

## **Table of Contents**

**State/Territory Name: New Jersey**

**State Plan Amendment (SPA) #: 23-0003**

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

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April 27, 2023

Jennifer Langer Jacobs  
Assistant Commissioner  
NJ Department of Human Services  
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) NJ-23-0003

Dear Assistant Commissioner Jacobs:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) NJ-23-0003. This amendment proposes to expand the criteria for allowable providers of Developmental, Individual Differences, and Relationship-based (DIR)/Autism Services. This change is expected to improve access to services for eligible beneficiaries with an autism spectrum disorder diagnosis by increasing provider enrollment and making DIR services more readily available state-wide.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act at Section 1905(a)(13), as implemented at 42 C.F.R. §440.130(c), and Section 1905(r). This letter informs you that New Jersey's Medicaid SPA, NJ-23-0003, was approved on April 26, 2023, effective January 1, 2023.

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,



James G. Scott, 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 3 — 0 0 0 3

2. STATE

NJ

3. 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, 2023

5. FEDERAL STATUTE/REGULATION CITATION

~~42 U.S.C. 1396a(a)(30)(A); 42 USC 1396d(a)(13)~~  
Section 1905(a)(13) and 42 CFR 440.130(c); 1905(r)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2023 \$ 424

b. FFY 2024 \$ 509

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Addendum to Attachment 3.1 A Page 13(c)(2g)  
Attachment 4.19 – B Page 36

Addendum to Attachment 3.1 A Page 13(c)(2h) - (P&I Change)

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

same

same

New

9. SUBJECT OF AMENDMENT

Developmental, Individual Differences, and Relationship-based (DIR) Providers/Autism Benefit

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

[Redacted Signature]

12. TYPED NAME

Sarah Adelman

13. TITLE

Commissioner, Department of Human Services

14. DATE SUBMITTED

3/23/23

15. 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

**FOR CMS USE ONLY**

16. DATE RECEIVED

03/23/2023

17. DATE APPROVED

04/26/2023

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

01/01/2023

19. SIGNATURE OF APPROVING OFFICIAL

[Redacted Signature]

20. TYPED NAME OF APPROVING OFFICIAL

James G. Scott

21. TITLE OF APPROVING OFFICIAL

Director, Division of Program Operations

22. REMARKS

4/21/22 - The state requested P&I changes to Boxes 7 and 8. (TF)

4/25/22 - The state requested P&I changes to Box 5 to strike the U.S. Code references and replace with federal and statutory citations for autism and EPSDT services. (TF)

**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 – Services to Treat Autism Disorders Pursuant to EPSDT  
Cont'd:

**Developmental, Individual Differences, and Relationship-based Approaches (DIR)**

Relationship-based approaches are part of a broader category of developmental approaches designed to assist children with autistic spectrum disorders. Relationship-based approaches focus on the importance of relationships. One form of a relationship-based approach is Developmental, Individual-difference, Relationship-based DIR model. DIR is a systematic developmental intervention approach which integrates psychodynamic and cognitive learning principles designed to address social engagement, social communication, and broadening the individual's interests. It is a child-led approach during which an adult follows a child's lead and focuses on whatever objects interests the child.

Pursuant to 42 CFR 440.130(c), services to treat autism disorders must be recommended by a physician or other licensed practitioner of the healing arts acting within his or her cope of practice under State law to prevent worsening symptoms and improve functioning.

**Services**

Assessment: Each child is assessed by a DIR certified and licensed clinician (QHP) prior to the provision of any DIR services. The assessment focuses on a child's strengths and weaknesses relating to their interaction with others, communication skills and general behavior. The assessment also reviews environmental factors surrounding the child that may have an impact on how they function.

Treatment planning: Findings from the assessment are utilized to create an individualized treatment plan identifying specific behavioral and developmental interventions, social skills interventions, and play-focused approaches designed to target symptoms commonly associated with Autism Spectrum Disorder (ASD). Only QHPs may create or revise treatment plans.

Autism intervention services: These interventions are administered by QHPs or DIR certified providers and are based on the treatment plan. Providers allow the child to lead the interaction while building on the child's sense of pleasure; allowing shared affective experiences to increase spontaneous flow of affective communication leading to more complex levels of interaction. DIR services include interventions provided to individuals

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23-0003-MA (NJ)

TN: 23-0003-MA  
Supersedes: 19-0003

Approval Date: 04/26/2023  
Effective Date: 01/01/2023

## 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 – Services to Treat Autism Disorders Pursuant to EPSDT  
Cont'd:

or groups. Autism intervention services may also include coaching family members or caregivers in effective interventions when for the direct benefit of the beneficiary.

#### **Qualified Provider Specifications and Limitations**

Qualified individuals must be a Medicaid/NJFamilyCare provider or work for a Medicaid/NJFamilyCare provider. Providers must be licensed by New Jersey and/or certified by a DHS recognized nationally accredited credentialing body or endorsed by a DHS recognized provider of continuing education.

#### Providers

Qualified Healthcare Providers (QHP)- clinicians who possess a license and credential that allows them to provide assessment services within their scope of practice, and who are certified to provide DIR services by a DHS recognized credentialing entity. They may provide assessment and treatment planning as well as DIR services.

DIR providers- Individuals who do not possess a license that allows for the provision of assessment and treatment planning, with a minimum of a high school diploma, and who possess a certification or endorsement allowing for the provision of DIR services from a DHS approved credentialing entity. DIR providers possessing less than a bachelor's degree may provide DIR services when supervised by a QHP or a masters level DIR certified provider.

Certifications and endorsements include, but are not limited to:

- DIR - Certification in a Developmental, Individual-difference, Relationship-based model
  - NDBI- Naturalistic Developmental Behavioral Interventions including, but not limited to, ESDM- Early Start Denver Model
- DRBI- Developmental Relationship-Based Behavioral Interventions
- Endorsement from NJAIMH – Level II and IV Infant Mental Health Endorsed – Alliance for IMH
- Certified as a Clinical, Developmental Models of Autism Intervention- DMAI
- Certificated by the Center for Autism and Early Childhood Mental Health
- Relationship Development Intervention (RDI) training

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23-0003-MA (NJ)

TN: 23-0003-MA  
Supersedes: New

Approval Date: 04/26/2023  
Effective Date: 01/01/2023

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, 2023 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 2023 (last updated in SPA 23-0003 effective 1/1/23 )**
- **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 2023 (last updated in SPA 23-0001 – effective 1/1/2023)**
- **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 2023 (SPA NJ 23-0001 effective 1/1/2023)**
- **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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23-0003 MA (NJ)

TN: 23-0003  
SUPERCEDES: 22-0020

Approval Date: 04/26/2023  
Effective Date: 01/01/2023