DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION		FORM APPROVED OMB NO. 0938-019
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL	00.05 MA	Name Income
	09-05-MA 3. PROGRAM IDENTIFICATION: '	New Jersey
FOR: HEALTH CARE FINANCING ADMINISTRATION	SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE July 1, 2009	
HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		
5. TYPE OF PLAN MATERIAL (Check One):		
	CONSIDERED AS NEW PLAN	AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME	NDMENT (Separate Transmittal for ed	ach amendment)
5. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT	
42 C.F.R. 447	a. FFY 2009 (\$2.9 millio	
3. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	b. FFY 2010 (\$11.7 milli	
	9. PAGE NUMBER OF THE SUPE OR ATTACHMENT (If Applicable)	
Addendum to Att. 3.1-A, Pages 12(a) to 12(a).5	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).5	Addendum to Att. 3.1-B, Pa	ges 12(a) to 12(a).2
Attachment 4.19-B, Pages 10 to 10(f)	Attachment 4.19-B, Pages 7	
** 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 Pl	
2. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	
	Division of Medical Assistance	and Health Services
3. TYPED NAME: Jennifer Velez	P.O. Box 712, #26	
	Trenton, NJ 08625-0712	
4. TITLE: Commissioner		
5. DATE SUBMITTED: 9/30/09		
FOR REGIONAL OF	FICE USE ONLY	
7. DATE RECEIVED:	La strong to be served	N 0 5 2010
PLAN APPROVED - ON	E COPX ATTACHED	
9. EFFECTIVE DATE OF APPROVED MATERIA UL 01 2009	20 SIGNATURE OF REGIONAL C	
U TYDED MELVE	Associate Regional	Administrator
Sue Keny	22. IVLE: Division of Medicaid	and State Operations
23. REMARKS:		
Originally submitted plan pages (Attachment 3.1-	A, 3.1-B, and 4.19-B) were replace	ed with
new plan pages per State's e-mail of September 30	, 2009.	
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