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State/Territory Name: New Jersey

State Plan Amendment (SPA) #: 25-0004

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

December 5, 2025

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

Re: New Jersey State Plan Amendment (SPA) - 25-0004

Dear Assistant Commissioner Woods:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0004. This amendment proposes to implement Supportive Visitation Services, an evidence-informed visitation model, which will provide therapeutic and supportive behavioral health services to children in out-of-home placement to build stronger child-parent attachment, prevent or reduce child behavioral problems, and decrease child maltreatment. Services will be provided either in the home or in any other community, non-institutional setting.

We conducted our review of your submittal according to statutory requirements, section 1905(a)(13), in Title XIX of the Social Security Act and implementing regulations, 42 C.F.R. §440.130(c). This letter informs you that New Jersey's Medicaid SPA TN 25-0004 was approved on December 5, 2025, effective April 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.

Sincerely,

A solid black rectangular box redacting the signature of Wendy E. Hill Petras.

Wendy E. Hill Petras, Acting Director
Division of Program Operations

Enclosures

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

1. TRANSMITTAL NUMBER

2 5 — 0 0 0 4

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

April 1, 2025

5. FEDERAL STATUTE/REGULATION CITATION

42 C.F.R. Section 440.130(c)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2025 \$ 5,207,488b. FFY 2026 \$ 10,404,351

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Addendum to Attachment 3.1-A Page 13(c) ~~(2d1), (2d2)~~ (2i), (2j)
Addendum to Attachment 3.1-B page, and (2c2)Attachment 4.19 B Page ~~28.6~~ 28.7

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

Supportive Visitation Services

10. GOVERNOR'S REVIEW (Check One)



GOVERNOR'S OFFICE REPORTED NO COMMENT



COMMENTS OF GOVERNOR'S OFFICE ENCLOSED




NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL



OTHER, ASSPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL



12. TYPED NAME

Sarah Adelman

13. TITLE

Commissioner, Department of Human Services

14. DATE SUBMITTED

2/25/25

15. RETURN TO

Gregory Woods Jacobs, 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

02/25/2025

17. DATE APPROVED

12/05/2025

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

04/01/2025

19.



20. TYPED NAME OF APPROVING OFFICIAL

Wendy E. Hill Petras

21. TITLE OF APPROVING OFFICIAL

Acting Director, Division of Program Operations

22. REMARKS

10/28/25 - Per the state's request, P&I changes made to Box 7.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
Limitations on Amount, Duration and Scope of Services
Provided to the Categorically Needy

13(c) Preventive Services – Supportive Visitation**General Description**

Pursuant to 42 C.F.R. Section 440.130(c), Supportive Visitation Services are provided as preventive services and must be recommended by a physician or other licensed practitioner of the healing arts within his or her scope of practice under state law to prevent or reduce further trauma to the beneficiary and/or promote the physical and mental health of the beneficiary.

If a child has experienced out-of-home placement, the healing process for the child, youth and family is complex. The involved children and families often benefit from support through this process to prevent further harm to the child. Supportive Visitation will provide therapeutic and supportive behavioral health services to children in out of home placement to build stronger child-parent attachment, prevent or reduce child behavioral problems, and decrease child maltreatment. All Supportive Visitation Services are for the direct benefit of the beneficiary. Comparable services for children not in out-of-home placement are available in the existing state plan benefits for children through New Jersey's Children's System of Care.

Service Description

New Jersey intends to provide Supportive Visitation Services to children as determined by an assessment of the child conducted by a licensed practitioner. Services include the child's family members for the direct benefit of the child. Supportive Visitation Services include two service components:

- **Therapeutic Visitation Services** are intensive, clinical services that include:
 - Trauma-informed therapy to identify, address, and prevent future unhealthy interactions.
 - Skill building to help child and parents to interact successfully.
 - Education on the child's needs and on effective means to interact with the child.
- **Supportive Visitation Services** are less intensive interventions designed for children with less acute needs and/or to sustain and reenforce progress made in therapeutic interventions. Services may include skill building, education and coaching to reinforce the interventions described above and reinforce healthy interactions.

