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State/Territory Name: NJ

State Plan Amendment (SPA) #: 26-0001

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



Financial Management Group

June 17, 2026

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

RE: TN 26-0001

Dear Director Woods:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed New Jersey State Plan Amendment (SPA) to Attachment 4.19-B 26-0001, which was submitted to CMS on March 31, 2026. The SPA increases the state's annual Medicaid fee-for-service rates for services provided in the state's master fee schedule listing authorized by state law.

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 January 1, 2026. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Matthew Klein at 214-767-4625 or matthew.klein@cms.hhs.gov.

Sincerely,

A solid black rectangular box redacting the signature of Todd McMillion.

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 <u>2 6 — 0 0 0 1</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 <p style="text-align: center;">January 1, 2026</p>	
5. FEDERAL STATUTE/REGULATION CITATION <u>42 U.S. C. 1396a(a)(30)(A)</u>	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2026</u> \$ 583,100 <u>1,527,600</u> b. FFY <u>2027</u> \$ 741,200 <u>2,104,000</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <u>Attachment 4.19-B Page 36 and 36a</u>	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <u>same (SPAs 25-0004 and 25-0016)</u>	

9. SUBJECT OF AMENDMENT

January 1, 2026 rate update

10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

11. SIGNATURE OF STATE AGENCY OFFICIAL 	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
12. TYPED NAME Steven Cha, MD, MHSR	
13. TITLE Commissioner, Department of Human Services	
14. DATE SUBMITTED 3/31/2026	

FOR CMS USE ONLY	
16. DATE RECEIVED March 31, 2026	17. DATE APPROVED

PLAN APPROVED - ONE COPY ATTACHED	
18. EFFECTIVE DATE OF APPROVED MATERIAL January 1, 2026	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

6/2/2026: State authorizes a Pen and Ink change to item 6 a. and b. to reflect the correct budget impact figures for 2026: \$1,527,600 and 2027:\$2,104,000.

6/4/2026: State authorizes a Pen and Ink change to items 7 and 8 to remove the Attachment 4.19-B page 36a and the superseding number for that page.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE OF NEW JERSEY

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES FOR NON-
INSTITUTIONAL SERVICES

FEE SCHEDULE EFFECTIVE DATES AND LINKS

Except where noted otherwise, the fees in the State’s fee schedules referenced in Attachment 4.19-B below were set on January 1, 2026 and are effective for services provided on or after that date. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of the Medicaid services listed below. Services for both ABP and non-ABP beneficiaries utilize the same rates unless otherwise noted in the plan. All applicable procedure code listings and/or rates are published on the State’s website at www.njmms.com under the link for ‘Rate and Code Information’ and can be found in the following locations:

- **Medicaid Fee Schedules:**
 - **Location: Procedure Master Listing – Medicaid Fee for Service - CY 2026 (last updated in SPA 26-0001 effective 1/1/26)**
 - **Description:** Main file of procedure codes billable to Medicaid for all services except as indicated.

26-0001 MA (NJ)

TN: 26-0001

Approval Date: June 17, 2026

SUPERCEDES: 25-0016

Effective Date: January 1, 2026