

## **Table of Contents**

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

**State Plan Amendment (SPA) #:**      **20-0017**

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

CMS-10434 OMB 0938-1188

## Package Information

**Package ID** NJ2020MS00020

**Submission Type** Official

**Program Name** N/A

**State** NJ

**SPA ID** NJ-20-0017

**Region** New York, NY

**Version Number** 7

**Package Status** Approved

**Submitted By** Julie Hubbs

**Submission Date** 12/21/2020

**Package Disposition**

**Approval Date** 3/19/2021 12:54 PM EDT

**Priority Code** P2

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Medicaid and CHIP Operations Group  
601 E. 12th St., Room 355  
Kansas City, MO 64106

## **Center for Medicaid & CHIP Services**

March 19, 2021

Jennifer Langer Jacobs  
Assistant Commissioner  
Dept of Human Services - Division of Medical Assistance and  
Health Services  
Quakerbridge Plaza Hamilton, NJ 08619

Re: Approval of State Plan Amendment NJ-20-0017

Dear Jennifer Langer Jacobs:

On December 21, 2020, the Centers for Medicare and Medicaid Services (CMS) received New Jersey State Plan Amendment (SPA) NJ-20-0017 to implement the state's change from using the Federally Facilitated Marketplace (FFM) to take applications and determine MAGI-based Medicaid eligibility to instead use a State Based Marketplace (SBM) to make those same eligibility determinations. The SBM will be operational for plan year 2021.

We approve New Jersey State Plan Amendment (SPA) NJ-20-0017 on March 19, 2021 with an effective date(s) of November 01, 2020.

If you have any questions regarding this amendment, please contact Michael Cutler at [michael.cutler@cms.hhs.gov](mailto:michael.cutler@cms.hhs.gov).

Sincerely,

James G. Scott

Director

Center for Medicaid & CHIP Services

# Submission - Summary

MEDICAID | Medicaid State Plan | Administration | NJ2020MS0002O | NJ-20-0017

## Package Header

<b>Package ID</b>	NJ2020MS0002O	<b>SPA ID</b>	NJ-20-0017
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	12/21/2020
<b>Approval Date</b>	3/19/2021	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

## State Information

**State/Territory Name:** New Jersey

**Medicaid Agency Name:** Dept of Human Services - Division of Medical Assistance and Health Services

## Submission Component

- State Plan Amendment
- Medicaid
- CHIP

## SPA ID and Effective Date

**SPA ID** NJ-20-0017

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Designation and Authority	11/1/2020	NJ-13-0025
Eligibility Determinations and Fair Hearings	11/1/2020	NJ-13-0025
Organization and Administration	11/1/2020	NJ-13-0025

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Single State Agency Assurances	11/1/2020	NJ-13-0025

## Executive Summary

### Summary Description Including Goals and Objectives

This State Plan amendment is to support the establishment of a State Based Health Benefits Exchange, by the Department of Banking and Insurance, to be operational for plan year 2021, effective November 1, 2020.

## Federal Budget Impact and Statute/Regulation Citation

### Federal Budget Impact

	Federal Fiscal Year	Amount
First	2021	\$226000
Second	2022	\$247000

### Federal Statute / Regulation Citation

42 USC 1396

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created
	No items available

## Governor's Office Review

- No comment
 **Describe** not required pursuant to Section 7.4 of State Plan
- Comments received
- No response within 45 days
- Other

Indicate whether public comment was solicited with respect to this submission.

