

Table of Contents

State/Territory Name: **NEW JERSEY**

State Plan Amendment (SPA) #: **17-0009**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Approved 179
- 3) APPROVED PLAN 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 & CHILDREN'S HEALTH OPERATIONS
DMCHO: ZYM: SPA-NJ-17-0009-Approval Letter

October 3, 2017

Meghan Davey
Director of Medical Assistance and Health Services
Department of Human Services
CN 12 Quakerbridge Plaza
Trenton, New Jersey 08625-0712

RE: Title XIX State Plan Amendment (SPA), Transmittal # NJ 17-0009

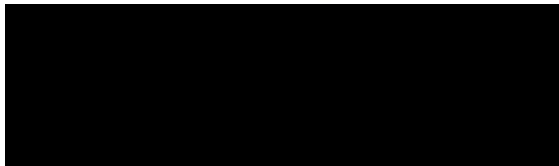
Dear Ms. Davey:

We have reviewed the proposed New Jersey State Plan Amendment 17-0009, which was submitted to the New York Regional Office on September 5, 2017. The SPA reflects the increased case management organizations monthly rate that was approved as part of NJ's State Fiscal Year 2018 Appropriations Act. The rate increases from monthly fixed fee of \$550.00 to \$775.00.

Based on the information provided, the Medicaid State Plan Amendment 17-0009 was approved on October 3, 2017. The effective date of this amendment is August 1, 2017. We are enclosing the approved HCFA-179 and the approved plan page.

If you have any additional questions or need further assistance, please contact Yvette Moore at (646) 694-0915 or Yvette.Moore@cms.hhs.gov.

Sincerely,



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

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

1. TRANSMITTAL NUMBER:
17-0009 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
August 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 U.S. C. 1396a(a)(30)(A)

7. FEDERAL BUDGET IMPACT:
a. FFY 2017 \$2.7M
b. FFY 2018 \$16M

8. PAGE NUMBER OF THE PLAN SECTION OR
ATTACHMENT:

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 PAGE NUMBER OF THE SUPERSEDED PLAN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

Attachment 4.19-B Page 21a

Same

10. SUBJECT OF AMENDMENT:

Care Management Organization (CMO) Rate increase

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:

13. TYPED NAME: Elizabeth Connolly

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

14. TITLE: Acting Commissioner,
Department of Human Services

15. DATE SUBMITTED: 9/5/17

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

18. DATE APPROVED:
OCTOBER 03, 2017

PLAN APPROVED - ONE COPY ATTACHED

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

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:
MICHAEL MELENDEZ

22. TITLE: OR
DIVISION OF MEDICAID & CHILDREN'S HEALTH

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: New Jersey

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES FOR
NONINSTITUTIONAL SERVICES

Case Management Services, continued,

Section 3.a. Care Management Organization Reimbursement:

The Case Management Organization (CMO) fixed rate was developed and established using actual expenditure information and will be subject to adjustment for cost of living as determined appropriate by the state.

Effective 8/1/17, reimbursement will be set at a statewide monthly fixed fee set at \$775.00.

17-0009-MA(NJ)

TN: 17-0009

Approval Date: 10/03/2017

Supersedes: 05-09

Effective Date: 08/01/2017