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State/Territory Name: **New Jersey**

State Plan Amendment (SPA) #: **15-0003**

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



DIVISION OF MEDICAID AND CHILDREN'S HEALTH OPERATIONS

November 10, 2015

Valerie Harr
Director of Medical Assistance and Health Services
Department of Human Services
CN 712 Quakerbridge Plaza
Trenton, New Jersey 08625-0712


Dear Ms. Harr:

We have completed our review of New Jersey's State Plan amendment (SPA) 15-0003 received in our office on September 14, 2015 and find it acceptable for incorporation into New Jersey's Medicaid State Plan. This SPA proposes to amend New Jersey's Alternative Benefit Plan to include Managed Long Term Services and Supports and to increase mental health and substance use disorder rates in order to more closely align with existing state rates currently paid by the Division of Mental Health & Addiction Services. This amendment also removes the need to identify medically frail individuals as the ABP is now as rich as the Medicaid State Plan.

Please note the approval date of this SPA is November 10, 2015 with an effective date of July 1, 2015. 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,


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

Enclosures

Medicaid Alternative Benefit Plan: Summary Page (CMS 179)

State/Territory name: New Jersey

Transmittal Number:

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

NJ-15-0003

Proposed Effective Date

07/01/2015 (mm/dd/yyyy)

Federal Statute/Regulation Citation

1932 (a)(1)(A) and (B); 1937(a)(2); 42 CFR 440.305(b) and (c); 42 CFR 440.310; 42 CFR 440.315; 42 CFR 440.316

Federal Budget Impact

| | Federal Fiscal Year | Amount |
|-------------|---------------------|--------------|
| First Year | 2015 | \$541881.00 |
| Second Year | 2016 | \$2194618.00 |

Subject of Amendment

Amend New Jersey's Alternative Benefit Plan to include Managed Long Term Services and Supports and to increase mental health and substance use disorder rates.

Governor's Office Review

- Governor's office reported no comment
- Comments of Governor's office received

Describe:

- No reply received within 45 days of submittal
- Other, as specified

Describe:

Not required pursuant to section 7.4 of the Plan.

Signature of State Agency Official

Submitted By: Julie Hubbs
 Last Revision Date: Nov 4, 2015
 Submit Date: Sep 14, 2015



Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-L-

Voluntary Benefit Package Selection Assurances - Eligibility Group under Section 1902(a)(10)(A) (i)(VIII) of the Act **ABP2a**

The state/territory has fully aligned its benefits in the Alternative Benefit Plan using Essential Health Benefits and subject to 1937 requirements with its Alternative Benefit Plan that is the state's approved Medicaid state plan that is not subject to 1937 requirements. Therefore the state/territory is deemed to have met the requirements for voluntary choice of benefit package for individuals exempt from mandatory participation in a section 1937 Alternative Benefit Plan.

Yes

Explain how the state has fully aligned its benefits in the Alternative Benefit Plan using Essential Health Benefits and subject to 1937 requirements with its Alternative Benefit Plan that is the state's approved Medicaid state plan that is not subject to 1937 requirements.

For NJ FamilyCare ABP, the state compared its State Plan benefits with those offered through its base benchmark plan, the largest commercial plan, Horizon HMO. The state concluded that the Medicaid State Plan offers all the Essential Health Benefits at the same or richer amount, duration and scope.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 5 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V.20130807



Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-L

Selection of Benchmark Benefit Package or Benchmark-Equivalent Benefit Package

ABP3

Select one of the following:

- The state/territory is amending one existing benefit package for the population defined in Section 1.
- The state/territory is creating a single new benefit package for the population defined in Section 1.

Name of benefit package:

Selection of the Section 1937 Coverage Option

The state/territory selects as its Section 1937 Coverage option the following type of Benchmark Benefit Package or Benchmark-Equivalent Benefit Package under this Alternative Benefit Plan (check one):

- Benchmark Benefit Package.
- Benchmark-Equivalent Benefit Package.

The state/territory will provide the following Benchmark Benefit Package (check one that applies):

- The Standard Blue Cross/Blue Shield Preferred Provider Option offered through the Federal Employee Health Benefit Program (FEHBP).
- State employee coverage that is offered and generally available to state employees (State Employee Coverage):
- A commercial HMO with the largest insured commercial, non-Medicaid enrollment in the state/territory (Commercial HMO):
- Secretary-Approved Coverage.
 - The state/territory offers benefits based on the approved state plan.
 - The state/territory offers an array of benefits from the section 1937 coverage option and/or base benchmark plan benefit packages, or the approved state plan, or from a combination of these benefit packages.

Please briefly identify the benefits, the source of benefits and any limitations:

Selection of Base Benchmark Plan

The state/territory must select a Base Benchmark Plan as the basis for providing Essential Health Benefits in its Benchmark or Benchmark-Equivalent Package.

The Base Benchmark Plan is the same as the Section 1937 Coverage option.

Indicate which Benchmark Plan described at 45 CFR 156.100(a) the state/territory will use as its Base Benchmark Plan:

- Largest plan by enrollment of the three largest small group insurance products in the state's small group market.
- Any of the largest three state employee health benefit plans by enrollment.



Alternative Benefit Plan

- Any of the largest three national FEHBP plan options open to Federal employees in all geographies by enrollment.
- Largest insured commercial non-Medicaid HMO.

Plan name:

Other Information Related to Selection of the Section 1937 Coverage Option and the Base Benchmark Plan (optional):

The state assures that all services in the base benchmark have been accounted for throughout the benefit chart found in ABP5.

The state assures the accuracy of all information in ABP5 depicting amount, duration and scope parameters of services authorized in the currently approved Medicaid state plan.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 5 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V.20130801



Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1:

Benefits Description

ABP5

The state/territory proposes a "Benchmark-Equivalent" benefit package.

The state/territory is proposing "Secretary-Approved Coverage" as its section 1937 coverage option.

Secretary-Approved Benchmark Package: Benefit by Benefit Comparison Table

The state/territory must provide a benefit by benefit comparison of the benefits in its proposed Secretary-Approved Alternative Benefit Plan with the benefits provided by one of the section 1937 Benchmark Benefit Packages or the standard full Medicaid state plan under Title XIX of the Act. Submit a document indicating which of these benefit packages will be used to make the comparison and include a chart comparing each benefit in the proposed Secretary-Approved benefit package with the same or similar benefit in the comparison benefit package, including any limitations on amount, duration and scope pertaining to the benefits in each benefit package.

An attachment is submitted.

Benefits Included in Alternative Benefit Plan

Enter the specific name of the base benchmark plan selected:

Horizon HMO

Enter the specific name of the section 1937 coverage option selected, if other than Secretary-Approved. Otherwise, enter "Secretary-Approved."

Secretary Approved



Alternative Benefit Plan

Essential Health Benefit 1: Ambulatory patient services

Collapse All

Benefit Provided:

Physicians Services

Source:

State Plan 1905(a)

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Elective cosmetic surgery not covered unless it is determined medically necessary.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

NJ FamilyCare Plan A Standard Medicaid.

Benefit Provided:

Outpatient Hospital

Source:

State Plan 1905(a)

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Cosmetic Surgery must be pre-authorized for medical necessity

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

NJ FamilyCare Plan A Standard Medicaid

Benefit Provided:

Chiropractic Services/OLP

Source:

State Plan 1905(a)

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

limited to spinal manipulation



Alternative Benefit Plan

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

NJ FamilyCare Plan A Standard Medicaid

Benefit Provided:

Clinic Services - Ambulatory

Source:

State Plan 1905(a)

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Medical Services, procedures or prescription drugs whose use is to promote or enhance fertility are not a covered service.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

NJ FamilyCare Plan A Standard Medicaid

Benefit Provided:

Pediatric & Family Adv. Practice Nurse Services

Source:

State Plan 1905(a)

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

NJ FamilyCare Plan A Standard Medicaid

Benefit Provided:

Podiatrist Services

Source:

State Plan 1905(a)

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None



Alternative Benefit Plan

Scope Limit:

Routine foot care, subluxations of the foot and treatment of flat foot conditions are not covered unless medically indicated.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

NJ FamilyCare Plan A Standard Medicaid

Benefit Provided:

Dental Services

Source:

State Plan 1905(a)

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

1 visit for dental exams, flouride and prophylaxis

Duration Limit:

per calendar year

Scope Limit:

Space maintainers, flouride varnish and sealants are not covered for adults.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

NJ FamilyCare Plan A Standard Medicaid; Prior authorization required for dental exams, flouride treatments and prophylaxis in excess of 1 visit per year, and prior authorization required for prosthodontic replacements, periodontal work and select dental services, including TMJ, and orthodontic work for children under 21.

Benefit Provided:

Hospice - Home Care

Source:

State Plan 1905(a)

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Individual must be diagnosed with a terminal illness with a prognosis of a life expectancy of six months or less as certified by a licensed physician.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

NJ FamilyCare Plan A Standard Medicaid; An individual under the age of 21 is eligible to receive hospice services concurrently with services related to the treatment of the child for the condition for which a diagnosis of terminal illness has been made.

Benefit Provided:

Abortion

Source:

State Plan 1905(a)



Alternative Benefit Plan



Alternative Benefit Plan

| | |
|--|--------------------------|
| Authorization: | Provider Qualifications: |
| None | Medicaid State Plan |
| Amount Limit: | Duration Limit: |
| None | None |
| Scope Limit: | |
| covered if mother's life is endangered if pregnancy goes to term, or in the case of rape or incest. | |
| Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: | |
| NJ FamilyCare Plan A Standard Medicaid; coverage within parameters of the Hyde Amendment. | |
| <input type="button" value="Add"/> | |



Alternative Benefit Plan

Essential Health Benefit 2: Emergency services

Collapse All

Benefit Provided:

Outpatient Hospital: Emergency

Source:

State Plan 1905(a)

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

NJ FamilyCare Plan A Standard Medicaid; includes Emergency Room Services.

