	23. REMARKS: PEN-AND-INK EDITS PER. STORE'S Request ON 10/29/10 Originally submitted plan pages were replaced with new plan pages per State's e-mail of			
21. TYPED NAME:	Sue Kelly	22. TITLE: Division of Medicai	d and Stafe Operations	
19. EFFECTIVE DATE OF APPROVED MATERIAL:		20. SIGNATURE OF REGIONAL		
	PLAN APPROVED - ON	E COPY ATTACHED		
17. DATE RECEIVED:		18. DATE APPROVED:	DEC 2 2 2010	
	FOR REGIONAL O	FFICE USE ONLY	4	
15. DATE SUBMITTED: 9/30/10				
14. TITLE: Commissi	oner			
		· ·		
13. TYPED NAME; Jennifer Velez		Division of Medical Assistance and Health Services P.O. Box 712, #26 Trenton, NJ 08625-0712		
				12. SIGNATURE OF STATE AGENCY OFFICIAL:
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		
	and Reimbursement effective	e July 1, 2010		
Addendum to Att. 3.1-B Pages 12(a) Attachment 4.19-B, Pages 10 and 0(e)		Addendum to Att. 3.1-B, Pages 12(a) to 12(a).4 Same		
Addondum to Att. 3.1-A, Pages 12(a).1 and 12(a).2.		Same		
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):		
42 C.F.R. 447. 500 and 440.120		b. FFY 2011 (\$7.7 million)		
ACTION 1903(A) OF THE SOCIAL SECURITY ACT		7. FEDERAL BUDGET IMPACT a. FFY 2010 (\$2.1 million)		
COMPLETE BLOC	KS 6 THRU 10 IF THIS IS AN AME	NDMENT (Separate Transmittal for ea	ach amendment)	
NEW STATE PLAN		CONSIDERED AS NEW PLAN	AMENDMENT	
5. TYPE OF PLAN MATERIAL (H AND HUMAN SERVICES Check One):			
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE July 1, 2010		
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)		
		10-11-MA	New Jersey	
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER:	2. STATE	
TD & NEMITTAL & NO. NO.	N SERVICES NATION		FORM APPROVED OMB NO. 0938-0193	
HEALTH CARE FINANCING ADMINIST	ATION		OMB NO. 0938-0193	

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