

## **Table of Contents**

**State/Territory Name: New Jersey**

**State Plan Amendment (SPA) #: 17-0008**

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  
New York Regional Office  
26 Federal Plaza, Room 37-100  
New York, NY 10278



DIVISION OF MEDICAID AND CHILDREN'S HEALTH OPERATIONS

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DMCHO: MC NJ 17-0008

November 27, 2017

Meghan Davey  
New Jersey Department of Human Services  
Division of Medical Assistance and Health Services  
P.O. Box 712  
Trenton, NJ 08625-0712

Dear Ms. Davey:

This is to notify you that New Jersey's State Plan Amendment (SPA) #17-0008, "Personal Needs Allowance Increase," has been approved for adoption into the State Medicaid Plan with an effective date of July 1, 2017. This SPA proposes to increase the monthly personal needs allowance of individuals residing in a nursing facility.

If you have any questions or wish to discuss this SPA further, please contact Michael Cutler of this office. Mr. Cutler may be reached at (212) 616-2421.

Sincerely,

A large black rectangular box redacting the signature of Michael Melendez.

Michael Melendez, LMSW  
Associate Regional Administrator  
Division of Medicaid and Children's Health Operations

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

1. TRANSMITTAL NUMBER:  
17-0008 MA

2. STATE  
New Jersey

**FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

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

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

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:

42 CFR 435.725; 42 CFR 435.733; 42 CFR 435.832

7. FEDERAL BUDGET IMPACT:

a. FFY 2017 \$0.405M  
b. FFY 2018 \$1.620M

8. PAGE NUMBER OF THE PLAN SECTION OR  
ATTACHMENT:

Attachment 2.6-A Page 4a  
Supplement 12 to Attachment 2.6-A

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 PAGE NUMBER OF THE SUPERSEDED PLAN  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

Same  
Same

10. SUBJECT OF AMENDMENT:

Increase in Personal Needs Allowance

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: Elizabeth Connolly

14. TITLE: Acting Commissioner,  
Department of Human Services

15. DATE SUBMITTED:

9/5/17

16. RETURN TO:

Meghan Davey, Director  
Division of Medical Assistance and Health  
Services  
P.O. Box 712, Mail Code #26  
Trenton, NJ 08625-0712

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

18. DATE APPROVED:  
NOVEMBER 27, 2017

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
JULY 01, 2017

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:  
MICHAEL MELENDEZ

22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR  
DIVISION OF MEDICAID & CHILDREN'S HEALTH

23. REMARKS:

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Citation	Condition or Requirement
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<p>1924 of the Act</p> <p>435.725</p> <p>435.733</p> <p>435.832</p>	<p>2. The following monthly amounts for personal needs are deducted from total monthly income in the application of an institutionalized individual's or couple's income to the cost of institutionalized care:</p>
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Personal Needs Allowance (PNA) of not less than \$30 For Individuals and \$60 For Couples For All Institutionalized Persons.

a. Aged, blind, disabled

Individuals: \$50.00

Couples: \$100.00

For the following persons with greater need:

Supplement 12 to Attachment 2.6-A describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.

b. AFDC related:

Children \$50.00

Adults \$50.00

For the following persons with greater need:

Supplement 12 to Attachment 2.6-A describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.

c. Individual under age 21 covered in the plan as specified in Item B.7 of Attachment 2.2-A

\$50.00

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17-0008 MA (NJ)

TN No. 17-0008

Approval Date: **11/27/2017**

Supersedes: 98-15

Effective Date: **07/01/2017**

State: New Jersey

OMB No.: 0938-0673

Disclosure Statement for Post Eligibility Preprint

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is #0938-0673. The time required to complete this information collection is estimated at 5 hours per response, including the time to review instructions, searching existing data resources, gathering the data needed and completing and reviewing the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to HCFA, 7500 Social Security Boulevard, NZ-14-26, Baltimore Maryland 21244-1850 and to the Office of the Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503

**VARIATIONS FROM THE BASIC PERSONAL NEEDS ALLOWANCE**

The PNA is increased by the amount of any court ordered child support under which the individual is under and which is actually being paid.

-The increase applies only to court ordered child support made in the same period covered by the PNA; and

-The increase does not apply to any other court ordered payments nor to garnishments for any other reason.

For institutionalized eligible individuals in Title XIX participating facilities, an amount of \$50.00 plus the gross amount of income derived from work (such as sheltered workshop) that is considered essential toward satisfying the individual's development need to achieve a certain degree of independence shall be exempt from the Medicaid reimbursement. The combined total exemption may not exceed the community living standard established by a non-institutionalized individual in the same eligibility category, i.e. SSI/MA only or AFDC.

An individual residing in a nursing facility, who is discharged to the community but not to a Title XIX facility, may retain their income, from all sources, after appropriate allowance(s) for other exemptions and the personal needs allowance, for the month of discharge, for the purpose of paying a community provider.

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17-0008 MA (NJ)

TN No. 17-0008

Approval Date: **11/27/2017**

Supersedes: 99-13

Effective Date: **07/01/2017**