Benefit Provided:

Outpatient Hospital Transportation Services

Source:

State Plan 1905(a)

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

NJ FamilyCare Plan A Standard Medicaid

Benefit Provided:

Physicians Services

Source:

State Plan 1905(a)

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None



Alternative Benefit Plan

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

NJ FamilyCare Plan A Standard Medicaid



Add



Alternative Benefit Plan

Essential Health Benefit 3: Hospitalization

Collapse All

Benefit Provided:

Inpatient Hospital Services

Source:

State Plan 1905(a)

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Elective cosmetic surgery not covered unless determined medically necessary.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

NJ FamilyCare Plan A Standard Medicaid

Benefit Provided:

Hospice

Source:

State Plan 1905(a)

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

none

Duration Limit:

none

Scope Limit:

Individual must be diagnosed with a terminal illness with a prognosis of a life expectancy of six months or less as certified by a licensed physician.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

NJ FamilyCare Plan A Standard Medicaid; An individual under the age of 21 is eligible to receive hospice services concurrently with services related to the treatment of the child for the condition for which a diagnosis of terminal illness has been made.

Benefit Provided:

Physicians Services

Source:

State Plan 1905(a)

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None



Alternative Benefit Plan

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

NJ FamilyCare Plan A Standard Medicaid



Add



Alternative Benefit Plan

Essential Health Benefit 4: Maternity and newborn care

Collapse All

Benefit Provided:

Nurse-midwife Services

Source:

State Plan 1905(a)

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

NJ FamilyCare Plan A Standard Medicaid

Benefit Provided:

Physicians Services

Source:

State Plan 1905(a)

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

none

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

NJ FamilyCare Plan A Standard Medicaid

Benefit Provided:

Clinic Services

Source:

State Plan 1905(a)

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None



Alternative Benefit Plan

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

NJ FamilyCare Plan A Standard Medicaid

Benefit Provided:

Inpatient Hospital Services

Source:

State Plan 1905(a)

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

NJ FamilyCare Plan A Standard Medicaid

Benefit Provided:

Newborn Hearing Screening

Source:

State Plan 1905(a)

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

must be performed within 30 days of birth

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

NJ FamilyCare Plan A Standard Medicaid; must be billed under mother's benefit.

Add



Alternative Benefit Plan

Essential Health Benefit 5: Mental health and substance use disorder services including behavioral health treatment Collapse All

| | |
|---|--|
| Benefit Provided: Inpatient Medical Detox-Inpatient Hospital | Source: State Plan 1905(a) |
| Authorization: None | Provider Qualifications: Medicaid State Plan |
| Amount Limit: None | Duration Limit: None |
| Scope Limit: None | |
| Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: NJ FamilyCare Plan A Standard Medicaid | |

| | |
|---|--|
| Benefit Provided: Non-Hospital based detox -Rehabilitative Services | Source: State Plan 1905(a) |
| Authorization: None | Provider Qualifications: Medicaid State Plan |
| Amount Limit: None | Duration Limit: None |
| Scope Limit: None | |
| Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: Service under the State Plan Authority 1905(a)(13) Service Descriptions: Non-hospital-based detoxification is a residential rehabilitative substance use disorders treatment facility designed primarily to provide short-term care prescribed by a physician and conducted under medical supervision to treat a client's physical symptoms caused by addictions, according to medical protocols appropriate to each type of addiction. This level provides care to clients whose withdrawal signs and symptoms are sufficiently severe to require 23-hour medical monitoring care but can be monitored outside of an inpatient hospital setting. All other licensing requirements for medical services must be followed. This service generally approximates ASAM, Level III.7 D treatment modality. Subject to IMD exclusion, i.e. sixteen beds or less. Non-hospital detox services are provided by licensed clinical practitioners (LCP) or clinical staff under the supervision of a LCP > 2 hours per week of each service below: -individual counseling -group counseling | |



Alternative Benefit Plan



Alternative Benefit Plan

Service Limitations:

Detoxification level ASAM, Level III.7 D (per diem)

Service admission is recommended by a physician or other licensed practitioner of the healing arts within their scope of practice under State law.

Duration of service is expected to be 3-5 days but can be longer if medically necessary.

Provider Specifications:

-Licensed Substance Abuse facility

Unit of Service: Per Diem

Licensing entity: DHS

Regulation Cite: NJAC 10:161A

Benefit Provided:

Substance Use disorder outpatient - Rehabilitative

Authorization:

None

Amount Limit:

None

Scope Limit:

None

Source:

State Plan 1905(a)

Provider Qualifications:

Medicaid State Plan

Duration Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Service under the State Plan Authority 1905(a)(13)

Service Descriptions: Outpatient Treatment Services is a set of treatment activities such as individual counseling, family counseling or group therapy designed to help the client achieve changes in his or her alcohol or other drug using behaviors. Services are provided in regularly scheduled sessions of fewer than nine contact hours a week in a licensed substance abuse treatment facility.

Services include:

- Intake and Assessment (1 hour) - Licensed Clinical Professional (LCP) or clinical staff supervised by a LCP
- Physician Visit: Physician or APN under supervision of a physician.
- Outpatient substance abuse individual counseling - LCP or clinical staff supervised by a LCP
- Outpatient substance abuse group counseling - LCP or clinical staff supervised by a LCP
- Outpatient - Family Counseling/Conference- LCP or clinical staff supervised by a LCP

Service Limitations:

- Cannot bill for more than one outpatient service on the same day with the exception of a physician visit.
- If an individuals needs more than 9 contract hours per week, services can be increased if it is medically necessary or an individual is reassessed for appropriate level of care.

Provider Specifications:

- NJ DHS Licensed Substance Abuse facility
- NJ Medicaid Licensed Independent Clinic



Alternative Benefit Plan



Alternative Benefit Plan

| | | |
|--|--|--|
| Unit of Service: as defined by each code Licensing entity: DHS Regulation Cite: NJAC 10:161B | | |
| Benefit Provided: Case Management - Chronically Mentally Ill | Source: State Plan 1905(a) | |
| Authorization: Prior Authorization | Provider Qualifications: Medicaid State Plan | |
| Amount Limit: None | Duration Limit: None | |
| Scope Limit: None | | |
| Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: NJ FamilyCare Plan A Standard Medicaid | | |
| Benefit Provided: Inpatient psychiatric services | Source: State Plan 1905(a) | |
| Authorization: None | Provider Qualifications: Medicaid State Plan | |
| Amount Limit: None | Duration Limit: None | |
| Scope Limit: None | | |
| Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: NJ FamilyCare Plan A Standard Medicaid; subject to IMD exclusion | | |
| Benefit Provided: Clinic Services - mental health | Source: State Plan 1905(a) | |
| Authorization: Authorization required in excess of limitation | Provider Qualifications: Medicaid State Plan | |
| Amount Limit: I service | Duration Limit: per day | |



Alternative Benefit Plan

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

NJ FamilyCare Plan A Standard Medicaid; prior authorization for medical necessity for partial care. No prior authorization required for other mental health services. Partial care is limited to 25 hours per week.

Benefit Provided:

Partial Hospital

Source:

State Plan 1905(a)

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

acute partial hospitalization requires prior authorization

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

NJ FamilyCare Plan A Standard Medicaid

Benefit Provided:

Community Support Services

Source:

State Plan 1905(a)

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

NJ FamilyCare Plan A Standard Medicaid; authorization based on medical necessity

Benefit Provided:

Outpatient Hospital - Mental Health

Source:

State Plan 1905(a)

Authorization:

None

Provider Qualifications:

Medicaid State Plan



Alternative Benefit Plan

| | | |
|--|---|--|
| Amount Limit: None | Duration Limit: None | |
| Scope Limit: None | | |
| Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: NJ FamilyCare Plan A Standard Medicaid | | |
| Benefit Provided: PACT | Source: State Plan 1905(a) | |
| Authorization: Prior Authorization | Provider Qualifications: Medicaid State Plan | |
| Amount Limit: None | Duration Limit: None | |
| Scope Limit: Not available to individuals receiving Partial Care/Partial Hospitalization Services except during brief periods of transition between delivery systems. | | |
| Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: NJ FamilyCare Plan A Standard Medicaid | | |
| Benefit Provided: Inpatient Mental Health | Source: State Plan 1905(a) | |
| Authorization: None | Provider Qualifications: Medicaid State Plan | |
| Amount Limit: None | Duration Limit: None | |
| Scope Limit: None | | |
| Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: NJ FamilyCare Plan A Standard Medicaid, subject to IMD exclusion | | |
| <input type="button" value="Add"/> | | |



Alternative Benefit Plan

Essential Health Benefit 6: Prescription drugs

Benefit Provided:

Coverage is at least the greater of one drug in each U.S. Pharmacopeia (USP) category and class or the same number of prescription drugs in each category and class as the base benchmark.

Prescription Drug Limits (Check all that apply.): Authorization: Provider Qualifications:

Limit on days supply

No

State licensed

Limit on number of prescriptions

Limit on brand drugs

Other coverage limits

Preferred drug list

Coverage that exceeds the minimum requirements or other:

The State of New Jersey's ABP prescription drug benefit plan is the same as under the approved Medicaid state plan for prescribed drugs.



Alternative Benefit Plan

Essential Health Benefit 7: Rehabilitative and habilitative services and devices Collapse All

Benefit Provided:

Physical Therapy and related services - Rehab

Source:

State Plan 1905(a)

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

1 treatment session

Duration Limit:

per day

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

NJ FamilyCare Plan A Standard Medicaid; also includes Home Health Services, 1 treatment session is 6 units.

Benefit Provided:

Occupational Therapy - Rehab

Source:

State Plan 1905(a)

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

1 treatment session

Duration Limit:

per day

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

NJ FamilyCare Plan A Standard Medicaid; also includes Home Health Services. 1 treatment session is 6 units.

