the Child Core Set and the behavioral health quality measures on the Adult Core Set outlined in 42 CFR 431.16 and 437.10 through 437.15. The state also amends the severe mental illness health home and assures that the state will monitor and annually report on health home measures in accordance with all federal requirements. We conducted our review of your submittal according to the statutory and regulatory requirements in Title XIX of the Social Security Act and implementing regulations at 42 C.F.R. §431.10 through §437.16.

We approve New Jersey State Plan Amendment (SPA) NJ-24-0027 with an effective date of October 01, 2024.

If you have any questions regarding this amendment, please contact Terri Fraser at Terri.Fraser@cms.hhs.gov.

Sincerely,

Ruth A. Hughes

Acting Director, Division of Program Operations

Center for Medicaid & CHIP Services

NJ - Submission Package - NJ2024MS0003O - (NJ-24-0027) - Administration; Health Homes

Submission - Summary

MEDICAID | Medicaid State Plan | Administration, Health Homes | NJ2024MS0003O | NJ-24-0027 | MIGRATED_HH.NJ BHH (Adults) Atlantic,Bergen,Cape May,Mercer,Monmouth

CMS-10434 OMB 0938-1188

Package Header

Package ID NJ2024MS0003O

SPA ID NJ-24-0027

Submission Type Official

Initial Submission Date 12/30/2024

Approval Date 02/27/2025

Effective Date N/A

Superseded SPA ID N/A

State Information

State/Territory Name: New Jersey

Medicaid Agency Name: Dept of Human Services - Division of Medical Assistance and Health Services

Submission Component

- (•) State Plan Amendment
- (•) Medicaid
- ( ) CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Administration, Health Homes | NJ2024MS0003O | NJ-24-0027 | MIGRATED_HH.NJ BHH (Adults) Atlantic,Bergen,Cape May,Mercer,Monmouth

Package Header

Package ID NJ2024MS0003O

SPA ID NJ-24-0027

Submission Type Official

Initial Submission Date 12/30/2024

Approval Date 02/27/2025

Effective Date N/A

Superseded SPA ID N/A

SPA ID and Effective Date

SPA ID NJ-24-0027

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Health Homes Intro	10/1/2024	NJ-16-001-X
Health Homes Geographic Limitations	10/1/2024	NJ-16-001-X
Health Homes Population and Enrollment Criteria	10/1/2024	NJ-16-001-X
Health Homes Providers	10/1/2024	NJ-16-001-X
Health Homes Service Delivery Systems	10/1/2024	NJ-16-001-X
Health Homes Payment Methodologies	10/1/2024	NJ-16-001-X
Health Homes Services	10/1/2024	NJ-16-001-X
Health Homes Monitoring, Quality Measurement and Evaluation	10/1/2024	NJ-16-001-X
Reporting	10/1/2024	New

Page Number of the Superseded Plan Section or Attachment (If Applicable):

Submission - Summary

MEDICAID | Medicaid State Plan | Administration, Health Homes | NJ2024MS0003O | NJ-24-0027 | MIGRATED_HH.NJ BHH (Adults) Atlantic,Bergen,Cape May,Mercer,Monmouth

Package Header

Package ID NJ2024MS0003O

SPA ID NJ-24-0027

Submission Type Official

Initial Submission Date 12/30/2024

Approval Date 02/27/2025

Effective Date N/A

Superseded SPA ID N/A

Executive Summary

Summary Description Including Goals and Objectives SPA as required by CMS to attest to reporting applicable mandatory Core Set measures submitted by Health Home providers (Adult BHH) to CMS in accordance with all requirements and assures compliance with Annual Reporting requirements on the Child and Adult Core Sets

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2025	$0
Second	2026	$0

Federal Statute / Regulation Citation

42 CFR §§ 437.10 through 42 CFR 437.16

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

Submission - Summary

MEDICAID | Medicaid State Plan | Administration, Health Homes | NJ2024MS0003O | NJ-24-0027 | MIGRATED_HH.NJ BHH (Adults) Atlantic,Bergen,Cape May,Mercer,Monmouth

Package Header

Package ID	NJ2024MS0003O	**SPA ID**	NJ-24-0027
Submission Type	Official	**Initial Submission Date**	12/30/2024
Approval Date	02/27/2025	**Effective Date**	N/A
Superseded SPA ID	N/A		

Governor's Office Review

- ○ No comment
- ○ Comments received
- ○ No response within 45 days
- ◉ Other

Describe Not required pursuant to Section 7.5 of the New Jersey State Plan.

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

This view was generated on 3/31/2025 10:51 AM EDT

NJ - Submission Package - NJ2024MS0003O - (NJ-24-0027) - Administration; Health Homes

Health Homes Intro

MEDICAID | Medicaid State Plan | Administration, Health Homes | NJ2024MS0003O | NJ-24-0027 | MIGRATED_HH.NJ BHH (Adults) Atlantic,Bergen,Cape May,Mercer,Monmouth

CMS-10434 OMB 0938-1188

Package Header

Package ID	NJ2024MS0003O	**SPA ID**	NJ-24-0027
Submission Type	Official	**Initial Submission Date**	12/30/2024
Approval Date	02/27/2025	**Effective Date**	10/1/2024
Superseded SPA ID	NJ-16-001-X System-Derived		

Program Authority

1945 of the Social Security Act

The state elects to implement the Health Homes state plan option under Section 1945 of the Social Security Act.

Name of Health Homes Program

MIGRATED_HH.NJ BHH (Adults) Atlantic,Bergen,Cape May,Mercer,Monmouth

Executive Summary

Provide an executive summary of this Health Homes program including the goals and objectives of the program, the population, providers, services and service delivery model used

New Jersey (NJ) plans to provide BHH services to adults with a Serious Mental Illness(SMI)who are high utilizers of services or at risk of high utilization,and children who meet qualifying criteria(Specific conditions are detailed in the Children's SPA).Both adults and children must be residents of Atlantic,Bergen,Cape May,Monmouth or Mercer County.Eligible BHH agencies must have a site and provide services in the aforementioned counties.This State Plan Amendment represents only the adult health home.The State will concurrently submit a separate SPA detailing the BHH service for children. Behavioral health agencies, licensed through the New Jersey Department of Human Services (DHS),and qualified as BHHs through the state, will be eligible providers of adult BHHs.NJ will work with interested providers to support capacity building efforts and develop the initial BHH provider network.BHH providers will be certified by NJ DHS.However, the provider agencies will be expected to become accredited as a Health Home,by a nationally recognized accrediting body, within two years of receiving state certification.NJs adult BHHs will be administered jointly by the NJ Division of Mental Health and Addiction Services (DMHAS) and Division of Medical Assistance and Health Services (DMAHS).DMAHS and DMHAS will continue to pay for behavioral health treatment through their respective payment mechanisms which include Fee-For-Service (FFS) for DMAHS claims and contracts from DMHAS to support those services not in the Medicaid State Plan.DMAHS will add the ability to reimburse for the core health home services through FFS. The consumer's physical health claims will continue to be paid and managed by one of the state's Medicaid Managed Care Organizations.

NJ proposes to provide BHH services to individuals with SMI with the goal of improving health outcomes,decreasing use of acute medical and psychiatric services,thereby decreasing costs and improving consumer satisfaction with care.

