



## State of New Jersey

DEPARTMENT OF HUMAN SERVICES  
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

P.O. Box 712  
Trenton, NJ 08625-0712

CHRIS CHRISTIE  
*Governor*

ELIZABETH CONNOLLY  
*Acting Commissioner*

KIM GUADAGNO  
*Lt. Governor*

MEGHAN DAVEY  
*Director*

August 22, 2017

Ms. Sandra Phelps  
Centers for Medicare and Medicaid Services  
Center for Medicaid and CHIP Services  
Mail Stop S2-03-06  
7500 Security Boulevard  
Baltimore, MD 21244-1850

Dear Ms. Phelps:

I am writing in response to your letter, dated July 27, 2017, to formally accept the Special Terms and Conditions (STCs) for the NJ FamilyCare Comprehensive Demonstration (Demonstration) Waiver.

The approval of this Waiver Demonstration will assist New Jersey in attaining our goal of preserving and sustaining our Medicaid program for decades to come through delivery system reform. It allows us to use savings to improve services for populations that are currently underserved, such as those with developmental disabilities, children, and those with significant behavioral health care needs.

We have reviewed the STCs and plan to submit technical corrections at a later date. Please be advised that the requested technical corrections do not impact budget neutrality.

With that said, I would like to thank you, and acknowledge your team, for their dedicated time and effort, resources, and collaborative engagement throughout the review process. New Jersey looks forward to the continued operationalization of a successful Demonstration for Medicaid beneficiaries.

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Should you have any additional questions or concerns regarding this matter, please contact me at 609-588-2600.

Sincerely,



Meghan Davey  
Director

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MD:jf

c: Elizabeth Connolly  
Seema Verma  
Brian Neale  
Michael Melendez