Benefit Provided:

Speech Therapy - Rehab

Source:

State Plan 1905(a)

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

1 treatment session

Duration Limit:

per day

Scope Limit:

None



Alternative Benefit Plan

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

NJ FamilyCare Plan A Standard Medicaid; also includes Home Health Services and Cognitive Therapy. 1 treatment session is 6 units.

Benefit Provided:

Physical Therapy - habilitative

Source:

State Plan 1905(a)

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

1 treatment session

Duration Limit:

per day

Scope Limit:

Provided within the scope of the New Jersey state definition of habilitative services. See "Other information" for definition.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

NJ FamilyCare Plan A Standard Medicaid; Definition of Habilitative Services: Medically necessary services/ equipment recommended by a licensed practitioner, to maintain or slow the deterioration of a person's health status. Absence of services could result in a preventable deterioration of a person's health status or deter the acquisition of a developmental function not yet attained.

Benefit Provided:

Occupational Therapy - habilitative

Source:

State Plan 1905(a)

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

1 treatment session

Duration Limit:

per day

Scope Limit:

Provided within the scope of the New Jersey state definition of habilitative services. See "Other information" for definition.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

NJ FamilyCare Plan A Standard Medicaid; Definition of Habilitative Services: Medically necessary services/ equipment recommended by a licensed practitioner, to maintain or slow the deterioration of a person's health status. Absence of services could result in a preventable deterioration of a person's health status or deter the acquisition of a developmental function not yet attained.

Benefit Provided:

Speech Therapy - Habilitative

Source:

State Plan 1905(a)



Alternative Benefit Plan

| | | |
|---|---|--------------------------|
| Authorization: Prior Authorization | Provider Qualifications: Medicaid State Plan | <input type="checkbox"/> |
| Amount Limit: 1 treatment session | Duration Limit: per day | |
| Scope Limit: Provided within the scope of the New Jersey state definition of habilitative services. See "Other information" for definition. | | |
| Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: NJ FamilyCare Plan A Standard Medicaid; Also includes Cognitive Therapy. Definition of Habilitative Services: Medically necessary services/ equipment recommended by a licensed practitioner, to maintain or slow the deterioration of a person's health status. Absence of services could result in a preventable deterioration of a person's health status or deter the acquisition of a developmental function not yet attained. | | |
| Benefit Provided: Prosthetic and orthotic appliances | Source: State Plan 1905(a) | <input type="checkbox"/> |
| Authorization: Authorization required in excess of limitation | Provider Qualifications: Medicaid State Plan | |
| Amount Limit: None | Duration Limit: None | |
| Scope Limit: None | | |
| Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: NJ FamilyCare Plan A Standard Medicaid; prior authorization required for prostheses when charges are in excess of \$1000 and orthotics when charges are in excess of \$500. | | |
| Benefit Provided: Home Health - Nursing & Home Health Aid Services | Source: State Plan 1905(a) | |
| Authorization: Other | Provider Qualifications: Medicaid State Plan | |
| Amount Limit: None | Duration Limit: None | |
| Scope Limit: Cost equal to or in excess of institutional care may be limited or denied dependent upon medical necessity. | | |



Alternative Benefit Plan

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

NJ FamilyCare Plan A Standard Medicaid; Authorization required in excess of scope limit.

Benefit Provided:

Home Health- Med. supplies, Equipment & Appliances

Source:

State Plan 1905(a)

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

1 month supply for certain supplies

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

NJ FamilyCare Plan A Standard Medicaid; Some items require prior authorization regardless of amount. More than one month supplies may be given dependent on medical necessity.

Benefit Provided:

Nursing Facility/Skilled Nursing Facility Services

Source:

State Plan 1905(a)

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

NJ FamilyCare Plan A Standard Medicaid; Prior authorization required for medical necessity. Duration based on plan of care documents and progress of individual. Includes both rehabilitation and custodial care.

Add



Alternative Benefit Plan

Essential Health Benefit 8: Laboratory services Collapse All

Benefit Provided:

laboratory and x-ray services

Source:

State Plan 1905(a)

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

NJ FamilyCare Plan A Standard Medicaid

Benefit Provided:

Diagnostic Services

Source:

State Plan 1905(a)

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Limited to non-experimental procedures

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

NJ FamilyCare Plan A Standard Medicaid

Add



Alternative Benefit Plan

Essential Health Benefit 9: Preventive and wellness services and chronic disease management Collapse All

The state/territory must provide, at a minimum, a broad range of preventive services including: "A" and "B" services recommended by the United States Preventive Services Task Force; Advisory Committee for Immunization Practices (ACIP) recommended vaccines; preventive care and screening for infants, children and adults recommended by HRSA's Bright Futures program/project; and additional preventive services for women recommended by the Institute of Medicine (IOM).

Benefit Provided:

Diabetic Supplies and Equipment

Source:

State Plan 1905(a)

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

NJ FamilyCare Plan A Standard Medicaid

Add



Alternative Benefit Plan

Essential Health Benefit 10: Pediatric services including oral and vision care

Collapse All

Benefit Provided:
Medicaid State Plan EPSDT Benefits

Source:
State Plan 1905(a)

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Add



Alternative Benefit Plan

Other Covered Benefits from Base Benchmark

Collapse All



Alternative Benefit Plan

Base Benchmark Benefits Not Covered due to Substitution or Duplication Collapse All

Base Benchmark Benefit that was Substituted:

Source:

Primary Care Visit to Treat Injury/Illness

Base Benchmark

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

This benefit was mapped to EHB 1, and will be duplicated by the Physician Services under the Medicaid State Plan package.

Base Benchmark Benefit that was Substituted:

Source:

Specialist Visit

Base Benchmark

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

This benefit was mapped to EHB 1 and will be duplicated by the Physicians Services under the Medicaid State Plan package.

Base Benchmark Benefit that was Substituted:

Source:

Other Practitioner Office Visit

Base Benchmark

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

This benefit was mapped to EHB 1 and will be duplicated by the Physicians Services and Pediatric and Family Advanced Practice Nurse Services benefits under the Medicaid State Plan package.

Base Benchmark Benefit that was Substituted:

Source:

Outpatient Facility Fee

Base Benchmark

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

This benefit was mapped to EHB 1 and will be duplicated by the Outpatient Hospital benefit under the Medicaid State Plan package.

Base Benchmark Benefit that was Substituted:

Source:

Outpatient Surgery: Physician/Surgical Services

Base Benchmark

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

This benefit was mapped to EHB 1 and will be duplicated by the Outpatient Hospital benefit under the Medicaid State Plan package.

Base Benchmark Benefit that was Substituted:

Source:

Hospice Services

Base Benchmark



Alternative Benefit Plan

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|---|----------------|--|
| Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: | | |
| This benefit was mapped to EHB 1 and EHB 3 and will be duplicated under the Medicaid State Plan Hospice benefit. | | |
| Base Benchmark Benefit that was Substituted: | Source: | |
| Infertility Treatment - Substitution | Base Benchmark | |
| Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: | | |
| New Jersey will be substituting infertility treatment and the limited dental package that was mapped to EHB 1 with the full dental package offered through our Medicaid State Plan package. | | |
| Base Benchmark Benefit that was Substituted: | Source: | |
| Urgent Care Centers or Facilities | Base Benchmark | |
| Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: | | |
| This benefit was mapped to EHB 1 and will be duplicated under the Medicaid State Plan Clinic Services benefit. | | |
| Base Benchmark Benefit that was Substituted: | Source: | |
| Home Health Care Services | Base Benchmark | |
| Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: | | |
| This benefit was mapped to EHB 7 and will be duplicated by the Medicaid State Plan Home Health Care-Nursing & Home Health Aid Services. | | |
| Base Benchmark Benefit that was Substituted: | Source: | |
| Emergency Room Services | Base Benchmark | |
| Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: | | |
| This benefit was mapped to EHB 2 and will be duplicated by the Medicaid State Plan package Emergency Hospital Services: Outpatient benefit and Physicians Services. | | |
| Base Benchmark Benefit that was Substituted: | Source: | |
| Emergency Transportation/Ambulance | Base Benchmark | |
| Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: | | |
| This benefit was mapped to EHB 2 and will be duplicated by the Medicaid State Plan package Outpatient Hospital Transportation benefit. | | |
| Base Benchmark Benefit that was Substituted: | Source: | |
| Inpatient Hospital Services | Base Benchmark | |



Alternative Benefit Plan



Alternative Benefit Plan

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

This benefit was mapped to EHB 3 and will be duplicated by the Medicaid State Plan package Inpatient Hospital Services benefit.

Base Benchmark Benefit that was Substituted:

Inpatient Physician and Surgical Services

Source:

Base Benchmark

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

This benefit was mapped to EHB 3 and will be duplicated by the Medicaid State Plan package Inpatient Hospital and Physician Services benefit.

Base Benchmark Benefit that was Substituted:

Bariatric Surgery

Source:

Base Benchmark

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

This benefit was mapped to EHB 3 and will be duplicated by the Medicaid State Plan package Inpatient Hospital Services benefit.

Base Benchmark Benefit that was Substituted:

Prenatal and Postnatal Care

Source:

Base Benchmark

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

This benefit was mapped to EHB 4 and will be duplicated by the Nurse-Midwife services, Physician and Clinic Services benefits.

Base Benchmark Benefit that was Substituted:

Delivery & All Inpatient Maternity Services

Source:

Base Benchmark

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

This benefit was mapped to EHB 4 and will be duplicated by the Inpatient Hospital benefit.

Base Benchmark Benefit that was Substituted:

Mental/Behavioral Health Outpatient Services

Source:

Base Benchmark

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

This benefit was mapped to EHB 5 and will be duplicated by the Outpatient Hospital - Mental Health, Clinic Services - Mental Health, Partial Hospital, Community Support Services, PACT, and Case Management - Chronically Ill benefits.



