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State/Territory Name: **New Jersey**

State Plan Amendment (SPA) #: **19-0021**

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

NJ - Submission Package - NJ2019MS00080 - (NJ-19-0021) - Eligibility

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CMS-10434 OMB 0938-1188

Package Information

Package ID	NJ2019MS00080	Submission Type	Official
Program Name	N/A	State	NJ
SPA ID	NJ-19-0021	Region	New York, NY
Version Number	3	Package Status	Approved
Submitted By	Julie Hubbs	Submission Date	12/26/2019
Package Disposition		Approval Date	3/19/2020 3:58 PM EDT
Priority Code	P2		



Division of Medicaid and Children's Health Operations

March 19, 2020

Jennifer Langer Jacobs
Assistant Commissioner
Dept of Human Services - Division of Medical Assistance and Health
Services
Quakerbridge Plaza
Hamilton, NJ 08619

Re: Approval of State Plan Amendment NJ-19-0021

Dear Ms. Jacobs:

On December 26, 2019, the Centers for Medicare and Medicaid Services (CMS) received New Jersey State Plan Amendment (SPA) NJ-19-0021 to to implement the Family Planning eligibility group. We approve SPA NJ-19-0021 with an effective date of October 01, 2019.

We approve New Jersey State Plan Amendment (SPA) NJ-19-0021 on March 19, 2020 with an effective date(s) of October 01, 2019.

CMS notes that, in the course of reviewing the state's family planning eligibility group state plan amendment, we determined that New Jersey's renewal and electronic notices policies are not in compliance with regulatory requirements at 42 CFR 435.916 and 42 CFR 435.918 respectively. We understand that these compliance issues are not unique to the family planning eligibility group. CMS will work with the state to achieve compliance regarding these requirements.

Name	Date Created
No items available	

If you have any questions regarding this amendment, please contact Michael Cutler at michael.cutler@cms.hhs.gov.

Sincerely,
James G. Scott
Director
Division of Medicaid and Children's
Health Operations

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NJ2019MS00080 | NJ-19-0021

Package Header

Package ID	NJ2019MS00080	SPA ID	NJ-19-0021
Submission Type	Official	Initial Submission Date	12/26/2019
Approval Date	3/19/2020	Effective Date	N/A
Superseded SPA ID	N/A		

State Information

State/Territory Name: New Jersey

Medicaid Agency Name: Dept of Human Services - Division of
Medical Assistance and Health
Services

Submission Component

State Plan Amendment

Medicaid

CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NJ2019MS00080 | NJ-19-0021

Package Header

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Submission Type	Official	Initial Submission Date	12/26/2019
Approval Date	3/19/2020	Effective Date	N/A
Superseded SPA ID	N/A		

SPA ID and Effective Date

SPA ID NJ-19-0021

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Optional Eligibility Groups	10/1/2019	NJ-19-0017
Individuals Eligible for Family Planning Services	10/1/2019	NJ-13-0011

Page Number of the Superseded Plan Section or Attachment (If Applicable):

page S59 is superseded

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NJ2019MS00080 | NJ-19-0021

Package Header

Package ID	NJ2019MS00080	SPA ID	NJ-19-0021
Submission Type	Official	Initial Submission Date	12/26/2019
Approval Date	3/19/2020	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives An amendment to the NJ State Plan to offer Fee for Service family planning and family planning related services and supplies to woman and men whose incomes are below 200% of the Federal Poverty Level, and who are not otherwise eligible for Medicaid.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2020	\$21400000
Second	2021	\$21400000

Federal Statute / Regulation Citation

1902(a)(10)(A)(ii)(XXI)
42 CFR 435.214

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NJ2019MS00080 | NJ-19-0021

Package Header

Package ID NJ2019MS00080
Submission Type Official
Approval Date 3/19/2020
Superseded SPA ID N/A

SPA ID NJ-19-0021
Initial Submission Date 12/26/2019
Effective Date N/A

Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

Describe Governor review is not required pursuant to section 7.4 of the State Plan.

Medicaid State Plan Eligibility

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | NJ2019MS00080 | NJ-19-0021

Package Header

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Approval Date	3/19/2020	Effective Date	10/1/2019
Superseded SPA ID	NJ-19-0017		
	User-Entered		

A. Options for Coverage

The state provides Medicaid to specified optional groups of individuals.

