

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER 09-03-MA	2. STATE New Jersey
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
4. PROPOSED EFFECTIVE DATE May 1, 2009	

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (*Check One*):

- NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION:
CHIPRA 2009 Section 203; Social Security Act
Section 1902 (e) (13)

7. FEDERAL BUDGET IMPACT
a. FFY 09 Unknown at this time
b. FFY 10 Unknown at this time

8. PAGE NUMBER OF THE PLAN SECTION OR
ATTACHMENT:

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 PAGE NUMBER OF THE SUPERSEDED PLAN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

State Plan Section 2.1 pages 11b, 11c, 11d

New

**** SEE REMARKS**

10. SUBJECT OF AMENDMENT: Express Lane Eligibility Option

11. 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.
Not required, pursuant to 7.4 of the Plan

12. SIGNATURE OF STATE AGENCY OFFICIAL

15. RETURN TO

13. TYPED NAME: Jennifer Velez

John R. Guhl, Director
Division of Medical Assistance and Health Services
P.O. Box 712, Mail Code #26
Trenton, NJ 08625-0712

14. TITLE: Commissioner,
Department of Human Services

15. DATE SUBMITTED: 6/10/09

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

18. DATE APPROVED: JUN 23 2009

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
MAY 01 2009

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:
Sue Kelly

22. TITLE: Associate Regional Administrator
Division of Medicaid and State Operations

23. REMARKS:

**Note Pen & Ink change to HCFA 179 to reflect the following in box 7:
- FFY 09 - \$1,000,884 and FFY 10 - \$4,160,402**