

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

1. TRANSMITTAL NUMBER:
12-06-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, 2012

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 2012 \$ 0
b. FFY 2013 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR
ATTACHMENT:
• Attachment 4.19-A Page I-262, I-262.1, & I-262.2
• Attachment 4.19-A Page I-262.3

9. PAGE NUMBER OF THE SUPERSEDED PLAN
SECTION OR ATTACHMENT (*If Applicable*):
• Attachment 4.19-A Page I-262, I-262.1, &
I-262.2
• 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:

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: MAY 09 2013

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

22. TITLE: