

OFFICIAL

STATE PLAN UNDER TITLE XIX  
OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

HCFA-AT-80-38 (BPP)  
Y 22, 1980

**SUPERSEDING PAGES OF  
STATE PLAN MATERIAL**

<b>TRANSMITTAL NUMBER:</b>		<b>STATE:</b>
13-0011MM1		New Jersey
Pages or sections of pages being superseded by S25, S28, S30, S51, S52, S53, S54, S55, S57 and S14 and related pages or sections of pages being deleted as obsolete		
State Plan Section	Complete Pages Removed	Partial Pages Removed
Attachment 2.2-A	Page 1 Page 3 Page 3a Page 4 Page 4a Page 12 Page 13 Page 13a Page 14 Page 14a Page 17a Page 17b-1 Page 21 Page 23 Page 23b, B.20 Page 23d Page 23f	Page 2, A.2.b & c Page 2a, A.3 Page 5, A.10 Page 9c, B.1 remove "Caretaker relatives" and "Pregnant women" Page 17b, B.13 Page 20, B.14 Page 23c, B.20 Page 25, C.4
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Supplement 12 to Attachment 2.6-A	Page 2, 3, 3a, 3b Addendum Page 1	
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**SUPERSEDING PAGES OF  
STATE PLAN MATERIAL**

**TRANSMITTAL NUMBER:**

NJ 13-0016

**STATE:**

New Jersey

**PAGE NUMBER OF THE PLAN SECTION OR  
ATTACHMENT:**

S10 - MAGI Income Methodology

**PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

Notwithstanding any other provisions of the New Jersey Medicaid State Plan, the financial eligibility methodologies described in State Plan Amendment NJ 13-0016 will apply to all MAGI-based eligibility groups covered under New Jersey's Medicaid State Plan. The MAGI financial methodologies set forth in 42 CFR § 435.603 apply to everyone except those individuals described at 42 CFR § 435.603(j) for whom MAGI-based methods do not apply. This State Plan Amendment supersedes the current financial eligibility provisions of the Medicaid State Plan only with respect to the MAGI-based eligibility groups.

**SUPERSEDING PAGES OF  
STATE PLAN MATERIAL**

<b>TRANSMITTAL NUMBER:</b> 13-0024 MM5	<b>STATE:</b> New Jersey
<b>PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:</b> S88 Non-Financial Eligibility- State Residency	<b>PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):</b> Section 2: Page 13, Item 2.3, TN 87-14 Attachment 2.6-A: Page 3, TN 09-04

**SUPERSEDING PAGES OF  
STATE PLAN MATERIAL**

**TRANSMITTAL NUMBER:**

NJ- 13-0025

**STATE:**

New Jersey

**PAGE NUMBER OF THE PLAN SECTION OR  
ATTACHMENT:**

A1 - A3

**COMPLETE PAGES  
SUPERSEDED:**

Section 1, pages 1-9  
Attachment 1.2A  
Attachment 1.2 B  
Attachment 1.2C  
Attachment 1.2D

**PARTIAL PAGES  
SUPERSEDED:**

A2

Notwithstanding any other provisions of the Medicaid State Plan, the agencies designated in A2 will determine eligibility for coverage to the extent specified in A2.

Notwithstanding the checked assurances on A3, the single state agency has not entered into: 1) an agreement with the Federally-facilitated Marketplace to determine eligibility for Medicaid; nor 2) an agreement with the Office of Marketplace Eligibility Appeals to conduct Medicaid fair hearings to date, but will enter into CMS-approved agreements with the Federally-facilitated Marketplace and the Office of Marketplace Eligibility Appeals as soon as possible and no later than January 1, 2014.

Revision: HCFA-PM-87-4 (BERC)  
MARCH 1987

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OMB No. 0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
Medical Assistance Program

State/Territory: NEW JERSEY

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TN No. 87-14  
Supersedes \_\_\_\_\_  
TN No. \_\_\_\_\_

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| 1.2-A      | Organization and Function of State Agency   |
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\*Forms Provided

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* Supplement 4 -	Consideration of Medicaid Qualifying Trusts--Undue Hardship
* Supplement 5 -	More Liberal Methods of Treating Income under Section 1902(r)(2) of the Act
* Supplement 6 -	More Liberal Methods of Treating Resources under Section 1902(r)(2) of the Act

\*Forms Provided

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<u>No.</u>	<u>Title of Attachment</u>
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\*Forms Provided

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October 1991

OMB No.:  
Page 4

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*4.33-A	Method for Issuance of Medicaid Eligibility Cards to Homeless Individuals
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\*Forms Provided

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TN No. <u>91-32</u>		HCFA ID: 7982E

**OFFICIAL**

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State/Territory: New Jersey

Citation

42 CFR  
430.10

As a condition for receipt of Federal funds under  
title XIX of the Social Security Act, the

Department of Human Services

(Single State Agency)

submits the following State plan for the medical  
assistance program, and hereby agrees to administer  
the program in accordance with the provisions of this  
State plan, the requirements of titles XI and XIX of  
the Act, and all applicable Federal regulations and  
other official issuances of the Department.

TN No. 91-32  
Supersedes 77-3 Approval Date DEC 5 1991 Effective Date OCT 1 1991  
TN No. 77-3 HCFA ID: 7982E

OFFICIAL

ion: HCFA-AT-80-38 (BPP)  
May 22, 1980

State NEW JERSEY

SECTION 1 SINGLE STATE AGENCY ORGANIZATION

Citation  
42 CFR 431.10  
AT-79-29

1.1 Designation and Authority

(a) The DEPARTMENT OF HUMAN SERVICES

is the single State agency designated to administer or supervise the administration of the Medicaid program under title XIX of the Social Security Act. (All references in this plan to "the Medicaid agency" mean the agency named in this paragraph.)

ATTACHMENT 1.1-A is a certification signed by the State Attorney General identifying the single State agency and citing the legal authority under which it administers or supervises administration of the program.

IN # 77-3  
Supersedes  
TN # 76-21

Approval Date 8-18-77 Effective Date 1-1-77

Revision: HCFA-AT-80-38 (BPP)  
May 22, 1980

OFFICIAL

State NEW JERSEY

Citation  
Sec. 1902(a)  
of the Act

1.1(b) The State agency that administered or supervised the administration of the plan approved under title X of the Act as of January 1, 1965, has been separately designated to administer or supervise the administration of that part of this plan which relates to blind individuals.

Yes. The State agency so designated is

\_\_\_\_\_.  
This agency has a separate plan covering that portion of the State plan under title XIX for which it is responsible.

Not applicable. The entire plan under title XIX is administered or supervised by the State agency named in paragraph 1.1(a).

TN # 77-3

Supersedes

IN # 76-21

Approval Date 8-18-77

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OFFICIAL

Revision: HCFA-AT-80-38 (BPP)  
May 22, 1980

State NEW JERSEY

Citation  
Intergovernmental  
Cooperation Act  
of 1968

1.1(c) Waivers of the single State agency requirement which are currently operative have been granted under authority of the Intergovernmental Cooperation Act of 1968.

- Yes. ATTACHMENT 1.1-B describes these waivers and the approved alternative organizational arrangements.
- Not applicable. Waivers are no longer in effect.
- Not applicable. No waivers have ever been granted.

TN # 77-3

Supersedes

TN # 76-21

Approval Date 8-18-77 Effective Date 1-1-77

ion: HCFA-AT-80-38 (BPP)  
May 22, 1980

OFFICIAL

State NEW JERSEY

Citation

42 CFR 431.10  
AT-79-29

- 1.1(d)  The agency named in paragraph 1.1(a) has responsibility for all determinations of eligibility for Medicaid under this plan.
- Determinations of eligibility for Medicaid under this plan are made by the agency(ies) specified in ATTACHMENT 2.2-A. There is a written agreement between the agency named in paragraph 1.1(a) and other agency(ies) making such determinations for specific groups covered under this plan. The agreement defines the relationships and respective responsibilities of the agencies.

IN # 77-3

Supersedes

IN # 76-21

Approval Date 8-18-77 Effective Date 1-1-77

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Division: HCFA-AT-80-38 (BPP)  
May 22, 1980

State NEW JERSEY

Citation  
42 CFR 431.10  
AT-79-29

- 1.1(e) All other provisions of this plan are administered by the Medicaid agency except for those functions for which final authority has been granted to a Professional Standards Review Organization under title XI of the Act.
- (f) All other requirements of 42 CFR 431.10 are met.

TN # 77-3  
Supersedes  
TN # 76-21

Approval Date 8-18-77 Effective Date 1-1-77

OFFICIAL

Revision: HCFA-AT-80-38 (BPP)  
May 22, 1980

State NEW JERSEY

Citation  
42 CFR 431.11  
AT-79-29

1.2 Organization for Administration

- (a) ATTACHMENT 1.2-A contains a description of the organization and functions of the Medicaid agency and an organization chart of the agency.
- (b) Within the State agency, the Division of Medical Assistance and Health Services has been designated as the medical assistance unit. ATTACHMENT 1.2-B contains a description of the organization and functions of the medical assistance unit and an organization chart of the unit.
- (c) ATTACHMENT 1.2-C contains a description of the kinds and numbers of professional medical personnel and supporting staff used in the administration of the plan and their responsibilities.
- (d) Eligibility determinations are made by State or local staff of an agency other than the agency named in paragraph 1.1(a). ATTACHMENT 1.2-D contains a description of the staff designated to make such determinations and the functions they will perform.

Not applicable. Only staff of the agency named in paragraph 1.1(a) make such determinations.

TN # 74-7  
supersedes  
TN # 74-4

Approval Date 4-21-75 Effective Date 7-1-74

OFFICIAL

Revision: HCFA-AT-80-38 (BPP)  
May 22, 1980

State NEW JERSEY

Citation

42 CFR  
431.50 (b)  
AT-79-29

1.3 Statewide Operation

The plan is in operation on a Statewide basis in accordance with all requirements of 42 CFR 431.50.