- Public notice was not federally required and comment was not solicited

- Public notice was not federally required, but comment was solicited
- Public notice was federally required and comment was solicited

**Indicate how public comment was solicited:**

- Newspaper Announcement

<b>Name of Paper:</b>	<b>Date of Publication:</b>	<b>Locations covered:</b>
The Record Hackensack	10/30/2020	Hackensack NJ and surrounding areas
The Press of Atlantic City	10/29/2020	Atlantic City NJ and surrounding areas
The Courier Post Cherry Hill	10/29/2020	Cherry Hill NJ and surrounding areas
The Star Ledger Newark	10/29/2020	Newark NJ and surrounding areas
The Times Trenton	10/29/2020	Trenton NJ and the surrounding areas

- Publication in state's administrative record, in accordance with the administrative procedures requirements

- Email to Electronic Mailing List or Similar Mechanism

Date of Email or other electronic notification:

Oct 27, 2020

Description of mailing list, in particular parties and organizations included, and, if not email, description of similar mechanism used:

Email to stakeholders including interested parties requesting to be on the state's notification list.

- Website Notice

**Select the type of website**

- Website of the State Medicaid Agency or Responsible Agency

Date of Posting:

Oct 27, 2020

Website URL:

[www.state.nj.us/humanservices/providers/grants/public/index.html](http://www.state.nj.us/humanservices/providers/grants/public/index.html)

- Website for State Regulations
- Other
- Public Hearing or Meeting
- Other method

**Upload copies of public notices and other documents used**

Name

Date Created

[Notice as published](#)

11/11/2020 11:45 AM EST

**Upload with this application a written summary of public comments received (optional)**

Name

Date Created

No items available

**Indicate the key issues raised during the public comment period (optional)**

- Access
- Quality
- Cost
- Payment methodology
- Eligibility
- Benefits
- Service delivery
- Other issue

### **Submission - Tribal Input**

MEDICAID | Medicaid State Plan | Administration | NJ2020MS0002O | NJ-20-0017

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N/A

One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this state

Yes

No

## Medicaid State Plan Administration

### Organization

### Designation and Authority

MEDICAID | Medicaid State Plan | Administration | NJ2020MS0002O | NJ-20-0017

## Package Header

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NJ-20-0017

Initial Submission Date

12/21/2020

Effective Date

11/1/2020

## A. Single State Agency

1. State Name: New Jersey

2. As a condition for receipt of Federal funds under title XIX of the Social Security Act, the single state agency named here agrees to administer the Medicaid program in accordance with the provisions of this state plan, the requirements of titles XI and XIX of the Act, and all applicable Federal regulations and other official issuances of the Centers for Medicare and Medicaid Services (CMS).

3. Name of single state agency:



Department of Human Services

4. This agency is the single state agency designated to administer or supervise the administration of the Medicaid program under title XIX of the Social Security Act. (All references in this plan to "the Medicaid agency" mean the agency named as the single state agency.)

## B. Attorney General Certification:

The certification signed by the state Attorney General identifying the single state agency and citing the legal authority under which it administers or supervises administration of the program has been provided.

Name	Date Created
<a href="#">single state agency cert</a>	10/29/2020 9:22 AM EDT

## C. Administration of the Medicaid Program

The state plan may be administered solely by the single state agency, or some portions may be administered by other agencies.

- 1. The single state agency is the sole administrator of the state plan (i.e. no other state or local agency administers any part of it). The agency administers the state plan directly, not through local government entities.
- 2. The single state agency administers portions of the state plan directly and other governmental entity or entities administer a portion of the state plan.
  - a. The single state agency supervises the administration through counties or local government entities.
  - b. The single state agency supervises the administration through other state agencies. The other state agency implements the state plan through counties and local government entities.
  - c. Another state agency administers a portion of the state plan through a waiver under the Intergovernmental Cooperation Act of 1968.

### Designation and Authority

MEDICAID | Medicaid State Plan | Administration | NJ2020MS0002O | NJ-20-0017

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## **D. Additional information (optional)**

### **Medicaid State Plan Administration**

#### **Organization**

#### **Eligibility Determinations and Fair Hearings**

MEDICAID | Medicaid State Plan | Administration | NJ2020MS0002O | NJ-20-0017

## **Package Header**

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## **A. Eligibility Determinations (including any delegations)**

1. The entity or entities that conduct determinations of eligibility for families, adults, and individuals under 21 are:

- a. The Medicaid agency
- b. Delegated governmental agency
- c. Local governmental entities

