

TABLE OF CONTENTS

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

State Plan Amendment (SPA) #: **NJ-19-0004**

- 1) Approval Letter
- 2) CMS 179 with pen/ink changes
- 3) Approved 3.1A Pages (Addendum to Attachment 3.1A Page 13(d).9qq-uu) **and**
Approved 4.19B Page (Supplement 1 to Attachment 4.19 – B Page 6 and 7)

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:TLSP: SPA-NJ-19-0004-Approval Letter

November 19, 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 19-0004

Dear Ms. Jacobs:

We have reviewed the proposed New Jersey State Plan Amendment 19-0004, which was submitted to the New York Regional Operations Group on March 29, 2019. After our initial review, a Request for Additional Information (RAI) was issued on June 25, 2019, to which NJ responded on November 14, 2019. This amendment to the New Jersey Medicaid (Title XIX) State Plan was submitted in order to add Office Based Addiction Treatment (OBAT) consisting of three tiers of treatment: primary care services, FQHC and clinic-based Opioid Treatment Providers (OTPs) and educational centers to serve as a resource for treatment, training and mentoring. All three tiers will work together to promote evidence-based and integrated care.

Based on the information provided, SPA 19-0004 was approved on November 19, 2019. The effective date of this amendment is January 1, 2019. We are enclosing the approved CMS-179 and the approved state plan page.

If you have any additional questions or need further assistance, please contact Tara Porcher for program concerns at (212) 616-2418 or Tara.Porcher@cms.hhs.gov and Yvette Moore for financial concerns at (646) 694-0915 or Yvette.Moore@cms.hhs.gov.

Sincerely,

A black rectangular box redacting the signature of Nicole McKnight.

Nicole McKnight
Acting Deputy Director
New York Regional Operations Group

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

1. TRANSMITTAL NUMBER:
19-0004 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
January 1, 2019

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); 42 USC 1396d(a)(13)

7. FEDERAL BUDGET IMPACT:

a. FFY 2019 \$ 789,750
b. FFY 2020 \$1.4 M

8. PAGE NUMBER OF THE PLAN SECTION OR
ATTACHMENT:

Addendum to Attachment 3.1-A Page 13(d).9qq-tt
Supplement 1 to Attachment 4.19 – B page 7

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 PAGE NUMBER OF THE SUPERSEDED PLAN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

New
New

10. SUBJECT OF AMENDMENT:

Office Based Addiction Treatment (OBAT) Care Coordination Services

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: Carole Johnson

14. TITLE: Commissioner,
Department of Human Services

15. DATE SUBMITTED: 3/29/19

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:
November 19, 2019

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

January 01, 2019

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:
Nicole McKnight

22. TITLE:
New York Regional Operations Group

23. REMARKS:

PEN/INK AUTHORIZATIONS:

BLOCK 8:

BLOCK 9:

REMOVE: Addendum to Attachment 3.1-A Page 13(d).9qq-tt

ADD: Addendum to Attachment 3.1-A Page 13(d).9qq-uu (NEW)
Supplement 1 to Addendum 4.19B, Page 6

ADD: Supplement 1 to Addendum 4.19B, Page 6

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
Limitations on Amount, Duration and Scope of Services
Provided to the Categorically Needy**

13(d).9 Rehabilitation Services (cont'd)

**Community Mental Health Rehabilitation Services –
Office Based Addiction Treatment (OBAT)**

An array of Medication Assisted Treatment (MAT) providers working alone, or with each other, as necessary, to ensure a beneficiary receives MAT services that meet the beneficiary's needs. The core group of providers are office based DATA 2000 waived physicians, Advance Practice Nurses (APNs) and Physician Assistants (PAs) who are the primary care providers for these Substance Use Disorder (SUD) beneficiaries. These providers are responsible for the provision of medical care, MAT and for connecting beneficiaries who require counseling. These providers utilize navigators to care coordinate counseling services with community based counseling providers and assist beneficiaries with psychosocial issues affected by their SUD.

The second type of provider, known as a premier provider, consists of independent clinics or Department of Health (DOH) licensed physician practices who can provide fully integrated care by providing MAT, counseling and primary medical care. Fully integrated care providers are not eligible for the use of a navigator to coordinate counseling with medical services but may utilize peers to assist beneficiaries in obtaining community services to ameliorate substance use related psychosocial needs.

The third type of provider is the Center of Excellence (COE), a State contracted provider capable of providing mentorships, provider peer services, physician training, and must provide MAT as part of their core services. COEs may provide MAT and medical services directly or may contract with a physician practice or premier provider. If the COE or its contracted MAT provider does not provide counseling services, they may utilize navigators to coordinate SUD counseling as needed. If the COE is fully integrated, they may utilize peers to assist clients obtain community services that will assist them with their recovery. COEs are required to provide clinical advice for complex medical cases or cases with multiple failed attempts. For beneficiaries who needs are beyond the competency of their current provider, the COE will accept primary responsibility for the beneficiary's SUD care.

19-0004-MA (NJ)

TN 19-0004

Approval Date 11/19/2019

Supersedes TN NEW

Effective Date 01/01/2019

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
Limitations on Amount, Duration and Scope of Services
Provided to the Categorically Needy**

13(d).9 Rehabilitation Services (cont'd)

**Community Mental Health Rehabilitation Services –
Office Based Addiction Treatment (OBAT)**

Service Limitations:

Navigator services are determined by the phase of treatment:

- During the initiation phase (first calendar week), the navigator sees the beneficiary as often as needed to complete a face-to-face independent intake and assessment, separate from the provider, and develop an individualized treatment plan.
- During the treatment phase, the navigator sees the patient as needed, limited to one unit per calendar week for a total of 6 units. At least one face-to-face encounter must be provided during the week for which a unit is billed. Navigator services may be provided beyond 6 weeks if problems identified in the treatment plan remain unresolved and the need for additional weekly intervention is indicated.
- During the maintenance phase, the navigator sees the beneficiary as needed, with at least one face-to-face encounter during the calendar month for which a unit was billed. There is no limit to total units provided.

