# Table of Contents

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

 **State Plan Amendment (SPA) #:**     **21-0016**

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

Medicaid and CHIP Operations Group

January 12, 2022

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) #21-0016

Dear Ms. Jacobs:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) #21-0016 on December 27, 2021. This amendment proposes to include an attestation that the state provides non-emergency medical transportation (NEMT) services consistent with the provisions outlined in the Consolidated Appropriations Act, 2021.

We conducted our review of your submittal according to statutory requirements of section 1902(a)(87) under Title XIX of the Social Security Act. This letter is to inform you that New Jersey Medicaid SPA #21-0016 was approved on January 12, 2022, with an effective date of December 27, 2021.

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

Sincerely,

James G. Scott, Director
Division of Program Operations

cc: Nicole McKnight
    Terri Fraser
    Nancy Kirchner

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

| 1. TRANSMITTAL NUMBER | 2. STATE |
|---|---|
| 2 1 — 0 0 1 6 | N J |

**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**
December 27, 2021

**5. FEDERAL STATUTE/REGULATION CITATION**
1902(a)(87) of the Social Security Act; 42 USC 1396a(a)(87)

**6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)**
a. FFY 2022 $ 0
b. FFY 2023 $ 0

**7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT**
Attachment 3.1 D Page 1
Attachment 3.1-D Page 2  (P&I change at State's request)

**8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)**
Same
New Page (P&I Change at State's request)

**9. SUBJECT OF AMENDMENT**

Medicaid Coverage of Certain Medical Transportation under the Consolidated Appropriations Act, 2021

**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**
Acting Commissioner, Department of Human Services

**14. DATE SUBMITTED**
December 27, 2021

**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

### FOR CMS USE ONLY

**16. DATE RECEIVED**
12/27/2021

**17. DATE APPROVED**
01/12/2022

### PLAN APPROVED - ONE COPY ATTACHED

**18. EFFECTIVE DATE OF APPROVED MATERIAL**
12/27/2021

**19. SIGNATURE OF APPROVING OFFICIAL**

**20. TYPED NAME OF APPROVING OFFICIAL**
James G. Scott

**21. TITLE OF APPROVING OFFICIAL**
Director, Division of Program Operations

**22. REMARKS**

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**
**Methods Used to Assure Necessary Transportation to and from**
**Providers of Medical Services**

The Division of Medical Assistance and Health Services (DMAHS) attests that all the minimum requirements for Non-Emergency Medical Transportation (NEMT) outlined in 1902(a)(87) of the Act are met.

21-0016-MA (NJ)

TN: 21-0016-MA                                    Approval Date:    **01/12/2022**

Supersedes:  New                                 Effective Date:   December 27, 2021