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**State/Territory Name:** New Jersey

**State Plan Amendment (SPA) #:** 17-0004

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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OCT 18 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 17-0004

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 17-0004. Effective July 1, 2017, this amendment increases nursing home Medicaid per diem rates by \$5.98 million over SFY 2017 rates.

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 17-0004 is approved effective July 1, 2017. 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**

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

**1. TRANSMITTAL NUMBER:**

**17-0004 MA NJ**

**2. STATE**

**New Jersey**

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

**4. PROPOSED EFFECTIVE DATE**

**July 1, 2017**

**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**

**FFY 2017 \$747,674**

**FFY 2018 \$ 2.2M**

**8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:**

**Attachment 4.19-D Page: 1**

**Attachment 4.19-D Page 33**

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

**Same**

**New**

**10. SUBJECT OF AMENDMENT:**

**2018 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:**

**14. TITLE: Acting Commissioner**

**15. DATE SUBMITTED: 9/29/17**

**16. RETURN TO:**

**Meghan Davey, 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:**

**OCT 18 2017**

**PLAN APPROVED - ONE COPY ATTACHED**

**19. EFFECTIVE DATE OF APPROVED MATERIAL:**

**JUL 01 2017**

**20. SIGNATURE OF REGIONAL OFFICIAL:**

**21. TYPED NAME:**

**Kristen FAN**

**22. TITLE:**

**Director, FMCO**

**23. REMARKS:**

**New Jersey State "authorized" pen & ink changes  
to boxes 8 and 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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TN: 17-0004

Supersedes TN: 16-0006

17-0004-MA (NJ)  
Effective Date: **JUL 01 2017**

Approval Date: **OCT 18 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**

Payments for Medical Assistance Recipients - Nursing facilities for the period of July 1, 2017, through June 30, 2018, are subject to the following conditions: (1) Class I (private), Class II (county), and Class III (special care) nursing facilities being paid on a fee-for-service basis, shall be reimbursed at the rate received on June 30, 2017 plus a per diem adjustment that shall be calculated based upon an additional \$5,980,000; (2) no Class I, II, and III nursing facilities being paid on a fee-for-service basis shall receive any additional per diem rate adjustment, with the exception of the provider tax add-on set forth below; (3) the additional \$5,980,000 shall be distributed to Class I, II and III nursing facilities as a \$1.07 increase to each facility's per diem rate received on June 30, 2017.

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, 2017 nor the facility's per diem rate(s) for the period July 1, 2017 through June 30, 2018. The provider tax pass-through per diem for the period July 1, 2017 through September 30, 2017 shall be the same provider tax pass-through per diem received by the facility on June 30, 2017. The provider tax pass-through per diem for the period beginning October 1, 2017 shall be the provider tax pass-through per diem as set forth in Section 12 as calculated for State Fiscal Year 2018.

17-0004 -MA (NJ)

TN: 17-0004 -MA (NJ)

Supersedes: New

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