State of New Jersey
Department of Human Services
Division of Medical Assistance & Health Services
& Department of Children and Families

NEWSLETTER

Volume 36 No. 7 **August 2026**

To: Supportive Visitation Service (SVS) Providers – **For Action**
All Providers, Managed Care Organizations (MCOs) – **For Information**

Subject: **Introducing Supportive Visitation Services**

Effective: April 1, 2026

Purpose: To inform Medicaid/NJ FamilyCare (NJFC) Fee-for-Service (FFS) providers about the Supportive Visitation Services (SVS) Program, administered by the NJ Department of Children and Families (DCF), and provide guidance for SVS provider agencies on how to:

- Enroll as an FFS provider in the Medicaid/NJFC program
- Complete federal fingerprint-based background checks
- Request payment for covered SVS

Background: The Supportive Visitation Services Program (SVS) provides therapeutic and supportive visits to children (up to age 17) who are currently placed in out-of-home placement through the Division of Child Protection and Permanency (CPP) and their parents.

The SVS Program offers a continuum of services beginning with therapeutic support and transitioning to supervised or unsupervised visits as families work toward reunification. These services aim to:

- Strengthen parent child attachment
- Improve permanency outcomes
- Reduce behavioral challenges
- Support positive family interactions
- Lower the risk of maltreatment and re-entry into care

Supportive Visitation Services (SVS) will be delivered by community providers contracted by the Department of Children and Families (DCF) through a competitive selection process[1]. In addition to meeting DCF contract requirements, all SVS providers must enroll in the New Jersey Medicaid/NJ FamilyCare Fee-for-Service (FFS) program and comply with its requirements.

Please note: SVS services are billed through the Medicaid/NJFC FFS program only and are not part of the Managed Care Organization (MCO) benefit. Providers must be enrolled in FFS to deliver SVS services and receive reimbursement.

[1] New Jersey obtained a selective contracting waiver in the state's 1115 demonstration.

Action: Supportive Visitation Service providers must enroll in the New Jersey Medicaid/NJFC FFS program and meet its requirements. SVS provider agencies will be assigned a unique Medicaid/NJFC provider ID number to request payments for SVS. Providers may not use previously obtained Medicaid/NJFC provider ID used for other programs and services.

Steps to become a Supportive Visitation Medicaid Provider

After your agency is selected through the Department of Children and Families (DCF) competitive procurement process, the next steps are:

1. **DCF will contact you and provide**:
    - NJDCF Approval Letter authorizing your participation
    - A blank NJDMAHS SVS Medicaid Enrollment Package to complete
    - ECCU (Employment Controls and Compliance Unit) Service Code Form needed to initiate background checks

2. **Obtaining a National Provider Identifier (NPI)**
    - Your agency must have an NPI before applying for a Medicaid/NJFC Fee-for-Service (FFS) Provider ID. The agency NPI must be a unique NPI for SVS services. See further information below under Taxonomy Codes on requesting an NPI.
    - Individual Therapeutic Visitation Specialist (TVS) and Supportive Visitation Specialist (SVS) also need their own NPI. Servicing providers may use an existing NPI, if they have one.

3. **Submit your enrollment package to Medicaid/NJFC**
    - Include the completed NJDMAHS SVS Medicaid Enrollment Package and NJDCF Approval Letter
    - Follow the Medicaid/NJFC FFD enrollment process for your agency and any servicing providers.
    - If additional servicing providers are onboarded in the future, a new enrollment package will be required for those servicing providers.

Medicaid Provider Enrollment Requirements for SVS Medicaid Provider Agency

All DCF-contracted SVS provider agencies must enroll as Medicaid/NJ Family Care (NJFC) Fee-for-Service (FFS) providers and comply with all program requirements. Once enrolled, each agency will receive a unique 7-digit Medicaid/NJFC provider ID number.

The following forms are REQUIRED:

- Copy of Approval Letter issued by the New Jersey Department of Children and Families authorizing a provider agency to provide SVS.
- FD-441B: Supportive Visitation Services Provider Experience Attestation
- FD-23: Group Practice Application
- FD-62: Provider Agreement
- PPE-39: Signature Authorization Form
- FD-434: Authorization for Automatic Payments and Deposits (Please include voided check of bank letter)
- FD-435: Agreement of Understanding

- FD-452: Disclosure of Ownership Form
- IRS letter (147C or CP-575 for entity)

The following documents are OPTIONAL:

- FD-454A - Provider Start Date Form
- FD-450 - Affirmative Action Survey
- FD-455 - Request for Paper Updates
- W-9 -Tax Form

Additional information included in application package for provider review (does not need to be returned):

- FD-462 - Notice to Enrollee
- Federal Regulations and NJSA Code Quoted in Provider Agreement

Taxonomy Codes

An NPI may be requested by accessing the NPPES website at: https://nppes.cms.hhs.gov/webhelp/nppeshelp/MAIN%20PAGE.html#apply-for-national-provider-identifier-npi. If a provider already has an individual NPI, that NPI may be reported for this program.

