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State/Territory Name: New Jersey / Region II

State Plan Amendment (SPA) #: NJ-18-0008

- 1) Approval Letter
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- 3) NJ State Plan Pages

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



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS DMCHO: ZYM: SPA-NJ-18-0008-Approval Letter

October 29, 2018

Meghan Davey, Director 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 18-0008

Dear Ms. Davey:

We have reviewed the proposed New Jersey State Plan Amendment 18-0008, which was submitted to the New York Regional Office on September 24, 2018. This SPA implements the approved 2019 Appropriations Act regarding reimbursement for Advance Care Planning (ACP) visits to reimburse consistently with a percentage of the Medicare reimbursement policy based on date of service.

Based on the information provided, the Medicaid State Plan Amendment 18-0008 was approved on October 29, 2018. The approved effective date of this amendment is September 1, 2018. We are enclosing the approved HCFA-179 inclusive of the pen and ink authorizations and the approved program and reimbursement plan pages.

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

Sincerely,

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICIAD SERVICES		FORM APPROVED OMB NO. 0938-0193	
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 18-0008 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	4. PROPOSED EFFECTIVE DATE		
CENTERS FOR MEDICARE & MEDICAID SERVICES	September 1, 2018		
DEPARTMENT OF HEALTH AND HUMAN SERVICES	6		
5. TYPE OF PLAN MATERIAL (Check One):			
□ NEW STATE PLAN □ AMENDMENT TO BE CON	SIDERED AS NEW PLAN	AMENDMENT	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME	NDMENT (Separate Transmittal for each	h amendment)	
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:		
Social Socurity Act Soc 4005(-)(5)(A)			
Social Security Act Sec 1905(a)(5)(A)	a. FFY 2018 \$ 58.3K		
	b. FFY 2019 \$ 700K		
8. PAGE NUMBER OF THE PLAN SECTION OR	9. PAGE NUMBER OF THE SUPER	SEDED PLAN	
ATTACHMENT:	SECTION OR ATTACHMENT (If App	olicable):	
Addendum to Attachment 3.1-A Page 5(a).1	Come		
Addendum to Attachment 3.1-B Page 5(a).1	Same		
Addendari to Attachment 5.1-b Page 5(a).1	Same		
10. SUBJECT OF AMENDMENT:			
Advance Care Planning			
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 SUBMITTA	⊠ OTHER, AS S Not required, pursuan L	SPECIFIED: t to 7.4 of the Plan	
12 SIGNATURE OF STATE AGENOV OFFICIAL:	16. RETURN TO:		
	Markey D. Division		
3. TYPED NAME: Carole Johnson	Meghan Davey, Director		
4. TITLE: Commissioner,	Division of Medical Assistance and Health		
	Services		
5. DATE SUBMITTED: a laul a	P.O. Box 712, Mail Code #26		
5. DATE SOBMITTED: 9/24/18	Trenton, NJ 08625-0712		
FOR REGIONAL OF	FICE USE ONLY		
7. DATE RECEIVED: September 24, 2018	18. DATE APPROVED:		
	OCTOBER 29, 2018	and the second second	
PLAN APPROVED – ONI 9. EFFECTIVE DATE OF APPROVED MATERIAL: September 1, 2018	20. SIGNATURE OF REGIONAL OFFI	CIAL	
1. TYPED NAME:			
Michael Melendez	22. TITLE: Associate Regional Administra	tor (ARA)	
3. REMARKS:			
PEN/INK Authorizations: Block 7a. FFY 2018 \$62.5K ; Bloc	k 76 FEY 2019 \$750K		
lock 8 - Attachment 4.19B, Page 4.1 ; Block 9 - Attachment 4			
iver 0 - Attachment 4.17D, I age 4.1, DIUCK 9 - Attachment 4	TITD, I age TI (INDIN FAGE)		

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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

PHYSICIAN SERVICES (cont'd)

Advance Care Planning Services

Advance Care Planning (ACP) services for physicians are paid at 50% of the current published Medicare rate in the year the service was provided in. The rates are the same for both governmental and private providers.

TN: <u>18-0008 MA (NJ)</u>

18-0008 MA (NJ)

Approval Date: October 29, 2018

SUPERCEDES: NEW

Effective Date: September 1, 2018

Addendum to Attachment 3.1-A Page 5(a).1

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT Limitations on Amount, Duration and Scope of Services Provided to the Categorically Needy Physicians' Services (cont'd):

Immunizations are limited according to Division guidelines as follows:

- (1) Routine childhood immunizations provided in accordance with Division guidelines;
- (2) *Post-exposure prophylaxis; or
- (3) *Selected high-risk groups.

*Regardless of age

Medical services, medical procedures or prescription drugs whose use is to promote or enhance fertility are not covered services.

Physician services include Advance Care Planning (ACP). ACP includes the discussion about the care a beneficiary would want to receive if they become unable to speak for themselves including the explanation and discussion of advance directives such as standard forms (with the completion of such forms, when performed), by the physician or other qualified health professional face-to-face with the patient, family member(s), and /or surrogate. ACP services may be billed by physicians and non-physicians practitioners whose scope of practice and benefit category include the services described by the applicable CPT code.

TN No. 18-0008

Supersedes TN <u>12-09</u>

Approval Date: October 29, 2018

Effective Date: September 1, 2018

Addendum to Attachment 3.1-B Page 5(a).1

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT Limitations on Amount, Duration and Scope of Services Provided to the Medically Needy Groups Pregnant Women, Dependent Children, and the Aged, Blind or Disabled Physicians' Services (cont'd):

Medical services, medical procedures or prescription drugs whose use is to promote or enhance fertility are not covered services.

HealthStart services are limited to pregnant women and dependent children under the age of two.

Physician services are provided for all three coverage groups (pregnant women, dependent children, and the aged, blind or disabled).

Physician services include Advance Care Planning (ACP). ACP includes the discussion about the care a beneficiary would want to receive if they become unable to speak for themselves including the explanation and discussion of advance directives such as standard forms (with the completion of such forms, when performed), by the physician or other qualified health professional face-to-face with the patient, family member(s), and /or surrogate. ACP services may be billed by physicians and non-physicians practitioners whose scope of practice and benefit category include the services described by the applicable CPT code.

TN No. 18-0008-MA(NJ) Supersedes TN <u>12-09</u> Approval Date: <u>October 29, 2018</u> Effective Date: <u>September 1, 2018</u>