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State/Territory Name: New Jersey

State Plan Amendment (SPA) #: 16-0004-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

April 20, 2016

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


Dear Ms. Davey:

We have completed our review of New Jersey's State Plan amendment (SPA) 16-004-MA received in our office on March 30, 2016 and find it acceptable for incorporation into New Jersey's Medicaid State Plan. This SPA proposes to update references to accrediting bodies.

Please note the approval date of this SPA is April 20, 2016 with an effective date of January 1, 2016. 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,


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

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

1. TRANSMITTAL NUMBER:
16-0004- MA

2. STATE
New Jersey

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

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

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

4. PROPOSED EFFECTIVE DATE
January 1, 2016

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. 441.15

7. FEDERAL BUDGET IMPACT:
a. FFY 2015 \$0
b. FFY 2016 \$0

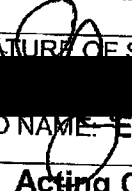
8. PAGE NUMBER OF THE PLAN SECTION OR
ATTACHMENT:
Addendum to Attachment 3.1 A page 24 (f)
Addendum to Attachment 3.1 B page 23 (f)

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 PAGE NUMBER OF THE SUPERSEDED PLAN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

10. SUBJECT OF AMENDMENT:
Updated References to Accrediting Bodies

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:



16. RETURN TO:
Meghan Davey, Director
Division of Medical Assistance and Health
Services
P.O. Box 712, Mail Code #26
Trenton, NJ 08625-0712

13. TYPED NAME: **Elizabeth Connolly**

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

15. DATE SUBMITTED: **3/30/2016**

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:	18. DATE APPROVED: APRIL 20, 2016
19. EFFECTIVE DATE OF APPROVED MATERIAL: JANUARY 01, 2016	
21. TYPED NAME: MICHAEL MELENDEZ	
22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR DIVISION OF MEDICAID & CHILDREN'S HEALTH	
23. REMARKS:	

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
Limitations on Amount, Duration and Scope of Services
Provided to the Categorically Needy**

24(f) Personal Care Assistant Home or Community-Based Services

Personal care assistant services are available to the categorically needy.

1. Personal care assistant services to the categorically needy in the home or community must be prior authorized. Personal care assistant services may be provided in the beneficiaries residence or at their place of employment. Personal care assistant services may also be provided in a prevocational or educational setting where the beneficiary is preparing for employment. Prior authorization for all personal care assistant services, regardless of whether they are provided in the home or in the community, must be obtained by the provider agency from the Division of Disability Services before service is initiated. Services are limited to a maximum of forty (40) hours per week.
2. Personal care assistant services are provided by certified, licensed home health agencies or by registered, accredited health care services firms, enrolled as NJ Medicaid providers. Health care services firms must maintain a valid accreditation with one of the accrediting bodies recognized by the Department of Human Services. Personal care assistants must successfully complete a training program in personal care services and be certified by the New Jersey State Department of Law and Public Safety, Board of Nursing, as a homemaker-home health aide; undergo a criminal background check, including fingerprinting; receive general instruction regarding personal care assistant duties and receive specific instruction regarding the individual client-beneficiary served.
3. Division of Disability Services staff periodically visit beneficiaries to conduct reviews of personal care assistant services to evaluate the appropriateness and quality of the services. The findings of such reviews may result in an increase, reduction or termination of services. Such determinations shall be communicated to the provider agency.
4. Monitoring visits shall also be made to personal care assistant provider agencies by Division of Disability Services staff and the accrediting body to review compliance with personnel, record keeping and service delivery requirements. Continued noncompliance with requirements shall result in sanctions such as curtailment of the authorization of services for new beneficiaries for personal care assistant services, suspension or rescission of the PCA provider agency from the NJ Medicaid program.
5. Personal care assistant services provided by a legally responsible relative (as defined by CMS) are prohibited and will not be reimbursed. Exceptions for other family members or relatives to provide personal care assistant services may be granted on a case-by-case basis at the discretion of the Director of the Division of Disability Services, if requested by the PCA provider agency. In all instances the individual must be (1) a currently certified homemaker/home health aide, (2) an employee of the agency and (3) directly supervised by a PCA provider agency registered nurse. Such exceptions must be renewed every six months.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
Limitations on Amount, Duration and Scope of Services
Provided to the Medically Needy
PREGNANT WOMEN, DEPENDENT CHILDREN, AND THE AGED, BLIND AND DISABLED

23(f) Personal Care Assistant Home or Community-Based Services

Personal care assistant services are available to the medically needy.

1. Personal care assistant services to the medically needy in the home or community must be prior authorized. Personal care assistant services may be provided in the beneficiaries residence or at their place of employment. Personal care assistant services may also be provided in a prevocational or educational setting where the beneficiary is preparing for employment. Prior authorization for all personal care assistant services, regardless of whether they are provided in the home or in the community, must be obtained by the provider agency from the Division of Disability Services before service is initiated. Services are limited to a maximum of forty (40) hours per week.
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