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State/Territory Name: **New Jersey** / New York Regional Operations Group

State Plan Amendment (SPA) #: **NJ-19-0011**

- 1) Approval Letter
- 2) Approved 4.19B Page (Attachment 4.19B, Page 15)
- 3) CMS 179

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
26 Federal Plaza, Room 37-100
New York, NY 10278



NEW YORK REGIONAL OPERATIONS GROUP
DMCHO: ZYM: SPA-NJ-19-0011-Approval Letter

September 24, 2019

Jennifer Jacobs
Medicaid Director of Medical Assistance and Health Services
Department of Human Services
CN 12 Quakerbridge Plaza
Trenton, New Jersey 08625-0712

RE: Title XIX State Plan Amendment (SPA), Transmittal # NJ 19-0011

Dear Ms. Jacobs:

We have reviewed the proposed New Jersey State Plan Amendment 19-0011, which was submitted to the New York Regional Operations Group on August 19, 2019. This amendment authorizes a decrease to the hourly rate for fee-for-service (FFS) personal care assistant (PCA) services from \$19.00 per hour to \$18.00 per hour to comply with New Jersey's 2020 State Fiscal Year Appropriations Act.

Based on the information provided, SPA 19-0011 was approved on September 24, 2019. The effective date of this amendment is July 19, 2019. We are enclosing the approved CMS-179 and the approved 4.19B plan page.

If you have any additional questions or need further assistance, please contact Yvette Moore at (646) 694-0915 or Yvette.Moore@cms.hhs.gov.

Sincerely,


Ricardo Holligan
Acting Deputy Director
New York Regional Operations Group

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

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER:
19-0011 MA

2. STATE
New Jersey

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
July 19, 2019

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 U.S. C. 1396a(a)(30)(A)

7. FEDERAL BUDGET IMPACT:
a. FFY 2019 [\$1.8k]
b. FFY 2020 [\$9.5k]

8. PAGE NUMBER OF THE PLAN SECTION OR
ATTACHMENT:

Attachment 4.19-B Page 15

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 PAGE NUMBER OF THE SUPERSEDED PLAN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

Same

10. SUBJECT OF AMENDMENT:

Personal Care Assistant (PCA) Rate decrease

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: Commissioner,
Department of Human Services

15. DATE SUBMITTED: *8/19/19*

16. RETURN TO:

Jennifer Langer Jacobs, Assistant Commissioner
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:
SEPTEMBER 24, 2019

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
JULY 19, 2019

21. TYPED NAME:
RICARDO HOLLIGAN

22. TITLE: Acting Deputy Director
New York Regional Operations Group

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE OF NEW JERSEY

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES FOR NON
INSTITUTIONAL SERVICES

PERSONAL CARE SERVICES

Effective July 19, 2019, weekday and weekend hourly rates for fee-for-service (FFS) personal care assistant (PCA) services have been set at \$18.00 per hour.

The effective date of the applicable fee schedules for all other Personal Care Services outside of this flat rate as well as a link to their electronic publication can be found on page 36 (See Medicaid Fee Schedules) of Attachment 4.19-B of the State Plan.

19-0011 MA (NJ)

TN: 19-0011 MA (NJ)

Approval Date: September 24, 2019

SUPERCEDES: TN: 17-0010 MA (NJ)

Effective Date: July 19, 2019