The plan is State administered.

The plan is administered by the political subdivisions of the State and is mandatory on them.

TN # 74-7

Supersedes

TN # 74-4

Approval Date 4-21-75 Effective Date 7-1-74

Revision: HCFA-AT-80-38 (BPP)  
May 22, 1980

**OFFICIAL**

State:           New Jersey          

Citation  
42 CFR  
431.12(b)  
AT-78-90

1.4 State Medical Care Advisory Committee

There is an advisory committee to the Medicaid agency director on health and medical care Services established in accordance with and Meeting all the requirements of 42 CFR 431.12.

42 CFR  
438.104

  X   The State enrolls recipients in MCO, PIHP, PAHP, and/or PCCM programs. The State assures that it complies with the requirements of 42 CFR 438.104(c) to consult with the Medical Care Advisory Committee in the review of marketing materials.

03-07-MA (NJ)

TN #           03-07            
Supersedes TN #           74-07          

Effective Date           AUG 13 2003            
Approval Date           MAR 17 2004

Revision: HCFA-PM-94-3 (MB)  
 APRIL 1994  
 State/Territory: New Jersey

Citation1.5 Pediatric Immunization Program

1928 of the Act

1. The State has implemented a program for the distribution of pediatric vaccines to program-registered providers for the immunization of federally vaccine-eligible children in accordance with section 1928 as indicated below.
  - a. The State program will provide each vaccine-eligible child with medically appropriate vaccines according to the schedule developed by the Advisory Committee on Immunization Practices and without charge for the vaccines.
  - b. The State will outreach and encourage a variety of providers to participate in the program and to administer vaccines in multiple settings, e.g., private health care providers, providers that receive funds under Title V of the Indian Health Care Improvement Act, health programs or facilities operated by Indian tribes, and maintain a list of program-registered providers.
  - c. With respect to any population of vaccine-eligible children a substantial portion of whose parents have limited ability to speak the English language, the State will identify program-registered providers who are able to communicate with this vaccine-eligible population in the language and cultural context which is most appropriate.
  - d. The State will instruct program-registered providers to determine eligibility in accordance with section 1928(b) and (h) of the Social Security Act.
  - e. The State will assure that no program-registered provider will charge more for the administration of the vaccine than the regional maximum established by the Secretary. The State will inform program-registered providers of the maximum fee for the administration of vaccines.
  - f. The State will assure that no vaccine-eligible child is denied vaccines because of an inability to pay an administration fee.
  - g. Except as authorized under section 1915(b) of the Social Security Act or as permitted by the Secretary to prevent fraud or abuse, the State will not impose any additional qualifications or conditions, in addition to those indicated above, in order for a provider to qualify as a program-registered provider.

TN No. 95-8  
 Supersedes  
 TN No. 94-23

Approval Date

MAY 01 1995

Effective Date

JUL 1 - 1995

**OFFICIAL**

Revision: HCFA-PM-94-3 (MB)  
APRIL 1994  
State/Territory: New Jersey

Citation

1928 of the Act

- 2. The State has not modified or repealed any Immunization Law in effect as of May 1, 1993 to reduce the amount of health insurance coverage of pediatric vaccines.
- 3. The State Medicaid Agency has coordinated with the State Public Health Agency in the completion of this preprint page.
- 4. The State agency with overall responsibility for the implementation and enforcement of the provisions of section 1928 is:

State Medicaid Agency

State Public Health Agency

TN No. 95-8 Approval Date MAY 01 1995 Effective Date JUL 1 - 1995  
 Supersedes  
 TN No. 94-23

Revision: HCFA-PM-91-4 (BPD)  
AUGUST 1991

OMB No.: 0938-

**OFFICIAL**

State: New Jersey

SECTION 2 - COVERAGE AND ELIGIBILITY

Citation  
42 CFR  
435.10 and  
Subpart J

2.1 Application, Determination of Eligibility and  
Furnishing Medicaid

- (a) The Medicaid agency meets all requirements of 42 CFR Part 435, Subpart J for processing applications, determining eligibility, and furnishing Medicaid.

TN No. 91-40 Approval Date JAN 15 1992 Effective Date OCT 01 1991  
Supersedes  
TN No. 75-8

HCFA ID: 7982E

NEW JERSEY MEDICAID STATE PLAN

**OFFICIAL**

Revision: HCFA-PM- (MB)

State/Territory: New Jersey

Citation

42 CFR  
435.914  
1902(a)(34)  
of the Act

2.1(b) (1)

Except as provided in items 2.1(b)(2) and (3) below, individuals are entitled to Medicaid services under the plan during the three months preceding the month of application, if they were, or on application would have been, eligible. The effective date of prospective and retroactive eligibility is specified in Attachment 2.6-A.

1902(e)(8) and  
1905(a) of the  
Act

(2)

For individuals who are eligible for Medicare cost-sharing expenses as qualified Medicare beneficiaries under section 1902(a)(10)(E)(i) of the Act, coverage is available for services furnished after the end of the month in which the individual is first determined to be a qualified Medicare beneficiary. Attachment 2.6-A specifies the requirements for determination of eligibility for this group.

1902(a)(47) and  
1920 of the Act

X

(3)

Pregnant women are entitled to ambulatory prenatal care under the plan during a presumptive eligibility period in accordance with section 1920 of the Act. Attachment 2.6-A specifies the requirements for determination of eligibility for this group.

03-07-MA (NJ)

TN # 03-07

Supersedes TN # 93-19

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Revision: HCFA-PM-91-8 (MB)  
October 1991

OMB No.

State/Territory: New Jersey

Citation

1902(a)(55)  
of the Act

2.1(d)

The Medicaid agency has procedures to take applications, assist applicants, and perform initial processing of applications from those low income pregnant women, infants, and children under age 19, described in §1902(a)(10)(A)(i)(IV), (a)(10)(A)(i)(VI), (a)(10)(A)(i)(VII), and (a)(10)(A)(ii)(IX) at locations other than those used by the title IV-A program including FQHCs and disproportionate share hospitals. Such application forms do not include the ADFC form except as permitted by HCFA instructions.

TN No.

92-2

Supersedes

TN No.

91-31

Approval Date

MAR 23 1992

Effective Date

JAN 1 1992

HCFA ID: 7985E

**OFFICIAL**

State: New Jersey

Citation

434.20  
48 FR 54013

2.2e  
-2.1(a)

The State Agency undertakes to operate a program which meets all requirements of 1903(m) as well as applicable regulations in 42 CFR Part 434 and is defined in Attachment 2.1-A(a).

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
State: New Jersey

SECTION 2 – COVERAGE AND ELIGIBILITY

Citation(s)

2.1 Application, Determination of Eligibility and Furnishing Medicaid  
(Continued)

1902(e)(13) of  
the Act

(e) Express Lane Option. The Medicaid State agency elects the option to rely on a finding from an Express Lane agency when determining whether a child satisfies one or more components of Medicaid eligibility. The Medicaid State agency agrees to meet all of the Federal statutory and regulatory requirements for this option. This authority may not apply to eligibility determinations made before April 1, 2009 or after September 30, 2013.

(1) The Express Lane option is applied to:  
Initial determinations      Redeterminations

Both

(2) A child is defined as younger than age:

19       20       21

(3) The following public agencies are approved by the Medicaid State agency as Express Lane agencies:

New Jersey Division of Taxation as allowed under CHIPRA Sec. 203(a)(13)(H)

09-03-MA

TN No.: 09-03  
New

Approval Date **JUN 23 2009**

Effective Date

**MAY 01 2009**

OFFICIAL

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: New Jersey

SECTION 2 - COVERAGE AND ELIGIBILITY

Citation(s)

2.1 Application, Determination of Eligibility and Furnishing Medicaid  
(Continued)

- (4) The following component/components of Medicaid eligibility are determined under the Express Lane option. Also, specify any differences in budget unit, deeming, income exclusions, income disregards, or other methodology between Medicaid eligibility determinations for such children and the determination under the Express Lane option.

Components of Medicaid eligibility under Express Lane option include: Budget unit, Health Insurance, Citizenship, and Identity. Under the Express Lane option, income is determined using the adjusted gross income available on the individual's most recent NJ State Tax filing. The earned income disregards, the child support disregard and child care deductions will not be used when calculating financial eligibility.

- (5) Check off which option is used to satisfy the Screen and Enroll requirement before a child may be enrolled under title XXI.
- (a) Screening threshold established by the Medicaid agency as:
- (i) 30 percentage of the Federal poverty level (exceeds the highest Medicaid income threshold applicable to a child by a minimum of 30 percentage points); or
  - (ii) \_\_\_ percentage of the Federal poverty level (that reflects the value of any differences between income methodologies of Medicaid and the Express Lane); or
- (b) Temporary enrollment pending screen and enroll.

TN No.: 09-03  
New

Approval Date JUN 23 2009

Effective Date 09-03-MA  
MAY 01 2009

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
State: New Jersey

SECTION 2 - COVERAGE AND ELIGIBILITY

Citation(s)

2.1 Application, Determination of Eligibility and Furnishing Medicaid  
(Continued)

- (6) Check off if the State elects the option for automatic enrollment without a Medicaid application, based on data obtained from other sources and with the child's or family's affirmative consent to the child's Medicaid enrollment.
  
- (7) Check off if the State elects the option to rely on a finding from an Express Lane agency that includes gross income or adjusted gross income shown by State income tax records or returns.

TN No.: 09-03  
New

Approval Date JUN 23 2009

09-03-MA  
Effective Date MAY 01 2009

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: New Jersey

SECTION 2 -- COVERAGE AND ELIGIBILITY

Citation(s)

2.1 Application, Determination of Eligibility and Furnishing Medicaid  
(Continued)

1902(c)(13) of  
the Act

(e) Express Lane Option. The Medicaid State agency elects the option to rely on a finding from an Express Lane agency when determining whether a child satisfies one or more components of Medicaid eligibility. The Medicaid State agency agrees to meet all of the Federal statutory and regulatory requirements for this option. This authority may not apply to eligibility determinations made before April 11, 2011 or after September 30, 2013.

