

## **Table of Contents**

**State/Territory Name:**                      **New Jersey**

**State Plan Amendment (SPA) #:**      **24-0028**

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 - NJ2024MS0006O - (NJ-24-0028) - Health Homes

[Summary](#) [Reviewable Units](#) [Versions](#) [Correspondence Log](#) [Analyst Notes](#) [Approval Letter](#) [Transaction Logs](#) [News](#) [Related Actions](#)

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Medicaid and CHIP Operations Group  
601 E. 12th St., Room 355  
Kansas City, MO 64106



## 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-24-0028

Dear Mr. Woods,

On December 30, 2024, the Centers for Medicare & Medicaid Services (CMS) received New Jersey State Plan Amendment (SPA) NJ-24-0028. The state amends the serious emotional disability health home and assures that the state monitors and reports 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 §437.15.

We approve New Jersey State Plan Amendment (SPA) NJ-24-0028 with an effective date(s) 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 - NJ2024MS0006O - (NJ-24-0028) - Health Homes

- Summary
- Reviewable Units
- Versions
- Correspondence Log
- Analyst Notes
- Approval Letter
- Transaction Logs
- News
- Related Actions

## Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | NJ2024MS0006O | NJ-24-0028 | MIGRATED\_HH.NJ BHH (Children) Atlantic,Bergen,Cape May,Mercer,Monmouth

CMS-10434 OMB 0938-1188

### Package Header

Package ID	NJ2024MS0006O	SPA ID	NJ-24-0028
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Superseded SPA ID	N/A		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 | Health Homes | NJ2024MS0006O | NJ-24-0028 | MIGRATED\_HH.NJ BHH (Children) Atlantic,Bergen,Cape May,Mercer,Monmouth

## Package Header

<b>Package ID</b>	NJ2024MS0006O	<b>SPA ID</b>	NJ-24-0028
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	12/30/2024
<b>Approval Date</b>	02/27/2025	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

## SPA ID and Effective Date

**SPA ID** NJ-24-0028

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Health Homes Intro	10/1/2024	NJ-16-002-X
Health Homes Geographic Limitations	10/1/2024	NJ-16-002-X
Health Homes Population and Enrollment Criteria	10/1/2024	NJ-16-002-X
Health Homes Providers	10/1/2024	NJ-16-002-X
Health Homes Service Delivery Systems	10/1/2024	NJ-16-002-X
Health Homes Payment Methodologies	10/1/2024	NJ-16-002-X
Health Homes Services	10/1/2024	NJ-16-002-X
Health Homes Monitoring, Quality Measurement and Evaluation	10/1/2024	NJ-16-002-X

# Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | NJ2024MS0006O | NJ-24-0028 | MIGRATED\_HH.NJ BHH (Children) Atlantic,Bergen,Cape May,Mercer,Monmouth

## Package Header

Package ID	NJ2024MS0006O	SPA ID	NJ-24-0028
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 (Children 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 437.16

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

## Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | NJ2024MS0006O | NJ-24-0028 | MIGRATED\_HH.NJ BHH (Children) Atlantic,Bergen,Cape May,Mercer,Monmouth

### Package Header

Package ID	NJ2024MS0006O	SPA ID	NJ-24-0028
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

<input type="radio"/> No comment	<b>Describe</b> Not required pursuant to Section 7.5 of New Jersey State Plan
<input type="radio"/> Comments received	
<input type="radio"/> No response within 45 days	
<input checked="" type="radio"/> Other	

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 10:07 AM EDT*

# NJ - Submission Package - NJ2024MS0006O - (NJ-24-0028) - Health Homes

- Summary
- Reviewable Units
- Versions
- Correspondence Log
- Analyst Notes
- Approval Letter
- Transaction Logs
- News
- Related Actions

## Health Homes Intro

MEDICAID | Medicaid State Plan | Health Homes | NJ2024MS0006O | NJ-24-0028 | MIGRATED\_HH.NJ BHH (Children) Atlantic,Bergen,Cape May,Mercer,Monmouth

CMS-10434 OMB 0938-1188

### Package Header

Package ID	NJ2024MS0006O	SPA ID	NJ-24-0028
Submission Type	Official	Initial Submission Date	12/30/2024
Approval Date	02/27/2025	Effective Date	10/1/2024
Superseded SPA ID	NJ-16-002-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 (Children) 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