2. The entity or entities that conduct determinations of eligibility based on age (65 or older), or having blindness or a disability are:

- a. The Medicaid agency
- b. Delegated governmental agency
- i. Single state agency under Title IV-A (TANF) (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- ii. An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- iii. The Social Security Administration determines Medicaid eligibility for:
  - (1) SSI beneficiaries
  - (2) Optional state supplement recipients
- iv. Other
- c. Local governmental entities

3. Assurances:

- a. The Medicaid agency is responsible for all Medicaid eligibility determinations.
- b. There is a written agreement between the Medicaid agency and the Exchange or any other state or local agency that has been delegated authority to determine eligibility for Medicaid eligibility in compliance with 42 CFR 431.10(d).
- c. The Medicaid agency does not delegate authority to make eligibility determinations to entities other than government agencies which maintain personnel standards on a merit basis.
- d. The delegated entity is capable of performing the delegated functions.
- e. There is a written agreement between the Medicaid agency and the Social Security Administration to determine eligibility for optional state supplement recipients.

## Eligibility Determinations and Fair Hearings

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## **B. Fair Hearings (including any delegations)**

The Medicaid agency has a system of hearings that meets all of the requirements of 42 CFR Part 431, Subpart E.

The Medicaid agency is responsible for all Medicaid fair hearings.

1. The entity or entities that conduct fair hearings with respect to eligibility based on applicable modified adjusted gross income (MAGI) are:

a. Medicaid agency

c. Local governmental entities

d. Delegated governmental agency

3. For all other Medicaid fair hearings (not related to an eligibility determination based on MAGI):

All other Medicaid fair hearings are conducted at the Medicaid agency or at another state agency authorized under an ICA waiver.

### **Eligibility Determinations and Fair Hearings**

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## C. Evidentiary Hearings

The Medicaid agency uses local governmental entities to conduct local evidentiary hearings.

- Yes  
 No

## D. Additional information (optional)

### Medicaid State Plan Administration

#### Organization

#### Organization and Administration

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## **A. Description of the Organization and Functions of the Single State Agency**

1. The single state agency is:

- a. A stand-alone agency, separate from every other state agency
- b. Also the Title IV-A (TANF) agency
- c. Also the state health department
- d. Other:

2. The main functions of the Medicaid agency and where these functions are located within the agency are described below. This description should be consistent with the accompanying organizational chart attachment. (If the function is not performed by the Medicaid agency, indicate in the description which other agency performs the function.)

a. Eligibility Determinations

County Welfare Agencies (CWAs) are overseen by the office of Eligibility Policy within the Division of Medical Assistance & Health Services (DMAHS) and have Memoranda of Understandings (MOUs) with DMAHS. They conduct all Title XIX Medicaid eligibility determinations including all Modified Adjusted Gross Income (MAGI) related eligibility groups and those aged and disabled groups not determined eligible by the Social Security Administration (SSA), DMAHS' Institutional Support Services (ISS), and the Health Benefits Coordinator. ISS, a subdivision of DMAHS within the Office of Eligibility Policy, makes eligibility determinations for clients placed in State developmental centers, or county or State psychiatric hospitals, who are under age 21 or over 65, and for clients enrolled in the Division of Developmental Disabilities' (DDD) Community Care Waiver program. Financial eligibility for the Waiver is determined by ISS and clinical eligibility is determined by DDD. The Health Benefits Coordinator is a State Vendor overseen by the Office of the Chief of Operations within DMAHS, and makes initial eligibility determinations for both Medicaid and CHIP. All initial Medicaid determinations made by the Health Benefits Coordinator are forwarded to appropriate State staff for review and final eligibility determination. The statutory authority for the delegation of eligibility determinations to the counties is found in N.J.S. 30:4D-7.r; 30:4D-3.i(8)(f); 30:4D-7a; 26:2H-18.32; and annually in language in the N.J. Appropriations Act. N.J.S. 30:4D-7 also authorizes the Commissioner to issue rules and regulations to administer the program which include: N.J.A.C. 10:49-14.4; 10:49-14.6; 10:71-1.1; 10:71-1.2; 10:71-1.5; 10:71-2.1; 10:71-3.13; 10:71-3.15. DMAHS determines eligibility for the Community Care Waiver (CCW) program which is an 1115 waiver, reviews vendor Medicaid cases, and performs an independent review of someone seeking medical services. The Office of Eligibility Policy is also responsible for the management of County Operations, Eligibility Policy, HMO Account Coordinators, Office of Eligibility Operations, Special Projects and the Buy-in unit, and supports the design, development and implementation of new policies, procedures and programs as determined by the Division Director.

