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State/Territory Name: New Jersey

State Plan Amendment (SPA) #: NJ-20-0014

- 1) Approval Letter
- 2) Approved 4.19B Page
- 3) CMS 179 with pen/ink changes

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services Center for Medicaid & CHIP Services 233 North Michigan Ave., Suite 600 Chicago, Illinois 60601



Financial Management Group

December 7, 2020

Carole Johnson Commissioner 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 #20-0014

Dear Ms. Johnson:

We have reviewed the proposed amendment to Attachment 4.19-B of your Medicaid State plan submitted under transmittal number 20-0014. This amendment is being submitted in order to increase the hourly weekday and weekend fee for service rate for personal care services.

Based upon the information provided by New Jersey, we have approved the amendment with an effective date of October 1, 2020. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Division of Reimbursement Review (DRR) analyst Yvette Moore at (646) 694-0915 or <u>Yvette.Moore@cms.hhs.gov</u>

Sincerely,

Todd McMillion Director Division of Reimbursement Review

Enclosures

| DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICIAD SERVICES | | FORM APPROVED OMB NO. 0938-0193 |
|--|---|------------------------------------|
| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL | 1. TRANSMITTAL NUMBER: 20-0014 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 5. TYPE OF PLAN MATERIAL (Check One): | 4. PROPOSED EFFECTIVE DATE October 1, 2020 | |
| NEW STATE PLAN | | AMENDMENT |
| COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMEN | IDMENT (Separate Transmittal for each | h amendment) |
| 6. FEDERAL STATUTE/REGULATION CITATION: | 7. FEDERAL BUDGET IMPACT: | |
| 42 U.S. C. 1396a(a)(30)(A) | a. FFY 2020 \$68,406 | |
| | b. FFY 2021 \$68,406 | |
| 8. PAGE NUMBER OF THE PLAN SECTION OR | 9. PAGE NUMBER OF THE SUPER | SEDED PLAN |
| ATTACHMENT: | SECTION OR ATTACHMENT (If Applicable): | |
| Attachment 4.19-B Page 15 | Same | |
| 10. SUBJECT OF AMENDMENT: Personal Care Assistant (PCA) I 11. GOVERNOR'S REVIEW (Check One): | Rate | |
| GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTA | OTHER, AS Not required, pursua | |
| 12. SIGNATURE OF STATE AGENCY OFFICIAL: | 16. RETURN TO: | |
| 13. TYPED NAME: Carole Johnson | Jennifer Langer Jacobs, Assistant Commissioner Division of Medical Assistance and Health | |
| 14. TITLE: Commissioner, | Services | |
| Department of Human Services | P.O. Box 712, Mail Code #26 | |
| 15. DATE SUBMITTED: 11/20/2020 | Trenton, NJ 08625-0712 | |
| FOR REGIONAL OF | | |
| 17. DATE RECEIVED: | 18. DATE APPROVED: | |
| 11/20/2020 | 12/6/2020 | |
| PLAN APPROVED – ON | IE COPY ATTACHED | |
| 19. EFFECTIVE DATE OF APPROVED MATERIAL: 10/1/2020 | 20. SIGNATURE OF REGIONAL OF | FICIAL: |
| 21. TYPED NAME: Todd McMillion | 22. TITLE: Director, Division of Re | eimbursement Review |
| 23. REMARKS: | | |
| | | |

PEN & INK AUTHORIZATION: Block 7a *remove* FFY 2020 and <u>replace with FFY 2021</u> Block 7b *remove* FFY 2021 and <u>replace with FFY 2022</u>

Block #7a & 7b - clarification - amount is in actual dollars

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT STATE OF NEW JERSEY

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES FOR NON INSTITUTIONAL SERVICES

PERSONAL CARE SERVICES

Effective October 1, 2020, weekday and weekend hourly rates for fee-for-service (FFS) personal care assistant (PCA) services have been set at \$20.00 per hour.

The effective date of the applicable fee schedules for all other Personal Care Services outside of this flat rate as well as a link to their electronic publication can be found on page 36 (See Medicaid Fee Schedules) of Attachment 4.19-B of the State Plan.

TN: <u>20-0014MA (NJ)</u>

SUPERCEDES: TN: 19-0011 MA (NJ)

Approval Date: <u>12/6/2020</u> Effective Date: <u>10/1/2020</u>