

Table of Contents

State Territory Name: NEW JERSEY

State Plan Amendment (SPA) #: 23-0022

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

November 2, 2023

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 #23-0022

Dear Commissioner Johnson:

We have reviewed the proposed amendment to Attachment 4.19-B of your Medicaid State plan submitted under transmittal number 23-0022. This amendment was submitted in order to update the fee schedules for NJ Integrated Care for Kids (InCK).

Based upon the information provided by New Jersey, we have approved the amendment with an effective date of September 1, 2023. 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,



Todd McMillion
Director
Division of Reimbursement Review

Enclosures

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

1. TRANSMITTAL NUMBER

2 3 — 0 0 2 2

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

September 1, 2023

5. FEDERAL STATUTE/REGULATION CITATION

42 U.S. C. 1396a(a)(30)(A); 42 USC 1396d(a)(13)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2023 \$ 3,510
b. FFY 2024 \$ 63,510

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19B Pages 28.3 and 28.4

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

same

9. SUBJECT OF AMENDMENT

NJ Integrated Care for Kids (InCK)

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

09/21/23

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

SEPTEMBER 21, 2023

17. DATE APPROVED

November 2, 2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

SEPTEMBER 1, 2023

19. SIGNATURE OF APPROVING OFFICIAL

[Redacted Signature]

20. TYPED NAME OF APPROVING OFFICIAL

TODD MCMILLION

21. TITLE OF APPROVING OFFICIAL

DIRECTOR, DIVISION OF REIMBURSEMENT REVIEW

22. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES FOR NON
INSTITUTIONAL SERVICES

Reimbursement for Preventive Services: NJ-Integrated Care for Kids (NJ InCK) Services

Reimbursement for NJ InCK services is made to providers serving beneficiaries residing in Ocean and Monmouth counties.

Reimbursement of Comprehensive Needs Assessment service:

Primary care providers can receive one (1) \$35 reimbursement for interpretation of a completed NJ InCK Assessment Tool. Interpretation includes reviewing and discussing answers with beneficiary/family/NJ InCK Care Integration Manager and documentation for actions to address identified needs in the patient's medical record and in the dedicated NJ InCK care coordination platform. Service must be co-billed with another office visit, like an annual well-visit or E&M visit.

Primary care providers may receive additional reimbursements during the year if a reassessment is determined as medically necessary to monitor changes in the beneficiary's progress. Providers may receive one additional reimbursement, up to (2) services per calendar year, for the following beneficiaries without independent determination of medical necessity:

- Beneficiaries younger than 36 months old
- Beneficiaries assigned to Tier 3

23-0022-MA (NJ)

TN: 23-0022-MA

Approval Date: November 2, 2023

Supersedes: 21-0015

Effective Date: September 1, 2023

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES FOR NON
INSTITUTIONAL SERVICES

Reimbursement for Preventive Services: NJ-Integrated Care for Kids (NJ InCK)
Services (con't)

Reimbursement of Preventive Care Coordination Service:

Providers participating in the CMMI NJ InCK Model can receive per-member per-month payments for those beneficiaries identified as needing preventive care coordination care and who choose to receive those services. Tier 3 services will be paid at a higher rate (\$160) than Tier 2 services (\$80) to reflect the increased intensity of care coordination services provided.

Once a beneficiary/family initiates Tier 2 or Tier 3 care coordination services, they are eligible to continue to receive those services for twelve months without a new re-assessment with the NJ InCK Needs Assessment Tool—as long as beneficiary/family continues to choose to receive those services and any re-assessment during the calendar year has not changed the beneficiary's identified Tier.

The effective date, the applicable fee schedules, and link to their electronic publication, can be found on page 36 of Attachment 4.19-B of the State Plan. The rates are the same for both governmental and private providers. All applicable procedure code listings and/or rates are published on the State's website at www.njmmis.com under the link for "Rates and Code Information" and Medicaid fee for services sections.

23-0022-MA (NJ)

TN: 23-0022-MA

Approval Date: November 2, 2023

Supersedes: 21-0015

Effective Date: September 1, 2023