NJ plans to provide behavioral health home(BHH)services to children (under the age of 21)in Atlantic,Bergen,Cape May,Mercer,or Monmouth Co,by enhancing the current care management teams within Care Management Organization(CMO),the designated BHH provider.CMOs are agencies that provide direct,face to face care coordination&wraparound care planning for children&their families with the most complex needs&are responsible for facilitating access to a range of treatment&support services.Children must meet defined medical necessity criteria for BHH eligibility.Children in CMO are either SED,co-occurringDD/MI,Co-Occurring MH/SA,or are determined DD eligible(per NJ Statute10:196)with symptomology of SED.In anticipation of Statewide rollout of BHH,the CMO agencies in the counties will be the designated BHH to provide services to eligible children.NJs Children's System of Care(CSOC)services are managed by a Contracted System Administrator(CSA),the single point of access for screening,referral&prior authorization for services,which includes;behavioral health,substance use&services for individuals with intellectual/developmental disabilities.The CSA makes referrals directly to CMOs.The care management teams will be enhanced to include medical&wellness expertise for purpose of providing fully integrated &coordinated care for children who meet criteria.A transitional plan is actively pursued between the ages of 18 to 21.CSOC works to identify any resources needed for post children's system involvement.If further involvement with public system is warranted,then applicable eligibility/assessment is pursued for a seamless transition.NJ proposes to provide BHH to individuals with the goal of improving health outcomes,promoting better functional outcomes(such as increased school attendance,decreasing the cost associated with the use of acute medical&psychiatric services,improving child/family's satisfaction w/care,&improving the individual&family ability to manage chronic condition.

### General Assurances

- ☒ The state provides assurance that eligible individuals will be given a free choice of Health Homes providers.
- ☒ The states provides assurance that it will not prevent individuals who are dually eligible for Medicare and Medicaid from receiving Health Homes services.
- ☒ 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.
- ☒ 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.
- ☒ 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.
- ☒ The state provides assurance that there will be no duplication of services and payment for similar services provided under other Medicaid authorities.

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 10:10 AM EDT*



# NJ - Submission Package - NJ2024MS0006O - (NJ-24-0028) - Health Homes

VIEW PRINT PREVIEW

Summary Reviewable Units Versions Correspondence Log Analyst Notes Approval Letter Transaction Logs News Related Actions

← All Reviewable Units

← Health Homes Intro | Health Homes Population and Enrollment Criteria →

View Compare Doc

## Health Homes Geographic Limitations

MEDICAID | Medicaid State Plan | Health Homes | NJ2024MS0006O | NJ-24-0028 | MIGRATED\_HH.NJ BHH (Children) 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	NJ2024MS0006O	SPA ID	NJ-24-0028
Submission Type	Official	Initial Submission Date	12/30/2024
Approval Date	02/27/2025	Effective Date	10/1/2024
Superseded SPA ID	NJ-16-002-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:

- Atlantic
- Bergen
- Cape May
- Mercer
- Monmouth

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.

# NJ - Submission Package - NJ2024MS0006O - (NJ-24-0028) - Health Homes

## Health Homes Population and Enrollment Criteria

MEDICAID | Medicaid State Plan | Health Homes | NJ2024MS0006O | NJ-24-0028 | MIGRATED\_HH.NJ BHH (Children) Atlantic,Bergen,Cape May,Mercer,Monmouth

CMS-10434 OMB 0938-1188

### Package Header

Package ID	NJ2024MS0006O	SPA ID	NJ-24-0028
Submission Type	Official	Initial Submission Date	12/30/2024
Approval Date	02/27/2025	Effective Date	10/1/2024
Superseded SPA ID	NJ-16-002-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

- ☒ Categorically Needy (Mandatory and Options for Coverage) Eligibility Groups
- ☒ Medically Needy Eligibility Groups

Mandatory Medically Needy.

- ☒ Medically Needy Pregnant Women
- ☒ Medically Needy Children under Age 18

Optional Medically Needy (select the groups included in the population).

#### Families and Adults

- ☐ Medically Needy Children Age 18 through 20
- ☐ Medically Needy Parents and Other Caretaker Relatives

#### Aged, Blind and Disabled

- ☐ Medically Needy Aged, Blind or Disabled
- ☐ Medically Needy Blind or Disabled Individuals Eligible in 1973

# Health Homes Population and Enrollment Criteria

MEDICAID | Medicaid State Plan | Health Homes | NJ2024MS0006O | NJ-24-0028 | MIGRATED\_HH.NJ BHH (Children) Atlantic,Bergen,Cape May,Mercer,Monmouth

## Package Header

Package ID	NJ2024MS0006O	SPA ID	NJ-24-0028
Submission Type	Official	Initial Submission Date	12/30/2024
Approval Date	02/27/2025	Effective Date	10/1/2024
Superseded SPA ID	NJ-16-002-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
- ☒ One serious and persistent mental health condition

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

Children with SED will qualify. For purposes of this SPA, SED will be defined to include serious emotional disturbance, co-occurring developmental disability and mental illness, co-occurring mental health and substance abuse, or DD eligible (per NJ Statute 10:196) with symptomology of SED.

