

## **Table of Contents**

**State/Territory Name:** **NEW JERSEY**

**State Plan Amendment (SPA) #:** **13-26-MA**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Jacob K. Javits Federal Building  
26 Federal Plaza  
Room 37-100  
New York, New York 10278-0063



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November 19, 2013

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

Dear Ms. Harr:

We have completed our review of New Jersey State Plan Amendment submittal 13-26-MA, "Eligibility Standards" (Supplement 8a to Attachment 2.6-A, page 5) and find it acceptable for incorporation into New Jersey's Medicaid Plan, effective December 31, 2013. Enclosed please find copies of State Plan Amendment 13-26-MA and Form CMS-179.

If you have any questions or wish to discuss this further, please contact Patricia Ryan of my staff at 212-616-2436.

Sincerely,

/s/

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

Enclosures

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

**FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES**

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

1. TRANSMITTAL NUMBER:

13-26-MA

2. STATE

New Jersey

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

4. PROPOSED EFFECTIVE DATE

December 31, 2013

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:

Social Security Act Section 1902(a)(10)(A)(i)(VII)

7. FEDERAL BUDGET IMPACT

a. FFY 2014 \$ 0

b. FFY 2015 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

SUPPLEMENT 8a to ATTACHMENT 2.6 A, Page 5

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

New

\*\*SEE REMARKS BELOW

10. SUBJECT OF AMENDMENT:

Eligibility Standards

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT

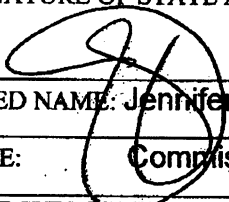
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

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

15. DATE SUBMITTED:

11/1/13

16. RETURN TO:

Valerie 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:

November 19, 2013

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

December 31, 2013

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:

Michael Melendez

22. TITLE: Associate Regional Administrator

Division of Medicaid and State Operations

23. REMARKS:

*Pre-ACA SPA for mandatory poverty-level children ages 6-18. New Jersey will disregard earned income between their net income standard of 100% of FPL and a gross income limit of 142% for consistency with children aged 1-5 in 2014.*