The taxonomy codes required for this Program include:

- For the Provider Agency, select 'Single Specialty 193400000X'
- For Servicing Providers, select 'Counselor 101Y00000X'

For individual servicing providers with another taxonomy code, for example LSW, LPC or LMFT, this taxonomy code may be selected for the new NPI being requested on NPPES.

Educational and Licensure Requirements

All SVS providers must meet minimal education and licensure requirements for their position. The SVS agency is responsible for ensuring individual servicing providers maintain requirements throughout their enrollment in the Program. The SVS provider agency will be required to submit a "**Supportive Visitation Services Provider Experience Attestation" - Form FD-441B** to attest that their staff meet the education, credentials, and experience required to qualify and practice as a TVS or SVS with their Medicaid Group Practice Provider application. Provider agencies must maintain the supporting documentation for education, experience, and credentials for each individual servicing provider and clinical supervisors within the SVS provider agency personnel files.

SVS Provider Qualification/Credentialing Requirements

Servicing Provider Specialty	Servicing Provider Education, Credentialing, and Experience Requirements	Servicing Provider Supervision Requirement
Supportive Visitation Specialist	• Bachelor's degree, social work, counseling or related field preferred. **or**	Clinical oversight and supervision are required.

	• Associate degree in related field • Experience with children and families, required. • Experience with families involved with the child welfare system and/ or affected by trauma preferred but not required.	Clinical oversight and supervision must be provided by an individual licensed by the State of New Jersey in a behavioral health field, such as social work, counseling, psychology, or psychiatric nursing. **If a clinical supervisor covers a visit, they should use their corresponding specialty and NPI code.*
Therapeutic Visitation Specialist	• Valid professional license/certification (LPC, LAC, LCSW, LSW, CSW, LMFT) **or** • Medical degree (MD or DO), or doctorate in psychology.	

Requesting Background Checks

SVS provider agency heads, clinical supervisors, TVS, and SVS providers must undergo a fingerprint-based background check processed by the **Employment Controls and Compliance Unit (ECCU) within the Office of Program Integrity & Accountability (OPIA) at the Department of Human Services (DHS)**.

SVS provider agencies shall immediately complete both State and federal fingerprint-based background checks for **all current and new provider agency heads, clinical supervisors, TVS and SVS staff** utilizing the procedure identified in this Newsletter prior to staff providing services.

SVS provider agencies that require State Bureau of Identification fingerprint-based background checks for provider agency heads and Therapeutic and Supportive Visitation Specialist staff shall submit a request by email at SVS-Medicaid@dcf.nj.gov or by mail at the following address:

Department of Children and Families
PO Box 717
Trenton, NJ 08625-0717
Attn: Office of Family Preservation Services, SVS Team

DCF will provide the SVS provider agency with the required information and instructions, including an agency-specific **ECCU Service Code Form**, to schedule free fingerprint-based background checks through the DHS-approved vendor for the provider agency head (owner, president or CEO) as well as the clinical supervisor, TVS and SVS provider agency staff that will provide face-to-face Medicaid/NJFC FFS services to children.

Licensed individuals who are required to complete background checks as part of their licensure must still comply with this process. Licensing boards are not permitted to share background check information with our agencies.

Once staff complete the fingerprint process, the provider agency can retrieve copies of "cleared" letters from ECCU's online **Fingerprint Approval Retrieval Application (FARA) website**. Instructions can be found at https://www.nj.gov/humanservices/staff/opia/cfu/fara.html. Should a provider agency encounter any problems, they may contact the ECCU at (609)292-0207 or email the ECCU at ECCU.FARA@dhs.nj.gov_. If the applicant is not cleared for employment, the employer will be instructed to contact ECCU for additional guidance.