Among children meeting the above criteria, NJ will target behavioral health home services to those individuals who could benefit from the enhanced model of integrated behavioral/medical coordination that the behavioral health home model provides. This targeting will be based on a set of defined medical necessity criteria which will enumerate eligible medical comorbidities that must be present alongside the targeted conditions listed above. Medical necessity criteria will be determined and reviewed on an ongoing basis by the state and consistently applied by its qualified behavioral health home providers.

# Health Homes Population and Enrollment Criteria

MEDICAID | Medicaid State Plan | Health Homes | NJ2024MS0006O | NJ-24-0028 | MIGRATED\_HH.NJ BHH (Children) Atlantic,Bergen,Cape May,Mercer,Monmouth

## Package Header

Package ID	NJ2024MS0006O	SPA ID	NJ-24-0028
Submission Type	Official	Initial Submission Date	12/30/2024
Approval Date	02/27/2025	Effective Date	10/1/2024
Superseded SPA ID	NJ-16-002-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:

New Jerseys CSOC services are managed by a CSA. The CSA is the single point of access for screening, referral and prior authorization for childrens service, which includes behavioral health, substance use and intellectual/developmental disabilities. Single access to care is through the DCF/CSOC's Contracted System Administrator, who will provide the authorization to eligible children for BHH services. An authorization is made to the CMO, the designated BHH entity who obtains consent from the parent/guardian or from youth (ages 18-20) for enrollment and participation in BHH. The CSA will continue to screen and prior authorize Atlantic, Cape May, Bergen, Monmouth and Mercer County youth for CMO service eligibility. Children and youth who are referred to the CMO will then be screened for Health Home services at the CMO and if eligible, the CMO will request prior authorization for the Health Home service from the CSA. This allows the CMO staff to work directly with the children and their families to explain and discuss the BHH services. Enrollees can opt in or opt out of the Health Home services at the CMO. If an individual opts out of the BHH services they will continue to receive the CMO services that they need. If they opt in to BHH service individual will receive all of the services of the CMO plus the additional BHH services. In addition, if the family indicates to the lead care manager that they no longer wish to be involved with the BHH, the need for continuing authorization would not be pursued. BHH can terminate if the goals have been achieved and a sustainable community plan is in place for the child/family. BHH can also terminate if family moves out of county (during the pilot phase—note, once this is statewide, BHH would terminate if family moved out of State), or child transitions to adult 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 10:11 AM EDT

# NJ - Submission Package - NJ2024MS0006O - (NJ-24-0028) - Health Homes

- Summary
- Reviewable Units
- Versions
- Correspondence Log
- Analyst Notes
- Approval Letter
- Transaction Logs
- News
- Related Actions

## Health Homes Providers

MEDICAID | Medicaid State Plan | Health Homes | NJ2024MS0006O | NJ-24-0028 | MIGRATED\_HH.NJ BHH (Children) Atlantic,Bergen,Cape May,Mercer,Monmouth

CMS-10434 OMB 0938-1188

### Package Header

Package ID	NJ2024MS0006O	SPA ID	NJ-24-0028
Submission Type	Official	Initial Submission Date	12/30/2024
Approval Date	02/27/2025	Effective Date	10/1/2024
Superseded SPA ID	NJ-16-002-X		
	System-Derived		

### Types of Health Homes Providers

☒ 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
- ☐ Home Health Agencies
- ☒ Case Management Agencies

#### Describe the Provider Qualifications and Standards

The BHH providers will be current CMOs. CMOs are agencies that provide care coordination and wraparound care planning for children and their families with the most complex needs and are responsible for facilitating access to a full range of treatment and support services. They facilitate and work through child-family teams to develop individualized plans of care. The CMOs goals are to keep children in their homes, their schools, and their communities. CMOs are designated by the NJ Department of Children and Families CSOC and regulated by the NJ Division of Medical Assistance and Health Services. Each BHH will be a designated CMO and will be initially certified by the State of NJ as a BHH and will be required to become accredited by a nationally accredited body within two years of certification. To become a certified behavioral health home in the State of NJ a provider must: 1) be a designated CMO provider, 2) complete approved Learning Community curriculum, 3) meet DCF's certification requirements (inclusive of implementing a system of care approach, training on motivational interviewing, appropriate level of staffing, assuring collaboration with pediatric and specialty providers is planned for, policies have been developed) 4) be accredited by a national recognized accrediting organization. CMO's can provide behavioral health home services on a provisional basis if approved by DCF/CSOC. A provisionally certified behavioral health home must obtain accreditation within two years of provisional certification being granted. Provisional certification will be reviewed annually.