(1) The Express Lane option is applied to:

Initial determinations     Redeterminations     Both

(2) A child is defined as younger than age:

19     20     21

(3) The following public agencies are approved by the Medicaid State agency as Express Lane agencies:

New Jersey Department of Agriculture as administered by and through the New Jersey Department of Education

11-06-MA

TN No.: 11-06  
New

Approval Date FEB 08 2012

Effective Date APR 01 2011

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: New Jersey

SECTION 2 -- COVERAGE AND ELIGIBILITY

Citation(s)

2.1 Application, Determination of Eligibility and Furnishing Medicaid  
(Continued)

- (4) The following component/components of Medicaid eligibility are determined under the Express Lane option. Also, specify any differences in budget unit, deeming, income exclusions, income disregards, or other methodology between Medicaid eligibility determinations for such children and the determination under the Express Lane option.

The components of Medicaid eligibility under this Express Lane option are income and residency.

Under this Express Lane option, income is determined by individual eligibility for Free lunch within the School Lunch Program (SLP), which has an income threshold of 130% FPL. The SLP determines income using adjusted gross income. This is different because without the Express Lane option, earned income disregards, the child support disregard and child care deductions would have been used when calculating financial eligibility for Medicaid.

Residency is accepted based on the child's status as a student in the school district, as determined by the Express Lane Agency. This is different because without the Express Lane option, families must provide proof of residency by submitting documentation such as school records or utility bills.

Full eligibility is then determined by:

- verifying citizenship and identity using available electronic data bases
- determining family size using our subsequent application.

- (5) Check off which option is used to satisfy the Screen and Enroll requirement before a child may be enrolled under title XXI.

- (a) Screening threshold established by the Medicaid agency as:
  - (i) \_\_\_ percentage of the Federal poverty level (exceeds the highest Medicaid income threshold applicable to a child by a minimum of 30 percentage points); or

11-06-MA

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
State: New Jersey

SECTION 2 – COVERAGE AND ELIGIBILITY

Citation(s)

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(ii) \_\_\_ percentage of the Federal poverty level (that reflects the value of any differences between income methodologies of Medicaid and the Express Lane);

(b) Temporary enrollment pending screen and enroll.

(c) State's regular screen and enroll process for CHIP.

2.1 Application, Determination of Eligibility and Furnishing Medicaid  
(Continued)

(6) Check off if the State elects the option for automatic enrollment without a Medicaid application, based on data obtained from other sources and with the child's or family's affirmative consent to the child's Medicaid enrollment.

(7) Check off if the State elects the option to rely on a finding from an Express Lane agency that includes gross income or adjusted gross income shown by State income tax records or returns.

Revision: HCFA-PM-91-4 (BPD)  
AUGUST 1991

OMB No.: 0938-

State: New Jersey

Citation - 2.2 Coverage and Conditions of Eligibility  
42 CFR  
435.10

Medicaid is available to the groups specified in ATTACHMENT 2.2-A.

- Mandatory categorically needy and other required special groups only.
- Mandatory categorically needy, other required special groups, and the medically needy, but no other optional groups.
- Mandatory categorically needy, other required special groups, and specified optional groups.
- Mandatory categorically needy, other required special groups, specified optional groups, and the medically needy.

The conditions of eligibility that must be met are specified in ATTACHMENT 2.6-A.

All applicable requirements of 42 CFR Part 435 and sections 1902(a)(10)(A)(i)(IV), (V), and (VI), 1902(a)(10)(A)(ii)(XI), 1902(a)(10)(E), 1902(l) and (m), 1905(p), (q) and (s), 1920, and 1925 of the Act are met.

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TN No. 91-40 Approval Date JAN 15 1992 Effective Date OCT 01 1991  
 Supersedes \_\_\_\_\_  
 TN No. 87-14 HCFA ID: 7982E

**OFFICIAL**Revision: HCFA-PM-87-4 (BERC)  
MARCH 1987

OMB No.: 0938-0193

State: NEW JERSEY

Citation  
435.10 and  
435.403, and  
1902(b) of the  
Act, P.L. 99-272  
(Section 9529)  
and P.L. 99-509  
(Section 9405)

**2.3 Residence**

Medicaid is furnished to eligible individuals who are residents of the State under 42 CFR 435.403, regardless of whether or not the individuals maintain the residence permanently or maintain it at a fixed address.

TN No. 87-14  
Supersedes  
TN No. 86-17

Approval Date SEP. 2 1987Effective Date APR. 1 1987

HCFA ID: 1006P/0010P

**OFFICIAL**Revision: HCFA-PM-87-4 (BERC)  
MARCH 1987

OMB No.: 0938-0193

State: NEW JERSEYCitation42 CFR 435.530(b)  
42 CFR 435.531  
AT-78-90  
AT-79-292.4 Blindness

All of the requirements of 42 CFR 435.530 and 42 CFR 435.531 are met. The more restrictive definition of blindness in terms of ophthalmic measurement used in this plan is specified in ATTACHMENT 2.2-A.

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TN No. 87-14  
Supersedes  
TN No. 76-1

Approval Date SEP. 2 1987Effective Date APR. 1 1987

HCFA ID: 1006P/0010P



Revision: HCFA-PM-92-1 (MB)  
FEBRUARY 1992

State: New Jersey

Citation(s)

2.6 Financial Eligibility

42 CFR  
435.10 and  
Subparts G & H  
1902(a)(10)(A)(i)  
(III), (IV), (V),  
(VI), and (VII),  
1902(a)(10)(A)(ii)  
(IX), 1902(a)(10)  
(A)(ii)(X), 1902  
(a)(10)(C),  
1902(f), 1902(l)  
and (m),  
1905(p) and (s),  
1902(r)(2),  
and 1920

(a) The financial eligibility conditions for  
Medicaid-only eligibility groups and for  
persons deemed to be cash assistance  
recipients are described in ATTACHMENT 2.6-A.

TN No. NJ 92-22 Approval Date JUL 21 1992 Effective Date APR 1 1992  
Supersedes \_\_\_\_\_  
TN No. 91-40

18 **OFFICIAL**

Revision: HCFA-PM-86-20 (BERC)  
SEPTEMBER 1986

OMB-No. 0938-0193

State/Territory: NEW JERSEY

Citation

2.7

Medicaid Furnished Out of State

431.52 and  
1902(b) of the  
Act, P.L. 99-272  
(Section 9529)

Medicaid is furnished under the conditions specified in 42 CFR 431.52 to an eligible individual who is a resident of the State while the individual is in another State, to the same extent that Medicaid is furnished to residents in the State.

TN NO. 86-17  
Supersedes  
TN NO. 82-18

Approval Date MAY 29 1987

Effective Date OCT. 1 1986

HCFA ID:0053C/0061E

Revision: HCFA-PM-94-5 (MB)  
APRIL 1994

State/Territory: New Jersey

SECTION 3 - SERVICES: GENERAL PROVISIONS

Citation

3.1 Amount, Duration, and Scope of Services

42 CFR  
Part 440,  
Subpart B  
1902(a), 1902(e),  
1905(a), 1905(p),  
1915, 1920, and  
1925 of the Act

(a) Medicaid is provided in accordance with the requirements of 42 CFR Part 440, Subpart B and sections 1902(a), 1902(e), 1905(a), 1905(p), 1915, 1920, and 1925 of the Act.

(1) Categorically needy.

Services for the categorically needy are described below and in ATTACHMENT 3.1-A. These services include:

1902(a)(10)(A) and  
1905(a) of the Act

- (i) Each item or service listed in section 1905(a)(1) through (5) and (21) of the Act, is provided as defined in 42 CFR Part 440, Subpart A, or, for EPSDT services, section 1905(r) and 42 CFR Part 441, Subpart B.
- (ii) Nurse-midwife services listed in section 1905(a)(17) of the Act, are provided to the extent that nurse-midwives are authorized to practice under State law or regulation and without regard to whether the services are furnished in the area of management of the care of mothers and babies throughout the maternity cycle. Nurse-midwives are permitted to enter into independent provider agreements with the Medicaid agency without regard to whether the nurse-midwife is under the supervision of, or associated with, a physician or other health care provider.

— Not applicable. Nurse-midwives are not authorized to practice in this State.

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TN No. 94-25 Approval Date JAN 25 1995 Effective Date OCT 1 - 1994  
 Supersedes 91-35  
 TN No. 91-35

Revision: HCFA-PM-91- (BPD)  
1991

OMB No.: 0938-

State/Territory: NEW JERSEY

Citation 3.1(a)(1) Amount, Duration, and Scope of Services:  
Categorically Needy (Continued)

1902(e)(5) of  
the Act

(iii) Pregnancy-related, including family  
planning services, and postpartum  
services for a 60-day period  
(beginning on the day pregnancy ends)  
and any remaining days in the month in  
which the 60th day falls are provided to  
women who, while pregnant, were eligible  
for, applied for, and received medical  
assistance on the day the pregnancy ends.

XV (iv) Services for medical conditions that may  
complicate the pregnancy (other than  
pregnancy-related or postpartum services) are  
provided to pregnant women.

1902(a)(10),  
clause (VII)  
of the matter  
following (E)  
of the Act

(v) Services related to pregnancy (including  
prenatal, delivery, postpartum, and family  
planning services) and to other conditions  
that may complicate pregnancy are the same  
services provided to poverty level pregnant  
women eligible under the provision of  
sections 1902(a)(10)(A)(i)(IV) and  
1902(a)(10)(A)(ii)(IX) of the Act.

