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State/Territory Name: **NEW JERSEY**

State Plan Amendment (SPA) #: **14-07**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form
- 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

June 25, 2014

Valerie Harr
Director of Medical Assistance and Health Services
Department of Human Services
CN 712 Quakerbridge Plaza
Trenton, New Jersey 08625-0712

Dear Ms. Harr:

We have completed our review of New Jersey's State Plan amendment (SPA) 14-07 received in our office on June 6, 2014 and find it acceptable for incorporation into New Jersey's Medicaid State Plan. This SPA proposes to terminate mandatory enrollment into Managed Care because the managed care amendment was subsumed in New Jersey's 1115 waiver which was approved on December 23, 2013.

Please note the approval date of this SPA is June 25, 2014 with an effective date of April 1, 2014. Copies of the approved State Plan pages and the signed CMS-179 are enclosed.

Should you have any questions or concerns please contact Tara Porcher at (212) 616-2418.

Sincerely,

/s/

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

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES

1. TRANSMITTAL NUMBER: 14-07-MA(NJ)	2. STATE New Jersey
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TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)
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4. PROPOSED EFFECTIVE DATE
April 1, 2014

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: Section 1932(a) of the Social Security Act; 42 CFR 438.50	7. FEDERAL BUDGET IMPACT FFY 2014:0 FFY 2015:0
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1 F, pages 1-14	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Same
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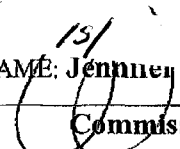
10. SUBJECT OF AMENDMENT:
This amendment terminates the Mandatory Enrollment into Managed Care SPA because the managed care program is subsumed in New Jersey's 1115 waiver (the New Jersey Comprehensive Waiver) by the amendment approved on December 23, 2013.


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: Valerie Harr, Director Division of Medical Assistance and Health Services P.O. Box 712, #26 Trenton, NJ 08625-0712
13. TYPED NAME: Jenney Velez	
14. TITLE: Commissioner	
15. DATE SUBMITTED: 6/6/14	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED	18. DATE APPROVED JUNE 25, 2014
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: APRIL 01, 2014	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: MICHAEL MELONCI	22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR DIVISION OF MEDICAID AND STATE OPERATIONS
23. REMARKS:	

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