

## **Table of Contents**

**State/Territory Name: New Jersey**

**State Plan Amendment (SPA) #: 25-0003**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Form CMS-179
- 3) Approved SPA Pages

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services

601 E. 12th St., Room 355

Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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September 15, 2025

Gregory Woods  
Assistant Commissioner  
Division of Medical Assistance and Health Services  
P.O. Box 712, Mail Code #26  
Trenton, NJ 08625-0712

Re: New Jersey State Plan Amendment (SPA) – 25-0003

Dear Assistant Commissioner Woods:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0003. This amendment proposes to add (1) mandatory coverage for eligible juveniles who are inmates of a public institution post-adjudication of charges in accordance with section 1902(a)(84)(D), as added by section 5121 of the Consolidated Appropriations Act, 2023, and (2) proposes to add targeted case management services for eligible juveniles.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations. This letter informs you that New Jersey's Medicaid SPA TN 25-0003 was approved on September 12, 2025, effective January 1, 2025.

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

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

Sincerely,

A large black rectangular redaction box covers the signature of Shantrina Roberts.

Shantrina Roberts, Acting Director  
Division of Program Operations

Enclosures

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services

601 E. 12th St., Room 355

Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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September 15, 2025

Gregory Woods

Assistant Commissioner

Division of Medical Assistance Health Services

P.O. Box 712, Mail Code #26

Trenton, NJ 08625-0712

Re: New Jersey State Plan Amendment (SPA) – 25-0003

Dear Assistant Commissioner Woods:

The Centers for Medicare & Medicaid Services (CMS) is sending this companion letter to NJ 25-0003, approved on September 12, 2025. This State Plan Amendment (SPA) amends the Medicaid State Plan to provide for mandatory coverage in accordance with section 1902(a)(84)(D) of the Social Security Act (the Act) for eligible juveniles who are incarcerated in a public institution post-adjudication of charges. As noted in the approval letter and State Plan, this SPA is effective January 1, 2025, and will sunset on December 31, 2026. The state must complete the actions identified in this letter by the sunset date. Once these actions are completed, the state should submit a SPA to remove the sunset date from the State Plan.

Effective January 1, 2025, section 1902(a)(84)(D) of the Act requires states to have an internal operational plan and, in accordance with such plan, provide for the following for eligible juveniles as defined in section 1902(nn) of the Act (individuals who are under 21 years of age and determined eligible for any Medicaid eligibility group, or individuals determined eligible for the mandatory eligibility group for former foster care children under 42 C.F.R. § 435.150 who are at least age 18 but under age 26) who are within 30 days of their scheduled date of release from a public institution following adjudication:

- In the 30 days prior to release (or not later than one week, or as soon as practicable, after release from the public institution), and in coordination with the public institution, the state must provide any screenings and diagnostic services which meet reasonable standards of medical and dental practice, as determined by the state, or as otherwise indicated as medically necessary, in accordance with the Early and Periodic Screening, Diagnostic, and Treatment requirements, including a behavioral health screening or diagnostic service.
- In the 30 days prior to release and for at least 30 days following release, the state must provide targeted case management (TCM) services, including referrals to appropriate care

and services available in the geographic region of the home or residence of the eligible juvenile, where feasible, under the Medicaid state plan (or waiver of such plan).

We appreciate the state’s efforts to implement this mandatory coverage and recognize the progress that has been made, as well as the complexities associated with full implementation. However, during the review of NJ 25-0003, CMS identified actions that must be completed to fully implement mandatory coverage in accordance with section 1902(a)(84)(D) of the Act. CMS is issuing this companion letter to document these actions and establish a timeframe for their completion.

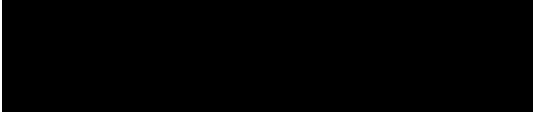
The state must complete the following actions by December 31, 2026, to fully implement section 1902(a)(84)(D) of the Act. Once these actions are completed, the state should submit a SPA to remove the sunset date from the State Plan.