TN No. 91-35 Approval Date FEB 20 1992 Effective Date OCT 1 1991  
Supersedes 90-16  
TN No. 90-16 HCFA ID: 7982E

Revision: HCFA-PM-92-7 (MB)  
October 1992

State/Territory: New Jersey

<u>Citation</u>	3.1(a)(1)	<u>Amount, Duration, and Scope of Services: Categorically Needy (Continued)</u>
		(vi) Home health services are provided to individuals entitled to nursing facility services as indicated in item 3.1(b) of this plan.
1902(e)(7) of the Act		(vii) Inpatient services that are being furnished to infants and children described in section 1902(l)(1)(B) through (D), or section 1905(n)(2) of the Act on the date the infant or child attains the maximum age for coverage under the approved State plan will continue until the end of the stay for which the inpatient services are furnished.
1902(e)(9) of the Act	_____	(viii) Respiratory care services are provided to ventilator dependent individuals as indicated in item 3.1(h) of this plan.
1902(a)(52) and 1925 of the Act		(ix) Services are provided to families eligible under section 1925 of the Act as indicated in item 3.5 of this plan.
1905(a)(23) and 1929	_____	(x) Home and Community Care for Functionally Disabled Elderly Individuals, as defined, described and limited in Supplement 2 to Attachment 3.1-A and Appendices A-G to Supplement 2 to Attachment 3.1-A.

ATTACHMENT 3.1-A identifies the medical and remedial services provided to the categorically needy, specifies all limitations on the amount, duration and scope of those services, and lists the additional coverage (that is in excess of established service limits) for pregnancy-related services and services for conditions that may complicate the pregnancy.

TN No. 94-13  
Supersedes  
TN No. 91-35

Approval Date AUG 15 1994 Effective Date APR 1 - 1994

19-C

State of New Jersey  
PACE State Plan Amendment Pre-Print

Citation 3.1(a)(1) Amount, Duration, and Scope of Services: Categorically Needy  
(Continued)

1905(a)(26) and 1934

  x   Program of All-Inclusive Care for the Elderly (PACE) services, as described and limited in Supplement 3 to Attachment 3.1-A.

ATTACHMENT 3.1-A identifies the medical and remedial services provided to the categorically needy. (Note: Other programs to be offered to Categorically Needy beneficiaries would specify all limitations on the amount, duration and scope of those services. As PACE provides services to the frail elderly population without such limitation, this is not applicable for this program. In addition, other programs to be offered to Categorically Needy beneficiaries would also list the additional coverage -that is in excess of established service limits- for pregnancy-related services for conditions that may complicate the pregnancy. As PACE is for the frail elderly population, this also is not applicable for this program.)

07-02-MA (NJ)

TN   07-02  

Approval Date   AUG 13 2008  

Supersedes TN   98-14  

Effective Date   SEP 27 2007

State of New Jersey

**OFFICIAL**

Citation 3.1(a)(1) Amount, Duration, and Scope of Services: Categorically Needy  
(Continued)

**1915(j) Self-Directed Personal Assistance Services  
State Plan Amendment Pre-Print**

1915(j)

  X   Self-Directed Personal Assistance Services, as described and limited in Supplement 4 to Attachment 3.1-A.

ATTACHMENT 3.1-A identifies the medical and remedial services provided to the categorically needy.

TN 08-03 MA Approval Date JUL 23 2008  
Supersedes TN New Effective Date JUN 01 2008

New

08-03 MA (NJ)

Revision: HCFA-PM-94-5 20  
APRIL 1994

OMB No.: 0938-

State/Territory: New Jersey

Citation 3.1 Amount, Duration and Scope of Services (cont.)

42 CFR Part 440, (a)(2) Medically Needy.

This State plan covers the medically needy. The services described below and in ATTACHMENT 3.1-B are provided.

Services for the medically needy include:

(i) If services in an institution for mental diseases or an intermediate care facility for the mentally retarded (or both) are provided to any medically needy group, then each medically needy group is provided either the services listed in section 1905(a)(1) through (5) and (17) of the Act, or seven of the services listed in Section 1905(a)(1) through (20). The services are provided as defined in 42 CFR Part 440, Subpart A and in sections 1902, 1905, and 1915 of the Act.

(ii) Nurse-midwife services listed in section 1905(a)(17) of the Act, are provided to the extent that nurse-midwives are authorized to practice under State law or regulation and without regard to whether the services are furnished in the area of management of the care of mothers and babies throughout the maternity cycle. Nurse-midwives are permitted to enter into independent provider agreements with the Medicaid agency without regard to whether the nurse-midwife is under the supervision of, or associated with, a physician or other health care provider.

— Not applicable. Nurse-midwives are not authorized to practice in this State.

1902(e)(5) of (iii) Prenatal care and delivery services for pregnant women.

TN 94-25 Approval Date JAN 25 1995

Supersedes TN 91-47 Effective Date OCT 1 - 1994

**OFFICIAL**Revision: HCFA-PM-91-4 (BPD)  
AUGUST 1991

OMB No.: 0938-

State/Territory: New JerseyCitation 3.1(a)(2) Amount, Duration, and Scope of Services:  
Medically Needy (Continued)

(iii) Pregnancy-related, including family planning services, and postpartum services for a 60-day period (beginning on the day the pregnancy ends) and any remaining days in the month in which the 60th day falls are provided to women who, while pregnant, were eligible for, applied for, and received medical assistance on the day the pregnancy ends.

(iv) Services for any other medical condition that may complicate the pregnancy (other than pregnancy-related and postpartum services) are provided to pregnant women.

(v) Ambulatory services, as defined in ATTACHMENT 3.1-B, for recipients under age 18 and recipients entitled to institutional services.

Not applicable with respect to recipients entitled to institutional services; the plan does not cover those services for the medically needy.

(vi) Home health services to recipients entitled to nursing facility services as indicated in item 3.1(b) of this plan.

42 CFR 440.140,  
440.150,  
Subpart B,  
442.441,  
Subpart C  
1902(a)(20)  
and (21) of the Act

(vii) Services in an institution for mental diseases for individuals over age 65..

(viii) Services in an intermediate care facility for the mentally retarded.

TN No. 91-47 Approval Date FEB 3 1992 Effective Date OCT 01 1991  
Supersedes \_\_\_\_\_  
TN No. 87-14

HCFA ID: 7982E

Revision: HCFA-PM-92-7 (MB)  
October 1992

State/Territory: New Jersey

<u>Citation</u>	3.1(a)(2)	<u>Amount, Duration, and Scope of Services:</u> <u>Medically Needy (Continued)</u>
1902(e)(9) of the Act	— (ix)	Respiratory care services are provided to ventilator dependent individuals as indicated in item 3.1(h) of this plan.
1905(a)(23) and 1929	— (x)	Home and Community Care for Functionally Disabled Elderly Individuals, as defined, described and limited in Supplement 2 to Attachment 3.1-A and Appendices A-G to Supplement 2 to Attachment 3.1-A.

ATTACHMENT 3.1-B identifies the services provided to each covered group of the medically needy; specifies all limitations on the amount, duration, and scope of those items; and specifies the ambulatory services provided under this plan and any limitations on them. It also lists the additional coverage (that is in excess of established service limits) for pregnancy-related services and services for conditions that may complicate the pregnancy.

TN No. 94-13 Approval Date AUG 15 1994 Effective Date APR 1 - 1994  
Supersedes  
TN No. 93-25

**State of New Jersey**  
**PACE State Plan Amendment Pre-Print**

Citation 3.1(a)(2) Amount, Duration, and Scope of Services: Medically Needy (Continued)  
 1905(a)(26) and 1934

\_\_\_\_\_ Program of All-Inclusive Care for the Elderly (PACE) services, as described and limited in Supplement 3 to Attachment 3.1-A.

ATTACHMENT 3.1-B identifies services provided to each covered group of the medically needy. (Note: Other programs to be offered to Medically Needy beneficiaries would specify all limitations on the amount, duration and scope of those services. As PACE provides services to the frail elderly population without such limitation, this is not applicable for this program. In addition, other programs to be offered to Medically Needy beneficiaries would also list the additional coverage -that is in excess of established service limits- for pregnancy-related services for conditions that may complicate the pregnancy. As PACE is for the frail elderly population, this also is not applicable for this program.)

07-02-MA (NJ)

TN 07-02

Approval Date AUG 13 2008

Supersedes TN 98-14

Effective Date SEP 27 2007

Revision: HCFA-PM-97-3 (CMSO)  
December 1997

State: New Jersey

Citation 3.1 Amount, Duration, and Scope of Services (continued)

DMAHS  
1902(a)(10)(E)(i)  
and clause (VIII)  
of the matter  
following (F),  
and 1905(p)(3)  
of the Act

(a)(3) Other Required Special Groups: Qualified Medicare Beneficiaries

Medicare cost sharing for qualified Medicare beneficiaries described in section 1905(p) of the Act is provided only as indicated in item 3.2 of this plan.

DMAHS  
1902(a)(10)  
(E)(ii) and  
1905(s) of the  
Act

(a)(4)(i) Other Required Special Groups: Qualified Disabled and Working Individuals

Medicare Part A premiums for qualified disabled and working individuals described in section 1902(a)(10)(E)(ii) of the Act are provided as indicated in item 3.2 of this plan.

DMAHS  
1902(a)(10)  
(E)(iii) and  
1905(p)(3)(A)(ii)  
of the Act

(ii) Other Required Special Groups: Specified Low-Income Medicare Beneficiaries

Medicare Part B premiums for specified low-income Medicare beneficiaries described in section 1902(a)(10)(E)(iii) of the Act are provided as indicated in item 3.2 of this plan.

DMAHS  
1902(a)(10)  
(E)(iv)(I) 1905(p)(3)  
(A)(ii), and 1933 of  
the Act

(iii) Other Required Special Groups: Qualifying Individuals - 1

Medicare Part B premiums for qualifying individuals described in 1902(a)(10)(E)(iv)(I) and subject to 1933 of the Act are provided as indicated in item 3.2 of this plan.