There is no prior authorization associated with these services.

25-0004-MA (NJ)

TN: 25-0004-MA

Approval Date: December 5, 2025

Supersedes: NEW

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
Limitations on Amount, Duration and Scope of Services
Provided to the Categorically Needy

Services can be provided in the home or in any other community, non-institutional setting. Services are limited to only those providers who were selected by DCF via a competitive Request for Proposal (RFP) process and meet the Medicaid conditions of participation in accordance with the selective contracting waiver in the state's 1115 demonstration. The State assures adherence to all Medicaid program requirements that have not been expressly waived in the Section 1115 demonstration.

All services are available statewide and are comparable across the state.

Qualified Provider Specifications: At a minimum, the individuals who provide services, must possess the following:

Therapeutic Visitation Specialist:

- Valid professional license/certification (LPC, LAC, LCSW, LSW, CSW, LMFT)

OR

- Medical degree (MD or DO), or Doctorate in Psychology.

Supportive Visitation Specialist:

- Bachelor's degree in social work, counseling or related field preferred;

OR

- Associate degree in related field; and
- Experience with children and families, particularly families involved with the child welfare system and/ or affected by trauma preferred but not required.

The visitation program director providing clinical oversight and supervision to a therapeutic visitation specialists and supportive visitation specialists must be licensed by the State of New Jersey in a behavioral health field, such as social work, counseling, psychology, or psychiatric nursing.

25-0004-MA (NJ)

TN: 25-0004-MA

Approval Date: December 5, 2025

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**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
Limitations on Amount, Duration and Scope of Services
Provided to Medically Needy Groups**

PREGNANT WOMEN, DEPENDENT CHILDREN, AND THE AGED, BLIND, OR DISABLED

13(c) Preventive Services – Supportive Visitation

Supportive Visitation Services for Medically Needy Groups are identical to Supportive Visitation Services for the Categorically Needy, as set forth in Addendum to Attachment 3.1-A Page 13(c) (2i) through (2j).

25-0004-MA (NJ)

TN: 25-0004-MA

Approval Date: December 5, 2025

Supersedes: NEW

Effective Date: April 1, 2025

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

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

Reimbursement for Preventative Services: Supportive Visitation Services

The Supportive Visitation Services (SVS) unit rates include the provision of the services included in the SVS service description, and as indicated by the child's family assessment and updated as child needs change through the SVS visitation planning process. The SVS fee-for-service rates are billed in 15-minute units (15 min = 1 unit) based on the level of service and interventions included in the approved assessment or visitation plan.

The fees were established using a market-based rate setting methodology employing the following primary indicators of reasonable and appropriate healthcare costs in New Jersey's regional healthcare markets.

1. Regional median salary data obtained from various proprietary sources and the U.S. Bureau of Labor Statistics data specific to New Jersey for positions selected for comparability and clinical appropriateness according to title, minimum education, licensure and supervisory requirements, and description of duties.
2. Staffing patterns derived from service-specific clinical guidelines establishing minimum, industry accepted standards for direct care staffing, consumer access and service frequency and clinical and administrative supervision.

Rates have been established based on a survey of current market rates.

The effective date, the applicable fee schedules, and link to the electronic publication for rates can be found on page 36 of Attachment 4.19-B of the State Plan. Except as otherwise noted in the plan, the state-developed fee schedule rates are the same for both governmental and private providers of Medicaid services listed above.

25-0004-MA (NJ)

TN: 25-0004-MA

Approval Date: December 5, 2025

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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 April 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 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 25-0004 effective 4/1/25)**
 - **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 under the link for 'Rate and Code Information' and can be found in the following locations:

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

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

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

25-0004 MA (NJ)

TN: 25-0004

Approval Date: December 5, 2025

SUPERSEDES: 25-0003

Effective Date: April 1, 2025