- 1. Systems Updates:** Implement Gainwell systems changes that will allow enrollment and billing for providers across settings.
- 2. Establish and Enroll New Provider Type:** Establish a new specialty 5121 provider type and claims logic that will allow providers only to submit claims for covered services provided to eligible juvenile beneficiaries.
  - a. Enroll the Youth Justice Commission (YJC) as a provider to deliver screening and diagnostic services in the pre-release period, and TCM services in both the pre- and post-release period. As the YJC is not currently a Medicaid provider, New Jersey Division of Medical Assistance and Health Services (NJ DMAHS) and Gainwell will also provide training to YJC identified staff on claiming using the Direct Data Entry (DDE) portal.
  - b. Enroll community providers as 5121 providers to furnish post-release TCM for eligible juvenile beneficiaries leaving New Jersey Department of Corrections (NJ DOC) and County carceral facilities. NJ DMAHS has identified existing TCM providers in the state—currently providing TCM under the ICMS program—to deliver TCM post-release.
- 3. Finalize Data Sharing Agreements:** NJ DMAHS is finalizing data sharing agreements with YJC, NJ DOC, and County carceral facilities to enable identification of eligible juvenile beneficiaries. This includes establishing a process for sharing a “roster” of eligible juvenile beneficiaries.
- 4. Feasibility Assessment of County Carceral Facilities:** Confirm participation of individual counties as well as each facility’s intent to enroll and bill for pre-release services. NJ DMAHS will meet with each of the county jails, document intent to participate in the program, as well as any intention to enroll and bill for pre-release services. Any facilities expressing a desire to enroll and bill will be trained on enrollment and billing procedures.

5. **Align Community TCM Providers with County Jails:** NJ DMAHS is aligning enrolled community TCM providers to county jails by geographical coverage to allow connections with county jails most geographically relevant to their areas of operation, with the goal of connecting eligible juvenile beneficiaries with TCM providers closest to their community of release.

As always, CMS is available to provide technical assistance on any of these actions. If you have any questions, please contact Terri Fraser at (410) 786-5573 or via email at [Terri.Fraser@cms.hhs.gov](mailto:Terri.Fraser@cms.hhs.gov).

Sincerely,

A solid black rectangular box used to redact the signature of Shantrina Roberts.

Shantrina Roberts, Acting Director  
Division of Program Operations

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

1. TRANSMITTAL NUMBER

2 5 — 0 0 0 3

2. STATE

NJ3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL  
SECURITY ACT

XIX



XXI

TO: CENTER DIRECTOR

CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

January 1, 2025

5. FEDERAL STATUTE/REGULATION CITATION

1902(a)(84); 1905(a)(19) and 42 CFR 440.169

~~Section 5121 of the Consolidation Appropriations Act, 2023~~

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2025 \$ 25,300b. FFY 2026 \$ 61,000

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Supplement 6 to Attachment 3.1-A pages 1-7 3.1-A, Pages 1-7

Attachment 4.19-B page 20.1-20.3

Attachment 3.1-M Pages 1-2

Attachment 4.19-B Page 36

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

new

new

new

same

9. SUBJECT OF AMENDMENT

Pre-release and post-release services for justice involved youth (CAA 5121)

10. GOVERNOR'S REVIEW (Check One)



GOVERNOR'S OFFICE REPORTED NO COMMENT



COMMENTS OF GOVERNOR'S OFFICE ENCLOSED



NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL



OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL



12. TYPED NAME

Sarah Adelman

13. TITLE

Commissioner, Department of Human Services

14. DATE SUBMITTED

3/31/25

15. RETURN TO

Gregory Woods, Assistant Commissioner

Division of Medical Assistance and Health Services

P.O. Box 712, Mail Code #26

Trenton, NJ 086250712

**FOR CMS USE ONLY**

16. DATE RECEIVED

03/31/2025

17. DATE APPROVED

09/12/2025

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

01/01/2025

19. SIGNATURE OF APPROVING OFFICIAL



20. TYPED NAME OF APPROVING OFFICIAL

Shantrina Roberts

21. TITLE OF APPROVING OFFICIAL

Acting Director, Division of Program Operations

22. REMARKS

6/12/25 - P&amp;I changes to Box 5 &amp; 7 per the state's request.(TF)

State Plan under Title XIX of the Social Security Act  
State/Territory: New Jersey

**TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES**

Target Group (42 Code of Federal Regulations 441.18(a)(8)(i) and 441.18(a)(9)):

Eligible juveniles as defined in §1902(nn) (individuals who are under 21 years of age and determined eligible for any Medicaid eligibility group, or individuals determined eligible for the mandatory eligibility group for former foster care children age 18 up to age 26, immediately before becoming an inmate of a public institution or while an inmate of a public institution) who are within 30 days of their scheduled date of release from a public institution following adjudication, and for at least 30 days following release.

