

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

FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES

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

1. TRANSMITTAL NUMBER: <b>12-08-MA</b>	2. STATE <b>New Jersey</b>
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
4. PROPOSED EFFECTIVE DATE <b>October 1, 2012</b>	

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:  
Section 1902(a)(68) of the Social Security Act and Section 6032 of  
the Deficit Reduction Act of 2005

7. FEDERAL BUDGET IMPACT  
a. FFY 2013 \$ 0  
b. FFY 2014 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.42-A page 1  
Attachment 4.42-A page 2 **\*\*SEE REMARKS BELOW**  
Attachment 4.42-A page 3

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):  
Same  
Same  
Replaces Attachment 4.42-A pages 3 and 4

10. SUBJECT OF AMENDMENT:  
Updated Language Regarding Section 6032 of the Deficit Reduction Act of 2005

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**

15. DATE SUBMITTED:

16. RETURN TO:

**Valerie Harr, Director  
Division of Medical Assistance and Health Services  
P.O. Box 712, #26  
Trenton, NJ 08625-0712**

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

18. DATE APPROVED: **January 07, 2013**

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
**October 01, 2012**

21. TYPED NAME:

**Michael Melendez**

20. SIGNATURE OF REGIONAL OFFICIAL:

22. TITLE: **Associate Regional Administrator  
Division of Medicaid and State Operations**

23. REMARKS:

**\*\*NJ SPA 12-08-MA "UPDATED LANGUAGE REGARDING SECTION 6032 OF THE DEFICIT REDUCTION ACT OF 2005".**