Background Check Guidelines

To clarify what qualifies as a fingerprint-based background check, DHS and DCF shall utilize the following criteria:

1. Any agency/provider enrolled with New Jersey Family Care as a provider of Medicaid/NJFC FFS services shall not be paid for the provision of services unless it has first been determined that no criminal history record information exists on file in the Federal Bureau of Identification, Identification Division, or in the State Bureau of Identification in the Division of State Police, which would disqualify the agency or the agency's employees from such employment. Final determinations shall be made by DHS. DHS shall notify the community agency if an individual has been determined qualified or disqualified. The DHS determination of qualifications shall not require the community agency to employ the individual. The DHS determination of disqualification shall require the community agency to terminate employment or not offer employment to the individual in the SVS Program.

2. If an individual who is required to undergo a fingerprint-based background check refuses to consent to, or cooperate in, the securing of one, the person shall not be employed as an SVS servicing provider.

3. An individual shall be permanently disqualified if that individual ever committed a crime which resulted in a conviction for a crime against children or an incompetent person. Such offenses are not subject to the rehabilitation process described in 6 below.
    A. In New Jersey, any crime or disorderly persons offense as follows:
        i. A crime against a child, including endangering the welfare of a child and child pornography, pursuant to N.J.S.A. 2C:24-4, and child molestation, as set forth in N.J.S.A. 2C:14-1 et seq.;
        ii. Abuse, abandonment or neglect of a child, pursuant to N.J.S.A. 9:6-3;
        iii. Endangering the welfare of an incompetent person, pursuant to N.J.S.A. 2C:24-7;
        iv. An attempt or conspiracy to commit any of the crimes or offenses listed in 1 i through iii above; or
    B. In any other state or jurisdiction, any conduct which, if committed in New Jersey, would constitute any of the crimes or offenses described in A above.

4. For certain crimes, a conviction is disqualifying depending on the age of the offense. If the following criminal convictions are less than 10 years old, the individual is disqualified from providing SVS services. If the convictions are more than 10 years old, the individual is disqualified unless they successfully complete the rehabilitation process described in (6) below.

A. In New Jersey, any crime or disorderly persons offense as follows:
    i. Sexual assault, criminal sexual contact or lewdness, pursuant to N.J.S.A. 2C:14-2 through 14-4;
    ii. Murder, pursuant to N.J.S.A. 2C:11-3, or manslaughter, pursuant to N.J.S.A. 2C:11-4;
    iii. Stalking, pursuant to P.L. 1992, c. 209 (N.J.S.A. 2C:12-10);
    iv. Kidnapping and related offenses including criminal restraint, false imprisonment, interference with custody, criminal coercion, or enticing a child into a motor vehicle, structure or isolated area, pursuant to N.J.S.A. 2C:13-1 through 13-6;
    v. Arson, pursuant to N.J.S.A. 2C:17-1, or causing or risking widespread injury or damage which would constitute a crime of the second degree, pursuant to N.J.S.A. 2C:17-2;
    vi. Terroristic threats, pursuant to N.J.S.A. 2C:12-3; or
    vii. An attempt or conspiracy to commit any of the crimes or offenses listed in A. i through vi above.

B. In any other state or jurisdiction, any conduct which, if committed in New Jersey, would constitute any of the crimes or offenses described in A above.

5. For the following criminal convictions, regardless of age, the conviction is subject to the rehabilitation process described in (6) below, provided they are not a crime against children or an incompetent person.
    A. In New Jersey, any crime or disorderly person's offense:
        i. Involving danger to the person, meaning those crimes and disorderly persons offenses set forth in N.J.S.2C:11-1 et seq., N.J.S.2C:12-1 et seq., N.J.S.2C:13-1 et seq., N.J.S.2C:14-1 et seq. or N.J.S.2C:15-1 et seq.; or
        ii. Those crimes and disorderly persons offenses set forth in N.J.S.2C:24-1 et seq.; or
        iii. A crime or offense involving the manufacture, transportation, sale, possession, or habitual use of a controlled dangerous substance as defined in the "New Jersey Controlled Dangerous Substances Act," P.L.1970, c. 226 (C.24:21-1 et seq.), with the exception of marijuana related convictions.
    B. In any other state or jurisdiction, of conduct which, if committed in New Jersey, would constitute any of the crimes or disorderly persons offenses described in paragraph A above.

6. Notwithstanding the provisions of regulation to the contrary, no individual shall be disqualified from employment on the basis of any conviction disclosed by a fingerprint-based background check if the individual has affirmatively demonstrated to DHS, clear and convincing evidence of the individual's rehabilitation. In determining whether an individual has affirmatively demonstrated rehabilitation, the following factors shall be considered:
    A. the nature and responsibility of the position which the convicted individual would hold, has held or currently holds, as the case may be;
    B. the nature and seriousness of the offense;
    C. the circumstances under which the offense occurred;
    D. the date of the offense;
    E. the age of the individual when the offense was committed;
    F. whether the offense was an isolated or repeated incident;

G. any social conditions which may have contributed to the offense; and
H. any evidence of rehabilitation, including good conduct in prison or in the community, counseling or psychiatric treatment received, acquisition of additional academic or vocational schooling, successful participation in correctional work-release programs, or the recommendation of those who have had the individual under their supervision.