b. Fair Hearings (including expedited fair hearings)

Office of Legal and Regulatory Affairs (OLRA) - The OLRA is the in-house legal and regulatory office within the New Jersey Department of Human Services, and performs the following functions: providing informal legal advice and assistance to DMAHS and other State staff; drafting, reviewing and commenting on legislation and budget language; drafting and promulgating regulations; drafting state plan amendments, submitting them to CMS, and responding to CMS questions about those amendments, drafting and reviewing

contracts and agreements; processing fair hearing requests and drafting final agency decisions for the Director; handling HIPAA issues and open public records requests; handling recovery cases involving torts, casualty insurance, estates, special needs trusts, and incorrect payments; and restricting to a single pharmacy or other provider beneficiaries who have engaged in overutilization or other abuse. The OLRA Fair Hearing Unit processes hearing requests from applicants who have been denied eligibility or whose application has not been acted upon with reasonable promptness as well as any recipient whose services or eligibility have been terminated, suspended, or reduced. The Fair Hearing Unit also processes hearing requests from Medicaid providers seeking to appeal the denial of a request for prior authorization and denial of claims submitted for payment under fee-for-service. Fair hearing requests are transmitted to the Office of Administrative Law (OAL) for a hearing before an Administrative Law Judge (ALJ). The OAL is an independent agency that conducts fair hearings for a number of agencies within the State of New Jersey, including DMAHS. The ALJ issues an Initial Decision (i.e. recommended decision) for de novo review by DMAHS' Director. Thereafter DMAHS' Director issues a Final Agency Decision, which is appealable to the Appellate Division of the New Jersey Superior Court.

**c. Health Care Delivery, including benefits and services, managed care (if applicable)**

Office of Managed Health Care (OMHC) – The OMHC, within DMAHS, is responsible for the overall administration of the Managed Care Program. It is the ongoing responsibility of the OMHC to interface with Managed Care Organizations (MCOs), and CMS on contractual issues, contract/policy interpretation, and the provision of contract technical assistance to MCOs, Division staff, providers, and other agencies. Within the Office of Managed Care is Managed Behavioral Health, Delivery System Innovation, and the Office of Quality Assurance. Division of Family Development (DFD) – The DFD administers programs of financial and administrative support for certain qualified individuals and families. Division of Aging Services (DoAS) – The DoAS was created through SFY2013 budget language that transferred senior supports and services from the Department of Health to the Department of Human Services. The DoAS administers federal and State-funded services and supports for the elderly and adult disabled population. The agency receives federal funds under the Older Americans Act whereby it serves over 500,000 individuals and is the focal point for planning services for the aging, developing comprehensive information about New Jersey's older adult population and its needs, and maintaining information about services available to older adults throughout the state. Division of Developmental Disabilities (DDD) – The DDD provides evaluation, functional and guardianship services to eligible persons. Services include residential services, family support, contracted day programs, work opportunities, social supervision, guardianship, and referral services. Division of Disability Services (DDS) – The DDS promotes the maximum independence and participation of people with disabilities in community life.

