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State/Territory Name: New Jersey

State Plan Amendment (SPA) #: 20-0005

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

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
233 North Michigan Ave., Suite 600
Chicago, Illinois 60601



Financial Management Group

May 14, 2021

Carole Johnson
Commissioner
Medical Assistance and Health Services
Department of Human Services
CN 12 Quakerbridge Plaza
Trenton, New Jersey 08625-0712

RE: Title XIX State Plan Amendment (SPA), Transmittal #20-0005 SUD

Dear Ms. Johnson:

We have reviewed the proposed amendment to Attachment 4.19-B of your Medicaid State plan submitted under transmittal number 20-0005. This amendment was submitted in order to update Medicaid Fee Schedules.

Based upon the information provided by New Jersey, we have approved the amendment with an effective date of July 1, 2020. We are enclosing the approved CMS-179 and a copy of the new state plan pages.



If you have any additional questions or need further assistance, please contact Division of Reimbursement Review (DRR) analyst Debi Benson at (312) 886-0360 or Deborah.Benson@cms.hhs.gov

Sincerely,

A solid black rectangular box used to redact the signature of Todd McMillion.

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 20-0005 MA	2. STATE New Jersey
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		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 July 1, 2020	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> 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 2020 \$ 85,217 b. FFY 2021 \$350,856	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Addendum to Attachment 3.1-A Page 13(d).9qq1-qq4 Attachment 4.19-B page 36a		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): New Same	
10. SUBJECT OF AMENDMENT: Substance Use Disorder Care Management Services			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Not required, pursuant to 7.4 of the Plan <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Jennifer Langer Jacobs, Assistant Commissioner Division of Medical Assistance and Health Services P.O. Box 712, Mail Code #26 Trenton, NJ 08625-0712	
13. TYPED NAME: Carole Johnson			
14. TITLE: Commissioner, Department of Human Services			
15. DATE SUBMITTED: 8/26/2020			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: August 26, 2020		18. DATE APPROVED: May 14, 2021	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2020		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Todd McMillon		22. TITLE: Director, Division of Reimbursement Review	
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 Use Disorder Care Management Services**

Care Management Services

Care management is a behavioral health service intended to support NJ FamilyCare beneficiaries who have Substance Use Disorder (SUD) with complex physical or psychosocial needs. Care managers assist beneficiaries as they transition throughout the substance use disorder continuum of care by matching their perceived needs with available resources and then assisting them to access care. Care managers work with beneficiaries to implement strategies that prevent substance abuse by guiding the treatment team to process identified tasks. To accomplish this, care managers build collaborative relationships with non-SUD treatment providers to address identified needs. Care management responsibilities include but are not limited to:

- Developing and maintaining a care management plan based on beneficiary's expressed need or interests.
- Identifying how a beneficiary's complex needs interact with their SUD.
- Providing linkage to medical, behavioral health and community services including Medication Assisted Treatment (MAT).
- Engaging Medicaid beneficiaries to be full partners in planning their own services.
- Guiding Medicaid beneficiaries to identify activities that would most help them maximize opportunities for successful community living.
- Encouraging sustained recovery.

20-0005 MA (NJ)

TN 20-0005

Approval Date May 14, 2021

Supersedes TN NEW

Effective Date July 1, 2020

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
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13(d).9 Rehabilitation Services (cont'd)

**Community Mental Health Rehabilitation Services –
Care Management Services**

Service Limitations:

Services must be recommended by a licensed physician, physician assistant or nurse practitioner practicing within their scope of practice.

Providers must be approved by the Division of Medical Assistance and Health Services to provide care management services as a part of their program.

Beneficiaries must:

- have a diagnosis of Substance Use Disorder
- be actively receiving, or in need of, SUD treatment
- have complex needs including, but not limited to:
 - homelessness or being at risk for homelessness
 - Severe Mental Illness (SMI)
 - chronic and serious physical health conditions
 - Pregnancy

20-0005 MA (NJ)

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

**Community Mental Health Rehabilitation Services –
Care Management Services**

Treatment requirements:

- NJ FamilyCare services must be coordinated within the context of a treatment plan.
- Documentation of the coordination between any treatment and care management services shall be documented in the beneficiary's record.
- Documentation shall include a person-centered planning process that addresses all life domains (not limited to addiction treatment)

Provider Specifications:

Providers must be a NJ DOH Licensed Independent Clinic (Substance Use) that is approved by the Division of Medical Assistance and Health Services (DMAHS) to provide substance abuse related services by, or under the direction of, a physician affiliated with the clinic or a licensed physician, physician assistant or nurse practitioner practicing within their scope of practice who shall assure that the services provided are medically appropriate.

Service Providers:

Care Manager: Possess 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 addiction treatment experience (professional or personal). Service must be supervised by a licensed clinician.

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

**Community Mental Health Rehabilitation Services –
Care Management Services**

Care Manager Supervisor: An individual who is responsible for the oversight, direction, provision and quality of substance abuse services. Supervisors must be a licensed clinician including, 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

20-0005 MA (NJ)

TN 20-0005

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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 (Cont'd)

- **Outpatient Psychiatric Services Only:**

The fees in the State's fee schedules referenced in Attachment 4.19-B were set on January 1, 2020 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:

- **Location: Procedure Code Master Listing – Outpatient Psychiatric Services Only – CY 2020 (last updated in SPA 20-0005 effective 7/1/20)**
- **Description:** File containing Revenue Codes and rates for Outpatient Psychiatric Services provided to adults and children, as described under Outpatient Mental Health Services on Page 2a of this Section.

- **Home Health Rates Only:**

The fees in the State's fee schedules referenced in Attachment 4.19-B were set on January 1, 2016 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:

- **Location: Skilled Nursing Service Rates – Statewide and Provider Specific Rates**
- **Description:** File containing Revenue Codes and rates for statewide Home Health services as described on Page 6a of this Section.

TN: 20-0005	20-0005 MA (NJ)
	Approval Date: <u>May 14, 2021</u>
SUPERCEDES: 20-0001	Effective Date: <u>July 1, 2020</u>