

## **Table of Contents**

**State/Territory Name: New Jersey**

**State Plan Amendment (SPA) #: 18-0009**

This file contains the following documents in the order listed:

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

**DEPARTMENT OF HEALTH & HUMAN SERVICES**  
Centers for Medicare & Medicaid Services  
601 East 12th Street, Suite 0300  
Kansas City, Missouri 64106-2898



Medicaid and CHIP Operations Group

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March 19, 2020

Jennifer Langer Jacobs  
Assistant Commissioner  
NJ Department of Human Services  
Division of Medical Assistance and Health Services  
P.O. Box 712  
Trenton, NJ 08625-0712

RE: SPA #18-0009

Dear Ms. Langer Jacobs:

This is to notify you that New Jersey's State Plan Amendment (SPA) #18-0009, "Long-Term Residential Substance Use Disorder Treatment," has been approved on March 10, 2020, for adoption into the State Medicaid Plan, with an effective date of October 1, 2018. This SPA proposes to add coverage for Long-Term Residential Substance Use Disorder Services to the Title XIX and State Plan.

If you have any questions or wish to discuss this SPA further, please contact Michael Cutler of this office. Mr. Cutler may be contacted at (212) 616-2421.

Sincerely,

  
James G. Scott, Director  
Division of Program Operations

cc:  
Nicole McKnight  
Yvette Moore  
Michael Cutler

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

**FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER:  
18-0009 MA

2. STATE  
New Jersey

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
CENTERS FOR MEDICARE & MEDICAID SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
October 1, 2018

5. TYPE OF PLAN MATERIAL (Check One):  
 NEW STATE PLAN       AMENDMENT TO BE CONSIDERED AS NEW PLAN       AMENDMENT  
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:  
42 U.S. C. 1396a(a)(30)(A); 42 USC 1396d(a)(13)

7. FEDERAL BUDGET IMPACT:  
a. FFY 2019 \$ 3.2M  
b. FFY 2020 \$ 3.2M

8. PAGE NUMBER OF THE PLAN SECTION OR  
ATTACHMENT:  
Addendum to Attachment 3.1A Page 13(d).9m  
Addendum to Attachment 3.1A Page 13(d).9q(1)  
Addendum to Attachment 3.1A Page 13(d).9q(2)  
Attachment 4.19 B Page 36

9. PAGE NUMBER OF THE SUPERSEDED PLAN  
SECTION OR ATTACHMENT (If Applicable):  
Same  
New  
New  
Same

10. SUBJECT OF AMENDMENT:  
  
Long Term Residential Substance Use Disorder Treatment

11. 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:  
Not required, pursuant to 7.4 of the Plan

13. TYPED NAME: Carole Johnson  
14. TITLE: Commissioner,  
Department of Human Services  
15. DATE SUBMITTED: 12/21/18

16. RETURN TO:  
Meghan Davey, Director  
Division of Medical Assistance and Health  
Services  
P.O. Box 712, Mail Code #26  
Trenton, NJ 08625-0712

**FOR REGIONAL OFFICE USE ONLY**  
17. DATE RECEIVED: 12/21/2018  
18. DATE APPROVED: 03/10/2020

**PLAN APPROVED - ONE COPY ATTACHED**  
19. EFFECTIVE DATE OF APPROVED MATERIAL:  
10/01/2018

21. TYPED NAME:  
James G. Scott

22. TITLE:  
Director, Division of Program Operations

23. REMARKS:

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

**13(d).9 Rehabilitation Services (cont'd)**

**Community Mental Health Rehabilitation Services –**

**Substance Abuse Disorder non-Hospital based Detox  
Substance Abuse Disorder Outpatient (Non-Hospital)  
Substance Abuse Disorder Partial Care  
Substance Abuse Disorder Intensive Outpatient (Non-Hospital)  
Substance Abuse Disorder Short-Term Residential  
Medication Assisted Treatment**

**Substance Abuse Disorder Non-Hospital based detox - Rehabilitative Services  
(Short Term)**

**Service Descriptions:**

Non-hospital-based detoxification is offered in either a residential rehabilitative substance use disorder treatment facility or by an ambulatory outpatient withdrawal management service provider approved by DMHAS to provide outpatient withdrawal management (WM).

Non-hospital-based detoxification is a residential rehabilitative substance use disorders treatment facility designed primarily to provide short-term care prescribed by a physician and conducted under medical supervision to treat a client's physical symptoms caused by addictions, according to medical protocols appropriate to each type of addiction. All other licensing requirements for medical services must be followed. This service meets ASAM, Level 3.7 WMD treatment modality.

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**18-0009-MA (NJ)**

**TN: 18-0009**

**Approval Date 03/10/2020**

**Supersedes TN: 16-0009**

**Effective Date 10/01/2018**

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
Limitations on Amount, Duration and Scope of Services  
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**13(d).9 Rehabilitation Services (cont'd)**

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**Substance Abuse Disorder non-Hospital based Detox  
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Substance Abuse Disorder Partial Care  
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Substance Abuse Disorder Short-Term Residential  
Medication Assisted Treatment**

**Substance Abuse Disorder Non-Hospital based detox - Rehabilitative Services  
(LongTerm) Service Descriptions:**

Long Term Residential (LTR) substance use disorder treatment is primarily designed to foster personal growth and social skills development, with interventions focused on reintegrating the client into the greater community. Individuals requiring this level of care are severely addicted individuals who need a 24 hour supportive treatment environment to initiate or continue a recovery process. Independent placement review (IPPR) is required to ensure the beneficiary meets ASAM 3.5 treatment modality.

LTR facilities provide counseling on at least six separate occasions and shall include a minimum of one hour of individual client counseling and ten hours of group counseling provided by a Licensed Clinical Practitioner (LCP) or clinical staff under the supervision of the LCP as outlined in state regulation.

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**18-0009-MA (NJ)**

**TN: 18-0009**

**Approval Date 03/10/2020**

**Supersedes TN: NEW**

**Effective Date 10/01/2018**

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
Limitations on Amount, Duration and Scope of Services  
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**13(d).9 Rehabilitation Services (cont'd)**

**Community Mental Health Rehabilitation Services –**

**Substance Abuse Disorder non-Hospital based Detox  
Substance Abuse Disorder Outpatient (Non-Hospital)  
Substance Abuse Disorder Partial Care  
Substance Abuse Disorder Intensive Outpatient (Non-Hospital)  
Substance Abuse Disorder Short-Term Residential  
Medication Assisted Treatment**

**Substance Abuse Disorder Non-Hospital based detox -Rehabilitative Services  
(LongTerm) (cont'd)**

**Service Limitations:**

- ASAM Level 3.5
- Service admission is recommended by a physician or other licensed practitioner of the healing arts within their scope of practice under state law.
- Duration of service is expected to be up to 60 days but can be longer if medically necessary.

**Provider Specifications:**

- Licensed Substance Abuse Treatment facility.

**18-0009-MA (NJ)**

**TN: 18-0009**

**Approval Date 03/10/2020**

**Supersedes TN: NEW**

**Effective Date 10/01/2018**

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

The fees in the State's fee schedules referenced in Attachment 4.19-B were set on July 1, 2018 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 2018 (last updated in SPA 18-0009 effective 10/1/2018)**
  - **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 2018 (SPA 18-0001 – effective 1/1/2018)**
  - **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 2018 (SPA NJ 18-0001 effective 1/1/2018)**
- **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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TN: 18-0009 MA (NJ)

SUPERCEDES: 18-0003

18-0009 MA (NJ)  
Approval Date: 03/10/2020

Effective Date: 10/01/2018