DEPARTMENT OF HEALTH AND HUMAN SERVICES	FORM APPROVED OMB NO. 0938-0193	
HEALTH CARE FINANCING ADMINISTRATION TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL	10-14-MA	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 October 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 AME	NDMENT (Separate Transmittal for e	each amendment)
6. FEDERAL STATUTE/REGULATION CITATION:	a. FFY 2010 (\$0)	
Social Security Act Section 1917(b)	b. FFY 2011 (\$0) 9. PAGE NUMBER OF THE SUPI	FRSEDED PLAN SECTION
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	OR ATTACHMENT (If Applicable): Page 53a	
Page 53a, Page 53a-1	Tage 55a	
** SEE REMARKS		
 10. SUBJECT OF AMENDMENT: MIPPA Estate Recovery exemption of Medicare cost sharing age 55 and over, with dates of service on or after 1/1/10 11. GOVERNOR'S REVIEW (Check One): GOVERNOR'S OFFICE REPORTED NO COMMENT GOVERNOR'S OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL: 	⊠ OTHER, AS S Not required, pu	
. 5	Division of Medical Assistant P.O. Box 712, #26 Trenton, NJ 08625-0712	ce and Health Services
13. TYPED NAME: Jennifer Velez		
14. TITLE: Commissioner		
15. DATE SUBMITTED: 12/30/10		an tra an
FOR REGIONAL C	OFFICE USE ONLY	A A 3 2011
17. DATE RECEIVED:	18. DATE APPROVED:	AR 0 1 2011
PLAN APPROVED – C	ONE CORY ATTACHED	
10 EFFECTIVE DATE OF APPROVED MATERIAL:	20 CKCN MIRI RE OF REATING	
	22. TDivision of Medicaid an	d State Operations
21. TYPED NAME: Michael Melendez		
23. REMARKS:		
Originally submitted pages have been replaced with revised	pages via State email of Februar	y 03, 2011.
Originally submitted pages have been replaced with revised State has agreed to a pen and ink change on page 53a chang	ing the effective date from 1/1/20	IU (U IU/1/2010.
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		ne ne pres o la companya di secondaria