

Table of Contents

State/Territory Name: New Jersey

State Plan Amendment (SPA) #: 20-0010

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 AND HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, MD 21244-1850



Financial Management Group

November 23, 2020

Jennifer Jacobs
Assistant Commissioner
Department of Human Services
Division of Medical Assistance and Health Services
State of New Jersey
P.O. Box 712
Trenton, New Jersey 08625

RE: State Plan Amendment (SPA) TN 20-0010

Dear Ms. Jacobs:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State Plan submitted under transmittal number (TN) 20-0010. Effective July 1, 2020, this amendment authorizes supplemental safety net payments to qualifying county nursing facilities.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30) and 1903(a) of the Social Security Act and the implementing Federal regulations at 42 CFR Part 447. This letter is to inform you that New Jersey 20-0010 is approved effective July 1, 2020. The CMS-179 and approved plan pages are enclosed.

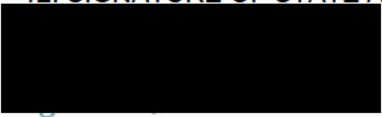

If you have any questions, please contact Novena James-Hailey at (617) 565-1291 or Novena.JamesHailey@cms.hhs.gov.

Sincerely,

A solid black rectangular box redacting the signature of the sender.

For
Rory Howe
Acting Director

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 20-0010	2. STATE New Jersey
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE July 1, 2020	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>):			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate Transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 447 Subpart C		7. FEDERAL BUDGET IMPACT: a. FFY 2020: \$1,388,177 b. FFY 2021: \$3,801,943	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19 – D Page 36		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): New	
10. SUBJECT OF AMENDMENT: Upper Limit Payment Program for Skilled Nursing Facility			
11. GOVERNOR'S REVIEW (<i>Check One</i>):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Not required, pursuant to 7.4 of the Plan	
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. 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	
13. TYPED NAME: Carole Johnson			
14. TITLE: Commissioner, Department of Human Services			
15. DATE SUBMITTED: 8/27/2020			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:		18. DATE APPROVED: 11/23/20	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2020		20. SIGNATURE:  For	
21. TYPED NAME: Rory Howe		22. TITLE: Acting Director	
23. REMARKS:			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
NURSING HOME REIMBURSEMENT

STATE: New Jersey

Supplemental Payments for Medicaid Safety Net Nursing Facilities

The Department will make supplemental safety net payments to qualifying nursing facilities beginning with Fiscal Year 2020-2021 to assure their continued operation as a safety net provider for the Medicaid nursing facility population.

Qualifications:

To qualify for a safety net payment the facility must:

- (1) Be a Class II (publicly owned) nursing facility with more than 500 licensed nursing facility beds for the fiscal year; and
- (2) Have a Medicaid occupancy rate of at least 85% based on FY 2018 Medicare cost report data.

Calculation of Safety Net Payment:

The Department will determine each qualifying county nursing facility's annual safety net payment amount by calculating the difference between what Medicare would have paid for the nursing facility services for the Medicaid nursing facility residents and what Medicaid paid based on CY 2018 claims data. The payment amount will not exceed the Medicare Upper Payment Limit as required under 42 CFR § 447.272.