

HUMAN SERVICES

DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

Programs of Assertive Community Treatment (PACT) Services

Readoption with Amendments: N.J.A.C. 10:76

Proposed: August 17, 2015, at 47 N.J.R. 2046(a).

Adopted: November 17, 2015, by Elizabeth Connolly, Acting Commissioner, Department of Human Services.

Filed: December 7, 2015, as R.2016 d.003, **without change**.

Authority: N.J.S.A. 30:4D-1 et seq. and 30:4J-8 et seq.

Agency Control Number: 15-A-01

Effective Dates: December 7, 2015, Readoption;
January 4, 2016, Amendments.

Expiration Date: December 7, 2022.

Summary of Public Comment and Agency Response:

One comment was received from: Ocean Mental Health Services, Toms River, NJ.

COMMENT: N.J.A.C. 10:76-2.6(c). The commenter expressed concern that this rule meant that a PACT team could not be reimbursed for provision of services during the initial month of treatment even if the minimum of two hours of service provision is met.

RESPONSE: The Department is not changing the requirement regarding reimbursement of the initial month of treatment. Existing N.J.A.C. 10:76-2.6(b) allows the provider to be reimbursed for all services provided in the initial month, even if the minimum of two hours of service provision is not achieved. The rule states:

“A unit of service shall be defined as one calendar month of services, with full reimbursement being provided for the month services are initiated and no reimbursement being provided for the month services are terminated, regardless of the quantity of services provided in either of those months.”

For this reason, no change will be made in response to the comment.

Federal Standards Statement

Sections 1902(a)(10) and 1905(a)(13), 42 U.S.C. §§ 1396a(a)(10) and 1396d(a)(13), respectively, allow a state Medicaid program to offer other diagnostic, screening, prevention, and rehabilitation services, including any services recommended by a physician or other licensed practitioner of the healing arts within the scope of their practice under state law, for the maximum reduction of physical or mental disability and restoration of an individual to the best possible level of functioning. Section 1902(a)(30) of the Act, 42 U.S.C. § 1396a(a)(30), requires that payments for services shall be consistent with efficiency, economy, and quality of care.

Section 1937 of the Social Security Act, 42 U.S.C. § 1396u-7, requires a state to provide benchmark coverage to enrolled populations. The Federal regulations at 42 CFR 440.300 define the components of the benchmark plan, including mental health services, which include PACT services.

The Federal regulations at 42 CFR 440.130 define rehabilitative services as any medical or remedial services recommended by a physician or other licensed practitioner of the healing arts, within the scope of his practice under state law, for maximum

reduction of physical or mental disability and restoration of a patient to his or her best possible functional level.

The Division has reviewed the Federal statutory and regulatory requirements and has determined the rules readopted with amendments do not exceed Federal standards. Therefore, a Federal standards analysis is not required.

Full text of the readopted rules can be found in the New Jersey Administrative Code at N.J.A.C. 10:76.

Full text of the adopted amendments follows:

TEXT