Alternative Benefit Plan

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|---|---------------------------|--------------------------|
| Base Benchmark Benefit that was Substituted: <input type="text" value="Mental/Behavioral Health Inpatient Services"/> | Source: Base Benchmark | <input type="checkbox"/> |
| Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="This benefit was mapped to EHB 5 and will be duplicated by the Medicaid State Plan Inpatient Mental Health Services, and Inpatient Psychiatric benefits."/> | | |
| Base Benchmark Benefit that was Substituted: <input type="text" value="Substance Abuse Disorder Outpatient Services"/> | Source: Base Benchmark | <input type="checkbox"/> |
| Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="This benefit was mapped to EHB 5 and will be duplicated by the Medicaid State Plan Substance Abuse Disorder Outpatient benefit."/> | | |
| Base Benchmark Benefit that was Substituted: <input type="text" value="Substance Abuse Disorder Inpatient Services"/> | Source: Base Benchmark | <input type="checkbox"/> |
| Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="This benefit was mapped to EHB 5 and will be duplicated by the Medicaid State Plan Substance Abuse Disorder Inpatient Medical Detox and Non-medical Detox benefits."/> | | |
| Base Benchmark Benefit that was Substituted: <input type="text" value="Prescription Benefits"/> | Source: Base Benchmark | <input type="checkbox"/> |
| Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="This benefit was mapped to EHB 6 and will be duplicated by the Medicaid State Plan Prescription drug coverage."/> | | |
| Base Benchmark Benefit that was Substituted: <input type="text" value="Chiropractic Care"/> | Source: Base Benchmark | <input type="checkbox"/> |
| Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="This benefit was mapped to EHB 1 and will be duplicated with the Medicaid State Plan package Chiropractic Services/OLP benefit. The benchmark benefit is limited to therapeutic manipulation and 30 visits per year and two modalities per visit. The Medicaid State Plan benefit does not limit by visits or modalities."/> | | |
| Base Benchmark Benefit that was Substituted: <input type="text" value="Durable Medical Equipment"/> | Source: Base Benchmark | <input type="checkbox"/> |



Alternative Benefit Plan

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|---|----------------|--|
| Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: | | |
| This benefit was mapped to EHB 7 and will be duplicated by the Medicaid State Plan Home Health-Medical Supplies, Equipment and Appliances and Home Health - PT, OT, ST benefits. | | |
| Base Benchmark Benefit that was Substituted: | Source: | |
| Diagnostic Test (X-ray and Lab Work) | Base Benchmark | |
| Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: | | |
| This benefit was mapped to EHB 8 and will be duplicated by the Medicaid State Plan Laboratory and X-ray Services benefit. | | |
| Base Benchmark Benefit that was Substituted: | Source: | |
| Imaging (CT/PET Scans, MRI) | Base Benchmark | |
| Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: | | |
| This benefit was mapped to EHB 8 and will be duplicated by the Medicaid State Plan Diagnostic Services benefit. | | |
| Base Benchmark Benefit that was Substituted: | Source: | |
| Preventative Care/Screening/Immunization | Base Benchmark | |
| Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: | | |
| This benefit was mapped to EHB 9 and will be duplicated by the Medicaid State Plan Preventative Services and Immunizations benefit. | | |
| Base Benchmark Benefit that was Substituted: | Source: | |
| Foot Care | Base Benchmark | |
| Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: | | |
| This benefit was mapped to EHB 1 and will be duplicated by the Medicaid State Plan Podiatrist Services benefit. | | |
| Base Benchmark Benefit that was Substituted: | Source: | |
| Acupuncture | Base Benchmark | |
| Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: | | |
| This benefit was mapped EHB 1 and 3 and will be duplicated by the Medicaid State Plan Outpatient and Inpatient Hospital Services benefits. | | |
| Base Benchmark Benefit that was Substituted: | Source: | |
| Routine Eye Exam for children | Base Benchmark | |



Alternative Benefit Plan



Alternative Benefit Plan

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

This benefit was mapped to EHB 10 and will be duplicated by Medicaid State Plan EPSDT benefits.

Base Benchmark Benefit that was Substituted:

Dental Check-up for Children

Source:

Base Benchmark

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

This benefit was mapped to EHB 10 and will be duplicated by Medicaid State Plan EPSDT benefits.

Base Benchmark Benefit that was Substituted:

Autism/Developmental Disabilities - Speech Therapy

Source:

Base Benchmark

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

This benefit was mapped to EHB 10 and will be duplicated by the Medicaid State Plan EPSDT benefit. This benefit under the base benchmark includes a 30 visit per calendar year limit. The Medicaid State Plan does not include a visit limit.

Base Benchmark Benefit that was Substituted:

Autism/Developmental Disabilities-Physical Therapy

Source:

Base Benchmark

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

This benefit was mapped to EHB 10 and will be duplicated by the Medicaid State Plan EPSDT benefit. This benefit under the base benchmark includes a 30 visit per calendar year limit. The 30 visit limit is a combined limit with Occupational Therapy. The Medicaid State Plan does not include a visit limit.

Base Benchmark Benefit that was Substituted:

Autism/Developmental Disability-Occupational Thera

Source:

Base Benchmark

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

This benefit was mapped to EHB 10 and will be duplicated by the Medicaid State Plan EPSDT benefit. This benefit under the base benchmark includes a 30 visit per calendar year limit. The 30 visit limit is a combined limit with Physical Therapy. The Medicaid State Plan does not include a visit limit.

Base Benchmark Benefit that was Substituted:

Food/Food Products for Inherited Metabolic Disease

Source:

Base Benchmark

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

This benefit was mapped to EHB 7 and will be duplicated under the Medicaid State Plan Home Health-Medical Supplies, Equipment and Appliances Benefit.



Alternative Benefit Plan

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|---|---------------------------|--------------------------|
| Base Benchmark Benefit that was Substituted: <input type="text" value="Blood, blood products and blood transfusions"/> | Source: Base Benchmark | <input type="checkbox"/> |
| Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="This benefit was mapped to EHB 1 and 3 and will be duplicated by the Medicaid State Plan Inpatient Hospital Services, Outpatient Hospital Services and Clinic Services benefits."/> | | |
| Base Benchmark Benefit that was Substituted: <input type="text" value="Dental Care and Treatment: Illness and Injury"/> | Source: Base Benchmark | <input type="checkbox"/> |
| Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="New Jersey will be substituting infertility treatment and the limited dental package that was mapped to EHB 1 with the full dental package offered through our Medicaid State Plan package."/> | | |
| Base Benchmark Benefit that was Substituted: <input type="text" value="Dental Care and Treatment: Anesthesia"/> | Source: Base Benchmark | <input type="checkbox"/> |
| Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="New Jersey will be substituting infertility treatment and the limited dental package that was mapped to EHB 1 with the full dental package offered through our Medicaid State Plan package."/> | | |
| Base Benchmark Benefit that was Substituted: <input type="text" value="Temporomandibular Joint Disorder"/> | Source: Base Benchmark | <input type="checkbox"/> |
| Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="This benefit was mapped to EHB 1 and will be duplicated by the Medicaid State Plan package Dental Services benefit."/> | | |
| Base Benchmark Benefit that was Substituted: <input type="text" value="Cancer Clinical Trials"/> | Source: Base Benchmark | <input type="checkbox"/> |
| Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="This benefit was mapped to EHB 1 and 3 will be duplicated by the Medicaid State Plan package Outpatient Hospital and Inpatient Hospital benefits."/> | | |
| Base Benchmark Benefit that was Substituted: <input type="text" value="Pain Management Services"/> | Source: Base Benchmark | <input type="checkbox"/> |
| Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="This benefit was mapped to EHB 1 and will be duplicated by the Medicaid State Plan package Physicians Services benefit."/> | | |



Alternative Benefit Plan

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|---|---------------------------|--------------------------|
| Base Benchmark Benefit that was Substituted: <input type="text" value="Chelation Therapy"/> | Source: Base Benchmark | <input type="checkbox"/> |
| Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="This benefit was mapped to EHB 1 and 3 and will be duplicated by the Medicaid State Plan Inpatient Hospital Services, Outpatient Hospital Services, and Clinic Services Benefits."/> | | |
| Base Benchmark Benefit that was Substituted: <input type="text" value="Chemotherapy"/> | Source: Base Benchmark | <input type="checkbox"/> |
| Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="This benefit was mapped to EHB 1 and 3 and will be duplicated by the Medicaid State Plan Inpatient Hospital Services, Outpatient Hospital Services, and Clinic Services Benefits."/> | | |
| Base Benchmark Benefit that was Substituted: <input type="text" value="Dialysis Treatment"/> | Source: Base Benchmark | <input type="checkbox"/> |
| Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="This benefit was mapped to EHB 1 and 3 and will be duplicated by the Medicaid State Plan Inpatient Hospital Services, Outpatient Hospital Services, and Clinic Services Benefits."/> | | |
| Base Benchmark Benefit that was Substituted: <input type="text" value="Radiation therapy"/> | Source: Base Benchmark | <input type="checkbox"/> |
| Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="This benefit was mapped to EHB 1 and 3 and will be duplicated by the Medicaid State Plan Inpatient Hospital Services, Outpatient Hospital Services, and Clinic Services Benefits."/> | | |
| Base Benchmark Benefit that was Substituted: <input type="text" value="Infusion Therapy"/> | Source: Base Benchmark | <input type="checkbox"/> |
| Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="This benefit was mapped to EHB 1 and 3 and will be duplicated by the Medicaid State Plan Inpatient and Outpatient Hospital Benefits."/> | | |
| Base Benchmark Benefit that was Substituted: <input type="text" value="Transplants"/> | Source: Base Benchmark | <input type="checkbox"/> |
| Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="This benefit was mapped to EHB 3 and will be duplicated by the Medicaid State Plan package Inpatient Hospital Services benefit."/> | | |