**OFFICIAL**

98-9-MA-(NJ)

TN No. 98-9 Approval Date JUN 2 1998 Effective Date JUN 1 1998  
Supersedes TN No. 93-14

Revision: HCFA-PM-97-3 (CMSO)  
December 1997  
State: New Jersey

DMAHS

1902 (a) (10)  
(E) (iv) (II), 1905 (p) (3)  
(A) (iv) (II), 1905 (p) (3)  
the Act

(iv) Other Required Special Groups: Qualifying  
Individuals - 2

The portion of the amount of increase to the Medicare Part B premium attributable to the Home Health provisions for qualifying individuals described in 1902(A) (10) (E) (iv) (II) and subject to 1933 of the Act are provided as indicated in item 3.2 of this plan.

DMAHS

1925 of the  
Act

(a) (5)

Other Required Special Groups: Families  
Receiving Extended Medicaid Benefits

Extended Medicaid benefits for families described in section 1925 of the Act are provided as indicated in item 3.5 of this plan.

**OFFICIAL**

98-9-MA-(NJ)

Revision: HCFA-PM-91- (BPD)  
WVST 1991

OMB No.: 0938-

State/Territory: New JerseyCitation 3.1 Amount, Duration, and Scope of Services (Continued)Sec. 245A(h) (a)(6) Limited Coverage for Certain Aliens  
of theImmigration and  
Nationality Act

- (i) Aliens granted lawful temporary resident status under section 245A of the Immigration and Nationality Act who meet the financial and categorical eligibility requirements under the approved State Medicaid plan are provided the services covered under the plan if they--
  - (A) Are aged, blind, or disabled individuals as defined in section 1614(a)(1) of the Act;
  - (B) Are children under 18 years of age; or
  - (C) Are Cuban or Haitian entrants as defined in section 501(e)(1) and (2)(A) of P.L. 96-422 in effect on April 1, 1983.
- (ii) Except for emergency services and pregnancy-related services, as defined in 42 CFR 447.53(b) aliens granted lawful temporary resident status under section 245A of the Immigration and Nationality Act who are not identified in items 3.1(a)(6)(i)(A) through (C) above, and who meet the financial and categorical eligibility requirements under the approved State plan are provided services under the plan no earlier than five years from the date the alien is granted lawful temporary resident status.

TN No. 91-35

Supersedes

Approval Date

FEB 20 1992Effective Date OCT 1 1991TN No. 87-20

HCFA ID: 7982E

Revision: HCFA-PM-91-4 (BPD)  
AUGUST 1991

OMB No.: 0938-

State/Territory: New JerseyCitation 3.1(a)(6) Amount, Duration, and Scope of Services: Limited Coverage for Certain Aliens (continued)

1902(a) and 1903(v) of the Act (iii) Aliens who are not lawfully admitted for permanent residence or otherwise permanently residing in the United States under color of law who meet the eligibility conditions under this plan, except for the requirement for receipt of AFDC, SSI, or a State supplementary payment, are provided Medicaid only for care and services necessary for the treatment of an emergency medical condition (including emergency labor and delivery) as defined in section 1903(v)(3) of the Act.

1905(a)(9) of the Act (a)(7) Homeless Individuals.

Clinic services furnished to eligible individuals who do not reside in a permanent dwelling or do not have a fixed home or mailing address are provided without restrictions regarding the site at which the services are furnished.

1902(a)(47) and 1920 of the Act X (a)(8) Ambulatory prenatal care for pregnant women is provided during a presumptive eligibility period if the care is furnished by a provider that is eligible for payment under the State plan.

42 CFR 441.55 (a)(9) EPSDT Services.

50 FR 43654  
1902(a)(43),  
1905(a)(4)(B),  
and 1905(r) of the Act  
The Medicaid agency meets the requirements of sections 1902(a)(43), 1905(a)(4)(B), and 1905(r) of the Act with respect to early and periodic screening, diagnostic, and treatment (EPSDT) services.

TN No. 91-35 Approval Date FEB 20 1992Effective Date OCT 1 1991Supersedes  
TN No. New

HCFA ID: 7982E

Revision: HCFA-PM-91-1991

(BPD)

OMB No.: 0938-

**OFFICIAL**

State: New Jersey

Citation 3.1(a)(9) Amount, Duration, and Scope of Services: EPSDT Services (continued)

42 CFR 441.60 X The Medicaid agency has in effect agreements with continuing care providers. Described below are the methods employed to assure the providers' compliance with their agreements.\*\*

42 CFR 440.240 and 440.250 (a)(10) Comparability of Services

1902(a) and 1902 (a)(10), 1902(a)(52), 1903(v), 1915(g), 1925(b)(4), and 1932 of the Act

Except for those items or services for which sections 1902(a), 1902(a)(10), 1903(v), 1915, 1925, and 1932 of the Act, 42 CFR 440.250, and section 245A of the Immigration and Nationality Act, permit exceptions:

- (i) Services made available to the categorically needy are equal in amount, duration, and scope for each categorically needy person.
- (ii) The amount, duration, and scope of services made available to the categorically needy are equal to or greater than those made available to the medically needy.
- (iii) Services made available to the medically needy are equal in amount, duration, and scope for each person in a medically needy coverage group.
- / (iv) Additional coverage for pregnancy-related service and services for conditions that may complicate the pregnancy are equal for categorically and medically needy.

\* Described here:

The Agency and/or its Fiscal Agents, will monitor a sample of claims, conduct peer review, make recommendations to physician case managers, review physician profiles, and conduct a survey of fee-for-service Medicaid patients.

03-07-MA (NJ)

TN # 03-07  
Supersedes TN # 91-35

Effective Date AUG 13 2003  
Approval Date MAR 17 2004

OFFICIAL

Revision: HCFA-AT-80-38 (BPP)  
May 22, 1980

State NEW JERSEY

## Citation

42 CFR Part  
440, Subpart B  
42 CFR 441.15  
AT-78-90  
AT-80-34

3.1(b) Home health services are provided in accordance with the requirements of 42 CFR 441.15.

- (1) Home health services are provided to all categorically needy individuals 21 years of age or over.
- (2) Home health services are provided to all categorically needy individuals under 21 years of age.

Yes

Not applicable. The State plan does not provide for skilled nursing facility services for such individuals.

- (3) Home health services are provided to the medically needy:

Yes, to all

Yes, to individuals age 21 or over; SNF services are provided

Yes, to individuals under age 21; SNF services are provided

No; SNF services are not provided

Not applicable; the medically needy are not included under this plan

TN # 86-6  
Supersedes  
TN # 79-18

Approval Date JUL 23 1986

Effective Date JUL 1 1986

Revision: HCFA-PM-93-<sup>24</sup>  
(BPD)

State/Territory New Jersey

Citation      3.1 Amount, Duration and Scope of Services (continued)

42 CFR 431.53      (c)(1) Assurance of Transportation

Provision is made for assuring necessary transportation of recipients to and from providers. Methods used to assure such transportation are described in ATTACHMENT 3.1-D.

42 CFR 483.10      (c)(2) Payment for Nursing Facility Services

The State includes in nursing facility services at least the items and services specified in 42 CFR 483.10(c)(8)(i).

93-37-MA      (NJ)

TN No. 93-37  
Supersedes      Approval Date JAN 12 1994      Effective Date OCT 1 - 1993  
TN No. 91-35

Revision: HCFA-AT-80-38 (BPP)  
May 22, 1980

**OFFICIAL**

State NEW JERSEY

Citation  
42 CFR 440.260  
AT-78-90

3.1(d) Methods and Standards to Assure  
Quality of Services

The standards established and the  
methods used to assure high quality  
care are described in ATTACHMENT 3.1-C.

TN # 76-16  
Supersedes  
IN # 74-11

Approval Date 8-9-77 Effective Date 10-1-76

Revision: HCFA-AT-80-38 (BPP)  
May 22, 1980

OFFICIAL

State NEW JERSEY

Citation 3.1(e) Family Planning Services

42 CFR 441.20

AT-78-90

The requirements of 42 CFR 441.20 are met regarding freedom from coercion or pressure of mind and conscience, and freedom of choice of method to be used for family planning.

TN # 76-16  
Supersedes  
TN # 74-11

Approval Date 8-9-77 Effective Date 10-1-76

**OFFICIAL**

Revision: HCFA-PM-87-5 (BERC)  
APRIL 1987

OMB No.: 0938-0193

State/Territory: NEW JERSEY

Citation 3.1 (f) (1) Optometric Services

42 CFR 441.30  
AT-78-90

Optometric services (other than those provided under §§435.531 and 436.531) are not now but were previously provided under the plan. Services of the type an optometrist is legally authorized to perform are specifically included in the term "physicians' services" under this plan and are reimbursed whether furnished by a physician or an optometrist.

Yes.

No. The conditions described in the first sentence apply but the term "physicians' services" does not specifically include services of the type an optometrist is legally authorized to perform.

Not applicable. The conditions in the first sentence do not apply.

1903(i)(1)  
of the Act,  
P.L. 99-272  
(Section 9507)

(2) Organ Transplant Procedures

Organ transplant procedures are provided.

No.

Yes. Similarly situated individuals are treated alike and any restriction on the facilities that may, or practitioners who may, provide those procedures is consistent with the accessibility of high quality care to individuals eligible for the procedures under this plan. Standards for the coverage of organ transplant procedures are described at ATTACHMENT 3.1-E.

TN No. 87-14  
Supersedes  
TN No. 76-16

Approval Date SEP. 2 1987

Effective Date APR 1 1987

HCFA ID: 1008P/0011P

**OFFICIAL**Revision: HCFA-PM-87-4 (BERC)  
MARCH 1987

OMB No.: 0938-0193

State/Territory: NEW JERSEYCitation  
42 CFR 431.110(b)  
AT-78-903.1 (g) Participation by Indian Health Service Facilities

Indian Health Service facilities are accepted as providers, in accordance with 42 CFR 431.110(b), on the same basis as other qualified providers.