General Assurances

- [x] The state provides assurance that eligible individuals will be given a free choice of Health Homes providers.
- [x] The states provides assurance that it will not prevent individuals who are dually eligible for Medicare and Medicaid from receiving Health Homes services.
- [x] The state provides assurance that hospitals participating under the state plan or a waiver of such plan will be instructed to establish procedures for referring eligible individuals with chronic conditions who seek or need treatment in a hospital emergency department to designated Health Homes providers.
- [x] The state provides assurance that FMAP for Health Homes services shall be 90% for the first eight fiscal quarters from the effective date of the SPA. After the first eight quarters, expenditures will be claimed at the regular matching rate.
- [x] The state provides assurance that it will have the systems in place so that only one 8-quarter period of enhanced FMAP for each health homes enrollee will be claimed.
- [x] The state provides assurance that there will be no duplication of services and payment for similar services provided under other Medicaid authorities.

hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

This view was generated on 3/31/2025 10:52 AM EDT

NJ - Submission Package - NJ2024MS0003O - (NJ-24-0027) - Administration; Health Homes

VIEW PRINT PREVIEW

View Compare Doc

Health Homes Geographic Limitations

MEDICAID | Medicaid State Plan | Administration, Health Homes | NJ2024MS0003O | NJ-24-0027 | MIGRATED_HH.NJ BHH (Adults) Atlantic,Bergen,Cape May,Mercer,Monmouth

Spell Check Instructions | Request System Help

CMS-10434 OMB 0938-1188

Not Started | In Progress | Complete

Package Header

Package ID NJ2024MS0003O
SPA ID NJ-24-0027
Submission Type Official
Initial Submission Date 12/30/2024
Approval Date 02/27/2025
Effective Date 10/1/2024
Superseded SPA ID NJ-16-001-X
System-Derived

View Implementation Guide

- ○ Health Homes services will be available statewide
- ◉ Health Homes services will be limited to the following geographic areas
- ○ Health Homes services will be provided in a geographic phased-in approach

Specify the geographic limitations of the program

- ◉ By county
- ○ By region
- ○ By city/municipality
- ○ Other geographic area

Specify which counties:

1. Atlantic
2. Bergen
3. Cape May
4. Mercer
5. Monmouth

NJ - Submission Package - NJ2024MS0003O - (NJ-24-0027) - Administration; Health Homes

Health Homes Population and Enrollment Criteria

MEDICAID | Medicaid State Plan | Administration, Health Homes | NJ2024MS0003O | NJ-24-0027 | MIGRATED_HH.NJ BHH (Adults) Atlantic,Bergen,Cape May,Mercer,Monmouth

CMS-10434 OMB 0938-1188

Package Header

Package ID	NJ2024MS0003O	**SPA ID**	NJ-24-0027
Submission Type	Official	**Initial Submission Date**	12/30/2024
Approval Date	02/27/2025	**Effective Date**	10/1/2024
Superseded SPA ID	NJ-16-001-X System-Derived		

Categories of Individuals and Populations Provided Health Home Services

The state will make Health Home services available to the following categories of Medicaid participants

- [x] Categorically Needy (Mandatory and Options for Coverage) Eligibility Groups
- [ ] Medically Needy Eligibility Groups

Health Homes Population and Enrollment Criteria

MEDICAID | Medicaid State Plan | Administration, Health Homes | NJ2024MS0003O | NJ-24-0027 | MIGRATED_HH.NJ BHH (Adults) Atlantic,Bergen,Cape May,Mercer,Monmouth

Package Header

Package ID NJ2024MS0003O
SPA ID NJ-24-0027
Submission Type Official
Initial Submission Date 12/30/2024
Approval Date 02/27/2025
Effective Date 10/1/2024
Superseded SPA ID NJ-16-001-X
System-Derived

Population Criteria

The state elects to offer Health Homes services to individuals with:

- [ ] Two or more chronic conditions
- [ ] One chronic condition and the risk of developing another
- [x] One serious and persistent mental health condition

Specify the criteria for a serious and persistent mental health condition:

New Jersey plans to provide BHH services to adults with a SMI who are high utilizers of services or who are at risk of high utilization of services and are residents of Atlantic,Bergen, Cape May, Monmouth, or Mercer County. Adult is defined as age 18 or over if not being served in the children's system of care. If a child is being served in the children's system of care at the age of 18, they can stay in that system to age 21 as the adult and children's systems work to make a seamless transition. If an individual enters the behavioral health system for the first time at 18 or older, they are served in the adult system. For this service, SMI is defined as a mental illness that causes serious impairments in emotional and behavioral functioning that interfere with an individual's capacity to remain in the community unless supported by treatment and services. The determination of risk is made using the Chronic Illness and Disability Payment System (CDPS).

Consumers have a choice of BHH or 1915c, PACT or TCM. Those individuals receiving 1915 (c) services, PACT,or Targeted Case Management services will not be eligible for the BHH service.

Consumers are not discharged from the service unless the consumer moves outside the geographic area of the Behavioral Health Home's responsibility or the consumer declines or refuses services despite the provider's best efforts to develop an acceptable care plan with the consumer. Services can be placed "on hold" if a consumer is hospitalized or incarcerated for an extended period of time (longer than one billing cycle), however, it is expected that services commence upon the consumer's return to community living.

Health Homes Population and Enrollment Criteria

MEDICAID | Medicaid State Plan | Administration, Health Homes | NJ2024MS0003O | NJ-24-0027 | MIGRATED_HH.NJ BHH (Adults) Atlantic,Bergen,Cape May,Mercer,Monmouth

Package Header

Package ID	NJ2024MS0003O	**SPA ID**	NJ-24-0027
Submission Type	Official	**Initial Submission Date**	12/30/2024
Approval Date	02/27/2025	**Effective Date**	10/1/2024
Superseded SPA ID	NJ-16-001-X		
	System-Derived		

Enrollment of Participants

Participation in a Health Homes is voluntary. Indicate the method the state will use to enroll eligible Medicaid individuals into a Health Home:

- (•) Opt-In to Health Homes provider
- ( ) Referral and assignment to Health Homes provider with opt-out
- ( ) Other (describe)

Describe the process used:

DMAHS and DMHAS will partner with providers to identify and refer eligible consumers to the BHH service. Using claims data, DMAHS will identify consumers for the BHH service. DMAHS will notify the consumers via hard copy mail of their eligibility, how to engage in the service, and choice of provider. DMHAS staff will use the list to assist providers to outreach to eligible consumers not currently engaged in services.

At the time an agency becomes certified as a BHH provider they may have individuals in their care who are eligible for BHH services. Upon verifying eligibility, they can offer the BHH service to those consumers who may choose to participate. The DHS licensed Mental Health treatment provider will continue to deliver behavioral health services to individuals who are BHH eligible but chose not be in the BHH service and those that are not BHH eligible.

Community and acute care providers can also refer to the BHH and individuals may self-refer. The BHH provider will screen consumers for BHH eligibility upon referral. Those who are eligible and elect to receive the BHH service can be enrolled. Providers will obtain signed, informed consent from consumers for the BHH service at intake/assessment. BHH providers will be required to form relationships with local hospitals and develop affiliation agreements that will facilitate communication with, and referral to, the BHH. Consumers are not discharged from the service unless the consumer moves outside the geographic area of the Behavioral Health Home's responsibility or the consumer declines or refuses services despite the provider's best efforts to develop an acceptable care plan with the consumer. Services can be placed "on hold" if a consumer is hospitalized or incarcerated for an extended period of time (longer than one billing cycle), however, it is expected that services commence upon the consumer's return to community living.

This view was generated on 3/31/2025 10:53 AM EDT

NJ - Submission Package - NJ2024MS0003O - (NJ-24-0027) - Administration; Health Homes

VIEW PRINT PREVIEW

View Compare Doc

Health Homes Providers

MEDICAID | Medicaid State Plan | Administration, Health Homes | NJ2024MS0003O | NJ-24-0027 | MIGRATED_HH.NJ BHH (Adults) Atlantic,Bergen,Cape May,Mercer,Monmouth

Spell Check Instructions | Request System Help

CMS-10434 OMB 0938-1188

Not Started | In Progress | Complete

Package Header

Package ID NJ2024MS0003O
Submission Type Official
Approval Date 02/27/2025
Superseded SPA ID NJ-16-001-X
System-Derived

SPA ID NJ-24-0027
Initial Submission Date 12/30/2024
Effective Date 10/1/2024

View Implementation Guide

VIEW ALL RESPONSES

Types of Health Homes Providers

Collapse

☑ Designated Providers

Indicate the Health Homes Designated Providers the state includes in its program and the provider qualifications and standards

☐ Physicians
☐ Clinical Practices or Clinical Group Practices
☐ Rural Health Clinics
☐ Community Health Centers
☑ Community Mental Health Centers

Describe the Provider Qualifications and Standards

All BHH provider agencies must be licensed as a mental health provider by the NJ DHS. NJ Mental Health licensure standards are organized by service. There is one overarching rule (N.J.A.C. 10:37) which creates the minimum standards for all mental health providers. There are additional specific rules for each program or service element in the mental health service array.
N.J.A.C. 10:37 sets standards in the areas of: consumer rights, consumer responsibilities, and consumer complaint procedures. The licensure standards that apply to individual service elements include program specific requirements for: guiding principles, admission and discharge criteria, intake and assessment procedures, services to be provided, staffing, management and quality assurance, as well as policies in all of these areas.