Physician, APN and PA services are not limited and can be provided and billed as often as medically necessary.

Navigator services are limited to non-integrated providers.

Navigator services may not be provided concurrently with OBAT peer services

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Limitations on Amount, Duration and Scope of Services
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13(d).9 Rehabilitation Services (cont'd)

**Community Mental Health Rehabilitation Services –
Office Based Addiction Treatment (OBAT)**

Provider Specifications: Qualified individuals must be a Medicaid/NJFamilyCare provider or work for a Medicaid/NJFamilyCare provider.

- Navigator- an RN, LPN or an individual with a baccalaureate degree and at least two years of lived experience or an associate's degree or certified medical assistant and four years of lived experience. Physicians, APNs or PAs may not serve as a Navigator. Navigators utilize experiential knowledge, skills and coaching to guide and assist beneficiaries to obtain, and maintain, services designed to assist them maintain recovery. Navigator services provided include:
 - Treatment planning- Initiating and maintaining a psychosocial treatment plan
 - Care coordination— coordinating and ensuring that when appropriate, beneficiaries are connected with community based substance use counseling and that beneficiaries resolve identified needs.
- NJ licensed physician, APN or PA who is DATA 2000 waived and practicing under their professional license.
- Contracted Centers of Excellence- providers with substance use treatment experience capable of providing clinical advice and support to office based addiction providers. COEs shall be contracted with the Department of Human Services shall include:
 - providing 24/7 peer to peer support for community providers

19-0004-MA (NJ)

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**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
Limitations on Amount, Duration and Scope of Services
Provided to the Categorically Needy**

13(d).9 Rehabilitation Services (cont'd)

**Community Mental Health Rehabilitation Services –
Office Based Addiction Treatment (OBAT)**

- accepting referrals from office based addiction providers for individuals with multiple failed MAT attempts or those with complex medical conditions that require additional experience in treating high risk SUD patients.
- ensuring the provision or documentation of medically necessary services including but not limited to:
 - a complete medical examination
 - ordering, interpretation and documentation of medical screening tests
 - medical management of MAT
 - provision of a discharge summary if and when clients are returned to the referring physician service
- Peers- Peer services are available in integrated care settings. Peers must have lived experience with substance use and a minimum of two years recovery. They must obtain certification through the National Association for Alcoholism and Drug Abuse Counselors (NAADAC) as a National Certified Peer Recovery Support Specialist (NCPRSS) or through the International Certification and Reciprocity Consortium (IC & RC) with a credential in peer recovery.

Peers cannot work independently. They must be supervised administratively and clinically by a licensed professional, including but not limited to an RN, LSW, MD, or DO.

19-0004-MA (NJ)

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**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
Limitations on Amount, Duration and Scope of Services
Provided to the Categorically Needy**

13(d).9 Rehabilitation Services (cont'd)

**Community Mental Health Rehabilitation Services –
Office Based Addiction Treatment (OBAT)**

Peer services include:

- support services delivered in accordance with the person-center treatment plan developed by their clinical supervisor and are not required to coordinate care services or maintain a treatment plan.
- encouraging beneficiary compliance with the established treatment plan.
- providing non-clinical assistance and support through all stages of the recovery process through “lived” experience of substance use disorder and sustained recovery.
- utilizing past experience to relate to the beneficiary and gain trust in order to provide social support, guidance, encouragement and mentoring.
- assisting the SUD beneficiary to identify community resources and to connect with, and maintain an association with, these resources.

19-0004-MA (NJ)

TN 19-0004

Approval Date 11/19/2019

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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-OTHER
TYPES OF CARE

Reimbursement for Rehabilitation Services – Mental Health Community Services

Substance Use Disorder non-Hospital based Detox

Substance Use Disorder Short-Term Residential

Substance Use Disorder Partial Care

Substance Use Disorder Intensive Outpatient (Non-Hospital)

Substance Use Disorder Outpatient (Non-Hospital)

Medication Assisted Treatment

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. Non-medical detox, short-term residential, partial care, and intensive outpatient services will be reimbursed on a per diem basis and medication assisted treatment at a weekly bundled rate (methadone \$91.15 and non-methadone at \$189.71) 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 effective date, the applicable fee schedules, and link to their electronic publication, can be found on page 36a of Attachment 4.19-B of the State Plan. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Medicaid services listed above. 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 "Rates and Code Information" and Medicaid fee for services sections.

19-0004-MA (NJ)

TN: 19-0004

Approval Date: 11/19/2019

SUPERCEDES: 15-0003

Effective Date: 01/01/2019

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

Office Based Addiction Treatment (OBAT)

Reimbursement for Office Based Addiction Treatment (OBAT) physician services, billed with an Evaluation & Management code, are paid at 100% of the current published Medicare rate the year the service was provided.

The OBAT practice shall be paid \$152 for an initial navigator intake evaluation followed by \$76.00 per week, up to 6 weeks, followed by \$76 a month for as long as navigator services continue.

The effective date, the applicable fee schedules, and link to their electronic publication, can be found on page 36a of Attachment 4.19-B of the State Plan. The rates are the same for both governmental and private providers. 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 "Rates and Code Information" and Medicaid fee for services sections.

19-0004-MA (NJ)

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