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State/Territory Name: New Jersey

State Plan Amendment (SPA) #: 20-0013

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, MD 21244-1850



Financial Management Group

March 24, 2021

Jennifer Jacobs
Assistant Commissioner
Department of Human Services
Division of Medical Assistance and Health Services
State of New Jersey
P.O. Box 712
Trenton, New Jersey 08625

RE: State Plan Amendment (SPA) TN 20-0013

Dear Ms. Jacobs:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State Plan submitted under transmittal number (TN) 20-0013. Effective October 1, 2020 through June 30, 2021, this amendment authorizes a ten percent (10%) increasing adjustment to reimbursement rates for Class I, Class II and Class III nursing facilities.

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 implementing Federal regulations at 42 CFR Part 447. This letter is to inform you that New Jersey 20-0013 is approved effective October 1, 2020. The CMS-179 and approved plan pages are enclosed.

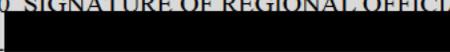
If you have any questions, please contact Novena James-Hailey at (617) 565-1291 or Novena.JamesHailey@cms.hhs.gov.

Sincerely,

A solid black rectangular box redacting the signature of the sender.

For
Rory Howe
Acting Director

Enclosures

| | | | |
|--|--|---|-------------------------------|
| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL | | 1. TRANSMITTAL NUMBER: 20-0013 MA NJ | 2. STATE New Jersey |
| FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES | | 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 October 1, 2020 | |
| 5. TYPE OF PLAN MATERIAL (<i>Check One</i>): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate Transmittal for each amendment</i>) | | | |
| 6. FEDERAL STATUTE/REGULATION CITATION: Social Security Act Section 1902(a)(13) | | 7. FEDERAL BUDGET IMPACT FFY 2021 \$ 12.1 M FFY 2022 \$ 0 | |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-D Page 37-38 Attachment 4.19-D Page 1 | | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): new Same | |
| 10. SUBJECT OF AMENDMENT: SFY 2021 Nursing Facility Reimbursement | | | |
| 11. GOVERNOR'S REVIEW (<i>Check One</i>): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Not required, pursuant to 7.4 of the Plan | | | |
| 12. SIGNATURE OF STATE AGENCY OFFICIAL:  | | 16. RETURN TO: Jennifer Langer Jacobs, Assistant Commissioner Division of Medical Assistance and Health Services P.O. Box 712, #26 Trenton, NJ 08625-0712 | |
| 13. TYPED NAME: Carole Johnson | | | |
| 14. TITLE: Commissioner | | | |
| 15. DATE SUBMITTED: 12/31/20 | | | |
| FOR REGIONAL OFFICE USE ONLY | | | |
| 17. DATE RECEIVED: 12/31/2020 | | 18. DATE APPROVED: 3/24/21 | |
| PLAN APPROVED – ONE COPY ATTACHED | | | |
| 19. EFFECTIVE DATE OF APPROVED MATERIAL: 10/01/2020 | | 20. SIGNATURE OF REGIONAL OFFICIAL:  For | |
| 21. TYPED NAME: Rory Howe | | 22. TITLE: Acting Director | |
| 23. REMARKS: | | | |

**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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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
NURSING HOME REIMBURSEMENT

STATE: New Jersey

NURSING HOME REIMBURSEMENT

a. From October 1, 2020 through June 30, 2021, the reimbursement rate for Class I, Class II, and Class III nursing facilities shall be equal to the rate received on September 30, 2020, plus a 10 percent adjustment. Each facility shall use no less than 60 percent of the rate adjustment provided under this section for the sole purpose of increasing wages or supplemental pay for certified nurse aides providing direct care. The remainder of the rate adjustment shall be used for other costs related to coronavirus disease 2019 preparedness and response, including enhancing infection control measures, cleaning, reconfiguration of the facility to support cohorting, procurement of personal protective equipment, testing, or other staff wages and needs.

b. To ensure compliance with the provisions of this section, any facility receiving the rate adjustment pursuant to this section shall provide:

(1) wage and cost data in a manner and form prescribed by the Commissioner of Human Services; and

(2) attestations from the facility owner of adherence to the following infection control protocols, which shall be submitted in a manner and form as shall be prescribed the Commissioner of Health, and which may be required on an ongoing basis:

(a) the facility has an outbreak response plan in place which shall be made available to the public through the facility's Internet website and include effective communication methods for conveying information concerning outbreaks of infectious diseases consistent with guidance issued by the Department of Health;

(b) the facility has used the personal protective equipment burn ratecalculator made available by the federal Centers for Disease Control and Prevention and:

(i) if the facility is not part of a system with eight or more facilities, the facility has at least a two-month supply of personal protective equipment on hand,

(ii) if the facility is part of a system of eight or more facilities, the facility has at least a one-month supply of personal protective equipment on hand;

(c) the facility has registered with the Department of Health, authorized the

TN 20-0013

Supersedes
TN NEW

Approval Date: 3/24/21_____

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
NURSING HOME REIMBURSEMENT

STATE: New Jersey

department to access data, and is providing required information; and

(d) the facility has implemented a respiratory protection program that complies with the respiratory protection standard for employees established by the federal Occupational Safety and Health Administration, including fit testing and training in donning and doffing personal protective equipment.

c. A facility that fails to meet any requirement listed above shall be subject to a retroactive penalty not to exceed the total value of the rate adjustment. Any attestation required under paragraph (2) of subsection b. of this section that is filed after a deadline established by the Department of Health or June 30, 2021, whichever is earlier, shall be considered a failure to meet the requirements of this section.

A facility that fails to meet the requirements around enhanced compensation for certified nurse aides shall be subject to a penalty up to 6 percent of the facility's rate effective September 30, 2020 multiplied by the total volume of Medicaid days from October 1, 2020 to June 30, 2021, including both fee-for-service and managed care. Additionally, a facility that fails to meet the requirements around adherence to infection control protocols shall be subject to a penalty up to 4 percent of the facility's rate effective September 30, 2020 multiplied by the total volume of Medicaid days from October 1, 2020 to June 30, 2021, including both fee-for-service and managed care. A facility that fails to meet both of the aforementioned requirements shall be subject to a penalty up to 10 percent of the facility's rate effective September 30, 2020 multiplied by the total volume of Medicaid days from October 1, 2020 to June 30, 2021, including both fee-for-service and managed care.

TN 20-0013

Supersedes
TN NEW

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