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State/Territory Name: **New Jersey** / New York Regional Operations Group

State Plan Amendment (SPA) #: **NJ-17-0003**

- 1) Approval Letter
- 2) Approved 4.19B Pages (Attachment 4.19B, Page 36 and 36a)
- 3) CMS 179

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



NEW YORK REGIONAL OPERATIONS GROUP
DMCHO: ZYM: SPA-NJ-17-0003-Approval Letter

September 23, 2019

Jennifer Jacobs
Medicaid Director of Medical Assistance and Health Services
Department of Human Services
CN 12 Quakerbridge Plaza
Trenton, New Jersey 08625-0712

RE: Title XIX State Plan Amendment (SPA), Transmittal # NJ 17-0003

Dear Ms. Jacobs:

We have reviewed the proposed New Jersey State Plan Amendment 17-0003, which was submitted to the New York Regional Operations Group on June 20, 2017. This amendment authorizes an update to certain Medicaid fee-for-service rates with an effective date of April 1, 2017. NJ is also adjusting specific rates for Medicaid State Plan Behavioral Health services to more closely align with the cost of providing these services by setting specific evaluation and management procedure codes, for medication management provided in an office setting by a psychiatrist or psychiatric Advance Practice Nurse (APN), within an independent clinic (mental health and drug and alcohol) or for outpatient hospital behavioral health setting, to the Medicare rates for physicians.

Based on the information provided, SPA 17-0003 was approved on September 23, 2019. The effective date of this amendment is April 1, 2017. We are enclosing the approved CMS-179 and the 4.19B plan pages.

If you have any additional questions or need further assistance, please contact Yvette Moore at (646) 694-0915 or Yvette.Moore@cms.hhs.gov.

Sincerely,


Ricardo Holligan
Acting Deputy Director
New York Regional Operations Group

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
17-0003 MA

2. STATE
New Jersey

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

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

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

4. PROPOSED EFFECTIVE DATE
April 1, 2017

5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 U.S. C. 1396a(a)(30)(A)

7. FEDERAL BUDGET IMPACT:

a. FFY 2017 \$1.147M
b. FFY 2018 \$2.295M

8. PAGE NUMBER OF THE PLAN SECTION OR
ATTACHMENT:

Attachment 4.19 B page 36 and 36a

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

same

10. SUBJECT OF AMENDMENT:

Medication Monitoring Rate

11. GOVERNOR'S REVIEW (Check One):

- GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:
Not required, pursuant to 7.4 of the Plan

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME: Elizabeth Connolly

14. TITLE: Acting Commissioner,
Department of Human Services

15. DATE SUBMITTED: 6/20/17

16. RETURN TO:

Meghan Davey, Director
Division of Medical Assistance and Health
Services
P.O. Box 712, Mail Code #26
Trenton, NJ 08625-0712

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

18. DATE APPROVED:
SEPTEMBER 23, 2019

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

APRIL 01, 2017

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:
RICARDO HOLLIGAN

22. TITLE: **ACTING DEPUTY DIRECTOR
NEW YORK REGIONAL OPERATIONS GROUP**

23. REMARKS:

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

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES FOR NON-
INSTITUTIONAL SERVICES

FEE SCHEDULE EFFECTIVE DATES AND LINKS

The fees in the State's fee schedules referenced in Attachment 4.19-B were set on April 1, 2017 and are effective for services provided on or after that date. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of the Medicaid services listed below. Services for both ABP and non-ABP beneficiaries utilize the same rates unless otherwise noted in the plan. All applicable procedure code listings and/or rates are published on the State's website at www.njmmis.com under the link for 'Rate and Code Information' and can be found in the following locations:

- **Medicaid Fee Schedules:**
 - **Location: Procedure Master Listing – Medicaid Fee for Service - CY 2017 (last updated in SPA 17-0001 effective 1/1/2017)**
 - **Description:** Main file of procedure codes billable to Medicaid for all services except as listed below.
- **Children's Rates: (excluding Special Education Medicaid Initiative (SEMI))**

All applicable procedure code listings and/or rates are published on the State's website at www.njmmis.com under the link for 'Rate and Code Information' and can be found in the following locations:

- **Location: Procedure Master Listing – Children's Rates – CY 2017 (SPA 17-0003 – effective 4/1/2017)**
 - **Description:** File contains procedure codes billable to Medicaid for services provided to beneficiaries under the age of 21 except as listed below.
- **Outpatient Laboratory Billing Only:**

All applicable procedure code listings and/or rates are published on the State's website at www.njmmis.com under the link for 'Rate and Code Information' and can be found in the following locations:

- **Location: Procedure Master Listing - Outpatient Hospital Laboratory Billing Only – CY 2017 (SPA NJ 17-0003 effective 4/1/2017)**
- **Description:** File contains procedure codes billable to Medicaid for laboratory services conducted in an outpatient hospital setting as described beginning on Page 2 of this Section.

17-0003 MA (NJ)

TN: 17-0003 MA (NJ)

Approval Date: September 23, 2019

SUPERCEDES: 17-0001

Effective Date: April 1, 2017

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

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES FOR NON-
INSTITUTIONAL SERVICES
FEE SCHEDULE EFFECTIVE DATES AND LINKS (Cont'd)

- **Outpatient Psychiatric Services Only:**

The fees in the State's fee schedules referenced in Attachment 4.19-B were set on April 1, 2017 and are effective for services provided on or after that date. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of the Medicaid services listed below. Services for both ABP and non-ABP beneficiaries utilize the same rates unless otherwise noted in the plan.

All applicable procedure code listings and/or rates are published on the State's website at www.njmmis.com under the link for 'Rate and Code Information' and can be found in the following locations:

- **Location: Procedure Code Master Listing – Outpatient Psychiatric Services Only – CY 2017**
- **Description:** File containing Revenue Codes and rates for Outpatient Psychiatric Services provided to adults and children, as described under Outpatient Mental Health Services on Page 2a of this Section.

- **Home Health Rates Only:**

The fees in the State's fee schedules referenced in Attachment 4.19-B were set on January 1, 2016 and are effective for services provided on or after that date. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of the Medicaid services listed below. Services for both ABP and non-ABP beneficiaries utilize the same rates unless otherwise noted in the plan.

All applicable procedure code listings and/or rates are published on the State's website at www.njmmis.com under the link for 'Rate and Code Information' and can be found in the following locations:

- **Location: Skilled Nursing Service Rates – Statewide and Provider Specific Rates**
- **Description:** File containing Revenue Codes and rates for statewide Home Health services as described on Page 6a of this Section.

17-0003 MA (NJ)

TN: 17-0003 MA (NJ)

Approval Date: September 23, 2019

SUPERCEDES: 16-0009

Effective Date: April 1, 2017