

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

1. TRANSMITTAL NUMBER:

2. STATE

11-03-MA

New Jersey

FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE AND MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
May 19, 2011

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:

42 C.F.R. 447.518

7. FEDERAL BUDGET IMPACT

- a. FFY 2011 (\$5.33 million) *see attachment
b. FFY 2012 (\$14.00 million) *see attachment

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

- Addendum to Att. 3.1-A, pg. 12(a).1
- Addendum to Att. 3.1-A, pg. 12(a).2
- Addendum to Att. 3.1-B, pg. 12(a)
- Attachment 4.19-B, page 10
- Attachment 4.19-B, page 10(c)
- Attachment 4.19-B, page 10(c).1
- Attachment 4.19-B, page 10(e)

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

- Addendum to Att. 3.1-A, pg. 12(a).1
- Addendum to Att. 3.1-A, pg. 12(a).2
- Addendum to Att. 3.1-B, pg. 12(a)
- Attachment 4.19-B, page 10
- Attachment 4.19-B, page 10(c)
- Attachment 4.19-B, page 10(e)

10. SUBJECT OF AMENDMENT:

Implementation of State Upper Payment Limit for Multi-Source Drugs

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:

13. TYPED NAME: **Jennifer Velez**

14. TITLE: **Commissioner, Department of Human
Services**

15. DATE SUBMITTED: insert date at end of quarter in which SPA
becomes effective **June 30, 2011**

16. RETURN TO:

**Valerie J. Harr, Director
Division of Medical Assistance and Health
Services
P.O. Box 712, #26
Trenton, NJ 08625-0712**

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

18. DATE APPROVED:

May 31, 2012

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

May 19, 2011

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Michael Melendez

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

23. REMARKS:

**** This SPA establishes a State Maximum Allowable Cost (MAC) program, also called a State Upper Limit (SUL), at 150% of the lowest pharmacy acquisition cost. Additionally, this amendment clarifies the coverage for Methadone.**