Post Release TCM Period beyond 30 day post release minimum requirement:

☐ State will provide TCM beyond the 30 day post release requirement. [explain]:

Areas of State in which services will be provided (§1915(g)(1) of the Act):

☒ Entire state

Comparability of services (§§1902(a)(10)(B) and 1915(g)(1))

☒ Services are not comparable in amount duration and scope (§1915(g)(1)).

Definition of services (42 CFR 440.169): Targeted case management (TCM) services are defined as services furnished to assist individuals, eligible under the State Plan, in gaining access to needed medical, social, educational and other services.

Targeted Case Management includes the following assistance:

- ❖ Comprehensive assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social or other services. These assessment activities include:
  - taking client history;
  - identifying the individual's needs and completing related documentation; and
  - gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the eligible individual;

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing Section 5121 of the Consolidated Appropriations Act, 2023. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #85). Public burden for all of the collection of information requirements under this control number is estimated to take about 15 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.



State Plan under Title XIX of the Social Security Act  
State/Territory: New Jersey

**TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES**

The periodic reassessment is conducted every (check all that apply):

- ☐ 1 month
- ☐ 3 months
- ☐ 6 months
- ☐ 12 months
- ☒ Other frequency **[explain]:** Reassessment will be conducted when a change in status is identified

- ❖ Development (and periodic revision) of a specific care plan that is based on the information collected through the assessment that:
  - specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;
  - includes activities such as ensuring the active participation of the eligible individual, and working with the individual (or the individual's authorized health care decision maker) and others to develop those goals; and
  - identifies a course of action to respond to the assessed needs of the eligible individual;
- ❖ Referral and related activities, including referrals to appropriate care and services available in the geographic region of the home or residence of the eligible juvenile, where feasible (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including:
  - activities that help link the individual with medical, social, educational providers, or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan; and
- ❖ Monitoring and follow-up activities are:  
activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the eligible individual's needs, and which may be with the individual, family members, service providers, or other entities or individuals and conducted as frequently as necessary, and including at least one annual monitoring, to determine whether the following conditions are met:

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State Plan under Title XIX of the Social Security Act  
State/Territory: New Jersey

**TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES**

- services are being furnished in accordance with the individual's care plan;
- services in the care plan are adequate; and
- changes in the needs or status of the individual are reflected in the care plan.

Monitoring and follow-up activities include making necessary adjustments in the care plan and service arrangements with providers.

Frequency of additional monitoring:

Specify the type and frequency of monitoring (check all that apply)

☒ Telephonic. Frequency: Click or tap here to enter text.

☒ In-person. Frequency: Click or tap here to enter text.

☐ Other [explain]: Click or tap here to enter text.

Frequency to be dependent on needs identified in individual care plans.

Minimum of one additional monitoring in 30 days post-release

☒ Case management includes contacts with non-eligible individuals that are directly related to identifying the eligible individual's needs and care, for the purposes of helping the eligible individual access services; identifying needs and supports to assist the eligible individual in obtaining services; providing case managers with useful feedback, and alerting case managers to changes in the eligible individual's needs. For instance, a case manager might also work with state children and youth agencies for children who are involved with the foster care system.

(42 CFR 440.169(e))

☒ If another case manager is involved upon release or for case management after the 30-day post release mandatory service period, states should ensure a warm hand off to transition case management and support continuity of care of needed services that are documented in the person-centered care plan. A warm handoff should include a meeting between the eligible juvenile, and both the pre-release and post-release case manager. It also should include a review of the person-centered care plan and next steps to ensure continuity of case management and follow-up as the eligible juvenile transitions into the community.

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**State Plan under Title XIX of the Social Security Act**  
**State/Territory:** New Jersey

**TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES**

Qualifications of providers (42 CFR 441.18(a)(8)(v) and 42 CFR 441.18(b)):

**[Specify provider qualifications that are reasonably related to the population being served and the case management services furnished.]**

Providers must be contracted with the Division of Mental Health and Addiction Services and/or approved by the Division of Medical Assistance and Health Services (DMAHS).

