

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

1. TRANSMITTAL NUMBER:

09-05-<sup>A</sup>MA

2. STATE

New Jersey

FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
July 1, 2009

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:

42 C.F.R. 447

7. FEDERAL BUDGET IMPACT

a. FFY 2009 (\$2.9 million)

b. FFY 2010 (\$11.7 million)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Addendum to Att. 3.1-A, Pages 12(a) to 12(a).5  
Addendum to Att. 3.1-B Pages 12(a) to 12(a).5  
Attachment 4.19-B, Pages 10 to 10(f)

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

Addendum to Att. 3.1-A, Pages 12(a) to 12(a).2  
Addendum to Att. 3.1-B, Pages 12(a) to 12(a).2  
Attachment 4.19-B, Pages 10 to 10(d)

**\*\* SEE REMARKS**

10. SUBJECT OF AMENDMENT:

Pharmaceutical Services and Reimbursement

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:

13. TYPED NAME: Jennifer Velez

14. TITLE: Commissioner

15. DATE SUBMITTED: 9/30/09

16. RETURN TO:

Division of Medical Assistance and Health Services  
P.O. Box 712, #26  
Trenton, NJ 08625-0712

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

18. DATE APPROVED:

NOV 05 2009

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

22. TITLE: Regional Administrator  
Division of Medical and State Operations

23. REMARKS:

Originally submitted plan pages (Addendum to Att. 3.1-A, and 4.19-B) were replaced with  
new plan pages per State's request of 10/20/09.