

---

## **Table of Contents**

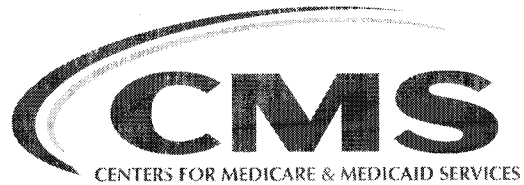
**State/Territory Name:    New Jersey**

**State Plan Amendment (SPA) #:    14-0009-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  
New York Regional Office  
26 Federal Plaza, Room 37-100  
New York, NY 10278



DIVISION OF MEDICAID AND CHILDREN'S HEALTH OPERATIONS

---

October 16, 2014

Valarie 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:

Enclosed is an approved copy of New Jersey's state plan amendment (SPA) 14-0009-MA, "Medically Needy Coverage", which was submitted to CMS on July 22, 2014. SPA 14-0009-MA establishes a new pathway (Miller Trust) for medically needy categories to establish Medicaid eligibility. Also, the SPA removes nursing facility benefits under its medically needy groups. The effective date of this SPA is December 1, 2014.

Enclosed is a copy of the new state plans Attachment 2.6-A, 26; Attachment 3.1-B, Pages 2a, 2b and 2c; Addendum to Attachment 3.1-B, Page 4(a), and Form CMS-179.

Please note that as agreed, we have made a pen and ink change to Box 4 of the CMS-179 to show a proposed effective date of December 1, 2014.

CMS appreciates the significant amount of work your staff dedicated to preparing this state plan amendment. If you have any questions concerning this SPA, please contact Patricia Ryan at (212) 616-2436 or at [Patricia.Ryan@cms.hhs.gov](mailto:Patricia.Ryan@cms.hhs.gov).

Sincerely,

/s/

Michael Melendez  
Associate Regional Administrator  
Division of Medicaid and Children Health

Enclosure

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>	1. TRANSMITTAL NUMBER: <b>14-009-MA(NJ)</b>	2. STATE <b>New Jersey</b>
	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 <b>DECEMBER 01, 2014</b>	

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:  <b>Section 1917(d) of the Social Security Act and 42 USC 1396p(d)(4)(B)</b>	7. FEDERAL BUDGET IMPACT <b>FFY 2014: \$ 0 *</b> <b>FFY 2015: \$ 0 *</b>  *no known additional costs at this time.
--	--

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: .00 <b>Attachment 2.6-A, Page 26</b> <b>Attachment 3.1-B, Pages 2a, 2b, and 2c</b> <b>Addendum to Attachment 3.1-B, Page 4(a)</b>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): <b>Same</b> <b>Same</b> <b>Same</b>
---	--

10. SUBJECT OF AMENDMENT:  
**Medically Needy Coverage**

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT       OTHER, AS SPECIFIED:  
**Not required, pursuant to 7.4 of the Plan**

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:
13. TYPED NAME: <b>Jennifer Velez</b>	<b>Valerie Harr, Director</b> <b>Division of Medical Assistance and Health Services</b> <b>P.O. Box 712, #26</b> <b>Trenton, NJ 08625-0712</b>
14. TITLE: <b>Commissioner</b>	
15. DATE SUBMITTED: <b>7/22/14</b>	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED	18. DATE APPROVED <b>OCTOBER 16, 2014</b>
19. EFFECTIVE DATE OF APPROVED MATERIAL <b>DECEMBER 01, 2014</b>	20. SIGNATURE OF REGIONAL OFFICIAL
21. TYPED NAME <b>MICHAEL MELENDEZ</b>	22. TITLE <b>ASSOCIATE REGIONAL ADMINISTRATOR DIVISION OF MEDICAID AND CHILDREN HEALTH</b>
23. REMARKS	

**OFFICIAL**

Citation

Condition or Requirement

1902(a)(18) and 1902(f) of the Act

12. Pre-OBRA 93 Transfer of Resources- Categorically and Medically Needy, Qualified Medicare Beneficiaries, and Qualified Disabled and Working Individuals

The agency complies with the provisions of section 1917 of the Act with respect to the transfer of resources.

Disposal of resources at less than fair market value affects eligibility for certain services as detailed in Supplement 9 to Attachment 2.6-A.

1917 (c)

13. Transfer of Assets-All eligibility groups. The agency complies with the provisions of section 1917(c) of the Act, as enacted by OBRA 93, with regard to the transfer of assets. Disposal of assets as less than fair market value affects eligibility for certain services as detailed in Supplement 9(a) to Attachment 2.6-A, except in instances where the agency determines that the transfer rules would work an undue hardship.

14. Treatment of Trusts-All eligibility groups. The agency complies with the provisions of section 1917(c) of the Act, as amended by OBRA 93, with regard to trusts.

1917(d)

The agency uses more restrictive methodologies under section 1920 (f) of the Act, and applies those methodologies in dealing with trusts.

The agency meets the requirements in section 1917(d)(f)(B) of the Act for use of Miller trusts.

The agency does not count the funds in a trust in any instance where the agency determines that the transfer would work an undue hardship, as described in Supplement 10 to Attachment 2.6-A.

14-009-MA(NJ)

TN No.: 14-009

Approval Date: OCT 16 2014

Supersedes TN No.: 99-5

Effective Date: DEC 01 2014

**OFFICIAL**

State/Territory: New Jersey

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUP(S): Pregnant Women

- 
1. Inpatient hospital services other than those provided in an institution for mental diseases.  
/X/ Provided:        /\_/\_/    No limitations        /X/    With limitations\*
  
  2. a. Outpatient hospital Services  
/X/ Provided:        /\_/\_/    No limitations        /X/\_/    With limitations\*
  
  - b. Rural health clinic services and other ambulatory services furnished by a rural health clinic.  
/\_/\_/    Provided:        /\_/\_/    No limitations        /\_/\_/    With limitations\*  
/X/\_/    Not provided.
  