Alternative Benefit Plan

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|--|---------------------------|--------------------------|
| Base Benchmark Benefit that was Substituted: <input type="text" value="Hemophilia Services"/> | Source: Base Benchmark | <input type="checkbox"/> |
| Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="This benefit was mapped to EHB 1, 3, and 7 and will be duplicated by the Medicaid State Plan Inpatient Hospital, Outpatient Hospital, Clinic Services and Home Health Care benefits."/> | | |
| Base Benchmark Benefit that was Substituted: <input type="text" value="Orthotics and Prosthetics"/> | Source: Base Benchmark | <input type="checkbox"/> |
| Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="This benefit was mapped to EHB 7 and will be duplicated by the Medicaid State Plan Orthotics and Prosthetics benefit."/> | | |
| Base Benchmark Benefit that was Substituted: <input type="text" value="Newborn Hearing Screening"/> | Source: Base Benchmark | <input type="checkbox"/> |
| Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="This benefit was mapped to EHB 4 and will be duplicated under the Medicaid State Plan Newborn Hearing Screening benefit."/> | | |
| Base Benchmark Benefit that was Substituted: <input type="text" value="Mammograms"/> | Source: Base Benchmark | <input type="checkbox"/> |
| Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="This benefit was mapped to EHB 9 and will be duplicated by the Medicaid State Plan Preventative Services benefit."/> | | |
| Base Benchmark Benefit that was Substituted: <input type="text" value="Mastectomy inpatient stay"/> | Source: Base Benchmark | <input type="checkbox"/> |
| Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="This benefit was mapped to EHB 3 and will be duplicated by the Medicaid State Plan Inpatient Hospital Benefit."/> | | |
| Base Benchmark Benefit that was Substituted: <input type="text" value="Reconstructive breast surgery"/> | Source: Base Benchmark | <input type="checkbox"/> |
| Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="This benefit was mapped to EHB 3 and will be duplicated by the Medicaid State Plan Inpatient Hospital Benefit."/> | | |



Alternative Benefit Plan

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|--|---------------------------|--------------------------|
| Base Benchmark Benefit that was Substituted: <input type="text" value="Diabetes Treatment - services and supplies"/> | Source: Base Benchmark | <input type="checkbox"/> |
| Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="This benefit was mapped to EHB 9 and will be duplicated under the Medicaid State Plan Diabetic Supplies & Equipment benefit."/> | | |
| Base Benchmark Benefit that was Substituted: <input type="text" value="Nutritional Counseling"/> | Source: Base Benchmark | <input type="checkbox"/> |
| Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="This benefit was mapped to EHB 9 and will be duplicated by the Medicaid State Plan Preventive Services benefit."/> | | |
| Base Benchmark Benefit that was Substituted: <input type="text" value="Skilled Nursing Facility - Skilled Nursing Care"/> | Source: Base Benchmark | <input type="checkbox"/> |
| Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="This benefit was mapped to EHB 7 and will be duplicated by the Medicaid State Plan Nursing Facility/Skilled Nursing Facility Services benefit. Base Benchmark does not have a duration limit but prior authorization is required for medical necessity. Duration based on plan of care documents and progress of individual. Custodial Care is not covered under the base benchmark."/> | | |
| Base Benchmark Benefit that was Substituted: <input type="text" value="Speech and Cognitive Therapy - Rehab/Hab"/> | Source: Base Benchmark | <input type="checkbox"/> |
| Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="This benefit was mapped to EHB 7 and will be duplicated by the Medicaid State Plan Speech Therapy benefit. The base benchmark includes a combined 30 visit per calendar year limit and is limited to 1 session per day. The Medicaid State Plan does not include a visit limit. Cognitive Therapy is a part of the Medicaid State Plan Speech Therapy benefit."/> | | |
| Base Benchmark Benefit that was Substituted: <input type="text" value="Physical and Occupational Therapy - Rehab/Hab"/> | Source: Base Benchmark | <input type="checkbox"/> |
| Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="This benefit was mapped to EHB 7 and will be duplicated by the Medicaid State Plan Physical Therapy and Occupational benefit. The base benchmark includes a combined 30 visit per calendar year limit and is limited to 1 session per day. The Medicaid State Plan does not include a visit limit."/> | | |
| Base Benchmark Benefit that was Substituted: <input type="text" value="Autism/Developmental Disabilities - ABA or Related"/> | Source: Base Benchmark | <input type="checkbox"/> |



Alternative Benefit Plan

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

This benefit was mapped to EHB 10 and will be substituted by the Medicaid State Plan EPSDT benefit.



Base Benchmark Benefit that was Substituted:

Source:

Abortion - Hyde Amendment

Base Benchmark



Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

This benefit was mapped to EHB 1 and is duplicated by the Medicaid State Plan Abortion benefit.

Base Benchmark Benefit that was Substituted:

Source:

Eyeglasses for Children

Base Benchmark



Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

This benefit was mapped to EHB 10 and is duplicated by the Medicaid State Plan EPSDT benefit. The benchmark benefit is limited to children ages 18 and under.

Base Benchmark Benefit that was Substituted:

Source:

Hearing Aid Services

Base Benchmark



Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

This benefit was mapped to EHB 10 and is duplicated by the Medicaid State Plan EPSDT benefit. The benchmark benefit is limited to children ages 15 and under.

Add



Alternative Benefit Plan

| | | |
|---|---------------------------|--|
| <input checked="" type="checkbox"/> Other Base Benchmark Benefits Not Covered | | Collapse All <input checked="" type="checkbox"/> |
| Base Benchmark Benefit not Included in the Alternative Benefit Plan: | Source: Base Benchmark | <input type="text"/> |
| <input type="text" value="Abortion Services greater than Hyde Amendment"/> | | |
| | | <input type="button" value="Add"/> |



Alternative Benefit Plan

Other 1937 Covered Benefits that are not Essential Health Benefits Collapse All

| | |
|--|--|
| Other 1937 Benefit Provided: FQHC | Source: Section 1937 Coverage Option Benchmark Benefit |
| Authorization: Other | Package: [Greyed out] |
| Amount Limit: None | Provider Qualifications: Medicaid State Plan |
| Scope Limit: None | Duration Limit: None |
| Other: No prior authorization required; NJ FamilyCare Plan A Standard Medicaid; Source: State Plan 1905(a) | |

| | |
|---|--|
| Other 1937 Benefit Provided: Non-medical transportation | Source: Section 1937 Coverage Option Benchmark Benefit |
| Authorization: Prior Authorization | Package: [Greyed out] |
| Amount Limit: None | Provider Qualifications: Medicaid State Plan |
| Scope Limit: None | Duration Limit: None |
| Other: NJ FamilyCare Plan A Standard Medicaid; Source: State Plan 1905(a) | |

| | |
|---|--|
| Other 1937 Benefit Provided: Inpatient - religious non-medical services | Source: Section 1937 Coverage Option Benchmark Benefit |
| Authorization: Other | Package: [Greyed out] |
| Amount Limit: None | Provider Qualifications: Medicaid State Plan |
| Scope Limit: Elective cosmetic surgery not covered unless determined medically necessary. | Duration Limit: None |
| Other: NJ FamilyCare Plan A Standard Medicaid; Source: State Plan 1905(a) | |



Alternative Benefit Plan



Alternative Benefit Plan

| | | |
|--|---|--------------------------|
| <input type="text"/> | | <input type="checkbox"/> |
| Other 1937 Benefit Provided: | Source: | |
| <input type="text" value="Substance Use Disorder - Partial Care"/> | <input type="text" value="Section 1937 Coverage Option Benchmark Benefit"/> | <input type="checkbox"/> |
| Authorization: | Package | |
| <input type="text" value="Other"/> | <input type="text" value="Medicaid State Plan"/> | |
| Provider Qualifications: | | |
| | | |
| Amount Limit: | Duration Limit: | |
| <input type="text" value="None"/> | <input type="text" value="None"/> | |
| Scope Limit: | | |
| <input type="text" value="None"/> | | |
| Other: | | |
| <input type="text" value="Full benefit name: Rehabilitative Services - Substance Use Disorder - Partial Care"/> | | |
| <input type="text" value="Service covered under the State Plan Authority 1905(a)(13)"/> | | |
| <input type="text" value="Service Descriptions: Partial Care-Day or Evening - A licensed rehabilitative program that provides a broad range of clinically intensive treatment services in a structured environment for a minimum of twenty (20) hours a week, during the day or evening hours. Services are delivered for no less than 4 hours per day and include individual, group, family therapy. This level of care approximates to ASAM Level II.5."/> | | |
| <input type="text" value="Services include:"/> | | |
| <input type="text" value="-Physician visit: Physician or APN under supervision of a physician."/> | | |
| <input type="text" value="-Individuals counseling - Licensed clinical professional (LCP) or clinical staff supervised by a LCP"/> | | |
| <input type="text" value="-Group substance abuse counseling - LCP or clinical staff supervised by a LCP"/> | | |
| <input type="text" value="-Group counseling - LCP or clinical staff supervised by a LCP"/> | | |
| <input type="text" value="-Family Counseling- LCP or clinical staff supervised by a LCP"/> | | |
| <input type="text" value="-Laboratory services- Medically Licensed clinical professional"/> | | |
| <input type="text" value="Service Limitations:"/> | | |
| <input type="text" value="Service admission is recommended by a physician or other licensed practitioner of the healing arts within their scope of practice under State law."/> | | |
| <input type="text" value="If an individuals needs more than 20 hours per week, services can be increased if medically necessary or an individual is reassessed for appropriate level of care."/> | | |
| <input type="text" value="Provider Specifications:"/> | | |
| <input type="text" value="-NJ DHS Licensed Substance Abuse Facility"/> | | |
| <input type="text" value="-NJ Medicaid Licensed Independent Clinic"/> | | |
| <input type="text" value="Unit of Service = 1 day, up to 5 days/wk"/> | | |
| <input type="text" value="Licensing Entity: DHS"/> | | |
| <input type="text" value="Regulation Cite: NJAC 10:161B"/> | | |



Alternative Benefit Plan

Other 1937 Benefit Provided:

Substance Use Disorder Intensive Outpatient

Authorization:

Other

Amount Limit:

None

Scope Limit:

None

Source:

Section 1937 Coverage Option Benchmark Benefit

Package

Provider Qualifications:

Medicaid State Plan

Duration Limit:

None

Other:

Full benefit name: Rehabilitative Services - Substance Abuse Disorder Intensive Outpatient

Service under the State Plan Authority 1905(a)(13)

Service Descriptions: A rehabilitative service designed to help clients change his or her alcohol or other drug using and related behaviors. This service consists of approximately nine to 12 hours of services each week and provides counseling about substance related problems. Services delivered are at a minimum of three hours per day for a minimum of three days per week. This level of care approximates to ASAM Level II.1.

