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**State/Territory Name: NEW JERSEY**

**State Plan Amendment (SPA) #: 14-03-MA**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Page(s)

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

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September 12, 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) 14-03-MA "Temporary Presumptive Eligibility", which was submitted to CMS on March 21, 2014. SPA 14-03-MA designates the State Medicaid Agency the qualified entity authorized to determine presumptive eligibility for coverage effective on or after 1/1/14 and prior to 7/31/14. The effective date of this SPA is January 1, 2014.

Enclosed is a copy of the new state plan page T1, and Form CMS-179.

Please note that as agreed, we have substituted the originally submitted state plan page with the page forwarded in the states September 10, 2014 e-mail.

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>14-03-MA(NJ)</b>	2. STATE <b>New Jersey</b>
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES	4. PROPOSED EFFECTIVE DATE <b>January 1, 2014</b>	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)	
6. FEDERAL STATUTE/REGULATION CITATION: <b>42 CFR 435.1102 and 1103</b>	7. FEDERAL BUDGET IMPACT <b>FFY 2014: 0</b> <b>FFY 2015: 0</b>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <b>T1</b>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): <b>NEW</b>	
10. SUBJECT OF AMENDMENT: <b>Temporary Presumptive Eligibility</b>		
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <b>Not required, pursuant to 7.4 of the Plan</b> <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO: <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>	
13. TYPED NAME: <b>Jennifer Velez</b>		
14. TITLE: <b>Commissioner</b>		
15. DATE SUBMITTED: <b>3/21/14</b>		

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED	18. DATE APPROVED <b>SEPTEMBER 12, 2014</b>
19. EFFECTIVE DATE OF APPROVED MATERIAL <b>JANUARY 01, 2014</b>	20. SIGNATURE OF REGIONAL OFFICIAL: <b>/s/</b>
21. TYPED NAME: <b>MICHAEL MELENDEZ</b>	22. TITLE: <b>ASSOCIATE REGIONAL ADMINISTRATOR</b> <b>DIVISION OF MEDICAID AND CHILDREN'S HEALTH</b>
23. REMARKS	

**OFFICIAL**

# Medicaid Eligibility

Presumptive Eligibility		T1
State: <u>New Jersey</u>	Transmittal Number: 14-03	
<p>The state provides Medicaid coverage to the following groups when determined presumptively eligible consistent with 42 CFR 435.1102 and 1103:</p> <ul style="list-style-type: none"><li><input checked="" type="checkbox"/> Children under age 19</li><li><input checked="" type="checkbox"/> Parents and other caretaker relatives described in 42 CFR 435.110</li><li><input checked="" type="checkbox"/> Individuals who meet the categorical requirements of 42 CFR 435.119</li><li><input checked="" type="checkbox"/> Former foster care children described in 42 CFR 435.150</li><li><input checked="" type="checkbox"/> Pregnant women described in 42 CFR 435.116 (coverage for pregnant women is limited to ambulatory prenatal care as described in 42 CFR 435.1103)</li></ul> <ul style="list-style-type: none"><li>■ The Health Benefits Coordinator is the qualified entity authorized to determine eligibility presumptively for these groups.</li><li>■ This state plan amendment is for presumptive eligibility determinations for coverage effective on or after January 1, 2014 and prior to <u>July 31, 2014</u>.</li><li>■ The presumptive period begins on the date the presumptive eligibility determination is made.</li><li>■ The end date of the presumptive period is the earlier of:<ul style="list-style-type: none"><li>The date the eligibility determination for regular Medicaid is made, if an application for Medicaid is filed by the last day of the month following the month in which the determination of presumptive eligibility is made; or</li><li>The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.</li></ul></li><li>■ The presumptive eligibility determination is based on the following factors:<ul style="list-style-type: none"><li>■ The individual must meet the categorical requirements of 42 CFR 435.110, 435.116, 435.118, 435.119 or 435.150</li><li>■ Gross income or a reasonable estimate of household income must not exceed the applicable income standard for the categorical group</li><li><input checked="" type="checkbox"/> Attested state residency</li><li><input checked="" type="checkbox"/> Attested citizenship, status as a national, or satisfactory immigration status</li></ul></li></ul>		

TN No.: 14-03

Approval Date: SEPTEMBER 12, 2014

Supersedes: New

Effective Date: JANUARY 01, 2014

**New**