LEGAL NOTICE

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

Program of All-Inclusive Care for the Elderly (PACE) Amount Would Otherwise Have Paid (AWOP) Determination and Capitated Rate Setting

TAKE NOTICE that the New Jersey Department of Human Services (DHS), Division of Medical Assistance and Health Services intends to seek approval from the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services, for a state plan amendment clarifying the calculation of the Program of All-Inclusive Care for the Elderly (PACE) Amount which is Otherwise Payable (AWOP) (previously referred to as the Upper Payment Limit or UPL), and the PACE capitation rate paid to PACE Organizations. Specifically, the AWOP will be recalculated annually based on the applicable payments otherwise made under the Medicaid Managed Long Term Services and Supports (MLTSS) Program and the PACE capitation rate will be a percentage reduction from the AWOP. The percentage amount will be revised annually based on actuarial analysis of expected changes in utilization and cost of PACE services. There are no expected increased costs to the State Medicaid program.

This Notice is intended to satisfy the requirements of Federal law and regulations, specifically 42 U.S.C. § 1396a(a)(13) and 42 CFR 447.205. A copy of this Notice is available for public review at the local Medical Assistance Customer Centers, Welfare Agencies, the DHS County and on website http://www.state.nj.us/humanservices/providers/grants/public/index.html. Comments or inquiries must be submitted in writing by mail or fax within 30 days of the date of this notice to:

Margaret Rose Division of Medical Assistance and Health Services Office of Legal and Regulatory Affairs Mail Code #26 P.O. Box 712 Trenton, New Jersey 08625-0712

Fax: 609-588-7343

E-mail address: Margaret.Rose@dhs.state.ni.us