New Jersey will allow providers licensed for any one or more mental health service element to apply to become a BHH provider. NJDHS licensure as a mental health service agency provides the State the assurance that a potential BHH provider has an adequate commitment to wellness and recovery and that the agency is qualified to address the special needs of the target population, individuals with SMI.

During Year 1 all licensed mental health providers wishing to become certified as a BHH must meet state certification requirements, complete the BHH Learning Community curriculum (or other state approved Learning activity), and complete

an approved implementation plan. By the end of Year 2 and ongoing the agency must become accredited as a BHH by a nationally recognized and state approved accrediting body.

NJ DMHAS will issue an Administrative Order , in coordination with NJ DMAHS which requires ongoing accreditation for BHHs.

- [ ] Home Health Agencies
- [ ] Case Management Agencies
- [ ] Community/Behavioral Health Agencies
- [ ] Federally Qualified Health Centers (FQHC)
- [ ] Other (Specify)

- [ ] Teams of Health Care Professionals
- [ ] Health Teams

Provider Infrastructure

Collapse

Describe the infrastructure of provider arrangements for Health Home Services

The BHH Core Team will include: a Nurse Care Manager, a Care Coordinator, a Health and Wellness Educator, consultative services of a Psychiatrist and Primary Care Physician, and Support Staff. Payment for physician time for BHH services is limited to the time spent in face -to -face team meetings and consultation. Optional team members include a nutritionist/dietician, peer, pharmacist and hospital liaison. Support for required and optional members were built into the BHH rate. The State will require the Nurse Care Manager, at a minimum, to be credentialed as a Registered Nurse. Care Coordinators will be credentialed as Licensed Social Workers or Licensed Practical Nurses.

Ultimately Primary care must be fully or partially co-located within the BHH. This can be accomplished by siting a primary care clinic in the BHH or by bringing primary care services into the BHH for up to eight hours of direct service each week. Full or partial co-location must be accomplished no later than three years after initial certification. Until then a formalized partnership must be developed with one or more primary care providers. This includes that the primary care partner be a consultative member of the team and provide the necessary hours of consultation to deliver coordinated care. It is the responsibility of the BHH to communicate with the Primary Care Provider regarding specific consumers concerns. If a consumers choice of Primary Care Provider is not a BHH Team member, the BHH will utilize the Nurse Care Manager as the liaison to that physician.

Each BHH will be required to develop policies and procedures that specify how the BHH team will coordinate with the routine behavioral health services. This would include how the individual's behavioral health provider, including the psychiatrist, will participate in the BHH team, how the BHH team and the behavioral health provider will share information, and how they will collaborate on the care plans.

Supports for Health Homes Providers

Collapse

Describe the methods by which the state will support providers of Health Homes services in addressing the following components

1. Provide quality-driven, cost-effective, culturally appropriate, and person- and family- centered Health Homes services
2. Coordinate and provide access to high quality health care services informed by evidence-based clinical practice guidelines
3. Coordinate and provide access to preventive and health promotion services, including prevention of mental illness and substance use disorders
4. Coordinate and provide access to mental health and substance abuse services
5. Coordinate and provide access to comprehensive care management, care coordination, and transitional care across settings. Transitional care includes appropriate follow-up from inpatient to other settings, such as participation in discharge planning and facilitating transfer from a pediatric to an adult system of health care
6. Coordinate and provide access to chronic disease management, including self-management support to individuals and their families
7. Coordinate and provide access to individual and family supports, including referral to community, social support, and recovery services
8. Coordinate and provide access to long-term care supports and services
9. Develop a person-centered care plan for each individual that coordinates and integrates all of his or her clinical and non-clinical health-care related needs and services
10. Demonstrate a capacity to use health information technology to link services, facilitate communication among team members and between the health team and individual and family caregivers, and provide feedback to practices, as feasible and appropriate
11. Establish a continuous quality improvement program, and collect and report on data that permits an evaluation of increased coordination of care and chronic disease management on individual-level clinical outcomes, experience of care outcomes, and quality of care outcomes at the population level

Description

As described in the State's 1115 Comprehensive Medicaid Waiver, the New Jersey DHS has committed to providing quality driven and cost effective treatment throughout the service delivery system. DHS will support the BHH in these endeavors through a commitment to providing data, technical assistance, training and support. NJ will commit one full time equivalent of staff time who will monitor and assist the BHH in enrolling eligible consumers, monitoring and assisting with data collection, coordinating with other systems and providing any other real time assistance to the BHH provider to meet quality, cost, reporting and efficiency goals. DMAHS will work with the New Jersey Managed Care Organizations to ensure that they coordinate with the BHH in the area of data and facilitate consumer referrals. New Jersey has implemented the BHH Learning Community (LC) to support capacity-building among potential BHH providers. The LC assists providers in developing a full implementation plan and readiness to change strategy. Through the LC, providers will develop the capacity to implement BHH services such as the development of a person-centered care plan, and will have an opportunity to share problems and develop solutions for connecting with the other systems with which they will be coordinating. Members of the LC will be eligible to apply to New Jersey for funds to implement their plan including startup costs for information technology and staffing. These startup funds are 100% state resources.

Other Health Homes Provider Standards

Collapse

The state's requirements and expectations for Health Homes providers are as follows

Providers can provide behavioral health home services on a provisional basis if approved by DMHAS. Provisional certification requires a provider to 1) be licensed by NJ DHS to provide mental health services, 2) complete a DMHAS approved Learning Community curriculum, 3) meet DMHAS certification requirements. A provisionally certified behavioral health home must obtain national accreditation within two years of provisional certification being granted. Provisional certification is reviewed annually.
To become a certified behavioral health home in the State of NJ a provider must: 1) be licensed by NJ DHS to provide mental health services in the State of NJ, 2) complete a DMHAS approved Learning Community curriculum, 3) meet DMHAS certification requirements, 4) be accredited by a national recognized accrediting organization.

Name	Date Created	
No items available		

NJ - Submission Package - NJ2024MS0003O - (NJ-24-0027) - Administration; Health Homes

Health Homes Service Delivery Systems

MEDICAID | Medicaid State Plan | Administration, Health Homes | NJ2024MS0003O | NJ-24-0027 | MIGRATED_HH.NJ BHH (Adults) Atlantic,Bergen,Cape May,Mercer,Monmouth

CMS-10434 OMB 0938-1188

Package Header

Package ID NJ2024MS0003O
SPA ID NJ-24-0027
Submission Type Official
Initial Submission Date 12/30/2024
Approval Date 02/27/2025
Effective Date 10/1/2024
Superseded SPA ID NJ-16-001-X
System-Derived

Identify the service delivery system(s) that will be used for individuals receiving Health Homes services

- [x] Fee for Service
- [ ] PCCM
- [x] Risk Based Managed Care

The Health Plans will be a Designated Provider or part of a Team of Health Care Professionals

- ( ) Yes
- (•) No

Indicate how duplication of payment for care coordination in the Health Plans' current capitation rate will be avoided

- [ ] The current capitation rate will be reduced
- [ ] The State will impose additional contract requirements on the plans for Health Homes enrollees
- [x] Other

Describe New Jersey has in place Statewide Managed Care Organizations (MCOs) that manage the physical health services of NJ FamilyCare enrolled individuals. The current MCO contracts support coordination and non-duplication with BHH services. The contracts require that MCOs refer or coordinate referrals of enrollees with mental illness to mental health/substance abuse providers.

Currently, any member of an MCO identified as having a potential care management need receives a detailed comprehensive needs assessment and ongoing care coordination from the MCO. The MCO contract was amended 1/1/15 to reflect that, for MCO enrollees active with a BHH provider, the MCO will utilize the care management provided at the BHH and will not duplicate services. The MCO will coordinate care with the Health Home to ensure all the member's needs are met and refer to BHH when clinically appropriate.

The BHH team members are expected to outreach to the MCO for each enrollee. The BHH Care Manager would be the point of contact for the MCO.

