

## **Table of Contents**

**State Territory Name: NEW JERSEY**

**State Plan Amendment (SPA) #: 24-0016**

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  
Center for Medicaid & CHIP Services  
230 South Dearborn  
Chicago, Illinois 60604



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**Financial Management Group**

November 22, 2024

Jennifer Jacobs, Commissioner  
Medical Assistance and Health Services  
Department of Human Services  
CN 12 Quakerbridge Plaza  
Trenton, New Jersey 08625-0712

RE: TN 24-0016

Dear Director Jacobs:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed New Jersey state plan amendment (SPA) to Attachment 4.19-B 24-0016, which was submitted to CMS on September 25, 2024. This plan amendment updates Supplemental Payment for Pharmacies Furnishing Self-Administered Hormonal Contraceptives.

We reviewed your SPA submission for compliance with statutory requirements including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2), of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of July 1, 2024. We are enclosing the approved CMS-179 and a copy of the new state plan page.

If you have any additional questions or need further assistance, please contact Debi Benson at 312-886-0360 or via email at [Deborah.Benson@cms.hhs.gov](mailto:Deborah.Benson@cms.hhs.gov).

Sincerely,



Todd McMillion  
Director  
Division of Reimbursement Review

Enclosures

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

1. TRANSMITTAL NUMBER

2 4 — 0 0 1 6

2. STATE

NJ

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT

XIX  XXI

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

July 1, 2024

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 447.518

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2024 \$ 2,250  
b. FFY 2025 \$ 11,325

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B Page 10c **16.2a**

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Same **NEW**

9. SUBJECT OF AMENDMENT

Pharmacy Reimbursement- Additional Payment for Pharmacies Furnishing Self-administered Hormonal Contraceptives

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. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME  
Sarah Adelman

13. TITLE  
Commissioner, Department of Human Services

14. DATE SUBMITTED  
9/25/2024

15. RETURN TO

Gregory Woods, Assistant Commissioner  
Division of Medical Assistance and Health Services  
P.O. Box 712, Mail Code #26  
Trenton, NJ 08625-0712

**FOR CMS USE ONLY**

16. DATE RECEIVED  
September 25, 2024

17. DATE APPROVED  
November 22, 2024

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL  
July 1, 2024

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL  
Todd McMillion

21. TITLE OF APPROVING OFFICIAL  
Director, Division of Reimbursement Review

22. REMARKS

**State authorized p/i change for box 7 and 8.**

**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: Pharmacists (cont'd)

An additional payment of \$20.60 for providing education and consultation related to self-administered hormonal contraceptives is paid when the claim indicates the required education and consultation have been provided pursuant to standing order and in compliance with NJ Board of Pharmacy and Board Of Medical Examiner protocols.

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.

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24-0016-MA (NJ)

TN: 24-0016-MA

Approval Date: November 22, 2024

Supersedes: NEW

Effective Date: July 1, 2024