

## **Table of Contents**

**State/Territory Name: New Jersey**

**State Plan Amendment (SPA) #: 21-0006**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

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



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**Financial Management Group**

November 12, 2021

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 #21-0006

Dear Ms. Johnson:

We have reviewed the proposed amendment to Attachment 4.19-B of your Medicaid State plan submitted under transmittal number 21-0006. This amendment was submitted in order to update Personal Care Assistant rates.

Based upon the information provided by New Jersey, we have approved the amendment with an effective date of July 1, 2021. 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 Debi Benson at (312) 886-0360 or [Deborah.Benson@cms.hhs.gov](mailto:Deborah.Benson@cms.hhs.gov)

Sincerely,



Todd McMillion  
Director  
Division of Reimbursement Review

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

**FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER:  
21-0006 MA

2. STATE  
New Jersey

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE  
July 1, 2021

TO: REGIONAL ADMINISTRATOR  
CENTERS FOR MEDICARE & MEDICAID SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (*Check One*):

NEW STATE PLAN       AMENDMENT TO BE CONSIDERED AS NEW PLAN       AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION:  
42 U.S. C. 1396a(a)(30)(A)

7. FEDERAL BUDGET IMPACT:  
a. FFY ~~2020~~ \$6,732      2021      DB 11/18/21  
b. FFY ~~2021~~ \$26,929      2022

8. PAGE NUMBER OF THE PLAN SECTION OR  
ATTACHMENT:

Attachment 4.19-B Page 15

9. PAGE NUMBER OF THE SUPERSEDED PLAN  
SECTION OR ATTACHMENT (*If Applicable*):

Same

10. SUBJECT OF AMENDMENT:

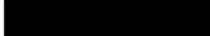
Personal Care Assistant (PCA) Rate

11. GOVERNOR'S REVIEW (*Check One*):

- GOVERNOR'S OFFICE REPORTED NO COMMENT  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:  
Not required, pursuant to 7.4 of the Plan

12. SIGNATURE OF STATE AGENCY OFFICIAL:

 Digitally signed by Sarah Adelman  
Date: 2021.09.20 15:06:15 -04'00'

13. TYPED NAME: Sarah Adelman

14. TITLE: Acting Commissioner,  
Department of Human Services

15. DATE SUBMITTED: 9/21/21

16. RETURN TO:

Jennifer Langer Jacobs, Assistant Commissioner  
Division of Medical Assistance and Health  
Services  
P.O. Box 712, Mail Code #26  
Trenton, NJ 08625-0712

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: September 21, 2021

18. DATE APPROVED:  
November 12, 2021

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
July 1, 2021

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:  
Todd McMillion

22. TITLE:  
Director, Division of Reimbursement  
Review

23. REMARKS:  
State authorized pen: ink change 11/18/21.

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 July 1, 2021, weekday and weekend hourly rates for fee-for-service (FFS) personal care assistant (PCA) services have been set at \$22.00 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.

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21-0006 MA (NJ)

TN: 21-0006 MA (NJ)

Approval Date: November 12, 2021

SUPERCEDES: TN: 20-0014 MA (NJ)

Effective Date: July 1, 2021