

---

## Table of Contents

**State/Territory Name: New Jersey**

**State Plan Amendment (SPA) #: NJ-13-0019**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) SPA Summary Form
- 3) Approved SPA Pages
- 4) Additional Attachments that are part of the state plan

The complete title XXI state plan for New Jersey consists of the most recent state plan posted on Medicaid.gov under CHIP and State Plan Amendments. The link is provided below. The following approved templates are in addition to, or replace sections of the state's posted current state plan. The attached approval letter(s) explain how these templates fit into that state plan.

Link to state title XXI state plans and amendments: <http://medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Childrens-Health-Insurance-Program-CHIP/CHIP-State-Program-Information.html>

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop: S2-26-12  
Baltimore, Maryland 21244-1850



**Children and Adults Health Programs Group**

---

**APR 21 2014**

Ms. Valerie Harr, Director  
Division of Medical Assistance and Health Services  
New Jersey Department of Human Services  
7 Quakerbridge Plaza  
P.O. Box 712  
Trenton, NJ 08625-0712

Dear <sup>Valerie</sup> ~~Ms. Harr~~:

I am pleased to inform you that the Centers for Medicare and Medicaid Services (CMS) has approved your title XXI Children's Health Insurance Program (CHIP) state plan amendment (SPA) number NJ-13-0019, submitted on December 23, 2013, and related to Modified Adjusted Gross Income (MAGI) Eligibility, with an effective date of January 1, 2014.

SPA number NJ-13-0019 converts the state's existing income eligibility standards to MAGI-equivalent standards, by age group, for children covered in its title XXI-funded Medicaid program. A copy of the approved state plan page (CS3) is attached, and should be incorporated into the state's approved CHIP state plan. This page supersedes the current Medicaid expansion Section (4.0) of the current CHIP state plan.

Your title XXI project officer is Ms. Stacey Green. She is available to answer questions concerning this amendment and other CHIP-related issues. Ms. Green's contact information is as follows:

Centers for Medicare & Medicaid Services  
Center for Medicaid and CHIP Services  
Division of State Coverage Programs  
Mail Stop S2-07-08  
7500 Security Boulevard  
Baltimore, MD 21244-1850  
Telephone: (410) 786-6102  
Facsimile: (410) 786-5882  
E-mail: [Stacey.green@cms.hhs.gov](mailto:Stacey.green@cms.hhs.gov)

Official communications regarding program matters should be sent simultaneously to Ms. Green and to Mr. Michael Melendez, Associate Regional Administrator (ARA) in our New York Regional Office. Ms. Melendez's address is:

Page 2 – Ms. Valerie Harr

Centers for Medicare & Medicaid Services  
26 Federal Plaza, Room 3811  
New York, NY 10278-0063

If you have additional questions, please contact Ms. Barbara K. Richards, Acting Director, Division of State Coverage Programs, at (410) 786-5920. We look forward to continuing to work with you and your staff toward the approval of your remaining MAGI Eligibility SPAs.

Sincerely,



Eliot Fishman  
Director

Enclosures

cc: Mr. Melendez, CMS Region II, New York

logged in as TONIABROWN(CMS CO Staff)

read only mode

application rev p01

## Children's Health Insurance Program Eligibility

NJ.0658.R00.00 - Jan 01, 2014

Home

Logout

Finder

Save

Validate

Print

Help

**Control Panel****General Information****File Management****Tribal Input****Summary**

### Children's Health Insurance Program Eligibility: Summary Page

State/Territory name: New Jersey

**Transmittal Number:**

*Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.*

**Type of SPA:**

- MAGI Eligibility & Methods  
 XXI Medicaid Expansion  
 Establish 2101(f) Group  
 Eligibility Processing  
 Non-Financial Eligibility

**Proposed Effective Date**
 (mm/dd/yyyy)
**Federal Statute/Regulation Citation**

**Federal Budget Impact**
 This SPA has a budget impact.

Total budget impact:

State Funds: \$ Federal Funds: \$ **Subject of Amendment**

Please provide a brief summary of SPA changes.

Character Count: 53 out of 2000

**Signature of State Agency Official**

Submitted By: Julie Hubbs

Last Revision Date: Dec 23, 2013

Submit Date: Dec 23, 2013

---

---

[FAQs](#) | [Site Map](#) | [Contact](#) | [Medicaid.gov](#) | [CMS.gov](#)



# CHIP Eligibility

OMB Control Number: 0938-1148

Expiration date: 10/31/2014

Eligibility for Medicaid Expansion Program					CS3
42 CFR 457.320(a)(2) and (3)					
Income eligibility for children under the Medicaid Expansion is determined in accordance with the following income standards: There should be no overlaps or gaps for the ages entered. Age and Household Income Ranges					
	From Age	To Age	Above (% FPL)	Up to & including (% FPL)	
<b>+</b>	6	19	107	142	<b>X</b>

### PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 50 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

APR 21 2014