

## **Table of Contents**

**State/Territory Name: NJ**

**State Plan Amendment (SPA) #: 21-0011**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
601 E. 12th St., Room 355  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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November 15, 2021

Jennifer Langer Jacobs  
Assistant Commissioner  
NJ Department of Human Services  
Division of Medical Assistance and Health Services  
PO Box 712  
Trenton, NJ 08625-0712

Re: New Jersey State Plan Amendment (SPA) #21-0011

Dear Ms. Jacobs:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of New Jersey's state plan amendment (SPA) submitted under transmittal number (TN) #21-0011 on September 30, 2021. The state has proposed to add coverage for services provided by licensed midwives under the Other Licensed Practitioners' Services benefit.

CMS has conducted our review of your submittal according to statutory requirements in Title XIX of the Act and implementing regulations. Based on the information that the state shared, CMS has approved TN #21-0011 with an effective of July 1, 2021.

If you have any questions or wish to discuss this SPA further, please contact Terri Fraser of this office. Ms. Fraser may be reached by email at [Terri.Fraser@cms.hhs.gov](mailto:Terri.Fraser@cms.hhs.gov) or by telephone at (410) 786-5573.

Sincerely,

James G. Scott, Director  
Division of Program Operations

cc: Nicole McKnight  
Terri Fraser  
Deborah Steinbach  
Deborah Benson

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: 21-0011 MA	2. STATE New Jersey
<b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>		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, 2021	
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:  42 U.S. C. 1396a(a)(30)(A); 42 CFR 440.60		7. FEDERAL BUDGET IMPACT:  a. FFY 2021: \$0 b. FFY 2022: \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Addendum to Attachment 3.1 A Page 6(d)(1) Addendum to Attachment 3.1 B Page 6(d)(1) Attachment 4.19B page 16.1		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ):  New New New	
10. SUBJECT OF AMENDMENT:  Other Licensed Practitioners' Services-Licensed Midwife Services			
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:	
13. TYPED NAME: Sarah Adelman		Jennifer Langer Jacobs, Assistant Commissioner 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: 9/30/21			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: 09/30/2021		18. DATE APPROVED: 11/15/2021	
<b>PLAN APPROVED – ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 07/01/2021		20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME: James G. Scott		22. TITLE: Director Division of Program Operations	
23. REMARKS:			

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**  
**Limitations on Amount, Duration and Scope of Services Provided to the**  
**Categorically Needy**

6(d) Other Practitioners' Services (cont'd)

Licensed Midwives:

Services by licensed midwives are provided in accordance with their scope of practice as defined by NJ state law. Midwives must be certified, and also be licensed to practice in the state by NJ's State Board of Medical Examiners.

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21-0011-MA (NJ)

TN: 21-0011-MA

Approval Date: 11/15/2021  
07/01/2021

Supersedes: NEW

Effective Date: \_\_\_\_\_

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**  
**Limitations on Amount, Duration and Scope of Services**  
**Provided to Medically Needy Groups**  
**PREGNANT WOMEN, DEPENDENT CHILDREN, AND THE AGED, BLIND, OR**  
**DISABLED**

6(d) Other Practitioner's Services (con't)

Licensed Midwife services for Medically Needy Groups are identical to Licensed Midwife services for the Categorically Needy, as set forth in Addendum to Attachment 3.1-A page 6(d)(1).

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21-0011-MA (NJ)

TN: 21-0011-MA

Supersedes: NEW

Approval Date: 11/15/2021  
07/01/2021

Effective Date: \_\_\_\_\_

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES FOR NON  
INSTITUTIONAL SERVICES**

Reimbursement for Other Practitioners' Services: Licensed Midwife Services

Reimbursement for licensed midwife services will be the same as for certified nurse-midwives as set forth on Attachment 4.19B Page 16.

The effective date, the applicable fee schedules, and link to their electronic publication, can be found on page 36 of Attachment 4.19-B of the State Plan. The rates are the same for both governmental and private providers. All applicable procedure code listings and/or rates are published on the State's website at [www.njmmis.com](http://www.njmmis.com) under the link for "Rates and Code Information" and Medicaid fee for services sections.

21-0011-MA (NJ)

TN: 21-0011-MA

Supersedes: NEW

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07/01/2021

Effective Date: \_\_\_\_\_