

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

1. TRANSMITTAL NUMBER:

2. STATE

11-12-MA

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, 2011

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:
Social Security Act 42 U.S.C. 1396b(c) and 42 U.S.C.
1396d(r); Children's Health Insurance Program
Reauthorization Act of 2009, 42 U.S.C. 1397aa;
Individuals with Disabilities Education Act 20 U.S.C. §§
1412, 1414, 1401

7. FEDERAL BUDGET IMPACT
a. FFY 2011 \$1,250,000
b. FFY 2012 \$5,000,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 4.19-A Page 1-262.1a
ATTACHMENT 4.19A PAGES 1-262, 1-262.1, 1-262.2,
262.6, 266, 268

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):
ATTACHMENT 4.19 A pg 1-262, 1-262.1, 1-262.2 (view)
262.6 NEW PAGE
266 NEW PAGE

10. SUBJECT OF AMENDMENT:
Charity Care Subsidy

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:

13. TYPED NAME: Jennifer Velez

14. TITLE: Commissioner
Department of Human Services

15. DATE SUBMITTED: September 30, 2011

16. RETURN TO:

Valerie J. Harr, Director
Division of Medical Assistance and Health Services
P.O. Box 712, Mail Code #1
Trenton, NJ 08625-0712

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

18. DATE APPROVED:

DEC -6 2012

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
JUL -1 2011

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME: Penny Thompson

22. TITLE: Deputy Director, CMCS

23. REMARKS:
Pen ink changes to block # 8 & 9