- [ ] Other Service Delivery System

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

This view was generated on 3/31/2025 10:54 AM EDT

NJ - Submission Package - NJ2024MS0003O - (NJ-24-0027) - Administration; Health Homes

Health Homes Payment Methodologies

MEDICAID | Medicaid State Plan | Administration, Health Homes | NJ2024MS0003O | NJ-24-0027 | MIGRATED_HH.NJ BHH (Adults) Atlantic,Bergen,Cape May,Mercer,Monmouth

CMS-10434 OMB 0938-1188

Package Header

Package ID NJ2024MS0003O
SPA ID NJ-24-0027
Submission Type Official
Initial Submission Date 12/30/2024
Approval Date 02/27/2025
Effective Date 10/1/2024
Superseded SPA ID NJ-16-001-X
System-Derived

Payment Methodology

The State's Health Homes payment methodology will contain the following features

- [x] Fee for Service
  - [ ] Individual Rates Per Service
  - [x] Per Member, Per Month Rates
    - [x] Fee for Service Rates based on
      - [ ] Severity of each individual's chronic conditions
      - [ ] Capabilities of the team of health care professionals, designated provider, or health team
      - [x] Other

Describe below

Service based on stages of involvement:
-engagement,
-active and
-maintenance. Unit of service is equal to monthly base rate for the service based on level of involvement.

  - [ ] Comprehensive Methodology Included in the Plan
  - [ ] Incentive Payment Reimbursement

Describe any variations in payment based on provider qualifications, individual care needs, or the intensity of the services provided N/A

- [ ] PCCM (description included in Service Delivery section)
- [ ] Risk Based Managed Care (description included in Service Delivery section)
- [ ] Alternative models of payment, other than Fee for Service or PMPM payments (describe below)

Health Homes Payment Methodologies

MEDICAID | Medicaid State Plan | Administration, Health Homes | NJ2024MS0003O | NJ-24-0027 | MIGRATED_HH.NJ BHH (Adults) Atlantic,Bergen,Cape May,Mercer,Monmouth

Package Header

Package ID	NJ2024MS0003O	**SPA ID**	NJ-24-0027
Submission Type	Official	**Initial Submission Date**	12/30/2024
Approval Date	02/27/2025	**Effective Date**	10/1/2024
Superseded SPA ID	NJ-16-001-X System-Derived		

Agency Rates

Describe the rates used

- (•) FFS Rates included in plan
- ( ) Comprehensive methodology included in plan
- ( ) The agency rates are set as of the following date and are effective for services provided on or after that date

Health Homes Payment Methodologies

MEDICAID | Medicaid State Plan | Administration, Health Homes | NJ2024MS0003O | NJ-24-0027 | MIGRATED_HH.NJ BHH (Adults) Atlantic,Bergen,Cape May,Mercer,Monmouth

Package Header

Package ID	NJ2024MS0003O	**SPA ID**	NJ-24-0027
Submission Type	Official	**Initial Submission Date**	12/30/2024
Approval Date	02/27/2025	**Effective Date**	10/1/2024
Superseded SPA ID	NJ-16-001-X		
	System-Derived		

Rate Development

Provide a comprehensive description in the SPA of the manner in which rates were set

1. In the SPA please provide the cost data and assumptions that were used to develop each of the rates;
2. Please identify the reimbursable unit(s) of service;
3. Please describe the minimum level of activities that the state agency requires for providers to receive payment per the defined unit;
4. Please describe the state's standards and process required for service documentation, and;
5. Please describe in the SPA the procedures for reviewing and rebasing the rates, including:
   - the frequency with which the state will review the rates, and
   - the factors that will be reviewed by the state in order to understand if the rates are economic and efficient and sufficient to ensure quality services.

Comprehensive Description

The State will reimburse BHH providers on a capitated Per Member Per Month (PMPM) Case Rate basis for each consumer served. There will be three different rates corresponding to the three pre-defined phases of the program in which consumers will be placed: Engagement, Active and Maintenance. Each phase is defined by clinical indicators, frequency of interventions, and a defined duration. There are mechanisms to override the defined duration and authorize continued care at a given phase based on clinical indicators/need. All applicable procedure code listings and/or rates are published on the Department's fiscal agent's website and can be located using the following links:https://www.njmmis.com/downloadDocuments/CPTHCPCSCODES.pdf

1) The Engagement rate will support efforts by the BHH team to outreach and engage the individual, perform initial assessments of care needs and enroll in the BHH. The rate will be effective for the first three months after a consumer is identified as eligible for the BHH service. This payment will support efforts by the BHH team to engage individuals, perform initial assessment of care needs, enroll in the BHH and begin development of a care plan. A consumer who has completed an engagement stage but has not engaged in the BHH service at either the Active or Maintenance phase can begin a new engagement phase when he or she uses any crisis or hospital service such as Designated Screening, Emergency Room, or psychiatric hospitalization.
2) The Active rate will be effective for the next 24 months post-enrollment in the program, in which it is expected that the BHH team will undertake its key functions of Comprehensive Care Management, Care Coordination, Health Promotion, Comprehensive Transitional Care, Individual and Family Support and Referral to Community and Support Services. The Active Phase of treatment can be extended or reduced based upon clinical need.
3) The Maintenance rate will be effective based on clinical need and, most commonly, following the Active phase. In the Maintenance phase of the program, it is anticipated that consumers will have improved ability to manage their needs such that there will be fewer required interventions by the BHH team. The maintenance phase is appropriate based on consumer functioning. Should a consumer's need for intervention increase, the consumer can move to another, appropriate service phase.

Based our own research into other states' programs, the Engagement rate will be the highest, followed by the Active and Maintenance rates respectively. This ranking reflects the anticipated consumer acuity and the resulting intensity of interventions delivered in the different phases. For example, because there is an expected drop-off in the number of monthly interventions in the Maintenance phase (consistent with the assumption of improved health), the rate for that phase is the lowest of the three.

DMHAS conducted research within and outside the State to inform the requirements for health home team composition, and then developed the rate based on this composition, associated salary/benefit levels, and a caseload of 300 consumers per team. A General and Administrative Expense allowance of 15% of the calculated FTE cost was then added to arrive at a total cost per consumer. Since the majority of the costs with respect to each consumer are expected during the Active phase (given its duration and intensity), that calculated cost per consumer was assumed to be the relevant average cost. A face to face service unit is fifteen minutes. At the outset of the program, the State also expects to provide up-front, development funding to each provider to reimburse them for Information Technology and medical infrastructure needs, as well as other costs required for start-up. The resources for the upfront costs will be 100% state funded.

The State believes that a payment system based on tiered rates will provide adequate compensation for providers costs, and in this way, is consistent with the overall goals of efficiency, economy, and quality of care. Our initial limits of 3 and 24 months for the higher Engagement and Active rates with pre-authorization and/or clinical and utilization criteria required for extension, will also ensure that the duration of service in these more intense and expensive phases of the program are clinically driven and reflect consumer need. This will also encourage providers to continuously attempt to engage new consumers that could benefit from the program.

Providers will bill the NJ FamilyCare program for the PMPM for each consumer and new NJ FamilyCare billing codes will be created for this purpose. Providers must bill at least quarterly for BHH enrolled consumers. In support of these billings, providers will be required to document services in consumer records and make those records available for state audit. Through a combination of this audit process, as well as defined rules in the NJ FamilyCare Management Information System (MMIS), the State will ensure that no consumers are billed for Engagement/Outreach for more than the approved service duration. This system will also ensure that no consumers are receiving PACT, 1915c waivers, Targeted Case Management or other duplicative home and community-based services waiver services while receiving BHH services.

Health Homes Payment Methodologies

MEDICAID | Medicaid State Plan | Administration, Health Homes | NJ2024MS0003O | NJ-24-0027 | MIGRATED_HH.NJ BHH (Adults) Atlantic,Bergen,Cape May,Mercer,Monmouth

Package Header

Package ID	NJ2024MS0003O	**SPA ID**	NJ-24-0027
Submission Type	Official	**Initial Submission Date**	12/30/2024
Approval Date	02/27/2025	**Effective Date**	10/1/2024
Superseded SPA ID	NJ-16-001-X		
	System-Derived		

Assurances

- [x] The State provides assurance that it will ensure non-duplication of payment for services similar to Health Homes services that are offered/covered under a different statutory authority, such as 1915(c) waivers or targeted case management.