1902(e)(9) of  
the Act,  
P.L. 99-509  
(Section 9408)(h) Respiratory Care Services for Ventilator-Dependent Individuals

Respiratory care services, as defined in section 1902(e)(9)(C) of the Act, are provided under the plan to individuals who--

- (1) Are medically dependent on a ventilator for life support at least six hours per day;
- (2) Have been so dependent as inpatients during a single stay or a continuous stay in one or more hospitals, SNFs or ICFs for the lesser of--
  - 30 consecutive days;
  - \_\_\_ days (the maximum number of inpatient days allowed under the State plan);
- (3) Except for home respiratory care, would require respiratory care on an inpatient basis in a hospital, SNF, or ICF for which Medicaid payments would be made;
- (4) Have adequate social support services to be cared for at home; and
- (5) Wish to be cared for at home.

 Yes. The requirements of section 1902(e)(9) of the Act are met. Not applicable. These services are not included in the plan.TN No. 87-14  
Supersedes  
TN No. 78-2Approval Date SEP. 2 1987Effective Date APR. 1 1987

HCFA ID: 1008P/0011P

Revision: HCFA-PM-93-5 (MB)  
MAY 1993

State: New Jersey

Citation

3.2 Coordination of Medicaid with Medicare and Other Insurance

(a) Premiums

(1) Medicare Part A and Part B

1902(a)(10)(E)(i) and  
1905(p)(1) of the Act

(i) Qualified Medicare Beneficiary (QMB)

The Medicaid agency pays Medicare Part A premiums (if applicable) and Part B premiums for individuals in the QMB group defined in Item A.25 of ATTACHMENT 2.2-A, through the group premium payment arrangement, unless the agency has a Buy-in agreement for such payment, as indicated below.

Buy-In agreement for:

     Part A   X   Part B

     The Medicaid agency pays premiums, for which the beneficiary would be liable, for enrollment in an HMO participating in Medicare.

Revision: HCFA-PM-97-3 (CMSO)  
December 1997

State: New Jersey

Citation

DMAHS

1902(a)(10)(E)(ii)  
and 1905(s) of the Act

(ii) Qualified Disabled and Working Individual (QDWI)

The Medicaid agency pays Medicare Part A premiums under a group premium payment arrangement, subject to any contribution required as described in ATTACHMENT 4.18-E, for individuals in the QDWI group defined in item A.26 of ATTACHMENT 2.2-A of this plan.

DMAHS

1902(a)(10)(E)(iii)  
and 1905(p)(3)(A)(ii)  
of the Act

(iii) Specified Low-Income Medicare Beneficiary (SLMB)

The Medicaid agency pays Medicare Part B premiums under the State buy-in process for individuals in the SLMB group defined in item A.27 of ATTACHMENT 2.2-A of this plan.

DMAHS

1902(a)(10)(E)(iv)(I),  
1905(p)(3)(A)(ii), and  
1933 of the Act

(iv) Qualifying Individual-1 (QI-1)

The Medicaid agency pays Medicare Part B premiums under the State buy-in process for individuals described in 1902(a)(10)(E)(iv)(I) and subject to 1933 of the Act.

DMAHS

1902(a)(10)(E)(iv)(II),  
1905(p)(3)(A)(ii), and  
1933 of the Act

(v) Qualifying Individual-2 (QI-2)

The Medicaid agency pays the portion of the amount of increase to the Medicare Part B premium attributable to the Home Health Provision to the individuals described in 1902(a)(10)(E)(iv)(II) and subject to 1933 of the Act.

**OFFICIAL**

98-9-MA-(NJ)

TN No. 98-9  
Supersedes  
TN No. 93-14

Approval Date

JUN 2 1998

Effective Date

JAN 1 1998

Revision: HCFA-PM-97-3 (CMSO)  
December 1997

State: New Jersey

Citation

DMAHS

1843(b) and 1905(a)  
of the Act and  
42 CFR 431.625

(vi) Other Medicaid Recipients

The Medicaid agency pays Medicare Part B premiums to make Medicare Part B coverage available to the following individuals:

x All individuals who are: (a) receiving benefits under titles I, IV-A, X, XIV, or XVI (AABD or SSI); b) receiving State supplements under title XVI; or c) within a group listed at 42 CFR 431.625(d) (2).

x Individuals receiving title II or Railroad Retirement benefits.

\_\_\_ Medically needy individuals (FFP is not available for this group).

DMAHS

1902(a) (30) and  
1905(a) of the Act

(2) Other Health Insurance

x The Medicaid agency pays insurance premiums for medical or any other type of remedial care to maintain a third party resource for Medicaid covered services provided to eligible individuals (except individuals 65 years of age or older and disabled individuals, entitled to Medicare Part A but not enrolled in Medicare Part B).

**OFFICIAL**

98-9-MA- (NJ)

TN No. 98-9

JUN 2 1998

JAN 1 1998

Supersedes

Approval Date

Effective Date

TN No. 93-14

**OFFICIAL**Revision: HCFA-PM-93-2 (MB)  
MARCH 1993State: NEW JERSEYCitation(b) Deductibles/Coinsurance

## (1) Medicare Part A and B

1902(a)(30), 1902(n),  
1905(a), and 1916 of the Act

Supplement 1 to ATTACHMENT 4.19-3  
describes the methods and standards for  
establishing payment rates for services  
covered under Medicare, and/or the  
methodology for payment of Medicare  
deductible and coinsurance amounts, to the  
extent available for each of the following  
groups.

Sections 1902  
(a)(10)(E)(i) and  
1905(p)(3) of the Act(i) Qualified Medicare Beneficiaries  
(QMBs)

The Medicaid agency pays Medicare  
Part A and Part B deductible and  
coinsurance amounts for QMBs  
(subject to any nominal Medicaid  
copayment) for all services  
available under Medicare.

1902(a)(10), 1902(a)(30),  
and 1905(a) of the Act(ii) Other Medicaid Recipients

The Medicaid agency pays for  
Medicaid services also covered under  
Medicare and furnished to recipients  
entitled to Medicare (subject to any  
nominal Medicaid copayment). For  
services furnished to individuals  
who are described in section  
3.2(a)(1)(iv), payment is made as  
follows:

42 CFR 431.625

\_\_\_ For the entire range of  
services available under  
Medicare Part B.

X Only for the amount, duration,  
and scope of services otherwise  
available under this plan.

1902(a)(10), 1902(a)(30),  
1905(a), and 1905(p)  
of the Act(iii) Dual Eligible--QMB plus

The Medicaid agency pays Medicare  
Part A and Part B deductible and  
coinsurance amounts for all services  
available under Medicare and pays  
for all Medicaid services furnished  
to individuals eligible both as QMBs  
and categorically or medically needy  
(subject to any nominal Medicaid  
copayment).

TN No. 93-14

Supersedes

TN No. 91-35Approval Date MAY 26 1993Effective Date JAN 1 - 1993

OFFICIAL

29d

Revision: HCFA-PM-91-8 (MB)  
October 1991

OMB No.:

State/Territory: New Jersey

Citation

Condition or Requirement

1906 of the  
Act

(c) Premiums, Deductibles, Coinsurance  
and Other Cost Sharing Obligations

The Medicaid agency pays all premiums, deductibles, coinsurance and other cost sharing obligations for items and services covered under the State plan (subject to any nominal Medicaid copayment) for eligible individuals in employer-based cost-effective group health plans.

When coverage for eligible family members is not possible unless ineligible family members enroll, the Medicaid agency pays premiums for enrollment of other family members when cost-effective. In addition, the eligible individual is entitled to services covered by the State plan which are not included in the group health plan. Guidelines for determining cost effectiveness are described in section 4.22(h).

1902(a)(10)(F)  
of the Act

(d)  The Medicaid agency pays premiums for individuals described in item 19 of Attachment 2.2-A.

TN No. 91-23

Supercedes

TN No.

New

Approval Date

OCT 15 1992

Effective Date

JUL 1 1991

HCFA ID: 7983E

Revision: HCFA-AT-80-38 (BPP)  
May 22, 1980

OFFICIAL

State NEW JERSEY

Citation  
42 CFR 441.101,  
42 CFR 431.620(c)  
and (d)  
AT-79-29

3.3 Medicaid for Individuals Age 65 or Over in  
Institutions for Mental Diseases

Medicaid is provided for individuals 65 years  
of age or older who are patients in  
institutions for mental diseases.

Yes. The requirements of 42 CFR Part 441,  
Subpart C, and 42 CFR 431.620(c) and (d)  
are met.

Not applicable. Medicaid is not provided  
to aged individuals in such institutions  
under this plan.

TN # 76-16  
Supersedes  
TN # 74-9

Approval Date 8-9-77 Effective Date 10-1-76

OFFICIAL

Revision: HCFA-AT-80-38 (BPP)  
May 22, 1980

State NEW JERSEY

Citation  
42 CFR 441.252  
AT-78-99

3.4 Special Requirements Applicable to  
Sterilization Procedures

All requirements of 42 CFR Part 441, Subpart F  
are met.

TN # 79-2  
Supersedes  
TN # 76-16

Approval Date 3-26-79 Effective Date 3-8-79

Revision: HCFA-PM-91- (BPD)  
 AUGUST 1991

OMB No.: 0938-

State: New Jersey

Citation

1902(a)(52)  
 and 1925 of  
 the Act

3.5

Families Receiving Extended Medicaid Benefits

- (a) Services provided to families during the first 6-month period of extended Medicaid benefits under Section 1925 of the Act are equal in amount, duration, and scope to services provided to categorically needy AFDC recipients as described in ATTACHMENT 3.1-A (or may be greater if provided through a caretaker relative employer's health insurance plan).
- (b) Services provided to families during the second 6-month period of extended Medicaid benefits under section 1925 of the Act are--
- Equal in amount, duration, and scope to services provided to categorically needy AFDC recipients as described in ATTACHMENT 3.1-A (or may be greater if provided through a caretaker relative employer's health insurance plan).
- Equal in amount, duration, and scope to services provided to categorically needy AFDC recipients, (or may be greater if provided through a caretaker relative employer's health insurance plan) minus any one or more of the following acute services:
- Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.
- Medical or remedial care provided by licensed practitioners.
- Home health services.

