

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

1. TRANSMITTAL NUMBER:
10-01-MA

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
January 1, 2010

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:
Section 1902(r)2 and Section 1931 of the Social
Security Act
42 U.S.C. §§1396a and 1396u-1

7. FEDERAL BUDGET IMPACT:
a. FFY 2010 \$ 0
b. FFY 2011 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR
ATTACHMENT:

Supplement 8a to Attachment 2.6-A, pages 2 and 3 - new

Supplement 12 to Attachment 2.6-A, page 3 - new
**** SEE REMARKS**

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 PAGE NUMBER OF THE SUPERSEDED PLAN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

Supplement 8a to Attachment 2.6-A, Addendum, Page 1 - deleted

Supplement 12 to Attachment 2.6-A, Addendum, Page 1 - deleted

10. SUBJECT OF AMENDMENT:
Treatment of Census Income

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:
/s/

13. TYPED NAME: Jennifer Velez

14. TITLE: Commissioner,
Department of Human Services

15. DATE SUBMITTED:
3/30/2010

16. RETURN TO:
Division of Medical Assistance and Health
Services
Office of Legal & Regulatory Affairs
P.O. Box 712, Mail Code #26
Trenton, NJ 08625-0712

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

18. DATE APPROVED: **FEB 17 2011**

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
JAN 01 2010

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:
Sue Kelly

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

23. REMARKS:

**Originally submitted pages have been replaced with revised pages via State email of
January 19, 2011 & February 08, 2011.**