

**LEGAL NOTICE
STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES**

Contraceptives up to a 12 month supply

TAKE NOTICE the New Jersey Department of Human Services (DHS), Division of Medical Assistance and Health Services (DMAHS) intends to seek approval from the United States Department of Health and Human Services (HHS), Centers for Medicare and Medicaid Services (CMS), for an amendment to the New Jersey Medicaid (Title XIX) State Plan and Alternative Benefit Plan (ABP) if required in order to reflect that coverage for family planning services under the State Medicaid program shall include prescriptions for dispensing contraceptives for up to a 12-month period at one time in accordance with New Jersey P.L. 2021, c.376.

The estimated total costs associated with this amendment for Federal Fiscal Years (FFY) 2023 and 2024 are projected to be \$108,500 (\$10,850 state share), and \$160,300 (\$16,030 state share) respectively.

The ABP was established in accordance with the Patient Protection and Affordable Care Act (ACA) when New Jersey expanded Medicaid effective January 1, 2014 to parents, caretaker relatives, and childless adults with income up to and including 133% of the federal poverty level. The ACA requires the establishment of an Alternative Benefit package for the Medicaid Expansion populations. The ABP must cover 10 Essential Health Benefits as described in section 1302(b) of the ACA and the State assures that there will be full access to Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services for people under 21 years of age. A list of services can be found on the DHS website at the site listed below.

This Notice is intended to satisfy the requirements of Federal law and regulations, specifically 42 C.F.R. 440.386, 42 CFR 447.205, and 42 U.S.C. 1396a(a)(13). A copy of this Notice is available for public review at the Medical Assistance Customer Centers, County Welfare Agencies, and the Department's website at:

<http://www.state.nj.us/humanservices/providers/grants/public/index.html>.

Comments or inquiries must be submitted in writing within 30 days of the date of this notice to:

Division of Medical Assistance and Health Services
Office of Legal & Regulatory Affairs
Attention: Margaret Rose

P.O. Box 712, Mail Code #26
Trenton, New Jersey 08625-0712
Fax: 609-588-7343

E-mail: Margaret.Rose@dhs.state.nj.us