- ☐ Community/Behavioral Health Agencies
- ☐ Federally Qualified Health Centers (FQHC)
- ☐ Other (Specify)

# Health Homes Providers

MEDICAID | Medicaid State Plan | Health Homes | NJ2024MS0006O | NJ-24-0028 | MIGRATED\_HH.NJ BHH (Children) Atlantic,Bergen,Cape May,Mercer,Monmouth

## Package Header

<b>Package ID</b>	NJ2024MS0006O	<b>SPA ID</b>	NJ-24-0028
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	12/30/2024
<b>Approval Date</b>	02/27/2025	<b>Effective Date</b>	10/1/2024
<b>Superseded SPA ID</b>	NJ-16-002-X		
	System-Derived		

☐ Teams of Health Care Professionals

☐ Health Teams

# Health Homes Providers

MEDICAID | Medicaid State Plan | Health Homes | NJ2024MS0006O | NJ-24-0028 | MIGRATED\_HH.NJ BHH (Children) Atlantic,Bergen,Cape May,Mercer,Monmouth

## Package Header

Package ID	NJ2024MS0006O	SPA ID	NJ-24-0028
Submission Type	Official	Initial Submission Date	12/30/2024
Approval Date	02/27/2025	Effective Date	10/1/2024
Superseded SPA ID	NJ-16-002-X		
	System-Derived		

## Provider Infrastructure

### Describe the infrastructure of provider arrangements for Health Home Services

All BHH providers must be designated CMOs. They provide enhanced care coordination (i.e. face-to-face care management and comprehensive service planning for youth and their families with complex needs). CMOs facilitate the development of the child and family team (CFT) and coordinate the CFT meetings and implement individual service plans (ISP). As part of care coordination they identify, and link children and their families to required services and supports that address the needs that are identified on the plan of care. The CMO is well positioned to serve as the bridge for coordinating comprehensive and holistic care for children who also have a chronic medical condition. CMOs work is supported through the CFT which is comprised of minimally the following individuals:

1. A CMO care manager;
2. The child, youth or young adult, and the parent or other caregiver;
3. Any interested person the family wishes to include as a member of the team, including, but not limited to, clergy members, family friends, and any other informal support resource;
4. A representative from the Family Service Organization (FSO), if desired by the family;
5. A clinical staff member who is directly involved in the treatment of the child, youth or young adult that the ISP is being developed for, if desired by the family;
6. Representation from outside agencies the child, youth or young adult is involved with, including, but not limited to, current providers of services, parole/probation officers, and/or educators that the child, youth or young adult and his or her family/caregiver agree to include on the team; and
7. The DCPD caseworker assigned to the child, if the child is receiving child protection or permanency services.

## Supports for Health Homes Providers

### 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 NJs 1115 Comprehensive Medicaid Waiver, NJ has committed to providing quality driven and cost effective treatment throughout the service delivery system. NJ's CSOC will support the Behavioral Health Home (BHH) in these endeavors through a commitment to providing data, technical assistance, training and support. The CSA will have staff designated to monitor and assist the BHH in enrolling eligible children, coordinating with other systems, and providing any other real time assistance to the BHH provider to meet quality, cost and efficiency goals. NJ DMAHS will work with the NJ Managed Care Organizations to ensure that they coordinate with the BHH in the area of data, and the facilitation of patient referrals. All BHH providers must be designated as a CMO by the NJ CSOC and therefore be well versed in behavioral health issues. NJ has implemented the Behavioral Health Home Learning Community (LC) for potential BHH providers. The Learning Community assists providers in developing a full implementation and readiness plan. Through the LC, providers will have an opportunity to develop the capacity to implement the BHH services, and the opportunity to share problems and develop solutions for connecting with other systems with which they will be coordinating. The work of the CMO is also supported by the CSA who authorizes, tracks, and coordinates care and service outcomes (reporting IT and coordination of QM function). Family Support Organizations (FSOs) are also an integral partner to a CMO involved child and their family. The FSOs are comprised of family members who are involved or have been involved in the system and who provide direct peer support and advocacy to children and families receiving CMO services. CMOs have enhanced access to the Mobile Response for crisis intervention provided by a mobile response agency. Relationships with community providers and educational partnerships, positions CMOs well to collaborate effectively at a local level.