Describe below how non-duplication of payment will be achieved

New Jersey had four 1915(c) waivers that have been subsumed under NJ 1115(a) Comprehensive Waiver with the implementation of Managed Long Term Services and Supports (MLTSS). Those waivers were: Traumatic Brain Injury, Global Options, Community Resource for People with Disabilities, and the AIDS Community Care Alternatives Program. These programs have been consolidated into the Managed Long Term Services and Supports program and are being managed through the state's MCOs. The state will pay for MLTSS services through capitated payment to the MCOs. The BHH service is excluded from the MLTSS covered services. However, the MCOs are required to coordinate referrals to the BHH for MLTSS members who meet the eligibility criteria for the BHH and the BHH service is part of the member's plan of care (POC). The only program under 1915(c) waiver currently in place in NJ is the Community Care Waiver (CCW) that serves individuals with developmental disabilities. Individuals receiving services through the CCW waiver will not be eligible for the BHH services. NJ has instituted an edit in the MMIS system which rejects more than one bill, per individual per month, for duplicative services. This will disallow billing for services duplicative of the BHH, these include TCM, 1915(c), CCW and PACT services. The providers have been educated on these billing rules.

- [x] The state has developed payment methodologies and rates that are consistent with section 1902(a)(30)(A).
- [x] The State provides assurance that all governmental and private providers are reimbursed according to the same rate schedule, unless otherwise described above.
- [x] The State provides assurance that it shall reimburse providers directly, except when there are employment or contractual arrangements consistent with section 1902(a)(32).

Optional Supporting Material Upload

Name	Date Created	
No items available		

This view was generated on 3/31/2025 10:54 AM EDT

NJ - Submission Package - NJ2024MS0003O - (NJ-24-0027) - Administration; Health Homes

Health Homes Services

MEDICAID | Medicaid State Plan | Administration, Health Homes | NJ2024MS0003O | NJ-24-0027 | MIGRATED_HH.NJ BHH (Adults) Atlantic,Bergen,Cape May,Mercer,Monmouth

CMS-10434 OMB 0938-1188

Package Header

Package ID	NJ2024MS0003O	**SPA ID**	NJ-24-0027
Submission Type	Official	**Initial Submission Date**	12/30/2024
Approval Date	02/27/2025	**Effective Date**	10/1/2024
Superseded SPA ID	NJ-16-001-X System-Derived		

Service Definitions

Provide the state's definitions of the following Health Homes services and the specific activities performed under each service

Comprehensive Care Management

Definition

Care management is the primary coordinating function in a Behavioral Health Home. The goal of care management is the assessment of consumer needs, development of the care plan, coordination of the services identified in the care plan and the ongoing assessment and revisions to the plan based on evaluation of the consumer's needs. The Care Manager is the Team Leader.

Describe how Health Information Technology will be used to link this service in a comprehensive approach across the care continuum

The provider standards set by NJDMHAS require that BHH providers are able to interface with primary care, specialty care, hospitals, and support services. Every provider is required to have an EHR and to be enrolled in, or pursuing enrollment in, an Health Information Exchange (HIE). Providers are also expected to use other available means to exchange protected health information safely and securely, to include but not be limited to direct messaging, facsimile, and telephonic services.

Scope of service

The service can be provided by the following provider types

- ☐ Behavioral Health Professionals or Specialists
- ☐ Nurse Practitioner
- ☐ Nurse Care Coordinators
- ☑ Nurses

Description

Comprehensive care management services are conducted by licensed RNs,PAs, or APNs and involve:
1.Assessment and documentation of eligibility for BHH Services.
2.Nursing assessment.
3.Monitoring health risks by providing screening, preventative care, and early intervention services, analyzing lab/screening reports, and initiating treatment where needed.
4.Monitoring medications and medical treatments for potentially adverse synergistic effects, developing strategies to reduce or eliminate poly-pharmacy, and intervening where needed to protect the health and well-being of the consumer.
5.Development and periodic revision of service plans based on information collected through the consumer assessments, review of consumer records and input from consumer and family.
6.Ensuring implementation of the plan; to provide or coordinate access to high quality health care services that are informed by evidence-based practices, coordinate and provide access to preventative and health promotion services, coordinate and provide behavioral health services, coordinate and/or provide specialty medical care and dental care, and social services. Plan will include consumer goals and preferences, targeted outcomes, identified service provider, coordinator of services and timeframes for services.

7.Interfacing with specialty medical services.
8.Coordination and supervision of the BHH team.
9.Leading the BHH team in the management of consumer care and the implementation of the service plan.
10.Convening and leading team meetings with BHH team to review and revise consumer service plan periodically and as needed in response to consumer request or other qualifying event, using consumer information and clinical data to monitor adherence to treatment guidelines and best practices for key health indicators.
11.Developing and implementing an internal Quality Assurance program that aligns with CMS required quality measures and is capable of including additional measures.

- [ ] Medical Specialists
- [ ] Physicians
- [x] Physician's Assistants

Description

Comprehensive care management services are conducted by licensed RNs,PAs, or APNs and involve:
1.Assessment and documentation of eligibility for BHH Services.
2.Nursing assessment.
3.Monitoring health risks by providing screening, preventative care, and early intervention services, analyzing lab/screening reports, and initiating treatment where needed.
4.Monitoring medications and medical treatments for potentially adverse synergistic effects, developing strategies to reduce or eliminate poly-pharmacy, and intervening where needed to protect the health and well-being of the consumer.
5.Development and periodic revision of service plans based on information collected through the consumer assessments, review of consumer records and input from consumer and family.
6.Ensuring implementation of the plan; to provide or coordinate access to high quality health care services that are informed by evidence-based practices, coordinate and provide access to preventative and health promotion services, coordinate and provide behavioral health services, coordinate and/or provide specialty medical care and dental care, and social services. Plan will include consumer goals and preferences, targeted outcomes, identified service provider, coordinator of services and timeframes for services.
7.Interfacing with specialty medical services.
8.Coordination and supervision of the BHH team.
9.Leading the BHH team in the management of consumer care and the implementation of the service plan.
10.Convening and leading team meetings with BHH team to review and revise consumer service plan periodically and as needed in response to consumer request or other qualifying event, using consumer information and clinical data to monitor adherence to treatment guidelines and best practices for key health indicators.
11.Developing and implementing an internal Quality Assurance program that aligns with CMS required quality measures and is capable of including additional measures.

- [ ] Pharmacists
- [ ] Social Workers
- [ ] Doctors of Chiropractic
- [ ] Licensed Complementary and alternative Medicine Practitioners
- [ ] Dieticians
- [ ] Nutritionists
- [x] Other (specify)

Provider Type	Description
APN	Comprehensive care management services are conducted by licensed RNs,PAs, or APNs and involve: 1.Assessment and documentation of eligibility for BHH Services. 2.Nursing assessment. 3.Monitoring health risks by providing screening, preventative care, and early intervention services, analyzing lab/screening reports, and initiating treatment where needed. 4.Monitoring medications and medical treatments for potentially adverse synergistic effects, developing strategies to reduce or eliminate poly-

Provider Type	Description
	pharmacy, and intervening where needed to protect the health and well-being of the consumer. 5.Development and periodic revision of service plans based on information collected through the consumer assessments, review of consumer records and input from consumer and family. 6.Ensuring implementation of the plan; to provide or coordinate access to high quality health care services that are informed by evidence-based practices, coordinate and provide access to preventative and health promotion services, coordinate and provide behavioral health services, coordinate and/or provide specialty medical care and dental care, and social services. Plan will include consumer goals and preferences, targeted outcomes, identified service provider, coordinator of services and timeframes for services. 7.Interfacing with specialty medical services. 8.Coordination and supervision of the BHH team. 9.Leading the BHH team in the management of consumer care and the implementation of the service plan. 10.Convening and leading team meetings with BHH team to review and revise consumer service plan periodically and as needed in response to consumer request or other qualifying event, using consumer information and clinical data to monitor adherence to treatment guidelines and best practices for key health indicators. 11.Developing and implementing an internal Quality Assurance program that aligns with CMS required quality measures and is capable of including additional measures.