Service Providers:

Case Manager: Must possess a minimum of a bachelor's degree in a behavioral health related profession including, but not limited to nursing, psychology, counseling or social work or a bachelor's degree with two years of care management experience.

Case Management supervisor: An individual who is responsible for the oversight, direction, provision and quality of post-release re-entry case management services. Supervisors must be a licensed clinician in a healthcare profession.

Care Manager Supervisor: An individual who is responsible for the oversight, direction, provision and quality of re-entry services. Supervisors must be a licensed clinician but not limited to:

Psychologist

Registered Nurse (RN)

Licensed Social Worker (LSW)

Licensed Professional Counselor (LPC)

Licensed Marriage and Family Therapist (LMFT)

Licensed Clinical Alcohol and Drug Counselor (LCADC)

Physician

Advance Practice Nurse

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State Plan under Title XIX of the Social Security Act  
State/Territory: New Jersey

**TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES**

Freedom of choice (42 CFR 441.18(a)(1)):

☒ The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

1. Eligible individuals will have free choice of any qualified Medicaid provider within the specified geographic area identified in this plan.
2. Eligible individuals will have free choice of any qualified Medicaid providers of other medical care under the plan.

Freedom of Choice Exception (§1915(g)(1) and 42 CFR 441.18(b)):

☐ Target group consists of eligible individuals with developmental disabilities or with chronic mental illness. Providers are limited to qualified Medicaid providers of case management services capable of ensuring that individuals with developmental disabilities or with chronic mental illness receive needed services:

**[Identify any limitations to be imposed on the providers and specify how these limitations enable providers to ensure that individuals within the target groups receive needed services below.]**

Click or tap here to enter text.

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing Section 5121 of the Consolidated Appropriations Act, 2023. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #85). Public burden for all of the collection of information requirements under this control number is estimated to take about 15 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

State Plan under Title XIX of the Social Security Act  
State/Territory: New Jersey

**TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES**

Access to Services (42 CFR 441.18(a)(2), 42 CFR 441.18(a)(3), 42 CFR 441.18(a)(6)):

☒ The state assures the following:

- Case management (including targeted case management) services will not be used to restrict an individual's access to other services under the plan.
- Individuals will not be compelled to receive case management services, condition receipt of case management (or targeted case management) services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of case management (or targeted case management) services; and
- Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plans.
- Delivery of TCM and the policies, procedures, and processes developed to support implementation of these provisions are built in consideration of the individuals release and will not effectuate a delay of an individual's release or lead to increased involvement in the juvenile and adult justice systems.

Payment (42 CFR 441.18(a)(4)):

☒ The state assures payment for case management or targeted case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

Case Records (42 CFR 441.18(a)(7)):

☒ The state assures providers maintain case records that document for all individuals receiving case management as follows: (i) The name of the individual; (ii) The dates of the case management services; (iii) The name of the provider agency (if relevant) and the person providing the case management service; (iv) The nature, content, units of the case management services received and whether goals specified in the care plan have been achieved; (v) Whether the individual has declined services in the care plan; (vi) The need for, and occurrences of, coordination with other case managers; (vii) A timeline for obtaining needed services; (viii) A timeline for reevaluation of the plan.

Limitations:

☒ The state assures that case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities are an integral and inseparable component of another covered Medicaid service (State Medicaid Manual (SMM) 4302.F).

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing Section 5121 of the Consolidated Appropriations Act, 2023. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #85). Public burden for all of the collection of information requirements under this control number is estimated to take about 15 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

State Plan under Title XIX of the Social Security Act  
State/Territory: New Jersey

**TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES**

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities constitute the direct delivery of underlying medical, educational, social, or other services to which an eligible individual has been referred, including for foster care programs, services such as, but not limited to, the following: research gathering and completion of documentation required by the foster care program; assessing adoption placements; recruiting or interviewing potential foster care parents; serving legal papers; home investigations; providing transportation; administering foster care subsidies; making placement arrangements. (42 CFR 441.18(c))

FFP only is available for case management services or targeted case management services if there are no other third parties liable to pay for such services, including as reimbursement under a medical, social, educational, or other program except for case management that is included in an individualized education program or individualized family service plan consistent with §1903(c) of the Act. (§§1902(a)(25) and 1905(c))

☐ State has additional limitations **[Specify any additional limitations.]**

Click or tap here to enter text.