## Other Health Homes Provider Standards

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

An eligible BHH provider must meet the following:

- 1.Designated CMO
- 2.Medicaid approved provider
- 3.Certified as a BHH by the NJ CSOC.
- 4.Accredited as a specialty Behavioral Health Home by a nationally recognized and state approved accrediting body within two years of receiving state certification
- 5.Participation in a BHH Learning Community or other learning activity approved by the state

An eligible BHH provider must provide for the following:

6.An approved implementation plan that covers, at minimum, BHH clinical model, financial model, IT and Quality Assurance plan.  
7.Enhanced access including, but not limited to 24/7 access to crisis intervention and other needed services 8.Engaged leadership  
9.Use of a single care plan that coordinates and integrates all behavioral health, primary care, and other needed services and supports. 10.A contract or MOU with regional hospitals to ensure a formalized relationship for transitional care planning, to include communication of inpatient admissions as well as identification of individuals seeking Emergency Department (ED) service  
11.Coordination with primary care practices or federally qualified health centers on an individual basis; 12.A comprehensive data collection system 13.Capacity to collect and report data as specified by the state 14.Agree to participate in CMS and state-required evaluation activities; 15.Certify that they will collect the data necessary to measure outcomes and participate in any studies required by the state and or federal government. 16.A fully implemented Electronic Health Record. 17.Participation in Health Information Exchanges or if an HIE is not available to the BHH provider they submit a plan that includes, the current capacity for electronic information sharing, the gaps in the system, and how they will overcome those gaps to ensure effective coordination of care. Note: Bergen and Mercer Counties have an active HIE.

Name	Date Created	
No items available		



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 10:12 AM EDT*

# NJ - Submission Package - NJ2024MS0006O - (NJ-24-0028) - Health Homes

VIEW PRINT PREVIEW

Summary Reviewable Units Versions Correspondence Log Analyst Notes Approval Letter Transaction Logs News Related Actions

← All Reviewable Units

← Health Homes Providers | Health Homes Payment Methodologies →

View Compare Doc

## Health Homes Service Delivery Systems

MEDICAID | Medicaid State Plan | Health Homes | NJ2024MS0006O | NJ-24-0028 | MIGRATED\_HH.NJ BHH (Children) 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	NJ2024MS0006O	SPA ID	NJ-24-0028
Submission Type	Official	Initial Submission Date	12/30/2024
Approval Date	02/27/2025	Effective Date	10/1/2024
Superseded SPA ID	NJ-16-002-X		
	System-Derived		

View Implementation Guide

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

- ☒ Fee for Service
- ☐ PCCM
- ☒ 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
- ☒ 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 will be 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 not duplicate services. 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.

# NJ - Submission Package - NJ2024MS0006O - (NJ-24-0028) - Health Homes

VIEW PRINT PREVIEW

Summary Reviewable Units Versions Correspondence Log Analyst Notes Approval Letter Transaction Logs News Related Actions

← All Reviewable Units

← Health Homes Service Delivery Systems | Health Homes Services →

View Compare Doc

## Health Homes Payment Methodologies

MEDICAID | Medicaid State Plan | Health Homes | NJ2024MS0006O | NJ-24-0028 | MIGRATED\_HH.NJ BHH (Children) 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	NJ2024MS0006O	SPA ID	NJ-24-0028
Submission Type	Official	Initial Submission Date	12/30/2024
Approval Date	02/27/2025	Effective Date	10/1/2024
Superseded SPA ID	NJ-16-002-X		
	System-Derived		

View Implementation Guide

VIEW ALL RESPONSES

### Payment Methodology

Collapse

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

☒ Fee for Service

☐ Individual Rates Per Service

☒ Per Member, Per Month Rates

☒ 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

☒ Other

Describe below

See rate development description below.

☐ 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

Children, Adolescents, and Young Adults will receive BHH services through the CSOC. CSOC has an existing network of CMOs that provide a variety of care management and support services reimbursed through a monthly per member per month case rate. The BHH will be an enhancement to the existing CMO services for youth that meet BHH eligibility criteria. CMOs will become Childrens BHHs through a state BHH certification process and national accreditation. The BHH rate will be an enhancement to the current CMO rate to support the functions that are specific to the Behavioral Health Home. The rate is inclusive of the CMO base rate and the add-on of the nurse manager and wellness coach. The BHH is a natural fit into the current CMO structure, which leverages the child/family team process to engage and promote better outcomes, so the nurse and wellness coach will become an integral part of delivering the core health homes services. The rate is a fee for service reimbursement structure. All applicable procedure codes listings and/or rates are published on the Department's fiscal agent's website at [www.njmmis.com](http://www.njmmis.com) under the link for "rate code and information".

