

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

1. TRANSMITTAL NUMBER:
10-06-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

4. PROPOSED EFFECTIVE DATE
July 1, 2010

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

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN x AMENDMENT

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

6. FEDERAL STATUTE/REGULATION CITATION:
Section 1923 of the Social Security Act

7. FEDERAL BUDGET IMPACT:
a. FFY 2010 \$ 7.5M
b. FFY 2011 \$ 30.0M

8. PAGE NUMBER OF THE PLAN SECTION OR
ATTACHMENT:

Attachment 4.19-A pages: 1-262, 1-262.1, ~~1-262.1a,~~
~~1-262.1b, and 1-262.1c~~ 1-262.2, 1-262.2a,
1-262.2b, 1-262.2c

9. PAGE NUMBER OF THE SUPERSEDED PLAN
SECTION OR ATTACHMENT (*If Applicable*):
Superseding Att. 4.19-A pages 1-262, 1-262.1, 1-262.2, 1-
262.2a, ~~1-262.2b~~
And deleting 1-263, 1-263.1, 1-263.2, 1-266, 1-266.1, 1-268,
And 1-268.1 through 1-268.4, ~~1-262.6~~

10. SUBJECT OF AMENDMENT:
Reimbursement for Instate Acute Care Inpatient Hospital Services -- Disproportionate Share Hospital

11. GOVERNOR'S REVIEW (*Check One*):
 GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED. Not required, pursuant to 7.4 of the Plan
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

16. RETURN TO:
John R. Guhl, Director
Division of Medical Assistance and Health Services
P.O. Box 712, Mail Code #26
Trenton, NJ 08625-0712

13. TYPED NAME: Jennifer Velez
14. TITLE: Commissioner,
Department of Human Services

15. DATE SUBMITTED:
August 13, 2010

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

18. DATE APPROVED: JUL 11 2012

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
JUL - 1 2010

20. SIGNATURE OF REGIONAL OFFICIAL:

22. TITLE: Deputy Director, CMCS

21. TYPED NAME: Penny Thompson

23. REMARKS:
Perq inl changes made to boxes 8 & 9.