

## **Table of Contents**

**State/Territory Name:**                      **New Jersey**

**State Plan Amendment (SPA) #:**      **24-0006**

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



Medicaid and CHIP Operations Group

---

May 17, 2024

Jennifer Langer Jacobs  
Assistant Commissioner  
NJ Department of Human Services  
Division of Medical Assistance and Health Services  
PO Box 712, Mail Code #26  
Trenton, NJ 08625-0712

Re: New Jersey State Plan Amendment (SPA) – #24-0006

Dear Assistant Commissioner Jacobs:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) #24-0006. This amendment proposes to assess premiums to individuals covered under the eligibility group described at section 1902(a)(10)(A)(ii)(XIII) of the Social Security Act.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations at section 1902(a)(10)(A)(ii)(XIII). This letter informs you that New Jersey's Medicaid SPA TN #24-0006 was approved on May 17, 2024, with an effective date of February 1, 2024.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the New Jersey State Plan.

If you have any questions, please contact Terri Fraser at (410) 786-5573 or via email at [Terri.Fraser@cms.hhs.gov](mailto:Terri.Fraser@cms.hhs.gov).

Sincerely,



James G. Scott, Director  
Division of Program Operations

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER <u>2 4 — 0 0 0 6</u>	2. STATE <u>NJ</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	

TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE <b>February 1, 2024</b>
--	---

5. FEDERAL STATUTE/REGULATION CITATION <u>1902(a)(10)(A)(ii)(XIII); <del>1902(a)(10)(A)(ii)(XV)</del></u>	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2024</u> \$ <u>1,004,664</u> b. FFY <u>2025</u> \$ <u>2,661,604</u>
--	---

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <u>Attachment 2.6A Page 12m</u> <u>Attachment 2.6A Page12m(1)</u>	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <del>same</del> <u>00-22</u> <u>new</u>
--	---

9. SUBJECT OF AMENDMENT  
New Jersey WorkAbility

10. 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:

11. OFFICIAL [REDACTED]	15. RETURN TO Jennifer Langer Jacobs, Assistant Commissioner Division of Medical Assistance and Health Services P.O. Box 712, Mail Code #26 Trenton, NJ 08625-0712
12. TYPED NAME Sarah Adelman	
13. TITLE Commissioner, Department of Human Services	
14. DATE SUBMITTED 3/25/24	

**FOR CMS USE ONLY**

16. DATE RECEIVED <u>03/25/2024</u>	17. DATE APPROVED <u>05/17/2024</u>
-------------------------------------	-------------------------------------

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL <u>02/01/2024</u>	19. SIGNATURE [REDACTED]
20. TYPED NAME OF APPROVING OFFICIAL <u>James G. Scott</u>	21. TITLE OF APPROVING OFFICIAL <u>Director, Division of Program Operations</u>

22. REMARKS

*4/19/24 - Per the State's request, striking a statutory reference in Box 5.  
4/30/24 - Per the State's request, replacing same reference with 00-22 in Box 8.*

**State/Territory: New Jersey**

Citation

Condition or Requirement

1902(a)(10)(A)

(ii)(XIII) of the Act (con't.)

**Payment of Premiums or Other Charges Cost Sharing**

For individuals eligible under the BBA eligibility group described in No. 23 on Page 23e of Attachment 2.2-A:

  x   The agency requires payment of premiums or other cost-sharing charges on a sliding scale based on income. The premiums or other cost-sharing charges, and how they are applied, are described below:

For beneficiaries with countable income greater than 250% of the Federal Poverty Level (FPL), a monthly premium will be assessed as follows:

**Premium methodology:** The premium structure utilizes six payment tiers, assigned by determining total countable income in relation to Federal Poverty Levels above 250%. The first premium tier is based on the standard Medicare Part B monthly premium schedule amount, rounded up to the nearest dollar. The subsequent tiers are determined by multiplying the original amount by tier number (1, 2, 3, etc...). Each tier represents an additional 100% FPL increment with Tier 6 being the highest premium threshold. For example, when calculating the premium amounts for tiers 1, 2, and 3 the calculation breakdown for 2024 is as follows: Tier 1 premium increment is  $\$175 \times 1 = \$175$ , Tier 2 premium increment is  $\$175 \times 2 = \$350$ , Tier 3 premium increment is  $\$175 \times 3 = \$525$  and so on.

TN No. : 24-0006

Approved : **05/17/2024**

Supersedes No.: 00-22

Effective: February 1, 2024

**State/Territory: New Jersey**

## Condition or Requirement (con't)

These premium amounts will be updated annually based on the Medicare Part B premium adjustments and posted to the NJ Division of Medical Assistance and Health Services website at <https://www.nj.gov/humanservices/dds/programs/njworkability/>. An example of premium tiers based on the 2024 Medicare Part B monthly premium schedule amount are:

2024 Premium Tiers and Income Levels					
Tier Levels	"Countable Income" - by FPL	Program Status Codes	Annual "Countable" Income Levels (2024 \$\$)	Equivalent Earned Income if no Unearned Income (2024 \$\$)	Monthly Premium Amount (2024 \$\$)
None	<250% Age 16-64	291	≤\$37,650	≤\$76,332	None
	<250% Age 65+	292			
Tier 1	251 – 350%	293	>\$37,650 – \$52,710	>\$76,332 – \$106,452	\$175
Tier 2	351 – 450%	294	>\$52,710 - \$67,770	>\$106,452– \$136,572	\$350
Tier 3	451 – 550%	591	>\$67,770 - \$82,830	>\$136,572 –\$166,692	\$525
Tier 4	551 – 650%	592	>\$82,830 - \$97,890	>\$166,692 – \$196,812	\$700
Tier 5	651 – 750%	593	>\$97,890 - \$112,950	>\$196,812 – \$226,932	\$875
Tier 6	>750%	594	>\$112,950	>\$226,932	\$1050

TN No. : 24-0006

Approved : 05/17/2024

Supersedes No.: New

Effective: February 1, 2024