**d. Program and policy support including state plan, waivers, and demonstrations (if applicable)**

Division of Medical Assistance and Health Services – The DMAHS is responsible for the training, monitoring and oversight of AFDC-related Medicaid, NJ FamilyCare, Aged, Blind, Disabled programs, and institutional/waivered programs eligibility process for the 21 County Welfare Agencies (CWAs). This division is the focal point for development, interpretation and communication of Medicaid eligibility policy to CWAs, Division staff, and outside agencies and parties. This division is responsible for the analysis of existing and proposed Federal and State laws and regulations relating to eligibility to determine the impact on Medicaid programs, clients, and county operations. It provides technical assistance and administrative oversight for Medicaid programs and serves as a liaison to the Division of Family Development for functions related to their programs. Also, this division works with the Division of Disability Services in administering the NJ Workability Program as well as the Division of Children's Behavioral Health Services in processing Medicaid applications for out of home placements for their participants. CWA means an agency of county government that is charged with the responsibility for determining eligibility for public assistance programs, including AFDC-Related Medicaid, Temporary Assistance to Needy Families (TANF), the Food Stamp program and Medicaid (Title XIX). Depending on the county, the CWA might be identified as the Board of Social Services, the Welfare Board, the Division of Welfare, or the Division of Social Services. The DMAHS Director's Office is responsible for the overall management, administration and development of the programs administered by the DMAHS. Areas of responsibility of this office involve interpretation of program policy and related

program activity, study of federal and State legislation and federal regulations as they pertain to program functioning, policy formulation, issuance of Final Agency Decisions in contested cases, provider suspensions and debarments, and program planning and evaluation. The responsibilities of this office also include responding to legislative and constituent concerns, and serving as a link with provider organizations and client advocates. The Director's Office is also responsible for review, analysis and preparation of comments for all aspects of State and Federal legislation that may impact DMAHS. The Office ensures that its duties are carried out in accordance with Departmental directives, policies and timelines. Additionally, the Office is involved in special studies and investigations, and oversight of special projects. Medical Assistance Advisory Council - Federal law and State statute provides for the establishment of the Medical Assistance Advisory Council (MAAC). The MAAC's primary objective is to advise the Director of the Division of Medical Assistance and Health Services in matters of medical care and health services, for those to whom the program is designed to serve, and to foster communication with the public.

**e. Administration, including budget, legal counsel**

The Department of Human Services administers most of the State's Social Services programs, institutions and agencies, including the administration of federal funds appropriated to all of these services. Under its jurisdiction are the: Division of Medical Assistance and Health Services (DMAHS), Division of Aging Services (DoAS), Division of Family Development (DFD), Division of Mental Health and Addiction Services (DMHAS), Division of Disability Services (DDS), Commission for the Blind and Visually Impaired (CBVI), Division of the Deaf and Hard Hearing (DDHH), Division of Developmental Disabilities (DDD), Office of Emergency Management, the Office of Research, Evaluation and Special Projects, Office of the Assistant Commissioner of Operations, Office of the Assistant Commissioner for Budget, Finance, Administration, Capital & IT, Office of Public Affairs, the Office of Legislative Services, and Division of Human Resources.

**f. Financial management, including processing of provider claims and other health care financing**

DMAHS Chief Financial Officer - This Office oversees the operations of the Office of Budget & Finance, the Divisions Reimbursement Offices, and the Hospital Services', In Patient Rate Setting and Data Analysis Units. DMAHS Chief of Operations - This Chief of Operations has oversight and management responsibilities for the overall planning, organization, development and administration of all NJ FamilyCare/ Medicaid client units. Additionally the Chief of Operations evaluates program operations for improvements to increase the organization's efficiency and effectiveness. This office also has oversight of the Office of Eligibility Policy, Premium Support, Policy, State Monitoring Unit, Waiver Operations, NJ FamilyCare Outreach, and Office of Customer Service.

**g. Systems administration, including MMIS, eligibility systems**

DMAHS Chief Information Officer- The Chief Information Officer is responsible for all information technology and administrative support services. The Chief Information Officer plans, designs, recommends and implements major automated systems in order to fulfill the statistical, administrative, and general data processing needs of the Division. This office also oversees the Medicaid Management Information System (MMIS) Fiscal Agent contract.