Services include:

- Physician visit: Physician or APN under supervision of a physician.
- Individuals counseling - Licensed Clinical Professional (LCP) or clinical staff supervised by a LCP
- Group substance abuse counseling - LCP or clinical staff supervised by a LCP
- Group counseling - LCP or clinical staff supervised by a LCP
- Family Counseling- LCP or clinical staff supervised by a LCP

Service Limitations:

- Service admission is recommended by a physician or other licensed practitioner of the healing arts within their scope of practice under State law.
- Services delivered are at a minimum of three hours per day for a minimum of three days per week.
- If an individuals needs more than 12 hours per week, services can be increased if it is medically necessary or an individual is reassessed for appropriate level of care.

Provider Specifications:

- NJ DHS Licensed Substance Abuse Facility
- NJ Medicaid Licensed Independent Clinic

Unit of Service: Per diem

Licensing Entity: DHS

Regulation Cite: NJAC 10:161B

Other 1937 Benefit Provided:

Substance Use Disorder - short term residential

Authorization:

Other

Source:

Section 1937 Coverage Option Benchmark Benefit

Package

Provider Qualifications:

Medicaid State Plan



Alternative Benefit Plan



Alternative Benefit Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

Full benefit name: Rehabilitative Services - Substance Use Disorder - short term residential

Service under the State Plan Authority 1905(a)(13)

Service Descriptions:

Short-term residential substance use disorder treatment facilities are rehabilitative treatment facilities in which treatment is designed primarily to address specific addiction and living skills problems through a prescribed 23-hour per day activity regimen on a short-term basis, and generally approximates ASAM PPC-2R, Level III.7 treatment services. Subject to IMD exclusion i.e. sixteen beds or less.

A minimum of 7 hours of structured programming must be provided on a billable day. Structured activities must include at a minimum of 12 hours per week of counseling services provided by a licensed clinical practitioner (LCP) or by clinical staff under the supervision of a LCP to include:

- individual therapy
- group therapy
- family therapy

Service Limitations:

Service admission is recommended by a physician or other licensed practitioner of the healing arts within their scope of practice under State law.

Provider Specifications:

- NJ DHS Licensed Substance Abuse facility

Unit of Service: Per diem

Licensing Entity: DHS

Regulation Cite: NJAC 10:161A

Other 1937 Benefit Provided:

Psychiatric Emergency Rehabilitation Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

No prior authorization required; NJ FamilyCare Plan A Standard Medicaid



Alternative Benefit Plan



Alternative Benefit Plan

Community Mental Health Rehabilitation Services - Psychiatric Emergency Rehabilitation Services (PERS)

Service Description:

Psychiatric Emergency Rehabilitation Services (PERS) services are provided to a person who is experiencing a behavior health crisis, designed to interrupt and/or ameliorate a crisis experience including an assessment, immediate crisis resolution and de-escalation, and referral and linkage to appropriate services to avoid, where possible, more restrictive levels of treatment. The goals of PERS are symptom reduction, stabilization, and restoration to a previous level of functioning. All activities must occur within the context of a potential or actual behavioral health crisis. PERS is a face-to-face intervention and can occur in a variety of locations, including but not limited to an emergency room or clinic setting, in addition to other community locations where the person lives, works, attends school, and/or socializes. Eligible providers of PERS services must meet the rehab qualifications under the SPA and individuals may choose from any providers meeting the established provider qualifications.

Specific services include;

- A. An assessment of risk and mental status; as well as the need for further evaluation or other mental health services. Includes contact with the client, family members or other collateral sources (e.g. caregiver, school personnel) with pertinent information for the purpose of an assessment and/or referral to other alternative mental health services at an appropriate level.
- B. Short-term PERS including crisis resolution and de-briefing with the identified Medicaid eligible individual.
- C. Follow-up with the individual, and as necessary, with the individual's caretaker and/or family member(s).
- D. Consultation with a physician or with other qualified providers to assist with the individuals' specific crisis

Certified assessors and/or licensed professional of the healing arts shall assess, refer and link all Medicaid eligible individuals in crisis. This shall include but not be limited to performing any necessary assessments; providing crisis stabilization and de-escalation; development of alternative treatment plans; consultation, training and technical assistance to other staff; consultation with the psychiatrist; monitoring of consumers; and arranging for linkage, transfer, transport, or admission as necessary for Medicaid eligible individuals at the conclusion of the PERS.

PERS specialists shall provide PERS counseling, on and off-site; monitoring of consumers; assessment under the supervision of a certified assessor and/or licensed professional of the healing arts; and referral and linkage, if indicated. PERS specialists who are nurses may also provide medication monitoring and nursing assessments.

Psychiatrists in each crisis program perform psychiatric assessments, evaluation and management as needed; prescription and monitoring of medication; as well as supervision and consultation with PERS program staff.

Consumer Participation Criteria

These rehabilitation services are provided as part of a comprehensive specialized psychiatric program available to all Medicaid eligible consumers. PERS services must be medically necessary. The medical necessity for these rehabilitative services must be recommended by a licensed practitioner of the healing arts who is acting within the scope of his/her professional licensed and applicable state law to promote the maximum reduction of symptoms and/or restoration of an individual to his/her best age-appropriate functional level. All individuals who are identified as experiencing a seriously acute psychological/emotional change which results in a marked increase in personal distress and which exceeds the abilities and the resources of those involved to effectively resolve it are eligible. Individuals may choose from any providers meeting the established provider qualifications outlined in this SPA.



Alternative Benefit Plan

Provider Qualifications:

Programs shall be certified by Medicaid and/or its designee as meeting state requirements for PERS programs.

PERS services are delivered by certified assessors, temporary assessors, PERS specialists, and licensed professionals of the healing arts. Prior to achieving full status as a certified assessor, an individual shall serve as a temporary assessor for one year, complete certification training, and pass a proficiency exam.

Certified assessors must have:

1. a MA/MS in a mental health related field from an accredited institution, plus one year of post-master's full time professional experience in a psychiatric setting; OR
2. a BA/BS in a mental health related field from an accredited institution, plus three years of post-bachelor's full time professional experience in a mental health setting, one of which is in a crisis setting; OR
3. a BA/BS in a mental health related field from an accredited institution, plus two years of post-bachelor's full time professional experience in a mental health setting, one of which is in a crisis setting and currently enrolled in a master's program; OR
4. a licensed registered nurse with three years full-time, post RN, professional experience in the mental health field, one of which is in a crisis setting.

PERS specialists shall have:

1. A MA/MS in a mental health related field from an accredited institution; OR
2. A BA/BS in a mental health related field from an accredited institution, plus two years of full time professional experience in a psychiatric setting; OR
3. Licensure as a registered professional nurse.

Each PERS program is supervised by a medical director who is a psychiatrist. A licensed professional of the healing arts who is acting within the scope of his/her professional licensed and applicable state law is available for consultation and able to recommend treatment 24 hours a day, seven days a week to the PERS program.

Amount, Duration and Scope:

A unit of service is defined according to the HCPCS approved code set unless otherwise specified.

PERS services by their nature are crisis services and are not subject to prior approval. Components that are not provided to, or directed exclusively toward the treatment of, the Medicaid eligible individual are not eligible for Medicaid coverage.

The PERS services should follow any established crisis plan already developed for the consumer as part of an individualized treatment plan, called a care plan. The PERS activities must be intended to achieve identified care plan goals or objectives.

If no crisis plan has yet been developed for the consumer, then the PERS services should stabilize the individual, identify appropriate aftercare for the consumer including referral and linkage to a community provider who will develop a formal care plan, admission to an inpatient/residential setting where a formal care plan will be developed or the development of an alternative care plan by the certified assessor. In all circumstances, the goal of PERS should be the de-escalation and stabilization of the individual as well as determining longer-term care goals through the implementation of or development of a care plan either directly or through referral. The crisis/aftercare/care plan (care plan) should be developed in a person-centered manner with the active participation of the individual, family and providers and be based on the individual's condition and the standards of practice for the provision of these specific rehabilitative services. An individual in crisis may be represented by a family member or other collateral contact who has knowledge of the individual's capabilities and functioning. The care plan should identify the medical or remedial services intended to reduce the identified condition as well as the anticipated outcomes of the individual. The care plan must specify the frequency, amount and duration of services. The care plan must be recommended by a licensed practitioner of the healing arts and should, where possible, be signed by the



Alternative Benefit Plan

consumer as appropriate for his or her diagnosis. The care plan developed during PERS will specify a timeline for reevaluation as applicable. Ideally, the care plan developed in PERS will be replaced almost immediately (e.g., in a few weeks) by a more permanent care plan once the individual is stabilized and in a longer term community or institutional placement. The reevaluation should involve the individual, family and providers and include a reevaluation of plan to determine whether services have contributed to meeting the stated goals. A new care plan should be developed if there is no measureable reduction of disability or restoration of functional level. The new plan should identify a different rehabilitation strategy with revised goals and services. Coordination with crisis intervention teams in community support services is required and includes receiving referrals from individuals enrolled in that program and ensuring coordination back to that community program where necessary de-escalation and stabilization has occurred.