7. The individual shall have no longer than 14 days from the date of the written notice of disqualification to provide evidence of affirmatively demonstrated rehabilitation to DHS as provided pursuant to this section.

8. DHS shall have no longer than 60 days from the date of receipt of evidence of the individual's affirmatively developed rehabilitation to make a determination on the individual's qualification. DHS shall notify the individual and the community agency in writing of the determination of the individual's qualification or disqualification no longer than 60 days from the date of receipt of evidence of the individual's affirmatively developed rehabilitation. The written notice may be transmitted electronically if the individual authorizes DHS to transmit the information electronically.

9. If an individual who has been fingerprinted on behalf of an agency is not hired or is terminated, the provider must submit a flag removal form to ECCU. The provider can contact the help desk via email at *ECCU.FARA@dhs.nj.gov* or call 609-262-0207 for assistance if needed.

Supportive Visitation Service Benefit

SVS are provided as preventive services pursuant to 42 C.F.R. §440.130(c). In accordance, SVS services will be provided to Medicaid/NJFC children in out of home placement as determined by an assessment of the child conducted by a licensed practitioner. Services include direct services to the child and the child's family members for the direct benefit of the child. Supportive Visitation Services include two levels of service:

- **Therapeutic Visitation Services,** which are intensive, clinical services that include:
  - trauma-informed therapy to identify, address, and prevent future unhealthy interactions;
  - skill building to help child(ren) and parent(s) to interact successfully; and
  - education on the child's needs and on effective means to interact with the child.

- **Supportive Visitation Services, which are less intensive interventions,** designed for children with less acute needs and/or to sustain and reinforce progress made in therapeutic interventions. Services may include:
  - skill building;
  - education and coaching to reinforce the interventions described above; and
  - reinforcement of healthy interactions.

Prior authorizations are not required for SVS.

SVS can be provided in the home or in a community, non-institutional setting. SVS are limited to only those providers who were selected by DCF via a competitive procurement process and meet the Medicaid conditions of participation.

SVS Fee-for-Service Billing Procedures

SVS claims may only be submitted for children who are up to and including age 17 and are in out-of-home placement through the Division of Child Protection and Permanency (CPP) and their parent(s). Children who are placed by CPP in a Residential Treatment Center (RTC) or other Medicaid-funded congregate care settings are not eligible for Medicaid-funded SVS services. Eligible children will be identified by program status codes of 600, 620, 630, or 650.

If there are multiple eligible children who are in out-of-home placement and the visit with the caregiver(s) occurs with all children present, claims should reflect the number of eligible children present during the visit by including the appropriate modifier with the procedure code as identified in the Table below.

SVS services are billed in 15-minute units of service using the following HIPAA-compliant procedure codes, modifiers:

Procedure Code/ Modifier	Number of Eligible Children Present	Program Service Level	Procedure Code Description
S9482	1 child	Supportive Visitation	Family Stabilization
S9482 **UN**	2 children	Supportive Visitation	Family Stabilization
S9482 **UP**	3+ children	Supportive Visitation	Family Stabilization
T1027	1 child	Therapeutic Visitation	Family Training and Counseling
T1027 **UN**	2 children	Therapeutic Visitation	Family Training and Counseling
T1027 **UP**	3+ children	Therapeutic Visitation	Family Training and Counseling

Claims Submission Procedures

SVS provider agencies may request Medicaid/NJFC FFS payment consideration by submitting an electronic 837P claim transaction, a Direct Data Entry (DDE) claim, or if not available, a paper claim using the 1500 claim form. For assistance with submitting claims, Gainwell Technologies may be contacted at 1-800-776-6334. SVS are to be billed under the Medicaid eligible child's Medicaid identification number. Eligible children will be identified by program status codes of 600, 620, 630, or 650.

For questions regarding provider enrollment, please send an email to njmmisproviderenrollment@gainwelltechnologies.com or contact the Gainwell Technologies Provider Enrollment Unit at 609-588-6036.

For questions regarding this Newsletter, please contact Gainwell Technologies Provider Services Unit at 1-800-776-6334.

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