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State/Territory Name: New Jersey

State Plan Amendment (SPA) #: 14-0009-MA

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services New York Regional Office 26 Federal Plaza, Room 37-100 New York, NY 10278



DIVISION OF MEDICAID AND CHILDREN'S HEALTH OPERATIONS

October 16, 2014

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

Dear Ms. Harr:

Enclosed is an approved copy of New Jersey's state plan amendment (SPA) 14-0009-MA, "Medically Needy Coverage", which was submitted to CMS on July 22, 2014. SPA 14-0009-MA establishes a new pathway (Miller Trust) for medically needy categories to establish Medicaid eligibility. Also, the SPA removes nursing facility benefits under its medically needy groups. The effective date of this SPA is December 1, 2014.

Enclosed is a copy of the new state plans Attachment 2.6-A, 26; Attachment 3.1-B, Pages 2a, 2b and 2c; Addendum to Attachment 3.1-B, Page 4(a), and Form CMS-179.

Please note that as agreed, we have made a pen and ink change to Box 4 of the CMS-179 to show a proposed effective date of December 1, 2014.

CMS appreciates the significant amount of work your staff dedicated to preparing this state plan amendment. If you have any questions concerning this SPA, please contact Patricia Ryan at (212) 616-2436 or at Patricia.Ryan@cms.hhs.gov.

Sincerely,

/s/

Michael Melendez Associate Regional Administrator Division of Medicaid and Children Health

Enclosure

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TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	Z. STATE
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	14-009-MA(NJ)	New Jersey
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TI	
	SOCIAL SECURITY ACT (MEDIC	AID)
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
CENTERS FOR MEDICARE AND MEDICAID SERVICES	1	4
DEPARTMENT OF HEALTH AND HUMAN SERVICES	DECEMBER 01, 201	$oldsymbol{4}$
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Section 1017(A) of the Sected Security Act and 42 HSC	i	•
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:		
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Attachment 2.6-A, Page 26	Same	
Attachment 3.1-B, Pages 2a, 2b, and 2c	Same	
Addendum to Attachment 3.1-B, Page 4(a)	Same	
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10. SUBJECT OF AMENDMENT:		
Medically Needy Coverage		
11. GOVERNOR'S REVIEW (Check One):	ZA CCCITED A C CDEC	Stetlers.
GOVERNOR'S OFFICE REPORTED NO COMMENT	☐ OTHER, AS SPEC	
	Not required, purs	uant to 7.4 of the Plan
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED		
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		
12. SIGNATURE OF STATE AGENCY OFFICIAL:		
	16, RETURN TO:	
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	Valerie Harr, Director Division of Medical Assistance	and Health Services
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Attachment 2.6-A Page 26

Revision: HCFA-PM-95-1 (MB) March 1995

Citation

Condition or Requirement

1902(a)(18) and 1902(f) of the Act

12. Pre-OBRA 93 Transfer of Resources- Categorically and Medically Needy, Qualified Medicare Beneficiaries, and Qualified Disabled and Working Individuals

The agency complies with the provisions of section 1917 of the Act with respect to the transfer of resources.

Disposal of resources at less than fair market value affects eligibility for certain services as detailed in Supplement 9 to Attachment 2.6-A.

- 1917 (c)
- 13. Transfer of Assets-All eligibility groups. The agency complies with the provisions of section 1917(c) of the Act, as enacted by OBRA 93, with regard to the transfer of assets. Disposal of assets as less than fair market value affects eligibility for certain services as detailed in Supplement 9(a) to Attachment 2.6-A, except in instances where the agency determines that the transfer rules would work an undue hardship.
- 14. Treatment of Trusts-All eligibility groups. The agency complies with the provisions of section 1917(c) of the Act, as amended by OBRA 93, with regard to trusts.

1917(d)

- The agency uses more restrictive methodologies under section 1920 (f) of the Act, and applies those methodologies in dealing with trusts.
- X The agency meets the requirements in section 1917(d)(f)(B) of the Act for use of Miller trusts.

The agency does not count the funds in a trust in any instance where the agency determines that the transfer would work an undue hardship, as described in Supplement 10 to Attachment 2.6-A.

14-009-MA(NJ)

TN No.: 14-009

Approval Date: UCI 16 201

Supersedes TN No.: 99-5

Effective Date: DEC 0 1 2014

Revision:

August 1991

HCFA-PM-91-4

(BPD)

Attachment 3.1-B

Page 2a

OMB No.: 0938

OFFICIAL

State/Territory: New Jersey

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED MEDICALLY NEEDY GROUP(S): <u>Pregnant Women</u>

1.	-	ent hospital se ovided:	ervices o		an those provid mitations	ed in ar / <u>X</u> /		tion for mental diseases. imitations*
2. a.	•	atient hospital Provided:	Services	s /_/	No limitations	5	<u>/X</u> /	With limitations*
b.	Rural clinic.	health clinic s	ervices	and oth	er ambulatory s	services	furnish	ned by a rural health
	/_/ / <u>X/</u>	Provided: Not provided	d.	/_/	No limitations	3	<i>I_I</i>	With limitations*
C.	cover		olan and		QHC) services ned by an FQH0			ulatory services that are with section 4231 of the
	/X/	Provided:		/_/	No limitations	3	/X/	With limitations*
d.		•		-		nan or i		nder section 329, 330, or 340 al under 18 years of age. With limitations*
3.	Other /X/	laboratory an Provided:	d x-ray s	service: /_/	s. No limitations	5	/X/	With limitations*
4. a				ner thar	n services in an	instituti	on for n	nental diseases) for individuals
	[/X/] <u>/X/</u>	ars of age or o Provided: Not provided		/_/	No limitations	5	[/X/]	With limitations*
		rly and periodi of age, and tr				atment	service	s for individuals under 21
						3	/_/	With limitations*
	c. Far	nily planning s	ervices	and su	pplies for indivi	duals of	childbe	earing age.
	<u>/X</u> /	Provided:		/ <u>X</u> /	No limitations	3	/_/	With limitations*
*Desc	ription	provided on at	tachmei	nt.				14-009(MA)(NJ)