**h. Other functions, e.g., TPL, utilization management (optional)**

3. An organizational chart of the Medicaid agency has been uploaded:

Name	Date Created
<a href="#">DMAHS_OrgCharts-merged_20210114</a>	1/28/2021 1:54 PM EST

**Organization and Administration**



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## B. Entities that Determine Eligibility or Conduct Fair Hearings Other than the Medicaid Agency

Title	Description of the functions the delegated entity performs responsibilities:
The Social Security Administration	Pursuant to a 1634 agreement, the Social Security Administration determines eligibility for Supplemental Income recipients.

### Organization and Administration

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## **D. Supervision of the Administration of the State Plan through Local Government Entities**

**1. The types of the local government entities that administer the state plan under the supervision of the Medicaid agency are:**

- a. Counties
- b. Parishes
- c. Other

**a. Counties**

**2. Are all of the local government entities selected used to administer the state plan?**

- Yes
- No

**3. The number used to administer the state plan is:**

21

**4. The functions staff perform in carrying out the entity's responsibilities are described below:**

- a. Eligibility Determinations
- b. Fair Hearings
- c. Other

### **Organization and Administration**

MEDICAID | Medicaid State Plan | Administration | NJ2020MS0002O | NJ-20-0017

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## E. Coordination with Other Executive Agencies

The Medicaid agency coordinates with any other Executive agency related to any Medicaid functions or activities not described elsewhere in the Organization and Administration portion of the state plan (e.g. public health, aging, substance abuse, developmental disability agencies):.

- Yes  
 No

Name of agency:	Description of the Medicaid functions or activities conducted or coordinated with another executive agency:
Department of Children and Families	The Department of Children and Families (DCF), is in the Executive Branch of New Jersey State government. It includes the Division of Child Protection and Permanency (DCP&P). DCP&P enrolls financially eligible children under its supervision who reside in DCP&P supported substitute living arrangements, such as foster care and certain subsidized adoption placements, into Medicaid.
Department of Banking and Insurance	The Department of Banking and Insurance (DOBI), also in the Executive Branch of New Jersey State government, is responsible for regulations of health insurers.
Medicaid Fraud Division	The Medicaid Fraud Division (MFD) is a Division of the Office of the State Comptroller created, by statute, to preserve the integrity of the Medicaid and NJ FamilyCare programs by conducting and coordinating fraud, waste, and abuse control activities for all State agencies responsible for services funded by those programs.
Department of Health	The Department of Health (DOH), which is in the Executive Branch of New Jersey State government is responsible for the oversight and licensure of certain medical providers, among other functions.

## **Organization and Administration**

MEDICAID | Medicaid State Plan | Administration | NJ2020MS0002O | NJ-20-0017

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## **F. Additional information (optional)**

### **Medicaid State Plan Administration**

#### **Organization**

#### **Single State Agency Assurances**

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## **A. Assurances**

- 1. The state plan is in operation on a statewide basis, in accordance with all the requirements of 42 CFR 431.50.
- 2. All requirements of 42 CFR 431.10 are met.
- 3. There is a Medical Care Advisory Committee to the agency director on health and medical services established in accordance with 42 CFR 431.12. All requirements of 42 CFR 431.12 are met.
- 4. The Medicaid agency does not delegate, other than to its own officials, the authority to supervise the plan or to develop or issue policies, rules, and regulations on program matters.
- 5. The Medicaid agency has established and maintains methods of personnel administration on a merit basis in accordance with the standards described at 5 USC 2301, and regulations at 5 CFR Part 900, Subpart F. All requirements of 42 CFR 432.10 are met.
- 6. All requirements of 42 CFR Part 432, Subpart B are met, with respect to a training program for Medicaid agency personnel and the training and use of sub-professional staff and volunteers.
- 7. The plan is locally administered and state supervised. The requirements of 42 CFR 432.10 are met with respect to local agency administration.

## **B. Additional information (optional)**

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information

collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.