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**Mandatory Coverage for  
Eligible Juveniles who are  
Inmates of a Public Institution  
Post Adjudication of Charges**

State/Territory: New Jersey

General assurances. State must indicate compliance with all four items below with a check.

☒ In accordance with section 1902(a)(84)(D) of the Social Security Act, the state has an internal operational plan and, in accordance with such plan, provides for the following for eligible juveniles as defined in 1902(nn) (individuals who are under 21 years of age and determined eligible for any Medicaid eligibility group, or individuals determined eligible for the mandatory eligibility group for former foster care children age 18 up to age 26, immediately before becoming an inmate of a public institution or while an inmate of a public institution) who are within 30 days of their scheduled date of release from a public institution following adjudication:

☒ In the 30 days prior to release (or not later than one week, or as soon as practicable, after release from the public institution), and in coordination with the public institution, any screenings and diagnostic services which meet reasonable standards of medical and dental practice, as determined by the state, or as otherwise indicated as medically necessary, in accordance with the Early and Periodic Screening, Diagnostic, and Treatment requirements, including a behavioral health screening or diagnostic service.

☒ In the 30 days prior to release and for at least 30 days following release, targeted case management services, including referrals to appropriate care and services available in the geographic region of the home or residence of the eligible juvenile, where feasible, under the Medicaid state plan (or waiver of such plan).

☒ The state acknowledges that a correctional institution is considered a public institution and may include prisons, jails, detention facilities, or other penal settings (e.g., boot camps or wilderness camps).

Additional information provided (optional):

☐ No

☒ Yes [provide below]

*The state may determine that it is not feasible to provide the required services during the pre-release period in certain carceral facilities (e.g., identified local jails, youth correctional facilities, and state prisons) and/or certain circumstances (e.g. unexpected release or short-term stays). The state will maintain clear documentation in its internal operational plan regarding each facility and/or circumstances where the state determines that it is not feasible to provide for the required services during the pre-release period. This information is available to CMS upon request. Services will be provided post-release, including the mandatory 30-days of targeted case management, screening, and diagnostic services.*

*The state will maintain clear documentation in its internal operational plan indicating which carceral facility/facilities are furnishing required services during the pre-release period but not enrolling in or billing Medicaid. This information is available to CMS upon request.*



**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT STATE OF NEW JERSEY****METHODS AND STANDARD FOR ESTABLISHING PAYMENT RATES FOR NON-INSTITUTIONAL SERVICES****REIMBURSEMENT FOR PRE-RELEASE AND POST RELEASE SERVICES FOR JUSTICE INVOLVED YOUTH**

Reimbursement for re-entry care management services in the 30 days prior to release and in the 30 days post-release under the justice-involved youth program (pursuant to Section 5121 of the Consolidation Appropriations Act, 2023 (CAA), CAA 5121) were made in accordance with the negotiated rate as described below.

*Rate development*

The rates for this program were developed by examining existing rates for State Medicaid programs that are similar in scope, in particular existing targeted case management programs.

The rates were developed as the result of benchmarking analysis of similar programs in the State of New Jersey and in peer states.

Reimbursement for Justice-involved EPSDT services pursuant to CAA 5121 were developed in accordance with a set fee schedule, comprising three possible service bundles corresponding to varying level of intensity. Bundle selection will be at the discretion of the EPSDT provider according to the intensity of the member's health needs at the time of service provision. Reimbursement rates are based on bundle selection. options and descriptions of services included therein are as follows:

EPSDT Basic - Review of medical history to discuss trends, next steps, and post-release health priorities. This includes:

- A 25-minute physical evaluation including a health record review and anticipatory guidance

TN: 25-0003

Approval Date: September 12, 2025

Supersedes: NEW

Effective Date: January 1, 2025

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT STATE OF  
NEW JERSEY**

**METHODS AND STANDARD FOR ESTABLISHING PAYMENT RATES FOR  
NON-INSTITUTIONAL SERVICES**

REIMBURSEMENT FOR PRE-RELEASE AND POST RELEASE SERVICES FOR  
JUSTICE INVOLVED YOUTH

- EPSDT Routine - Full set of routine services per EPSDT guidelines including:
  - A 40-minute interval history and full physical evaluation including measurements, Tuberculosis screening, and anticipatory guidance
  - Sensory screenings
  - Behavioral health screenings as indicated (behavioral / social / emotional screening, substance use screening, depression and suicide risk screening)
  - Dental exams (oral evaluation, caries/cavities risk assessment, oral hygiene instructions)
  - Sexually Transmitted Infection (STI) testing
- EPSDT Routine Plus - Full set of routine services plus additional services to address medical gaps or needs. This includes:
  - All services in the 'Routine' category
  - Specialized services (Dental treatment, immunizations, etc.)
  - Screenings and assessments based on individual health history and needs

The fee covers the activities necessary for the physician to determine a recipient's need for services, deliver a treatment plan, or if necessary, modify an existing treatment plan.

