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State/Territory Name: **New Jersey**

State Plan Amendment (SPA) #: **18-0002**

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 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

June 14, 2018

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

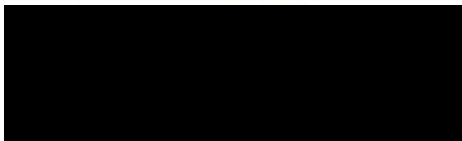
Dear Ms. Davey:

We have completed our review of New Jersey's State Plan amendment (SPA) 18-0002 received in our office on March 23, 2018 and find it acceptable for incorporation into New Jersey's Medicaid State Plan. This SPA proposes the implementation of NJ Family Care 1115 Demonstration Waiver as it pertains to guardian commission associated with personal needs allowance in the post eligibility treatment of income.

Please note the approval date of this SPA is June 14, 2018, with an effective date of March 1, 2018. Copies of the approved State Plan pages and the signed CMS-179 are enclosed.

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

Sincerely,



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

Enclosures

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

1. TRANSMITTAL NUMBER:
18-0002 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
March 1, 2018

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 CFR 435.725; 42 CFR 435.733; 42 CFR 435.832

7. FEDERAL BUDGET IMPACT:

a. FFY 2018 \$425,675
b. FFY 2019 \$774,169

8. PAGE NUMBER OF THE PLAN SECTION OR
ATTACHMENT:

Supplement 12 to Attachment 2.6-A page 1

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 PAGE NUMBER OF THE SUPERSEDED PLAN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

Same

10. SUBJECT OF AMENDMENT:

Personal Needs Allowance-Guardianship Authority

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: Carole Johnson

14. TITLE: Acting Commissioner,
Department of Human Services

15. DATE SUBMITTED: 3/23/18

16. RETURN TO:

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

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

18. DATE APPROVED:
JUNE 14, 2018

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

MARCH 01, 2018

21. TYPED NAME:

MICHAEL MELENDEZ

22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR
DIVISION OF MEDICAID & CHILDREN'S HEALTH

23. REMARKS:

Disclosure Statement for Post Eligibility Preprint

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VARIATIONS FROM THE BASIC PERSONAL NEEDS ALLOWANCE

The PNA is increased by the amount a beneficiary actually pays in child support under a court order of child support to which the beneficiary is subject.

The PNA is increased for beneficiaries under guardianship by the amount equal to 6% of the beneficiary's income, to the extent the individual's income is actually paid to the guardian.

-The PNA increases described above apply only to payments made from the beneficiary's income pursuant to the court-ordered child support or to the guardian in the same period covered by the PNA; and

-The increase does not apply to any other court ordered or statutorily set payments nor to garnishments for any other reason.

For institutionalized eligible individuals in Title XIX participating facilities, an amount of \$50.00 plus the gross amount of income derived from work (such as sheltered workshop) that is considered essential toward satisfying the individual's development need to achieve a certain degree of independence shall be exempt from the Medicaid reimbursement. The combined total exemption may not exceed the community living standard established by a non-institutionalized individual in the same eligibility category, i.e. SSI/MA only or AFDC.

An individual residing in a nursing facility, who is discharged to the community but not to a Title XIX facility, may retain their income, from all sources, after appropriate allowance(s) for other exemptions and the personal needs allowance, for the month of discharge, for the purpose of paying a community provider.

18-0002 MA (NJ)

TN No. 18-0002

Approval Date: **06/14/2018**

Supersedes: 17-0008

Effective Date: **03/01/2018**