Substance use must be recognized and addressed in an integrated fashion as it may add to the risk of increasing the need for engagement in care. Individuals may not be excluded from service due to active, current, substance abuse or history of substance abuse.

Limitations:

Providers must maintain medical records that include a copy of the care plan, the name of the individual, dates of services provided, nature, content and units of rehabilitation services provided, and progress made toward functional improvement and goals in the care plan. Services cannot be provided to a resident of an institution including any residents of Institutions for Mental Disease (IMD). Room and board is not included in Medicaid coverage of PERS.

Services provided to children and youth must include communication and coordination with the family and/or legal guardian and custodial agency for children in state custody. Coordination with other child serving systems should occur as needed to achieve the treatment goals and should include appropriate referrals to the child mobile response program(s). All coordination must be documented in the youth's medical record.

Other 1937 Benefit Provided:

Behavioral Health Home (Adult)

Authorization:

Other

Amount Limit:

None

Scope Limit:

Adults with SMI who are at risk for high utilization of medical and behavioral health care services.

Other:

This benefit is identical to NJ FamilyCare Plan A Standard Medicaid Plan 1945 described on pages: Attachment 3.1 H page 9 of 48 to page 48 of 48.

Geographic Limitations: BHH is currently available to adults in Bergen County (Effective Date: 7/1/14); and Mercer County (Effective 10/1/14).

Service Descriptions: Comprehensive Care Management: Care Management is the primary coordinating function in a BHH. The goal of Care Management is the assessment of consumer needs, development of the care plan, coordination of the services identified in the care plan and the ongoing assessment and revisions to the plan based on evaluation of the consumer's needs. The Care Manager is the Team Leader.

Source:

Section 1937 Coverage Option Benchmark Benefit

Package

Provider Qualifications:

Medicaid State Plan

Duration Limit:

None



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Comprehensive care management services are conducted by registered nurses, physician's assistants or advanced practice nurses.

Service Limitations: Entry to this service is based on diagnostic and service utilization criteria. An adult consumer must have a diagnosis of Serious Mental Illness (SMI) and be at risk for high utilization of services.

Consumer Eligibility: NJ plans to provide Behavioral Health Home (BHH) services to adults with a Serious Mental Illness (SMI) who are high utilizers of services or who are at risk of high utilization of services and are residents of Bergen County (effective 1/1/14) and Mercer County (effective 10/1/14). For this service SMI is defined a mental illness that causes serious impairments in emotional and behavioral functioning that interfere with an individual's capacity to remain in the community unless supported by treatment and services. The determination of risk is made using the Chronic Illness and Disability Payment System (CDPS).

Enrollment: NJ Division of Medical Assistance and Health Services (DMAHS) and Division Mental Health and Addiction Services (DMHAS) will partner with providers to identify and refer to the BHH service. Using claims data, DMAHS will identify consumers for the BHH service. NJ DMAHS will notify the consumers via hard copy mail of their eligibility, how to engage in the service, and choice of provider. Individuals will not be auto enrolled in the BHH service.

For those individuals receiving the ABP benefit package, BHH eligibility is driven by diagnosis. The list of BHH eligible diagnosis will be available to BHH providers enabling them to screen individuals for eligibility and enroll in the BHH. The BHH will also be required to outreach to consumers who are not currently receiving services.

Provider Specifications:

- A mental health treatment provider licensed by DHS.
- Certified to provide BHH by DHS
- Accredited by NCQA or other nationally recognized accrediting body as a Health Home within two years of initial state certification

Provider Eligibility: All BHH provider agencies must be licensed as a mental health provider by the New Jersey Department of Human Services (NJ DHS) and serve Bergen County and Mercer County residents. The DMHAS will use a qualification process to certify licensed mental health providers as BHHs. Providers will have two years from certification as a BHH to become accredited as a BHH by a nationally recognized and state approved accrediting body.

Provider Infrastructure: The BHH Core Team will include: a Nurse Care Manager, a Care Coordinator, a Health and Wellness Educator, consultative services of a Psychiatrist and a Primary Care Physician, and Support Staff. Physician time for BHH services is limited to the time spent in face to face team meetings and consultation. Optional team members include a nutritionist/dietician, Peer, pharmacist and Hospital Liaison. Support for both the required and optional members were built into the BHH rate.

Staff Qualifications:

Care Management is the primary coordinating function in a BHH (BHH). The goal of Care Management is the assessment of consumer needs, development of the care plan, coordination of the services identified in the care plan and the ongoing assessment and revisions to the plan based on evaluation of the consumer's needs. The Care Manager is the Team Leader. Comprehensive care management services are conducted by licensed registered nurses, physician's assistants or advanced practice nurses.

Care Coordination services are provided by Care Coordinators and other Health Team members with the primary goal of implementing the individualized service plan, with active involvement by the consumer, to ensure the plan reflects consumer needs and preferences. Care coordination emphasizes access to a wide variety of services required to improve overall health and wellness. Care Coordinators can be trained social



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workers or Licensed Practical Nurses.

Health promotion activities are conducted with an emphasis on empowering the consumer to improve health and wellness. Health Promotion can be provided by any member of the team, a certified peer wellness counselor or other certified health educator.

Individual and family support services (including authorized representatives) can be delivered by nurse care manager or other members of the home health team. Helping the individual and family recognize the importance of family and community support in recovery, health and wellness, and helping them develop and strengthen family and community supports to aid in the process of recovery and health maintenance.

BHHs provide comprehensive transitional care and follow-up to consumers transitioning from inpatient care and/or emergency care to the community. Comprehensive transitional care can be provided by the Nurse Care Manager or other BHH team members.

Referral to community and social support services involves providing assistance for consumers to obtain necessary community and social supports. Referral activities are most often provided by the Care Coordinator but can be performed by any member of the team.

SERVICE BASED ON STAGES OF INVOLVEMENT:

- o Engagement
- o Active
- o Maintenance

Unit of Service = Monthly Case Rate for the service based on level of involvement

Licensing Entity: DHS

Accredited by: Accredited by NCQA, JACHO, CARF or other nationally recognized accrediting body as a Health Home within two years of initial state certification

Other 1937 Benefit Provided:

Personal Care Services

Authorization:

Other

Amount Limit:

40 hours per week

Scope Limit:

None

Other:

NJ FamilyCare Plan A Standard Medicaid; Source: State Plan 1905(a); Includes 1915(j) Self-directed service delivery model as part of benefit.

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Provider Qualifications:

Medicaid State Plan

Duration Limit:

None

Other 1937 Benefit Provided:

Family Planning Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package



Alternative Benefit Plan

| | | |
|--|--|--------------------------|
| Authorization: <input type="text" value="Other"/> | Provider Qualifications: <input type="text" value="Medicaid State Plan"/> | <input type="checkbox"/> |
| Amount Limit: <input type="text" value="None"/> | Duration Limit: <input type="text" value="None"/> | |
| Scope Limit: <input type="text" value="None"/> | | |
| Other: <input type="text" value="No prior authorization required; NJ FamilyCare Plan A Standard Medicaid; Source: State Plan 1905(a)"/> | | |
| Other 1937 Benefit Provided: <input type="text" value="Tobacco Cessation"/> | Source: Section 1937 Coverage Option Benchmark Benefit Package | <input type="checkbox"/> |
| Authorization: <input type="text" value="Other"/> | Provider Qualifications: <input type="text" value="Medicaid State Plan"/> | |
| Amount Limit: <input type="text" value="None"/> | Duration Limit: <input type="text" value="None"/> | |
| Scope Limit: <input type="text" value="None"/> | | |
| Other: <input type="text" value="NJ FamilyCare Plan A Standard Medicaid; Source: State Plan 1905(a)"/> | | |
| Other 1937 Benefit Provided: <input type="text" value="Extended Services for Pregnant Women"/> | Source: Section 1937 Coverage Option Benchmark Benefit Package | <input type="checkbox"/> |
| Authorization: <input type="text" value="Other"/> | Provider Qualifications: <input type="text" value="Medicaid State Plan"/> | |
| Amount Limit: <input type="text" value="No Limitations"/> | Duration Limit: <input type="text" value="During pregnancy and 60 days post partum"/> | |
| Scope Limit: <input type="text" value="Extended services to pregnant women includes all major categories of services as long as the services are determined to be medically necessary and related to the pregnancy"/> | | |
| Other: <input type="text" value="Prior authorization is not required. Source: State Plan 1905(a)"/> | | |



Alternative Benefit Plan

| | |
|---|--|
| Other 1937 Benefit Provided: Dentures | Source: Section 1937 Coverage Option Benchmark Benefit Package |
| Authorization: Prior Authorization | Provider Qualifications: Medicaid State Plan |
| Amount Limit: 1 device in each arch | Duration Limit: every 7.5 years |
| Scope Limit: None | |
| Other: NJ FamilyCare Plan A Standard Medicaid; Source: State Plan 1905(a); Exceptions to the amount limit may be made for medical necessity which must be documented. | |

| | |
|---|--|
| Other 1937 Benefit Provided: Clinic Services - Medical Day Care | Source: Section 1937 Coverage Option Benchmark Benefit Package |
| Authorization: Prior Authorization | Provider Qualifications: Medicaid State Plan |
| Amount Limit: 12 hours | Duration Limit: per day |
| Scope Limit: Must be provided at least 5 hours per day, 5 days per week | |
| Other: NJ FamilyCare Plan A Standard Medicaid; Source: State Plan 1905(a) | |

| | |
|---|--|
| Other 1937 Benefit Provided: Medical/Surgical Services furnished by a Dentist | Source: Section 1937 Coverage Option Benchmark Benefit Package |
| Authorization: Other | Provider Qualifications: Medicaid State Plan |
| Amount Limit: None | Duration Limit: None |
| Scope Limit: Elective cosmetic surgery not covered unless determined medically necessary. | |
| Other: NJ FamilyCare Plan A Standard Medicaid. Source: State Plan 1905(a); No prior authorization required. | |



