

## **Table of Contents**

**State/Territory Name:**                      **New Jersey**

**State Plan Amendment (SPA) #:**      **13-15**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Page

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S2-26-12  
Baltimore, Maryland 21244-1850



Division of Medicaid and Children's Health Operations  
Financial Management Group

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APR 27 2017

Valerie Harr  
State Medicaid Director  
Department of Human Services  
Division of Medical Assistance and Health Services  
State of New Jersey  
P.O. Box 712  
Trenton, NJ 08625-0712

RE: State Plan Amendment (SPA) NJ 13-15

Dear Ms. Harr:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State Plan submitted under transmittal number (TN) NJ 13-15. Effective July 1, 2013, this amendment (1) adds a provision that limits rates from dropping below prior SFY rates and (2) Proposes an additional \$650,000 to be allocated to special care nursing facilities for the period January 1, 2014 through June 30, 2014.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903(a) of the Social Security Act and the Federal regulations at 42 CFR Part 447 Subpart C. This letter is to inform you that New Jersey SPA 13-15 is approved effective July 1, 2013. The CMS-179 and approved plan pages are enclosed.

If you have any questions, please contact Betsy Pinho at 518-396-3810.

Sincerely,

A black rectangular box redacting the signature of Kristin Fan.

Kristin Fan  
Director

Enclosures

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

1. TRANSMITTAL NUMBER:

13-15 MA NJ

2. STATE

New Jersey

FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES

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

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

4. PROPOSED EFFECTIVE DATE  
July 1, 2013

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 Section 1902(a)(13)

7. FEDERAL BUDGET IMPACT

a. FFY 2013 0

b. FFY 2014 \$325,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-D Page ~~487-2~~ 29

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

New

10. SUBJECT OF AMENDMENT:

Changes to reimbursement for nursing facilities and special care nursing facilities.

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:

16. RETURN TO:

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

13. TYPED NAME: Jennifer Velez

14. TITLE: Commissioner

15. DATE SUBMITTED: 9/30/13

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

18. DATE APPROVED: APR 27 2017

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

JUL 01 2013

20. SIGNATURE OF REGIONAL OFFICIAL:

Director, FMC

21. TYPED NAME:

Kristin FAN

23. REMARKS:

On February 17, 2017, New Jersey authorized "pen ink" change to Box 8.

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
STATE OF NEW JERSEY**

**NURSING HOME REIMBURSEMENT**

Payments for Medical Assistance Recipients - Nursing Homes and Global Budget for Long Term Care for the period of July 1, 2013 through June 30, 2014 shall be conditioned upon the following: (1) the per diem rate for each nursing home shall not be less than the per diem rate last received by that facility for Fiscal Year 2013; (2) the per diem reimbursement rate for Special Care Nursing Facilities shall be adjusted on January 1, 2014, such that an additional \$325,000 State funds shall be allocated to Special Care Nursing Facilities during the fiscal year as an across-the-board percentage increase (calculated by dividing the \$650,000 in combined State and federal funds by one-half of last year's aggregate claims) to their per diem reimbursement rates; (3) for the purposes of this paragraph, the provider tax pass-through per diem as set forth in Section 12 shall not be considered in either the nursing facility's per diem reimbursement rate last received by that facility for SFY 2013 nor the facility's per diem rate(s) for the period July 1, 2013 through June 30, 2014.

13-15-MA (NJ)

TN: 13-15 -MA (NJ)

Supersedes: New

Approval Date: APR 27 2017

Effective Date: JUL 01 2013