Health Homes Services

MEDICAID | Medicaid State Plan | Administration, Health Homes | NJ2024MS0003O | NJ-24-0027 | MIGRATED_HH.NJ BHH (Adults) Atlantic,Bergen,Cape May,Mercer,Monmouth

Package Header

Package ID NJ2024MS0003O
SPA ID NJ-24-0027
Submission Type Official
Initial Submission Date 12/30/2024
Approval Date 02/27/2025
Effective Date 10/1/2024
Superseded SPA ID NJ-16-001-X
System-Derived

Care Coordination

Definition

Care coordination services are provided by Care Coordinators and other Health Team members with the primary goal of implementing the individualized service plan, with active involvement by the consumer, to ensure the plan reflects consumer needs and preferences. Care coordination emphasizes access to a wide variety of services required to improve overall health and wellness.

Describe how Health Information Technology will be used to link this service in a comprehensive approach across the care continuum

The provider standards set by NJDMHAS require that BHH providers are able to interface with primary care, specialty care, hospitals, and support services. Every provider is required to have an EHR and to be enrolled in, or pursuing enrollment in, an Health Information Exchange (HIE). Providers are also expected to use other available means to exchange protected health information safely and securely, to include but not be limited to direct messaging, facsimile, and telephonic services.

Scope of service

The service can be provided by the following provider types

- ☐ Behavioral Health Professionals or Specialists
- ☐ Nurse Practitioner
- ☑ Nurse Care Coordinators

Description

Care coordination services include:
1. Engaging and retaining consumers in care.
2. Providing linkages, referrals, and coordination through face-to-face, telephone and or electronic means as necessary to implement the service plan.
3. Monitoring and conducting follow-up activities to ensure the service plan is effectively implemented and adequately addresses consumer needs.
4. Reviewing service plans with consumer and family.
5. Identifying consumers/families who might benefit from additional care management support.
6. Following up with consumers and families to ensure adherence to treatment guidelines and best practices for services and screenings.
7. Coordinating and providing access to individual and family supports including referral to the community, social and recovery supports.
8. Coordinating and referring to health promotion and wellness activities within the BHH.
9. Maintaining regular, ongoing contact with the consumer, health providers, and other providers, family and other community supports to ensure progress on implementing the treatment plan, and resolve any coordination problem encountered.

- ☑ Nurses

Description

Care coordination services include:
1. Engaging and retaining consumers in care.
2. Providing linkages, referrals, and coordination through face-to-face, telephone and or electronic means as necessary to implement the service plan.
3. Monitoring and conducting follow-up activities to ensure the service plan is effectively implemented and adequately addresses consumer needs.
4. Reviewing service plans with consumer and family.
5. Identifying consumers/families who might benefit from additional care management support.
6. Following up with consumers and families to ensure adherence to treatment guidelines and best practices for services and screenings.
7. Coordinating and providing access to individual and family supports including referral to the community, social and recovery supports.
8. Coordinating and referring to health promotion and wellness activities within the BHH.
9. Maintaining regular, ongoing contact with the consumer, health providers, and other providers, family and other community supports to

ensure progress on implementing the treatment plan, and resolve any coordination problem encountered.

- [ ] Medical Specialists
- [ ] Physicians
- [ ] Physician's Assistants
- [ ] Pharmacists
- [x] Social Workers

Description

Care coordination services include:
1. Engaging and retaining consumers in care.
2. Providing linkages, referrals, and coordination through face-to-face, telephone and or electronic means as necessary to implement the service plan.
3. Monitoring and conducting follow-up activities to ensure the service plan is effectively implemented and adequately addresses consumer needs.
4. Reviewing service plans with consumer and family.
5. Identifying consumers/families who might benefit from additional care management support.
6. Following up with consumers and families to ensure adherence to treatment guidelines and best practices for services and screenings.
7. Coordinating and providing access to individual and family supports including referral to the community, social and recovery supports.
8. Coordinating and referring to health promotion and wellness activities within the BHH.
9. Maintaining regular, ongoing contact with the consumer, health providers, and other providers, family and other community supports to ensure progress on implementing the treatment plan, and resolve any coordination problem encountered.

- [ ] Doctors of Chiropractic
- [ ] Licensed Complementary and alternative Medicine Practitioners
- [ ] Dieticians
- [ ] Nutritionists
- [x] Other (specify)

Provider Type	Description
Case Manager	Care coordination services include: 1. Engaging and retaining consumers in care. 2. Providing linkages, referrals, and coordination through face-to-face, telephone and or electronic means as necessary to implement the service plan. 3. Monitoring and conducting follow-up activities to ensure the service plan is effectively implemented and adequately addresses consumer needs. 4. Reviewing service plans with consumer and family. 5. Identifying consumers/families who might benefit from additional care management support. 6. Following up with consumers and families to ensure adherence to treatment guidelines and best practices for services and screenings. 7. Coordinating and providing access to individual and family supports including referral to the community, social and recovery supports. 8. Coordinating and referring to health promotion and wellness activities within the BHH. 9. Maintaining regular, ongoing contact with the consumer, health providers, and other providers, family and other community supports to ensure progress on implementing the treatment plan, and resolve any coordination problem encountered.

Health Homes Services

MEDICAID | Medicaid State Plan | Administration, Health Homes | NJ2024MS0003O | NJ-24-0027 | MIGRATED_HH.NJ BHH (Adults) Atlantic,Bergen,Cape May,Mercer,Monmouth

Package Header

Package ID	NJ2024MS0003O	**SPA ID**	NJ-24-0027
Submission Type	Official	**Initial Submission Date**	12/30/2024
Approval Date	02/27/2025	**Effective Date**	10/1/2024
Superseded SPA ID	NJ-16-001-X		
	System-Derived		

Health Promotion

Definition

Health promotion activities are conducted with an emphasis on empowering the consumer to improve health and wellness. Health promotion can be provided by members of the team, a certified peer wellness counselor or other certified health educator. Whenever possible these activities are accomplished using evidence based practices and/or curriculum.

Describe how Health Information Technology will be used to link this service in a comprehensive approach across the care continuum

The provider standards set by NJDMHAS require that BHH providers are able to interface with primary care, specialty care, hospitals, and support services. Every provider is required to have an EHR and to be enrolled in, or pursuing enrollment in, an Health Information Exchange (HIE). Providers are also expected to use other available means to exchange protected health information safely and securely, to include but not be limited to direct messaging, facsimile, and telephonic services.

Scope of service

The service can be provided by the following provider types

- ☐ Behavioral Health Professionals or Specialists
- ☐ Nurse Practitioner
- ☐ Nurse Care Coordinators
- ☐ Nurses
- ☐ Medical Specialists
- ☐ Physicians
- ☐ Physician's Assistants
- ☐ Pharmacists
- ☐ Social Workers
- ☐ Doctors of Chiropractic
- ☐ Licensed Complementary and alternative Medicine Practitioners
- ☐ Dieticians
- ☐ Nutritionists
- ☑ Other (specify)

Provider Type	Description
Health promotion can, and should, be provided by any member of the team, however NJ has required providers to have either a certified peer wellness counselor or other certified health educator as a core member of the BHH team	1. Engaging the consumer in health promotion planning and activities, including the provision of motivational interventions to increase treatment and medication compliance and support lifestyle changes. 2. Providing health education specific to chronic conditions. 3. Development, with the consumer and if possible the family, of self-management goals to be included in the service plan. 4. Monitoring progress on self-management goals. 5. Providing support for the self-management goals included in the service plan. 6. Providing skill development activities to help the consumer understand and manage the different health conditions affecting him/her. 7. Providing support and best practices to help consumers learn the skills necessary for maintaining a healthy lifestyle. Skills can include, for example: learning how to plan nutritious meals, shop for healthy foods, prepare meals, practice mindfulness in eating, plan and implement a program for regular exercise and fitness, proper sleep, avoid or reduce harmful behaviors (e.g., smoking, substance use, overeating, under eating, etc.), maintain personal hygiene and a healthy home, and other health promotion activities.

Provider Type	Description
	8. Facilitating and engaging consumers in community supports, such as helping consumers develop and strengthen family support and other community supports to assist them in recovering from behavioral health problems and other health conditions, and helping consumers develop motivation to engage in attitudes and activities that promote health and wellness. 9. Ensuring access by providing and/or facilitating transportation to appointments, and by accompanying consumers on appointments to reduce consumer apprehension. Health Team members also can ensure better coordination with the provider by accompanying consumers and resolving other concerns that might interfere with access.