Yes No















The optional eligibility groups covered in the state plan are (elections made in this screen may not be comprehensive during the transition period from the paper-based state plan to MACPro):

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Optional Coverage of Parents and Other Caretaker Relatives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Reasonable Classifications of Individuals under Age 21		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children with Non-IV-E Adoption Assistance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Independent Foster Care Adolescents		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Optional Targeted Low Income Children		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals above 133% FPL under Age 65		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Needing Treatment for Breast or Cervical Cancer		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Family Planning Services		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	APPROVED
Individuals with Tuberculosis		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Electing COBRA Continuation Coverage		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Individuals Eligible for but Not Receiving Cash Assistance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Individuals Eligible for Cash Except for Institutionalization		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Home and Community- Based Waiver Services under Institutional Rules		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Optional State Supplement Beneficiaries		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals in Institutions Eligible under a Special Income Level		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
PACE Participants		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Hospice		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children under Age 19 with a Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Age and Disability-Related Poverty Level		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Work Incentives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Ticket to Work Basic		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Ticket to Work Medical Improvements		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Family Opportunity Act Children with a Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | NJ2019MS00080 | NJ-19-0021

Package Header

Package ID	NJ2019MS00080	SPA ID	NJ-19-0021
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Superseded SPA ID	NJ-19-0017		
	User-Entered		

B. Medically Needy Options for Coverage



The state provides Medicaid to specified groups of individuals who are medically needy.

Yes No


The medically needy eligibility groups covered in the state plan are:

1. Mandatory Medically Needy:

Families and Adults



Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Medically Needy Pregnant Women		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Medically Needy Children under Age 18		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Aged, Blind and Disabled


Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Protected Medically Needy Individuals Who Were Eligible in 1973		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

2. Optional Medically Needy:

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Medically Needy Reasonable Classifications of Individuals under Age 21		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Medically Needy Parents and Other Caretaker Relatives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Medically Needy Populations Based on Age, Blindness or Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | NJ2019MS00080 | NJ-19-0021

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	User-Entered		

C. Additional Information (optional)

Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Individuals Eligible for Family Planning Services

MEDICAID | Medicaid State Plan | Eligibility | NJ2019MS00080 | NJ-19-0021

Individuals, regardless of gender, who are not pregnant, and have household income at or below a standard established by the state, whose coverage is limited to family planning and related services.

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Superseded SPA ID	NJ-13-0011		
	User-Entered		

The state covers the family planning eligibility group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are not pregnant
2. Are not otherwise eligible for and enrolled in mandatory coverage under the state plan
3. Are not otherwise eligible for and enrolled in optional full Medicaid coverage under the state plan
4. Have household income that does not exceed the income standard established by the state for this group

Individuals Eligible for Family Planning Services

MEDICAID | Medicaid State Plan | Eligibility | NJ2019MS00080 | NJ-19-0021

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	User-Entered		

B. Individuals Covered

1. The state covers all individuals who meet the characteristics described in section A.

- Yes
- No

Individuals Eligible for Family Planning Services

MEDICAID | Medicaid State Plan | Eligibility | NJ2019MS00080 | NJ-19-0021

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	User-Entered		

C. Income Standard Used

1. The state uses the same income standard for all individuals covered.

- Yes
 No

2. The income standard for this eligibility group is:

200.00% FPL

Individuals Eligible for Family Planning Services

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D. Financial Methodologies

1. MAGI-based methodologies are used in calculating household income. Except as described in this section, for information on the methodology used for this group, please refer as necessary to MAGI-Based Methodologies, completed by the state.

2. The state uses the same financial methodology for all individuals covered.

- Yes
- No

3. In determining eligibility for this group, the state includes the following household members:

- a. All household members
- b. Only the individual

4. In determining eligibility for this group, the state increases the family size by one, counting the individual as two

- Yes
- No

5. In determining eligibility for this group, the state counts the income of:

- a. All household members
- b. Only the individual

Individuals Eligible for Family Planning Services

MEDICAID | Medicaid State Plan | Eligibility | NJ2019MS00080 | NJ-19-0021

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E. Basis for Income Standard - Maximum Income Standard

1. The state certifies that it has submitted and received approval for its converted income standard(s) for pregnant women to MAGI-equivalent standards and the determination of the maximum income standard to be used for this eligibility group.
2. The state's maximum income standard for this eligibility group is the highest of the following:
- a. The state's current effective income level for the Pregnant Women eligibility group (42 CFR 435.116) under the Medicaid state plan.
 - b. The state's current effective income level for pregnant women under a Medicaid 1115 Demonstration.
 - c. The state's current effective income level for Targeted Low-Income Pregnant Women under the CHIP state plan.
 - d. The state's current effective income level for pregnant women under a CHIP 1115 Demonstration.
3. The amount of the maximum income standard is:
- 200.00% FPL

F. Family Planning Benefits

Benefits for this eligibility group are limited to family planning and related services described in the Benefit and Payments section of the state plan.

G. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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