☐ 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)

## Agency Rates

[Collapse](#)

### 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

## Rate Development

[Collapse](#)

### 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** Children, Adolescents, and Young Adults will receive BHH services through the CSOC. CSOC has an existing network of CMOs that provide a variety of care management and support services reimbursed through a monthly per member per month case rate. The BHH will be an enhancement to the existing CMO services for youth that meet BHH eligibility criteria. CMOs will become Childrens BHHs through a state BHH certification process and national accreditation. The BHH rate will be an enhancement to the current CMO rate to support the functions that are specific to the Behavioral Health Home. The rate is inclusive of the CMO base rate and the add-on of the nurse manager and wellness coach. The BHH is a natural fit into the current CMO structure, which leverages the child/family team process to engage and promote better outcomes, so the nurse and wellness coach will become an integral part of delivering the core health homes services. The rate is a fee for service reimbursement structure. All applicable procedure codes listings and/or rates are published on the Department's fiscal agent's website at [www.njmmis.com](http://www.njmmis.com) under the link for "rate code and information".

## Assurances

[Collapse](#)

- ☒ 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 states 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.

- ☒ The state has developed payment methodologies and rates that are consistent with section 1902(a)(30)(A).
- ☒ The State provides assurance that all governmental and private providers are reimbursed according to the same rate schedule, unless otherwise described above.
- ☒ 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

[Collapse](#)

Name	Date Created	
No items available		

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.

# NJ - Submission Package - NJ2024MS0006O - (NJ-24-0028) - Health Homes

VIEW PRINT PREVIEW

Summary Reviewable Units Versions Correspondence Log Analyst Notes Approval Letter Transaction Logs News Related Actions

← All Reviewable Units

← Health Homes Payment Methodologies | Health Homes Monitoring, Quality Measurement and Evaluation →

View Compare Doc

## Health Homes Services

MEDICAID | Medicaid State Plan | Health Homes | NJ2024MS0006O | NJ-24-0028 | MIGRATED\_HH.NJ BHH (Children) 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	NJ2024MS0006O	SPA ID	NJ-24-0028
Submission Type	Official	Initial Submission Date	12/30/2024
Approval Date	02/27/2025	Effective Date	10/1/2024
Superseded SPA ID	NJ-16-002-X		
	System-Derived		

View Implementation Guide

VIEW ALL RESPONSES

### Service Definitions

Collapse

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 (BHH). The goal of Care Management is the assessment of child's 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 child's needs. The Care Manager is the Team Leader. The BHH team enhances the existing care management team by providing the medical expertise and support needed to help the child and family manage the chronic condition.

##### 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 NJDCF require that BHH providers are able to interface with primary care, specialty care, hospitals, and support services. Every provider is required to utilize the State's EHR(CSA). 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
Care Managers	<p>Comprehensive care management services will be provided by care managers and involve:</p> <ol style="list-style-type: none"> <li>1. Assessment and documentation of eligibility for BHH Services.</li> <li>2. Development and periodic revision of service plans based on information collected through the assessments, review of youth's records and input from child and family.</li> <li>3. Ensuring that implementation of the plan will coordinate access to high quality behavioral health care and facilitate access to health care services that are informed by evidence-based practices, facilitate access to preventative services, specialty medical care and dental care, and social services. Child with chronic conditions who require the expertise and additional medical support will be delegated to the Nurse Manager. Plan will include child/family's goals and preferences, targeted outcomes, identified service provider, coordinator of services and timeframes for services.</li> <li>4. Coordination and supervision of the BHH team.</li> <li>5. Leading the BHH team in the management of care and the implementation of the service plan.</li> <li>6. Convening and leading team meetings with BHH team to review and revise child's service plan periodically and as needed in response to child/family request or other qualifying event, using patient information and clinical data to monitor adherence to treatment guidelines and best practices for key health indicators. This information will be brought to the team for review and action</li> <li>7. Developing and implementing an internal Quality Assurance program that aligns with Centers for Medicare and Medicaid Services (CMS) required program measures and is capable of including additional measures as needed.</li> </ol>

## Care Coordination

### Definition

Care Coordination services are provided by Care Manager with support from the Nurse Manager, with the primary goal of implementing the individualized service plan/plan of care, with active involvement by the child/family, to ensure the plan reflects child/family needs and preferences. Care coordination emphasizes access to a wide variety of services required to improve overall health and wellness. Care Managers can be social workers and/or other trained health care professionals. A license in the health care professions is not required. Nurse Manager must be properly licensed and credentialed (minimum RN).