Alternative Benefit Plan

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|---|--|--------------------------|
| <input type="text"/> | | <input type="checkbox"/> |
| Other 1937 Benefit Provided: | Source: | |
| <input type="text" value="Eyeglasses"/> | <input type="text" value="Section 1937 Coverage Option Benchmark Benefit"/> | <input type="checkbox"/> |
| Authorization: | Package: | |
| <input type="text" value="Authorization required in excess of limitation"/> | <input type="text" value="Medicaid State Plan"/> | |
| Provider Qualifications: | Duration Limit: | |
| <input type="text" value="1 pair"/> | <input type="text" value="2 years"/> | |
| Amount Limit: | Scope Limit: | |
| <input type="text" value="1 pair"/> | <input type="text" value="Prescription sunglasses not provided; bifocals only when prescribed; tinted lenses only when medically indicated; and contact lenses only for specific ocular pathological conditions for patient who cannot be fitted with regular lenses."/> | |
| Other: | | |
| <input type="text" value="NJ FamilyCare Plan A Standard Medicaid; Source: State Plan 1905(a)"/> | | |
| Other 1937 Benefit Provided: | Source: | |
| <input type="text" value="Hearing Aid Services"/> | <input type="text" value="Section 1937 Coverage Option Benchmark Benefit"/> | <input type="checkbox"/> |
| Authorization: | Package: | |
| <input type="text" value="Prior Authorization"/> | <input type="text" value="Medicaid State Plan"/> | |
| Provider Qualifications: | Duration Limit: | |
| <input type="text" value="None"/> | <input type="text" value="None"/> | |
| Amount Limit: | Scope Limit: | |
| <input type="text" value="None"/> | <input type="text" value="1 hearing aid per client"/> | |
| Other: | | |
| <input type="text" value="NJ FamilyCare Plan A Standard Medicaid; Source: State Plan 1905(a)(11) Full benefit name: Hearing Aid Services - Physical Therapy and Related Services"/> | | |
| Other 1937 Benefit Provided: | Source: | |
| <input type="text" value="Screening Services"/> | <input type="text" value="Section 1937 Coverage Option Benchmark Benefit"/> | |
| Authorization: | Package: | |
| <input type="text" value="Other"/> | <input type="text" value="Medicaid State Plan"/> | |
| Provider Qualifications: | Duration Limit: | |
| <input type="text" value="None"/> | <input type="text" value="None"/> | |
| Amount Limit: | | |



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| | | |
|--|--|--------------------------|
| Scope Limit: <input type="text" value="None"/> | | <input type="checkbox"/> |
| Other: <input type="text" value="NJ FamilyCare Plan A Standard Medicaid; Source: State Plan 1905(a); No prior authorization required."/> | | |
| Other 1937 Benefit Provided: <input type="text" value="Opioid Treatment/Maintenance"/> | Source: Section 1937 Coverage Option Benchmark Benefit Package | <input type="checkbox"/> |
| Authorization: <input type="text" value="Other"/> | Provider Qualifications: <input type="text" value="Medicaid State Plan"/> | |
| Amount Limit: <input type="text" value="None"/> | Duration Limit: <input type="text" value="None"/> | |
| Scope Limit: <input type="text" value="None"/> | | |
| Other: <input type="text" value="NJ FamilyCare Plan A Standard Medicaid; Source: State Plan 1905(a); No prior authorization required."/> | | |
| Other 1937 Benefit Provided: <input type="text" value="Mental Health Adult Rehabilitation (group homes)"/> | Source: Section 1937 Coverage Option Benchmark Benefit Package | |
| Authorization: <input type="text" value="Other"/> | Provider Qualifications: <input type="text" value="Medicaid State Plan"/> | |
| Amount Limit: <input type="text" value="dependent on level of care"/> | Duration Limit: <input type="text" value="None"/> | |
| Scope Limit: <input type="text" value="None"/> | | |
| Other: <input type="text" value="NJ FamilyCare Plan A Standard Medicaid; Source: State Plan 1905(a); No prior authorization needed; subject to IMD exclusion i.e. sixteen beds or less. Residential Levels of Care: • Supervised Residence A+: refers to licensed group homes or apartments. Community mental health rehabilitation services are available to consumer residents up to 23 hours per day as needed when clinically necessary, seven days a week. This includes awake overnight staff coverage. • Supervised Residence A: refers to licensed group homes or apartments. Community mental health rehabilitation services are available to consumer residents 12 hours or more per day, (but less than 24 hours per day), seven days per week. • Supervised Residence B: refers to licensed group homes or apartments. Community mental health rehabilitation services are available to consumer residents for 4 or more hours per day, (but less than 12 hours per day), seven days per week."/> | | |



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Alternative Benefit Plan

- Supervised Residence C: refers to licensed group homes or apartments. Community mental health rehabilitation services are available to consumer residents for one or more hours per week, (but less than 4 hours per day).
- Family Care (Level D): refers to a licensed program in a private home or apartment in which community mental health rehabilitation services are available to consumer residents for 23 hours per day by a Family Care Home provider.

Other 1937 Benefit Provided:

Behavioral Health Home (Children)

Authorization:

Other

Amount Limit:

None

Scope Limit:

Young adults, children, and adolescents with serious emotional disturbance (SED) and a chronic medical condition .

Other:

This benefit is identical to NJ FamilyCare Plan A Standard Medicaid State Plan 1945 described on pages: Attachment 3.1.H page 9 of 46 to page 46 of 46.

Service Descriptions:

Comprehensive Care Management: Care Management is the primary coordinating function in a BHH. The goal of Care Management is the assessment of consumer needs, development of the care plan, coordination of the services identified in the care plan and the ongoing assessment and revisions to the plan based on evaluation of the child's needs. The Care Manager is the Team Leader. The BHH Team enhances the existing care management team by providing the medical expertise and support needed to help the child and family manage the chronic condition.

Care Coordination: Care Coordination services are provided by the Care Manager with support from the Nurse Manager, with the primary goal of implementing the individualized service plan/plan of care, with active involvement by the child/family, to ensure the plan reflects the child/family needs and preferences. Care coordination emphasized access to a wide variety of services required to improve overall health and wellness. Care Managers can be social workers and/or other trained health care professionals. A license in the health care professions is not required. Nurse Manager must be properly licensed and credentialed (Minimum RN).

Health Promotion: Health promotion activities are conducted with an emphasis on empowering the child/family to improve health and wellness. Whenever possible these activities are accomplished using evidence based practices and/or curriculum.

Population Criteria: The Children's Behavioral Health Home will service children with SED, DD/MI, Co-occurring MH/SA, or are DD eligible, with one other chronic condition.

Geographic Limitations: BHH is currently available to children, adolescents and young adults in Bergen County (Effective Date: 7/1/14) and Mercer County (Effective 10/1/14).

Source:

Section 1937 Coverage Option Benchmark Benefit

Package

Provider Qualifications:

Medicaid State Plan

Duration Limit:

None



Alternative Benefit Plan

Authorization Requirement:

Provider Criteria: The Department of Children and Families, Children System of Care (CSOC) has an existing network of Care Management Organizations (CMOs) that provide a variety of care management and support services. The BHH will be an enhancement to the existing CMO services for youth that meet BHH eligibility criteria. CMOs will become Children's BHHs through a state BHH certification process and national accreditation.



Other 1937 Benefit Provided:

ICF/IID

Authorization:

Other

Amount Limit:

None

Scope Limit:

None

Other:

NJ FamilyCare Medicaid State Plan 1905(a). Intermediate Care Facility/Individuals with Intellectual Disability services are provided with no limitations.

Source:

Section 1937 Coverage Option Benchmark Benefit

Package

Provider Qualifications:

Medicaid State Plan

Duration Limit:

None



Add



Alternative Benefit Plan

| | |
|---|---------------------------------------|
| <input type="checkbox"/> Additional Covered Benefits (This category of benefits is not applicable to the adult group under section 1902(a)(10)(A)(i)(VIII) of the Act.) | Collapse All <input type="checkbox"/> |
|---|---------------------------------------|

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 5 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V.20130808

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE OF NEW JERSEY

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES-OTHER
TYPES OF CARE

Reimbursement for Rehabilitation Services – Mental Health Community Services

Substance Abuse Disorder non-Medical Detox

Substance Abuse Disorder Short-Term Residential

Substance Abuse Disorder Partial Care

Substance Abuse Disorder Intensive Outpatient (Non-Hospital)

Substance Abuse Disorder Outpatient (Non-Hospital)

Methodology of rates:

Substance abuse services listed above will be reimbursed on a fee-for-service basis utilizing HCPCS codes. Outpatient services will be reimbursed utilizing the fee schedule for like outpatient mental health services with common HCPCS codes rendered in an independent clinic setting. The fee schedule and any annual/periodic adjustments to the fee schedule are published in N.J.A.C. 10:52-4.3. Non-medical detox, short-term residential, partial care, and intensive outpatient services will be reimbursed on a per diem basis at rates that align reimbursement with the cost of adherence to Division of Mental Health and Addiction Services (DMHAS) facility standards for each level of care including staffing credentials, staff to client ratios, and clinical contact hours.

The fees in the referenced State's fee schedules are effective as of July 1, 2015 and are effective for services provided on or after that date and are published on the Department's fiscal agent's website at www.njmmis.com under the link for "rate and code information".

15-0003 MA NJ

TN: 15-0003

Approval Date: November 10, 2015

SUPERCEDES: NEW

Effective Date: July 01, 2015