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State/Territory Name: **New Jersey**

State Plan Amendment (SPA) #: **21-0007**

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
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

October 28, 2021

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

Re: New Jersey State Plan Amendment (SPA) #21-0007

Dear Ms. Jacobs:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of New Jersey's state plan amendment (SPA) submitted under transmittal number (TN) #21-0007 on September 21, 2021. The state has proposed to allow any licensed provider to provide navigator services in the Office-Based Addiction Treatment (OBAT) program.

CMS has conducted our review of your submittal according to statutory requirements in Title XIX of the Act and implementing regulations. Based on the information that the state shared, CMS has approved TN #21-0007 on October 27, 2021 with an effective of August 20, 2021. This SPA supersedes pages previously approved as part of TN #19-0004.



If you have any questions or wish to discuss this SPA further, please contact Terri Fraser of this office. Ms. Fraser may be reached by email at Terri.Fraser@cms.hhs.gov or by telephone at (410) 786-5573.

Sincerely,



James G. Scott, Director
Division of Program Operations

cc: Nicole McKnight
Terri Fraser
Deborah Steinbach

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 21-0007 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 August 20, 2021	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>):			
<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 (<i>Separate Transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 USC 1396d(a)(13)		7. FEDERAL BUDGET IMPACT: a. FFY 2020 \$0 b. FFY 2021 \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Addendum to Attachment 3.1-A Page 13(d).9ss		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Same	
10. SUBJECT OF AMENDMENT: Office Based Addiction Treatment (OBAT) Care Coordination Services			
11. GOVERNOR'S REVIEW (<i>Check One</i>):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Not required, pursuant to 7.4 of the Plan	
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO:	
13. TYPED NAME: Sarah Adelman		Jennifer Langer Jacobs, Assistant Commissioner Division of Medical Assistance and Health Services	
14. TITLE: Acting Commissioner, Department of Human Services		P.O. Box 712, Mail Code #26 Trenton, NJ 08625-0712	
15. DATE SUBMITTED: 9/21/21			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 09/21/2021		18. DATE APPROVED: 10/27/2021	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 08/20/2021		20. SIGNATURE OF REGIONAL OFFICIAL: 	
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 –
Office Based Addiction Treatment (OBAT)**

Provider Specifications: Qualified individuals must be a Medicaid/NJFamilyCare provider or work for a Medicaid/NJFamilyCare provider.

- Navigator- a licensed healthcare provider acting within his or her scope of practice under state law or an individual with a baccalaureate degree and at least two years of lived experience or an associate's degree or certified medical assistant and four years of lived experience. Navigators utilize experiential knowledge, skills and coaching to guide and assist beneficiaries to obtain, and maintain, services designed to assist them maintain recovery. Navigator services provided include:
 - Treatment planning- Initiating and maintaining a psychosocial treatment plan
 - Care coordination— coordinating and ensuring that when appropriate, beneficiaries are connected with community based substance use counseling and that beneficiaries resolve identified needs.
- NJ licensed physician, APN or PA who is DATA 2000 waived and practicing under their professional license.
- Contracted Centers of Excellence- providers with substance use treatment experience capable of providing clinical advice and support to office based addiction providers. COEs shall be contracted with the Department of Human Services shall include:
 - providing 24/7 peer to peer support for community providers

21-0007-MA (NJ)

TN 21-0007

Approval Date 10/27/2021

Supersedes TN 19-0004

Effective Date 08/20/2021