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**State/Territory Name:** New Jersey

**State Plan Amendment (SPA) #:** 14-0012

This file contains the following documents in the order listed:

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

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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JUL 12 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 14-0012

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 14-0012. Effective July 1, 2014, this amendment (1) increases nursing home Medicaid rates by \$12.41 million and (2) provides an additional \$3,577,000 to increase specialty care nursing facility per diem rates for the period January 1, 2015 through June 30, 2015.

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 14-0012 is approved effective July 1, 2014. 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**

**FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES**

1. TRANSMITTAL NUMBER:

14-0012  
14-012 MA NJ

2. STATE

New Jersey

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, 2014

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 2014 \$-2M-1.468M  
b. FFY 2015 \$-0.8M-7.113M

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-D Pages 30 and 34-  
Page 1

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

New  
Same

10. SUBJECT OF AMENDMENT:  
2015 Nursing Facility Reimbursement

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: 9/16/14

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

18. DATE APPROVED: JUL 12 2017

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

JUL 01 2014

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Kristen Fan

22. TITLE:

Director, FMC

23. REMARKS:

New Jersey State authorized "pen + risk changes to  
Boxes 1, 7, 8 + 9.

**NURSING FACILITY REIMBURSEMENT  
COST REPORT, RATE CALCULATION AND REPORTING SYSTEM  
FOR LONG-TERM CARE FACILITIES**

**NURSING FACILITY REIMBURSEMENT**

The State has in place a public process which complies with the requirements of Section 1902(a)(13)(A) of the Social Security Act

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14-0012-MA (NJ)

TN: 14-0012

Supersedes TN: 10-09

Effective Date: JUL 01 2014

Approval Date: JUL 12 2017

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

**NURSING HOME REIMBURSEMENT**

**Section 22 cont'd. Payments for Medical Assistance Recipients**

Nursing facilities for the period of July 1, 2014 through June 30, 2015 are subject to the following conditions: (1) the per diem rate for each Class I and Class II nursing facility shall not be less than the per diem rate received by that facility for June 30, 2014; (2) the basis of the per diem rate for each Class I and Class II nursing facility for State Fiscal Year 2015 shall be the total adjusted case mix rate for June 30, 2014 as set forth in Section 13 except for an increase in the budget adjustment factor described in Section 13 (3) from .90800 to .96220 to incorporate an additional \$12,410,000 in State and federal appropriations above the total gross Fiscal Year 2014 appropriations used to calculate the June 30, 2014 rate; and (3) any Class III nursing facility shall receive the same per diem reimbursement rate as it received on June 30, 2014, which per diem reimbursement rate shall be increased by 7.74% beginning January 1, 2015 such that an additional \$3,577,000 State and federal appropriations shall be allocated to Class III nursing facilities during the fiscal year.

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 for June 30, 2014 nor the facility's per diem rate(s) for the period July 1, 2014 through June 30, 2015. The provider tax pass-through per diem for the period July 1, 2014 through September 30, 2014 shall be the same provider tax pass-through per diem received by the facility on June 30, 2014. The provider tax pass-through per diem for the period beginning October 1, 2014 shall be the provider tax pass-through per diem as set forth in Section 12 as calculated for State Fiscal Year 2015.

14-0012-MA (NJ)

TN: 14-0012 -MA (NJ)

Supersedes: New

Approval Date: JUL 12 2017

Effective Date: JUL 01 2014