TN No. 91-35 FEB 20 1992  
 Supersedes Approval Date Effective Date OCT 1 1991  
 TN No. 79-2

HCFA ID: 7982E

Revision: HCFA-PM-91-4 (BPD)  
AUGUST 1991

OMB No.: 0930-

State: New Jersey

Citation 3.5 Families Receiving Extended Medicaid Benefits  
(Continued)

- Private duty nursing services.
- Physical therapy and related services.
- Other diagnostic, screening, preventive, and rehabilitation services.
- Inpatient hospital services and nursing facility services for individuals 65 years of age or over in an institution for mental diseases.
- Intermediate care facility services for the mentally retarded.
- Inpatient psychiatric services for individuals under age 21.
- Hospice services.
- Respiratory care services.
- Any other medical care and any other type of remedial care recognized under State law and specified by the Secretary.

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TN No. 91-35  
Supersedes Approval Date FEB 20 1992 Effective Date OCT 1 1991  
TN No. 90-2

HCFA ID: 7982E

Revision: HCFA-PM-91-4 (BPD)  
AUGUST 1991

OMB No.: 0938-

State: New Jersey

Citation 3.5 Families Receiving Extended Medicaid Benefits  
(Continued)

(c)  The agency pays the family's premiums, enrollment fees, deductibles, coinsurance, and similar costs for health plans offered by the caretaker's employer as payments for medical assistance--

1st 6 months  2nd 6 months

The agency requires caretakers to enroll in employers' health plans as a condition of eligibility.

1st 6 mos.  2nd 6 mos.

(d)  (1) The Medicaid agency provides assistance to families during the second 6-month period of extended Medicaid benefits through the following alternative methods:

Enrollment in the family option of an employer's health plan.

Enrollment in the family option of a State employee health plan.

Enrollment in the State health plan for the uninsured.

Enrollment in an eligible health maintenance organization (HMO) with a prepaid enrollment of less than 50 percent Medicaid recipients (except recipients of extended Medicaid).

TN No. 91-35 Approval Date FEB 20 1992 Effective Date OCT 1 1991  
Supersedes 90-16  
TN No. 90-16

HCFA ID: 7982E

Revision: HCFA-PM-91-4 (BPD)  
August 1991

OMB No.: 0938-

State: New Jersey

Citation 3.5 Families Receiving Extended Medicaid Benefits  
(Continued)

Supplement 2 to Attachment 3.1-A specifies and describes the alternative health care plan(s) offered, including requirements for assuring that recipients have access to services of adequate quality.

(2) The agency--

(i) Pays all premiums and enrollments fees imposed on the family for such plan(s).

(ii) Pays all deductibles and coinsurance imposed on the family for such plan(s).

3.6 Unemployed Parent

For purposes of determining whether a child is deprived on the basis of the unemployment of a parent, the agency--

uses the standard for measuring unemployment which was in the AFDC State plan in effect on July 16, 1996.

uses the following more liberal standard to measure unemployment:

The total of earned and unearned income does not exceed the AFDC income standards.

**OFFICIAL**

99-10-MA

TN 99-10 APR 15 1999

Supersedes TN 91-35 Effective Date JAN 1 - 1999



- Enrollment in an eligible health maintenance organization (HMO) that has an enrollment of less than 50 percent of Medicaid recipients who are not recipients of extended Medicaid.

Supplement 2 to ATTACHMENT 3.1-A specifies and describes the alternative health care plan(s) offered, including requirements for assuring that recipients have access to services of adequate quality.

(2) The agency--

- (i) Pays all premiums and enrollment fees imposed on the family for such plan(s).
- (ii) Pays all deductibles and coinsurance imposed on the family for such plan(s).

N 90-16

Effective Date APR 01 1990

Supersedes TN NEW

Approval Date JUL 20 1990

**OFFICIAL**Revision: HCFA-PM-87-4 (BERC)  
MARCH 1987

OMB No.: 0938-0193

State/Territory: NEW JERSEY

## SECTION 4 - GENERAL PROGRAM ADMINISTRATION

Citation

42 CFR 431.15

AT-79-29

4.1 Methods of Administration

The Medicaid agency employs methods of administration found by the Secretary of Health and Human Services to be necessary for the proper and efficient operation of the plan.

TN No. 87-14

Supersedes

TN No. 74-6Approval Date SEP. 2 1987Effective Date APR. 1 1987

HCFA ID: 1010P/0012P

Revision: HCFA-AT-80-38 (BFP)  
May 22, 1980

OFFICIAL

State NEW JERSEY

Citation  
42 CFR 431.202  
AT-79-29  
AT-80-34

4.2 Hearings for Applicants and Recipients

The Medicaid agency has a system of hearings that meets all the requirements of 42 CFR Part 431, Subpart E.

TN # 74-6  
Supersedes  
TN # 74-1

Approval Date 4-15-75 Effective Date 6-3-74

**OFFICIAL**

State New Jersey

itation

PL 101-508

Section 4724

**Services During Appeal**

The State shall continue to provide medical assistance until a final determination of disability or blindness is made by SSA in those cases where a state determination of disability or blindness, made in accordance with section 1614(a) of the Social Security act, was reversed by a subsequent SSA decision.

YES

NO

TN NO. 92-11

SUPERSEDES TN NO. New

APPROVAL DATE OCT 8 1992

EFFECTIVE DATE JUL 1- 1992

Revision: HCFA-AT-87-9 (BERC)  
AUGUST 1987

OMB No.: 0938-0193

State/Territory: NEW JERSEY

Citation  
42 CFR 431.301  
AT-79-29

4.3 Safeguarding Information on Applicants and Recipients

Under State statute which imposes legal sanctions, safeguards are provided that restrict the use or disclosure of information concerning applicants and recipients to purposes directly connected with the administration of the plan.

52 FR 5967

All other requirements of 42 CFR Part 431, Subpart F are met.

TN No. 87-20  
Supersedes  
TN No. 74-6

Approval Date JAN 29 1990

Effective Date 10/1/87

HCFA ID: 1010P/0012P

**OFFICIAL**Revision: HCFA-PM-87-4 (BERC)  
MARCH 1987

OMB No.: 0938-0193

State/Territory: NEW JERSEYCitation42 CFR 431.800(c)  
50 FR 21839  
1903(u)(1)(D) of  
the Act,  
P.L. 99-509  
(Section 9407)4.4 Medicaid Quality Control

- (a) A system of quality control is implemented in accordance with 42 CFR Part 431, Subpart P.
- (b) The State operates a claims processing assessment system that meets the requirements of 431.800(e), (g), (h), and (k).

 Yes. Not applicable. The State has an approved Medicaid Management Information System (MMIS).

\* per PM 87-14 (NJ 88-5)

TN No. 87-14  
Supersedes  
TN No. 85-20Approval Date SEP. 2 1987Effective Date APR. 1 1987

HCFA ID: 1010P/0012P

Revision: HCFA-PM-88-10 (BERC)  
SEPTEMBER 1988

OMB No.: 0938-0193

State/Territory: New Jersey

Citation  
42 CFR 455.12  
AT-78-90  
48 FR 3742  
52 FR 48817

4.5 Medicaid Agency Fraud Detection and Investigation Program

The Medicaid agency has established and will maintain methods, criteria, and procedures that meet all requirements of 42 CFR 455.13 through 455.21 and 455.23 for prevention and control of program fraud and abuse.

TN No. 88-31  
Supersedes  
TN No. 83-14

Approval Date JAN 19 1989 Effective Date OCT 1 1988

HCFA ID: 1010P/0012P

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

4.5 Medicaid Recovery Audit Contractor Program

<p><u>Citation</u></p> <p>Section 1902(a)(42)(B)(i) of the Social Security Act</p> <p>Section 1902(a)(42)(B)(ii)(I) of the Act</p> <p>Section 1902 (a)(42)(B)(ii)(II)(aa) of the Act</p>	<p>NA The State established a program under which it contracts with one or more recovery audit contractors (RACs) for the purpose of identifying underpayments and overpayments of Medicaid claims under the State plan and under any waiver of the State plan.</p> <p>X The State is seeking an exception to utilizing such program through December 31, 2025 for the following reasons:</p> <ol style="list-style-type: none"><li>1. 42 CFR 455.506(a)(1) provides that states may exclude Medicaid managed care claims from review by Medicaid RACs. As of October 2023, 97% of all Medicaid/NJ FamilyCare beneficiaries participate in managed care.</li><li>2. Two of the larger RAC projects previously performed as RAC projects were removed from the RAC purview and delegated to two other RFPs: (a) the State's TPL vendor, managed by MFD, assumed responsibility for seeking recoveries based on Long Term Care patient liability and credit balance claims; and (b) DMAHS' hospital audit vendor assumed responsibility to perform utilization reviews for inpatient hospital claims.</li><li>3. Additionally, the MFD has robust Audit, Investigation and Data Mining Units that seek recoveries based on fraud, waste or abuse in both the Fee-for-service and Medicaid Managed Care areas. From these efforts, MFD recovered \$31,425,721 during SFY 2022 through SFY 2023.</li></ol> <p>NA The State/Medicaid agency has contracts of the type(s) listed in section 1902(a)(42)(B)(ii)(I) of the Act. All contracts meet the requirements of the statute. RACs are consistent with the statute.</p> <p>Place a check mark to provide assurance of the following:</p> <p>NA The State will make payments to the RAC(s) only from amounts recovered.</p> <p>NA The State will make payments to the RAC(s) on a contingent Basis for collecting overpayments.</p>
--	--