Health Homes Services

MEDICAID | Medicaid State Plan | Administration, Health Homes | NJ2024MS0003O | NJ-24-0027 | MIGRATED_HH.NJ BHH (Adults) Atlantic,Bergen,Cape May,Mercer,Monmouth

Package Header

Package ID	NJ2024MS0003O	**SPA ID**	NJ-24-0027
Submission Type	Official	**Initial Submission Date**	12/30/2024
Approval Date	02/27/2025	**Effective Date**	10/1/2024
Superseded SPA ID	NJ-16-001-X		
	System-Derived		

Comprehensive Transitional Care from Inpatient to Other Settings (including appropriate follow-up)

Definition

BHHs provide comprehensive transitional care and follow-up to consumers transitioning from inpatient care and/or emergency care to the community and to assure seamless transitions between service systems. Comprehensive transitional care is provided for both behavioral and physical healthcare and can be provided by the Nurse Care Manager or other BHH team members.If the consumer requires inpatient treatment, the BHH Team will facilitate the consumer's transition to inpatient primary or behavioral health care or crisis services. This includes interfacing with the treatment team in the inpatient setting, accompanying the consumer to their admission, and continuing contact with the consumer while they are receiving inpatient care.If the consumer receives inpatient care, the BHH team, in collaboration with the hospital or other inpatient care facility, focuses on developing a discharge plan and immediate linkage to community-based care to prevent future ER and inpatient admissions. BHH Team members provide care management and coordination services to ensure that consumers have the requisite support to begin the process of recovery and reintegration into community living.BHH Team members coordinate care management, care coordination and treatment planning with hospital-based and community-based staff to help consumers and family members better manage the problems that caused the ER/inpatient admission and shift their focus from reactive care to consumer empowerment and proactive health promotion and self-management. BHH Team members will work with consumers, family members, community supports, and other providers to address transition problems employing evidence-based motivational strategies to ensure consumer engagement in problem-solving efforts. BHH Team members will work with providers in the Children's System of Care and as they age to assist BHH participants as they transition between systems of care.

Describe how Health Information Technology will be used to link this service in a comprehensive approach across the care continuum

The provider standards set by NJDMHAS require that BHH providers are able to interface with primary care, specialty care, hospitals, and support services. Every provider is required to have an EHR and to be enrolled in, or pursuing enrollment in, an Health Information Exchange (HIE). Providers are also expected to use other available means to exchange protected health information safely and securely, to include but not be limited to direct messaging, facsimile, and telephonic services.

Scope of service

The service can be provided by the following provider types

- [ ] Behavioral Health Professionals or Specialists
- [ ] Nurse Practitioner
- [ ] Nurse Care Coordinators
- [ ] Nurses
- [ ] Medical Specialists
- [ ] Physicians
- [ ] Physician's Assistants
- [ ] Pharmacists
- [ ] Social Workers
- [ ] Doctors of Chiropractic
- [ ] Licensed Complementary and alternative Medicine Practitioners
- [ ] Dieticians
- [ ] Nutritionists
- [x] Other (specify)

Provider Type	Description
Nurse Care manger or other member of the BHH team st to confirm	Comprehensive transitional care is provided for both behavioral and physical healthcare and can be provided by the Nurse Care Manager or other BHH team members.If the consumer requires inpatient treatment, the BHH Team will facilitate the consumer's transition to inpatient primary or behavioral health care or crisis services. This includes interfacing with the treatment team in the inpatient setting, accompanying the consumer to their admission, and continuing contact with the consumer while they are receiving inpatient care.If the consumer receives inpatient care, the BHH

Provider Type	Description
	team, in collaboration with the hospital or other inpatient care facility, focuses on developing a discharge plan and immediate linkage to community-based care to prevent future ER and inpatient admissions. BHH Team members provide care management and coordination services to ensure that consumers have the requisite support to begin the process of recovery and reintegration into community living.BHH Team members coordinate care management, care coordination and treatment planning with hospital-based and community-based staff to help consumers and family members better manage the problems that caused the ER/inpatient admission and shift their focus from reactive care to consumer empowerment and proactive health promotion and self-management.BHH Team members will work with consumers, family members, community supports, and other providers to address transition problems employing evidence-based motivational strategies to ensure consumer engagement in problem-solving efforts.BHH Team members will work with providers in the Children's System of Care and as they age to assist BHH participants as they transition between systems of care.

Health Homes Services

MEDICAID | Medicaid State Plan | Administration, Health Homes | NJ2024MS0003O | NJ-24-0027 | MIGRATED_HH.NJ BHH (Adults) Atlantic,Bergen,Cape May,Mercer,Monmouth

Package Header

Package ID	NJ2024MS0003O	**SPA ID**	NJ-24-0027
Submission Type	Official	**Initial Submission Date**	12/30/2024
Approval Date	02/27/2025	**Effective Date**	10/1/2024
Superseded SPA ID	NJ-16-001-X		
	System-Derived		

Individual and Family Support (which includes authorized representatives)

Definition

These services can be delivered by the Nurse Care Manager or other members of the home health team. Helping the individual and family recognize the importance of family and community support in recovery, health and wellness, and helping them develop and strengthen family and community supports to aid in the process of recovery and health maintenance. All services can be offered to the family and the consumer together, or separately.They include:1. Engaging the family, support system and/or the individual consumer in services with the goal of ensuring family/support system engagement in supporting the recovery and health maintenance of consumers.

2. Identifying family related goals to be included in the service plan.
3. Providing family education sessions focused on health education, illness management, illness prevention and wellness activities.
4. Linking family members to services needed to improve family stability and overall health such as, family therapy and social support services.
5. Helping individuals and families learn how to advocate for the services and supports they require. Teaching family members strategies for advocating for the consumer and family wellness needs.
6. Encouraging and teaching family strategies for supporting the consumer's ability to self-manage their treatment and wellness activities.

Describe how Health Information Technology will be used to link this service in a comprehensive approach across the care continuum

The provider standards set by NJDMHAS require that BHH providers are able to interface with primary care, specialty care, hospitals, and support services. Every provider is required to have an EHR and to be enrolled in, or pursuing enrollment in, an Health Information Exchange (HIE). Providers are also expected to use other available means to exchange protected health information safely and securely, to include but not be limited to direct messaging, facsimile, and telephonic services.

Scope of service

The service can be provided by the following provider types

- [ ] Behavioral Health Professionals or Specialists
- [ ] Nurse Practitioner
- [ ] Nurse Care Coordinators
- [ ] Nurses
- [ ] Medical Specialists
- [ ] Physicians
- [ ] Physician's Assistants
- [ ] Pharmacists
- [ ] Social Workers
- [ ] Doctors of Chiropractic
- [ ] Licensed Complementary and alternative Medicine Practitioners
- [ ] Dieticians
- [ ] Nutritionists
- [x] Other (specify)

Provider Type	Description
Nurse Care manager or other members of the Home Health team	These services can be delivered by the Nurse Care Manager or other members of the home health team. Helping the individual and family recognize the importance of family and community support in recovery, health and wellness, and helping them develop and strengthen family and community supports to aid in the process of recovery and health maintenance. All services can be offered to the family and the consumer together, or separately.They include:1. Engaging the family, support system and/or the individual consumer in services with the goal of ensuring family/support system engagement in supporting the recovery and health maintenance of consumers.

Provider Type	Description
	2. Identifying family related goals to be included in the service plan. 3. Providing family education sessions focused on health education, illness management, illness prevention and wellness activities. 4. Linking family members to services needed to improve family stability and overall health such as, family therapy and social support services. 5. Helping individuals and families learn how to advocate for the services and supports they require. Teaching family members strategies for advocating for the consumer and family wellness needs. 6. Encouraging and teaching family strategies for supporting the consumer's ability to self-manage their treatment and wellness activities.

