

## **Table of Contents**

**State/Territory Name:** **NEW JERSEY**

**State Plan Amendment (SPA) #:** **05-09**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
New York Regional Office  
26 Federal Plaza, Room 37-100  
New York, NY 10278



DIVISION OF MEDICAID AND CHILDREN'S HEALTH OPERATIONS

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April 4, 2017

Meghan M. Davey  
Director of Medical Assistance and Health Services  
Department of Human Services  
CN 712 Quakerbridge Plaza  
Trenton, New Jersey 08625-0712

Dear Ms. Davey:

We have completed our review of New Jersey's State Plan amendment (SPA) 05-09 and find it acceptable for incorporation into New Jersey's Medicaid State Plan. This SPA proposes to expand care management organization services to include Hunterdon, Somerset and Warren counties.

Please note the approval date of this SPA is April 4, 2017 with an effective date of January 1, 2006. Copies of the approved State Plan pages and the signed CMS-179 are enclosed.

Should you have any questions or concerns please contact Tara Porcher at (212) 616-2418.

Sincerely,

A large black rectangular redaction box covering the signature area.

Michael Melendez, LMSW  
Associate Regional Administrator  
Division of Medicaid & Children's Health

Enclosures

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

1. TRANSMITTAL NUMBER  
0 5 — 0 9 MA

2. STATE  
New Jersey

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

4. PROPOSED EFFECTIVE DATE  
January 1, 2006

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

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. 1396d(a) and 1396n


7. FEDERAL BUDGET IMPACT  
a. FFY 2006 \$ 90,000  
b. FFY 2007 \$ 120,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
  
Supplement 1.B to Attachment 3.1-A, p. 1  
Attachment 4.19B Page 21a

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  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

10. SUBJECT OF AMENDMENT  
  
CMO Expansion to Include Hunterdon, Somerset and Warren Counties

11. GOVERNOR'S REVIEW (Check One)  
 GOVERNOR'S OFFICE REPORTED NO COMMENT       OTHER, AS SPECIFIED Exempt, per 7.4 of the Plan  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL  


13. TYPED NAME  
James M. Davy

14. TITLE  
Commissioner

15. DATE SUBMITTED  
8-8-05

16. RETURN TO  
  
Division of Medical Assistance and Health Services  
P.O. Box 712, #26  
Trenton, NJ 08625-0712

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED

18. DATE APPROVED  
APRIL 04, 2017

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL  
JANUARY 01, 2006

20. SIGNATURE OF REGIONAL OFFICIAL  


21. TYPED NAME  
MICHAEL MELENDEZ

22. TITLE ASSOCIATE REGIONAL ADMINISTRATOR  
DIVISION OF MEDICAID & CHILDREN'S HEALTH

23. REMARKS

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**State/Territory: **New Jersey****CARE MANAGEMENT ORGANIZATION SERVICES****A. Target Group:**

Care management organization services, provided through the NJ Department of Children and Families' Division of Children's System of Care, are targeted to children up to 18 years of age and their families, as well as youth 18 up to 21 years of age transitioning to the adult system, who require a more intensive level of care management due to:

1. Severe emotional and behavioral disturbance resulting in significant functional impairment; or
2. The involvement of multiple agencies or systems such as the Division of Mental Health Services, the Division of Youth and Family Services, the Juvenile Justice System or the court system; or
3. A disruption of a current therapeutic placement; or
4. The risk of a psychiatric rehospitalization; or
5. The risk of placement outside the home or community, except for foster care placements if they do not meet any of the criteria in 1 through 4 above.

**B. Areas of State in which services will be provided:**

- Entire State
- Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide):

05-09-MA(NJ)

TN: 05-09Approval Date: APRIL 04, 2017Supersedes: 04-03Effective Date: January 1, 2006

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
State/Territory: New Jersey

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES FOR  
NONINSTITUTIONAL SERVICES

Case Management Services, continued,

Section 3.a. Care Management Organization Reimbursement:

The Case Management Organization (CMO) fixed rate was developed and established using actual expenditure information and will be subject to adjustment for cost of living as determined appropriate by the state.

This reimbursement methodology will end on 4/30/2013.

Effective 5/1/2013, reimbursement will be set at a statewide monthly fixed fee set at \$550.00.

05-09-MA(NJ)

TN: 05-09

Approval Date: APRIL 04, 2017

Supersedes: NEW

Effective Date: January 1, 2006