

Table of Contents

State/Territory Name: New Jersey

State Plan Amendment (SPA) #: 10-10

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
New York Regional Office
26 Federal Plaza, Room 37-100
New York, NY 10278



DIVISION OF MEDICAID AND CHILDREN'S HEALTH OPERATIONS

DMCHO: JH

December 4, 2014

Valerie Harr
State Medicaid Director
Department of Human Services
Division of Medical Assistance and Health Services
State of New Jersey
P.O. Box 712
Trenton, NJ 08625-0712

Dear Director Harr:

This is to notify you that New Jersey State Plan Amendment (SPA) #10-10 MA has been approved for adoption into the State Medicaid Plan with an effective date of July 1, 2010. This State Plan Amendment sets the pediatric medical day care reimbursement rate for Medicaid beneficiaries at \$321.07 per day, regardless of the setting.

Enclosed are copies of SPA #10-10 and the HCFA-179 form, as approved. As requested by the state, CMS has entered pen & ink changes to: Block 8 to show the Page Number of the attachment as page 9.0, and Block 9 to show the superseded page as "NEW".

If you have any questions or wish to discuss this SPA further, please contact Shing Jew at (212) 616-2426 or Joanne Hounsell at (212) 616-2446.

Sincerely,

/s/

Michael Melendez
Associate Regional Administrator
Division of Medicaid and Children's Health Operations

Enclosures: HCFA-179 Form
State Plan Page

cc:	J. Velez	J. Guhl
	J. Hubbs	G. Critelli
	G. Lovell	S. Jew
	R. Weaver	J. Hounsell
	M. Cieslicki	M. Lopez

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: 10-10-MA	2. STATE New Jersey
		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, 2010	
5. TYPE OF PLAN MATERIAL (Check One): <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 (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION:		7. FEDERAL BUDGET IMPACT: a. FFY 2010 (\$0) b. FFY 2011 (\$0)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19B, page 9. 0		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Same NEW	
10. SUBJECT OF AMENDMENT: Sets the pediatric medical day care reimbursement rate for Medicaid beneficiaries at \$321.07 per day, regardless of the setting.			
11. GOVERNOR'S REVIEW (Check One): <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: Division of Medical Assistance and Health Services P.O. Box 712, #26 Trenton, NJ 08625-0712	
13. TYPED NAME: Jennifer Velez			
14. TITLE: Commissioner			
15. DATE SUBMITTED: 9/30/10			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:		18. DATE APPROVED: DECEMBER 04, 2014	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: JULY 01, 2010		20. SIGNATURE OF REGIONAL OFFICIAL: /S/	
21. TYPED NAME: MICHAEL MELENDEZ		22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS	
23. REMARKS:			

OFFICIAL

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE OF NEW JERSEY
Methods and Standards for Establishing Payment Rates for
Non- Institutional Services
INDEPENDENT CLINIC SERVICES**

Adult Day Health Services (ADHS) and Pediatric Day Health Services (PDHS) (continued)

Pediatric Medical Day Care Centers, regardless of the setting, shall receive a per diem reimbursement rate of \$321.07, equal to the reimbursement rate that was in effect beginning July 1, 2009.

TN# 10-10

Supersedes: NEW

New

Effective Date: JULY 01, 2010

Approval Date: DECEMBER 04, 2014