### 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 NJDCF require that BHH providers are able to interface with primary care, specialty care, hospitals, and support services. Every provider is required to utilize the State's EHR(CSA). 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
Care coordination can be provided by any team member including social workers and nurse managers	<p>Care Coordination services include:</p> <ol style="list-style-type: none"> <li>1. Engaging and retaining child/family as active participants in their care.</li> <li>2. Providing linkages, referrals, and coordination through face-to-face, telephone and or electronic means as necessary to implement the service plan.</li> <li>3. Monitoring and conducting follow-up activities to ensure the service plan is effectively implemented and adequately addresses child/family needs.</li> <li>4. Reviewing service plans with child and family.</li> <li>5. Identifying patients/families who might benefit from additional care management support.</li> <li>6. Following up with patients and families to ensure adherence to treatment guidelines and best practices for services and screenings.</li> <li>7. Coordinating and providing access to individual and family supports including referral to the community, social and recovery supports</li> <li>8. Coordinating and referring to Health Promotion and Wellness activities within the BHH as a member of the BHH Team.</li> <li>9. Maintaining regular, ongoing contact with the child, health providers, and other providers, family and other community supports to ensure progress on implementing the treatment plan, and resolve any coordination problem encountered.</li> </ol>

## Health Promotion

### Definition

Health promotion activities are conducted with an emphasis on empowering the child/family to improve health and wellness. 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 NJDCF require that BHH providers are able to interface with primary care, specialty care, hospitals, and support services. Every provider is required to utilize the State's EHR(CSA). 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 all team members	<ol style="list-style-type: none"> <li>1.Engaging the child in health promotion planning and activities, including the provision of motivational interventions to increase treatment and medication compliance and support lifestyle changes.</li> <li>2. Providing health education specific to chronic conditions.</li> </ol>

Provider Type	Description
	<p>3. Development, with the child and if possible the family, of self-management goals to be included in the service plan.</p> <p>4. Monitoring progress on self-management goals.</p> <p>5. Providing support for the self-management goals included in the service plan.</p> <p>6. Providing skill development activities to help the child/family understand and manage the different health conditions affecting them.</p> <p>7. Providing support and best practices to help child/family learn the skills necessary for maintaining a healthy lifestyle. 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.</p> <p>8. Facilitating and Engaging child/family in Community Supports: help child/family develop and strengthen family support and other community supports to assist them in recovering from behavioral health problems and other health conditions, and help child/family develop motivation to engage in attitudes and activities that promote health and wellness.</p> <p>9. Ensuring access by providing and/or facilitating transportation to appointments, and by accompanying children on appointments to reduce child/family apprehension. Health Team members also can ensure better coordination with the provider by accompanying children and resolve other concerns that might interfere with access to care</p>

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

### Definition

BHHs provide comprehensive transitional care and follow-up to children transitioning from inpatient care and/or emergency care to the community. Comprehensive transitional care can be provided by the Care Manager or Nurse Manager, as a team member, if inpatient is medical in nature. Comprehensive transitional care is provided for every illness that might require intensive 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 NJDCF require that BHH providers are able to interface with primary care, specialty care, hospitals, and support services. Every provider is required to utilize the State's EHR(CSA). 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

1. If the child requires inpatient treatment, the BHH Team will facilitate the children'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 child to their admission, and continuing contact with the child while they are receiving inpatient care.
2. If the child 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 emergency room and inpatient admissions. BHH Team members provide care management and care coordination services to ensure that child/family have the requisite support to begin the process of recovery and reintegration into community living.
3. BHH Team members coordinate care management, care coordination and treatment planning with hospital-based and community-based physicians, nurses, social workers, discharge planners, pharmacists, and others to help children and family members better manage the problems that caused the emergency room/inpatient admission and shift their focus from reactive care to child/family empowerment and proactive health promotion and self-management activities.
4. BHH Team members will work with children, family members, community supports, and other providers to address transition problems, as they arise, employing evidence-based motivational strategies to ensure child/family engagement in problem-solving efforts.
5. BHH will coordinate with the adult system of care to coordinate necessary transitions.

### Description

1. If the child requires inpatient treatment, the BHH Team will facilitate the children'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 child to their admission, and continuing contact with the child while they are receiving inpatient care.

2. If the child 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 emergency room and inpatient admissions. BHH Team members provide care management and care coordination services to ensure that child/family have the requisite support to begin the process of recovery and reintegration into community living.
3. BHH Team members coordinate care management, care coordination and treatment planning with hospital-based and community-based physicians, nurses, social workers, discharge planners, pharmacists, and others to help children and family members better manage the problems that caused the emergency room/inpatient admission and shift their focus from reactive care to child/family empowerment and proactive health promotion and self-management activities.
4. BHH Team members will work with children, family members, community supports, and other providers to address transition problems, as they arise, employing evidence-based motivational strategies to ensure child/family engagement in problem-solving efforts.
5. BHH will coordinate with the adult system of care to coordinate necessary transitions.