  - c. Federally qualified health center (FQHC) services and other ambulatory services that are covered under the plan and furnished by an FQHC in accordance with section 4231 of the State Medicaid Manual  
/X/\_/    Provided:        /\_/\_/    No limitations        /X/\_/    With limitations\*
  
  - d. Ambulatory services offered by a health center receiving funds under section 329, 330, or 340 of the Public Health Service Act to a pregnant woman or individual under 18 years of age.  
/X/\_/    Provided:        /\_/\_/    No limitations        /X/\_/    With limitations\*
  
  3. Other laboratory and x-ray services.  
/X/\_/    Provided:        /\_/\_/    No limitations        /X/\_/    With limitations\*
  
  4. a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.  
[X/\_/]    Provided:        /\_/\_/    No limitations        [X/\_/]    With limitations\*  
/X/\_/    Not provided.
  
  - b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.  
/\_/\_/    Provided:        /\_/\_/    No limitations        /\_/\_/    With limitations\*  
/X/\_/    Not provided.
  
  - c. Family planning services and supplies for individuals of childbearing age.  
/X/\_/    Provided:        /X/\_/    No limitations        /\_/\_/    With limitations\*

\*Description provided on attachment.

14-009(MA)(NJ)

TN No. 14-009  
Supersedes TN 95-15

Approval Date: **OCT 16 2014**  
Effective Date: **DEC 01 2014**

State/Territory: New Jersey

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUP(S): Dependent Children

**OFFICIAL**

1. Inpatient hospital services other than those provided in an institution for mental diseases.  
/ / Provided: / / No limitations /X/ With limitations\*  
/X/ Not provided.

2. a. Outpatient hospital Services

/X/ Provided: / / No limitations /X/ / With limitations\*

b. Rural health clinic services and other ambulatory services furnished by a rural health clinic.

/ / Provided: / / No limitations / / With limitations\*  
/X/ Not provided.

c. Federally qualified health center (FQHC) services and other ambulatory services that are covered under the plan and furnished by an FQHC in accordance with section 4231 of the State Medicaid Manual

/X/ Provided: / / No limitations /X/ With limitations\*

d. Ambulatory services offered by a health center receiving funds under section 329, 330, or 340 of the Public Health Service Act to a pregnant woman or individual under 18 years of age.

/X/ Provided: / / No limitations /X/ With limitations\*

3. Other laboratory and x-ray services.

/X/ Provided: / / No limitations /X/ With limitations\*

4. a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.

/X/ Provided: / / No limitations [X/] With limitations\*  
/X/ Not provided.

b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.

/ / Provided: / / No limitations / / With limitations\*  
/X/ Not provided.

c. Family planning services and supplies for individuals of childbearing age.

/X/ Provided: /X/ No limitations / / With limitations\*

\*Description provided on attachment.

State/Territory: New Jersey

**OFFICIAL**

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUP(S): Aged, Blind, & Disabled

1. Inpatient hospital services other than those provided in an institution for mental diseases.  
/ / Provided: / / No limitations /X/ With limitations\*  
/X/ Not provided.
2. a. Outpatient hospital Services  
/X/ Provided: / / No limitations /X/ / With limitations\*
- b. Rural health clinic services and other ambulatory services furnished by a rural health clinic.  
/ / Provided: / / No limitations / / With limitations\*  
/X/ Not provided.
- c. Federally qualified health center (FQHC) services and other ambulatory services that are covered under the plan and furnished by an FQHC in accordance with section 4231 of the State Medicaid Manual  
/X/ Provided: / / No limitations /X/ With limitations\*
- d. Ambulatory services offered by a health center receiving funds under section 329, 330, or 340 of the Public Health Service Act to a pregnant woman or individual under 18 years of age.  
/X/ Provided: / / No limitations /X/ With limitations\*
3. Other laboratory and x-ray services.  
/X/ Provided: / / No limitations /X/ With limitations\*
4. a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.  
/X/ Provided: / / No limitations /X/ With limitations\*  
/X/ Not provided.
- b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.  
/ / Provided: / / No limitations / / With limitations\*  
/X/ Not provided.
- c. Family planning services and supplies for individuals of childbearing age.  
/X/ Provided: /X/ No limitations / / With limitations\*

\*Description provided on attachment.

TN No. 14-009

Supersedes TN 95-15

Approval Date:

Effective Date:

**OCT 16 2014**  
**DEC 01 2014**

14-009(MA)(NJ)

**OFFICIAL**

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Limitations on Amount, Duration and Scope of Services Provided to the Medically  
Needy Groups

Pregnant Women, Dependent Children, and the Aged, Blind, or Disabled

**This page intentionally left blank.**

**[4(a) Nursing Facility (NF) Services**

Prior authorization is required for all Medicaid-eligible individuals seeking admission to a Medicaid-participating nursing facility.

Prior authorization is required on an individual basis for all New Jersey Medicaid eligibles seeking placement in an out-of-state nursing facility.

A resident of a nursing facility that is certified for both Medicare and Medicaid shall be placed in a Medicare-certified bed when this coverage is available. In some instances, a nursing facility resident who is occupying a Medicare-certified bed but is not eligible for reimbursement may be relocated to allow the newly admitted patient to occupy a Medicare-certified bed. In accordance with 42 C.F.R. 483.10, such relocation shall only occur when the individual agrees to the relocation. The nursing facility shall provide sufficient preparation and orientation to the resident to ensure a safe and orderly transfer.]

TN No.: 14-009

Supersedes TN No.: 98-25

14-009 MA(NJ)

Approval Date: **OCT 16 2014**

Effective Date: **DEC 01 2014**