Services within each bundle are aligned to EPSDT services as described in State Plan 3.1A, service 4b "early and periodic screening diagnostic and treatment services for individuals under 21 years of age" and are not a multi-benefit category bundle. Bundles are encounter based and daily.

Providers delivering services to 5121 eligible individuals through this bundle will be paid through the bundle payment rate and cannot bill separately; Medicaid providers delivering separate services outside of the bundle may bill for those separate services.

At least one of the services included in the bundle must be provided for providers to bill the bundled rate.

This rate does not contain costs related to room and board or other unallowable facility costs.

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**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT STATE OF NEW JERSEY****METHODS AND STANDARD FOR ESTABLISHING PAYMENT RATES FOR NON-INSTITUTIONAL SERVICES****REIMBURSEMENT FOR PRE-RELEASE AND POST RELEASE SERVICES FOR JUSTICE INVOLVED YOUTH**

The state will periodically monitor provision of services paid under these bundles to ensure beneficiaries receive the types, quantity, and intensity of services required to meet their individual medical needs and will ensure that the rates remain economic and efficient based on services actually provided as part of the bundle.

Each service bundle rate was based on expected utilization of individual services within each bundle. The rates also include the cost of care management functions and development of a written treatment plan outlining recommended physical or behavioral health services post-release.

Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of all EPSDT services. In no event shall the payment exceed the charge by the provider for identical services to other governmental agencies, or other groups or individuals in the community.

The effective date, the applicable fee schedules, and link to their electronic publication can be found on page 36 of Attachment 4.19B of the State Plan. All applicable procedure code listings and/or rates are published on the State's website at [www.njmmis.com](http://www.njmmis.com) under the link for "Rates and Code Information" and Medicaid fee for service sections.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
STATE OF NEW JERSEY

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES FOR NON-  
INSTITUTIONAL SERVICES

FEE SCHEDULE EFFECTIVE DATES AND LINKS

Except where noted otherwise, the fees in the State's fee schedules referenced in Attachment 4.19-B below were set on January 1, 2025 and are effective for services provided on or after that date. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of the Medicaid services listed below. Services for both ABP and non-ABP beneficiaries utilize the same rates unless otherwise noted in the plan. All applicable procedure code listings and/or rates are published on the State's website at [www.njmmis.com](http://www.njmmis.com) under the link for 'Rate and Code Information' and can be found in the following locations:

- **Medicaid Fee Schedules:**

- **Location:** Procedure Master Listing – Medicaid Fee for Service - CY 2025 (last updated in SPA 25-0003 effective 1/1/25)
- **Description:** Main file of procedure codes billable to Medicaid for all services except as listed below.

- **Children's Rates: (excluding Special Education Medicaid Initiative (SEMI))**

All applicable procedure code listings and/or rates are published on the State's website at [www.njmmis.com](http://www.njmmis.com) under the link for 'Rate and Code Information' and can be found in the following locations:

- **Location:** Procedure Master Listing – Children's Rates – CY 2024 (last updated in SPA 24-0001– effective 1/1/2024)
- **Description:** File contains procedure codes billable to Medicaid for services provided to beneficiaries under the age of 21 except as listed below.

- **Outpatient Laboratory Billing Only:**

All applicable procedure code listings and/or rates are published on the State's website at [www.njmmis.com](http://www.njmmis.com) under the link for 'Rate and Code Information' and can be found in the following locations:

- **Location:** Procedure Master Listing - Outpatient Hospital Laboratory Billing Only – CY 2024 (SPA NJ 24-0001 effective 1/1/2024)
- **Description:** File contains procedure codes billable to Medicaid for laboratory services conducted in an outpatient hospital setting as described beginning on Page 2 of this Section.

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