- ☐ Medical Specialists
- ☐ Physicians
- ☐ Physician's Assistants
- ☐ Pharmacists
- ☐ Social Workers
- ☐ Doctors of Chiropractic
- ☐ Licensed Complementary and alternative Medicine Practitioners
- ☐ Dieticians
- ☐ Nutritionists
- ☐ Other (specify)

### Individual and Family Support (which includes authorized representatives)

#### Definition

These services can be delivered by 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 child together, or separately

#### 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 NJDCF require that BHH providers are able to interface with primary care, specialty care, hospitals, and support services. Every provider is required to utilize the State's EHR(CSA). 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
Provided by care manager or other team member	<ol style="list-style-type: none"> <li>1.Engaging the family, support system and/or the individual child in services goal of ensuring family engagement in supporting the recovery and health maintenance of children with chronic condition.</li> <li>2. Identifying family related goals to be included in the service plan.</li> <li>3. Providing family education sessions focused on health education, illness management, illness prevention and wellness activities.</li> <li>4. Linking family members to services needed to improve family stability and overall health such as, family therapy and social support services.</li> <li>5. Helping individuals and families learn how to advocate for the services and supports they require. Teaching family members strategies for advocating for the child and family wellness needs.</li> <li>6. Encouraging and teaching family strategies for supporting the child's ability to self-manage their treatment and wellness activities.</li> </ol>

## Referral to Community and Social Support Services

### Definition

Referral to community and social support services involves providing assistance for child/family to obtain necessary community and social supports. CMO's are well positioned to provide access to needed community supports by having built partnerships for collaborative, effective system of care which are executed locally.

### 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 NJDCF require that BHH providers are able to interface with primary care, specialty care, hospitals, and support services. Every provider is required to utilize the State's EHR(CSA). 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
Team members	<ol style="list-style-type: none"> <li>1. Engaging child/family in referral for community and social supports. Since many children an their families 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 children/families to address critical service needs.</li> <li>2. Identifying community and social supports needs such as disability benefits, housing, legal and employment services.</li> <li>3. Identifying available and appropriate community and social support services.</li> <li>4. Referring to community and social support services and providing the support and/or services needed for child/family to obtain these supports such as arranging transportation, making appointments, arranging for peers or others to accompany child.</li> </ol>

## 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**

The CSA will continue to screen and prior authorize Atlantic, Bergen, Cape May, Mercer, and Monmouth County residents for CMO service eligibility. The CSA makes referrals directly to the CMO. Children and Youth who are referred to the CMO will then be screened for Health Home services at the CMO and if eligible, the CMO will request prior authorization for the Health Home service from the CSA. This allows the CMO staff to work directly with the children and their families to explain and discuss the BHH services. Enrollees can opt in or opt out of the Health Home services at the CMO. If an individual opts out of the BHH services they will continue to receive the CMO services that they need. If they opt in to BHH service, the individual will receive all of the services of the CMO plus the additional BHH services.

Name	Date Created
APPROVAL package NJ-16-0002	10/7/2024 1:07 PM EDT
	

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. 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 sources, 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.

# NJ - Submission Package - NJ2024MS0006O - (NJ-24-0028) - Health Homes

VIEW PRINT PREVIEW

Summary Reviewable Units Versions Correspondence Log Analyst Notes Approval Letter Transaction Logs News Related Actions

← All Reviewable Units  
← Health Homes Services

View Compare Doc

## Health Homes Monitoring, Quality Measurement and Evaluation

MEDICAID | Medicaid State Plan | Health Homes | NJ2024MS0006O | NJ-24-0028 | MIGRATED\_HH.NJ BHH (Children) 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	NJ2024MS0006O	SPA ID	NJ-24-0028
Submission Type	Official	Initial Submission Date	12/30/2024
Approval Date	02/27/2025	Effective Date	10/1/2024
Superseded SPA ID	NJ-16-002-X		
	System-Derived		

View Implementation Guide

VIEW ALL RESPONSES

### Monitoring

Collapse

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.

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 children's BHH providers utilize the Contracted System Administrator's (CSA) electronic record, which is purchased by the State. The State is making amendments to the technology to include specific BHH data parameters.

### Quality Measurement and Evaluation

Collapse

- ✓ 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.
- ✓ 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.
- ✓ 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.
- ✓ The state provides assurance that it will track avoidable hospital readmissions and report annually in the Quality Measures report.

Go to HHQM Reports

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.