Revision:

August 1991

HCFA-PM-91-4

(BPD)

Attachment 3.1-B

Page 2b

OMB No.: 0938

OFFICIAL

State/Territory: New Jersey

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED MEDICALLY NEEDY GROUP(S): Dependent Children

						
1.	/_/ Pro	ent hospital services or ovided: /_/ ot provided.		n those provided in an itations / <u>X</u> /		on for mental diseases. mitations <u>*</u>
2. a.		tient hospital Services rovided:	<i></i> //	No limitations	<u>/X</u> _/	With limitations*
b.	Rural health clinic services and other a clinic.			er ambulatory services	furnishe	ed by a rural health
	/_/ /X/	Provided: Not provided.	/_/	No limitations	/_/	With limitations*
C.	covere	ally qualified health ce ed under the plan and Medicaid Manual				
	/X/	Provided:	1_1	No limitations	/X/	With limitations*
d.						der section 329, 330, or 340 I under 18 years of age. With limitations*
3.		laboratory and x-ray s				
	/X/	Provided:	/_/	No limitations	/X/	With limitations*
4. a		ng facility services (oth ars of age or older.	er than	services in an institutio	n for m	ental diseases) for individuals
	[/X/] <u>/X/</u>	Provided: Not provided.	/_/	No limitations	[/X/]	With limitations*
	b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.					for individuals under 21
	/_/ / <u>X/</u>	Provided: Not provided.	/_/	No limitations	<i>I_I</i>	With limitations*
	c. Fan	nily planning services a	and sup	plies for individuals of	childbea	aring age.
	<u>/X</u> /	Provided:	/ <u>X</u> /	No limitations	<i>I_I</i>	With limitations*

*Description provided on attachment.

Approval Date : OCT 1 6 2014

TN No.14-009

Supersedes TN 95-15

Effective Date : NFC 0 1

14-009(MA)(NJ)

Revision:

August 1991

HCFA-PM-91-4

(BPD)

Attachment 3.1-B

Page 2c

OMB No.: 0938

State/Territory: New Jersey

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED MEDICALLY NEEDY GROUP(S): Aged, Blind, & Disabled

1.	/_/ Pro	ent hospital services of ovided: /_/ ot provided.		n those provided in an itations / <u>X</u> /		ion for mental diseases. mitations*
2. a.		tient hospital Services rovided:	<i>I_I</i>	No limitations	<u>/X</u> /	With limitations*
b.	Rural l	health clinic services a	ind othe	er ambulatory services	furnish	ed by a rural health
	/_/ /X/	Provided: Not provided.	/_/	No limitations	/_/	With limitations*
C.	covere			QHC) services and other and by an FQHC in acco		
	/X/	Provided:	/_/	No limitations	/X/	With limitations*
d.						ider section 329, 330, or 340 al under 18 years of age. With limitations*
3.	Other	laboratory and x-ray se	ervices.			
	/X/	Provided:	/_/	No limitations	/X/	With limitations*
4. a. Nursing facility services (other than services in an institution for mental diseases) for individual 21 years of age or older.					ental diseases) for individuals	
	[/X/] <u>/X/</u>	Provided: Not provided.	/_/	No limitations	[/X/]	With limitations*
	 Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found. 					
	/_/ <u>/X/</u>	Provided: Not provided.	<i></i> /	No limitations	<i>I_I</i>	With limitations*
	c. Fam	nily planning services a	and sup	plies for individuals of	childbe	aring age.
	<u>/X</u> /	Provided:	/ <u>X</u> /	No limitations	<i></i> /	With limitations*

*Description provided on attachment.

Approval Date DEC 0 1 2014 14-009(MA)(NJ)

Page 4(a)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Limitations on Amount, Duration and Scope of Services Provided to the Medically Needy Groups

Pregnant Women, Dependent Children, and the Aged, Blind, or Disabled

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[4(a) Nursing Facility (NF) Services

Prior authorization is required for all Medicaid-eligible individuals seeking admission to a Medicaid-participating nursing facility.

Prior authorization is required on an individual basis for all New Jersey Medicaid eligibles seeking placement in an out-of-state nursing facility.

A resident of a nursing facility that is certified for both Medicare and Medicaid shall be placed in a Medicare-certified bed when this coverage is available. In some instances, a nursing facility resident who is occupying a Medicare-certified bed but is not eligible for reimbursement may be relocated to allow the newly admitted patient to occupy a Medicare-certified bed. In accordance with 42 C.F.R. 483.10, such relocation shall only occur when the individual agrees to the relocation. The nursing facility shall provide sufficient preparation and orientation to the resident to ensure a safe and orderly transfer.]

14-009 MA(NJ)

TN No.: 14-009

Approval Date : 0CT 1 6 2014

Effective Date: DEC 0 1 2014

Supersedes TN No.: 98-25