Health Homes Services

MEDICAID | Medicaid State Plan | Administration, Health Homes | NJ2024MS0003O | NJ-24-0027 | MIGRATED_HH.NJ BHH (Adults) Atlantic,Bergen,Cape May,Mercer,Monmouth

Package Header

Package ID	NJ2024MS0003O	**SPA ID**	NJ-24-0027
Submission Type	Official	**Initial Submission Date**	12/30/2024
Approval Date	02/27/2025	**Effective Date**	10/1/2024
Superseded SPA ID	NJ-16-001-X		
	System-Derived		

Referral to Community and Social Support Services

Definition

Referral to community and social support services involves providing assistance for consumers to obtain necessary community and social supports.These services can be provided by any member of the BHH team and include:

1. Engaging consumer in referral for community and social supports. Since many consumers in high risk circumstances are unable or unwilling to accept needed services, the use of evidence-based interventions such as Motivational Interviewing and other evidence-based approaches is essential for engaging consumers to address critical service needs.
2. Identifying community and social supports needs such as disability benefits, housing, legal and employment services.
3. Identifying available and appropriate community and social support services.
4. Referring to community and social support services and providing the support and/or services needed for consumer to obtain these supports such as arranging transportation, making appointments, arranging for peers or others to accompany consumer

Describe how Health Information Technology will be used to link this service in a comprehensive approach across the care continuum

The provider standards set by NJDMHAS require that BHH providers are able to interface with primary care, specialty care, hospitals, and support services. Every provider is required to have an EHR and to be enrolled in, or pursuing enrollment in, an Health Information Exchange (HIE). Providers are also expected to use other available means to exchange protected health information safely and securely, to include but not be limited to direct messaging, facsimile, and telephonic services.

Scope of service

The service can be provided by the following provider types

- ☐ Behavioral Health Professionals or Specialists
- ☐ Nurse Practitioner
- ☐ Nurse Care Coordinators
- ☐ Nurses
- ☐ Medical Specialists
- ☐ Physicians
- ☐ Physician's Assistants
- ☐ Pharmacists
- ☐ Social Workers
- ☐ Doctors of Chiropractic
- ☐ Licensed Complementary and alternative Medicine Practitioners
- ☐ Dieticians
- ☐ Nutritionists
- ☑ Other (specify)

Provider Type	Description
any member of the BH team	These services can be provided by any member of the BHH team and include: 1. Engaging consumer in referral for community and social supports. Since many consumers in high risk circumstances are unable or unwilling to accept needed services, the use of evidence-based interventions such as Motivational Interviewing and other evidence-based approaches is essential for engaging consumers to address critical service needs. 2. Identifying community and social supports needs such as disability benefits, housing, legal and employment services. 3. Identifying available and appropriate community and social support

Provider Type	Description
	services. 4. Referring to community and social support services and providing the support and/or services needed for consumer to obtain these supports such as arranging transportation, making appointments, arranging for peers or others to accompany consumer

Health Homes Services

MEDICAID | Medicaid State Plan | Administration, Health Homes | NJ2024MS0003O | NJ-24-0027 | MIGRATED_HH.NJ BHH (Adults) Atlantic,Bergen,Cape May,Mercer,Monmouth

Package Header

Package ID	NJ2024MS0003O	**SPA ID**	NJ-24-0027
Submission Type	Official	**Initial Submission Date**	12/30/2024
Approval Date	02/27/2025	**Effective Date**	10/1/2024
Superseded SPA ID	NJ-16-001-X		
	System-Derived		

Health Homes Patient Flow

Describe the patient flow through the state's Health Homes system. Submit with the state plan amendment flow-charts of the typical process a Health Homes individual would encounter

Consumers can enter the BHH service through multiple avenues. Medicaid will notify eligible consumers of the availability of the health home service. Community services can refer, and consumers can self refer. Enrollment in the NJ BHH is an opt in model. Screening for eligiblity is done at the provider site. After a consumer is deemed eligible for health home services he/she enters in to one of three phases of service based on individual needs; Engagement, Active, or Maintenance. Each phase provides the same service delivery components, the difference between the phases is in the intensity of these components and depends upon the consumer's clinical needs and ability to address thier own care needs. Each phase provides reimburseable services, but only to consumers who are actively enrolled in a certified BHH. Reimbursement is not provided for engaging consumers not already enrolled in a certified BHH. Consumers move between the phases of service described above based upon clinical criteria. Consumers can move seamlessly through phases as clinically needed. Consumers are not discharged from the service unless the consumer moves outside the geographic area of the Behavioral Health Home's responsibility or the consumer declines or refuses services despite the provider's best efforts to develop an acceptable care plan with the consumer.

Name	Date Created	
CMS letter - CMS Completed Review of SPA Transmittal #16-0001	9/17/2024 3:34 PM EDT	

This view was generated on 3/31/2025 10:55 AM EDT

NJ - Submission Package - NJ2024MS0003O - (NJ-24-0027) - Administration; Health Homes

Health Homes Monitoring, Quality Measurement and Evaluation

MEDICAID | Medicaid State Plan | Administration, Health Homes | NJ2024MS0003O | NJ-24-0027 | MIGRATED_HH.NJ BHH (Adults) Atlantic,Bergen,Cape May,Mercer,Monmouth

CMS-10434 OMB 0938-1188

Package Header

Package ID	NJ2024MS0003O	**SPA ID**	NJ-24-0027
Submission Type	Official	**Initial Submission Date**	12/30/2024
Approval Date	02/27/2025	**Effective Date**	10/1/2024
Superseded SPA ID	NJ-16-001-X System-Derived		

Monitoring

Describe the state's methodology for calculating cost saving (and report cost savings annually in Quality Measure Report). Include savings that result from improved coordination of care and chronic disease management achieved through the Health Homes Program, including data sources and measurement specifications, as well as any savings associated with dual eligibles, and if Medicare data was available to the state to utilize in arriving at its cost-savings estimates:

We will measure the change in total spending (Behavioral Health and Physical Health) attributable to BHH enrollment. The Numerator is the sum of costs which is the MMIS FFS Behavioral Health Claims and the MCO provider payments, payments to the state and county psychiatric hospitals for the BHH and the comparison groups. The Denominator is the person months of enrollment for the BHH comparison groups.

We will also: Identify BHH consumers. Those consumers that were enrolled in a SAMHSA funded integration program will be excluded from the study. Look at consumer costs two years prior to BHH enrollment based on MMIS encounter data (MMIS includes STCF costs). And also identify psychiatric hospitalizations. We will average the utilization costs prior to BHH. That average is our expectation of utilization without BHH services. Then we will measure their utilization costs on a yearly basis. We will also measure the BHH costs separately.

Describe how the state will use health information technology in providing Health Homes services and to improve service delivery and coordination across the care continuum (including the use of wireless patient technology to improve coordination and management of care and patient adherence to recommendations made by their provider).

All BHH providers will be required to have an EHR and BHH start up funds will be available to assist providers to either purchase or amend any current EHR.

Health Homes Monitoring, Quality Measurement and Evaluation

MEDICAID | Medicaid State Plan | Administration, Health Homes | NJ2024MS0003O | NJ-24-0027 | MIGRATED_HH.NJ BHH (Adults) Atlantic,Bergen,Cape May,Mercer,Monmouth

Package Header

Package ID	NJ2024MS0003O	**SPA ID**	NJ-24-0027
Submission Type	Official	**Initial Submission Date**	12/30/2024
Approval Date	02/27/2025	**Effective Date**	10/1/2024
Superseded SPA ID	NJ-16-001-X		
	System-Derived		

Quality Measurement and Evaluation

- [x] The state provides assurance that all Health Homes providers report to the state on all applicable quality measures as a condition of receiving payment from the state.
- [x] The state provides assurance that it will identify measureable goals for its Health Homes model and intervention and also identify quality measures related to each goal to measure its success in achieving the goals.
- [x] The state provides assurance that it will report to CMS information to include applicable mandatory Core Set measures submitted by Health Home providers in accordance with all requirements in 42 CFR §§ 437.10 through 437.15 no later than state reporting on the 2024 Core Sets, which must be submitted and certified by December 31, 2024 to inform evaluations, as well as Reports to Congress as described in Section 2703(b) of the Affordable Care Act and as described by CMS. In subsequent years, states must report annually, by December 31st, on all measures on the applicable mandatory Core Set measures that are identified by the Secretary.
- [x] The state provides assurance that it will track avoidable hospital readmissions and report annually in the Quality Measures report.

This view was generated on 3/31/2025 10:55 AM EDT