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

**4.5 Medicaid Recovery Audit Contractor Program**

<p>Section 1902 (a)(42)(B)(ii)(II)(bb) of the Act</p>	<p>The following payment methodology shall be used to determine State payments to Medicaid RACs for identification and recovery of overpayments (e.g., the percentage of the contingency fee): (rate has not yet been determined)</p>
	<p>NA The State attests that the contingency fee rate paid to the Medicaid RAC will not exceed the highest rate paid to Medicare RACs, as published in the Federal Register.</p>
<p>Section 1902 (a)(42)(B)(ii)(III) of the Act</p>	<p>NA The State attests that the contingency fee rate paid to the Medicaid RAC will exceed the highest rate paid to Medicare RACs, as published in the Federal Register. The State will only submit for FFP up to the amount equivalent to that published rate.</p>
<p>Section 1902 (a)(42)(B)(ii)(IV)(aa) of the Act</p>	<p>NA The contingency fee rate paid to the Medicaid RAC that will exceed the highest rate paid to Medicare RACs, as published in the Federal Register. The State will submit a justification for that rate and will submit for FFP for the full amount of the contingency fee.</p>
<p>Section 1902(a)(42)(B)(ii)(IV)(bb) of the Act</p>	<p>NA The following payment methodology shall be used to determine State payments to Medicaid RACs for the identification of underpayments (e.g., amount of flat fee, the percentage of the contingency fee): Contingency based on underpayments identified.</p>
<p>Section 1902 (a)(42)(B)(ii)(IV)(cc) Of the Act</p>	<p>NA The State has an adequate appeal process in place for entities to appeal any adverse determination made by the Medicaid RAC(s).</p>
	<p>NA The State assures that the amounts expended by the State to carry out the program will be amounts expended as necessary for the proper and efficient administration of the State plan or a waiver of the plan.</p>
	<p>NA The State assures that the recovered amounts will be subject a State's quarterly expenditure estimates and funding of the State's share.</p>

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

4.5 Medicaid Recovery Audit Contractor Program

	<p>NA Efforts of the Medicaid RAC(s) will be coordinated with other contractors or entities performing audits of entities receiving payments under the State plan or waiver in the State, and/or State and Federal law enforcement entities and the CMS Medicaid Integrity Program.</p>
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Revision: HCFA-PM-99-3 (CMSO)  
JUNE 1999

State: New Jersey

Citation  
Section 1902(a)(64) of  
the Social Security Act  
P.L. 105-33

4.5a Medicaid Agency Fraud Detection and Investigation  
Program

The Medicaid agency has established a mechanism to receive reports from beneficiaries and others and compile data concerning alleged instances of waste, fraud, and abuse relating to the operation of this title.

99-19 MA-(NJ)

TN No. 24-19  
Supersedes  
TN No. **New**

Approval Date OCT 15 1999 Effective Date JUL - 1 1999

**OFFICIAL**

Revision: HCFA-AT-80-38 (BPP)  
May 22, 1980

OFFICIAL

State NEW JERSEY

Citation  
42 CFR 431.16  
AT-79-29

4.6 Reports

The Medicaid agency will submit all reports in the form and with the content required by the Secretary, and will comply with any provisions that the Secretary finds necessary to verify and assure the correctness of the reports. All requirements of 42 CFR 431.16 are met.

TN # 77-14  
Supersedes  
TN # 76-18

Approval Date 1-11-78      Effective Date 10-1-77

Revision: HCFA-AT-80-38 (BPP)  
May 22, 1980

**OFFICIAL**

State NEW JERSEY

Citation  
42 CFR 431.17  
AT-79-29

4.7 Maintenance of Records

The Medicaid agency maintains or supervises the maintenance of records necessary for the proper and efficient operation of the plan, including records regarding applications, determination of eligibility, the provision of medical assistance, and administrative costs, and statistical, fiscal and other records necessary for reporting and accountability, and retains these records in accordance with Federal requirements. All requirements of 42 CFR 431.17 are met.

TN # 77-14  
Supersedes  
TN # 76-18

Approval Date 1-11-78 Effective Date 10-1-77

**OFFICIAL**Revision: HCFA-AT-80-38 (BPP)  
May 22, 1980State NEW JERSEYCitation42 CFR 431.18 (b)  
AT-79-294.8 Availability of Agency Program Manuals

Program manuals and other policy issuances that affect the public, including the Medicaid agency's rules and regulations governing eligibility, need and amount of assistance, recipient rights and responsibilities, and services offered by the agency are maintained in the State office and in each local and district office for examination, upon request, by individuals for review, study, or reproduction. All requirements of 42 CFR 431.18 are met.

TN # 74-4

Supersedes

TN # 74-1Approval Date 4-15-75 Effective Date 5-14-74

Revision: HCFA-AT-80-38 (BPP)  
May 22, 1980

OFFICIAL

State NEW JERSEY

Citation  
42 CFR 433.37  
AT-78-90

4.9 Reporting Provider Payments to Internal Revenue Service

There are procedures implemented in accordance with 42 CFR 433.37 for identification of providers of services by social security number or by employer identification number and for reporting the information required by the Internal Revenue Code (26 U.S.C. 6041) with respect to payment for services under the plan.

TN # 74-4  
Supersedes  
TN # 74-1

Approval Date 4-15-75 Effective Date 5-14-74

New: HCFA-PM-99-3  
JUNE 1999

**OFFICIAL**

State: New Jersey

Citation

42 CFR 431.51  
AT 78-90  
46 FR 48524  
48 FR 23212  
1902(a)(23)  
P.L. 100-93  
(section 8(f))  
P.L. 100-203  
(Section 4113)

**4.10 Free Choice of Providers**

(a) Except as provided in paragraph (b), the Medicaid agency assures that an individual eligible under the plan may obtain Medicaid services from any institution, agency, pharmacy person, or organization that is qualified to perform the services, including of the Act an organization that provides these services or arranges for their availability on a prepayment basis.

(b) Paragraph (a) does not apply to services furnished to an individual –

(1) Under an exception allowed under 42 CFR 431.54, subject to the limitations in paragraph (c), or

(2) Under a waiver approved under 42 CFR 431.55, subject to the limitations in paragraph (c), or

(3) By an individual or entity excluded from participation in accordance with section 1902(p) of the Act,

(4) By individuals or entities who have been convicted of a felony under Federal or State law and for which the State determines that the offense is inconsistent with the best interests of the individual eligible to obtain Medicaid services, or

(5) Under an exception allowed under 42 CFR 438.50 or 42 CFR 440.168, subject to the limitations in paragraph (c).

(c) Enrollment of an individual eligible for medical assistance in a primary care case management system described in section 1905(t), 1915(a), 1915(b)(1), or 1932(a), or a managed care organization, prepaid inpatient health plan, a prepaid ambulatory health plan, or a similar entity shall not restrict the choice of the qualified person from whom the individual may receive emergency services or services under section 1905 (a)(4)(c).

Section 1902(a)(23)  
of the Social  
Security Act  
P.L. 105-33

Section 1932(a)(1)  
Section 1905(t)

03-07-MA (NJ)

TN # 03-07  
Supersedes TN # 99-19

Effective Date AUG 13 2003  
Approval Date MAR 17 2004

Revision: HCFA-AT-80-38 (BPP)  
May 22, 1980

OFFICIAL

State NEW JERSEY

Citation

42 CFR 431.610

AT-78-90

AT-80-34

4.11 Relations with Standard-Setting and Survey Agencies

(a) The State agency utilized by the Secretary to determine qualifications of institutions and suppliers of services to participate in Medicare is responsible for establishing and maintaining health standards for private or public institutions (exclusive of Christian Science sanatoria) that provide services to Medicaid recipients. This agency is DEPARTMENT OF HEALTH

(b) The State authority(ies) responsible for establishing and maintaining standards, other than those relating to health, for public or private institutions that provide services to Medicaid recipients is (are): DEPARTMENT OF HUMAN SERVICES

(c) ATTACHMENT 4.11-A describes the standards specified in paragraphs (a) and (b) above, that are kept on file and made available to the Health Care Financing Administration on request.

TN # 76-21

Supersedes

TN # 74-4

Approval Date 8-18-77

Effective Date 11-1-76



Revision: HCFA-AT-80-38 (BFP)  
May 22, 1980

**OFFICIAL**

State NEW JERSEY

Citation

42 CFR 431.105 (b)  
AT-78-90

4.12 Consultation to Medical Facilities

- (a) Consultative services are provided by health and other appropriate State agencies to hospitals, nursing facilities, home health agencies, clinics and laboratories in accordance with 42 CFR 431.105 (b).
- (b) Similar services are provided to other types of facilities providing medical care to individuals receiving services under the programs specified in 42 CFR 431.105 (b).

Yes, as listed below:

Other appropriate institutions, such as mental hospitals, ICF/MR's, etc.

Not applicable. Similar services are not provided to other types of medical facilities.

TN # 74-1  
Supersedes  
TN # \_\_\_\_\_

Approval Date 3-19-75 Effective Date 1-1-74

Revision: HCFA-PM-91- 4 (BPD)  
AUGUST 1991

OMB No.: 0938-

State/Territory: New Jersey

Citation 4.13 Required Provider Agreement

With respect to agreements between the Medicaid agency and each provider furnishing services under the plan:

- 42 CFR 431.107 (a) For all providers, the requirements of 42 CFR 431.107 and 42 CFR Part 442, Subparts A and B (if applicable) are met.
  - 42 CFR Part 483 1919 of the Act (b) For providers of NF services, the requirements of 42 CFR Part 483, Subpart B, and section 1919 of the Act are also met.
  - 42 CFR Part 483, Subpart D (c) For providers of ICF/MR services, the requirements of participation in 42 CFR Part 483, Subpart D are also met.
  - 1920 of the Act (d) For each provider that is eligible under the plan to furnish ambulatory prenatal care to pregnant women during a presumptive eligibility period, all the requirements of section 1920(b)(2) and (c) are met.
- Not applicable. Ambulatory prenatal care is not provided to pregnant women during a presumptive eligibility period.

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TN No. 91-32 Approval Date DEC 5 1991 Effective Date OCT 1 1991  
 Supersedes 91-21  
 TN No. 91-21

HCFA ID: 7982E

State/Territory: New JerseyCitation

1902 (a)(58)

1902(w)

4.13 (e)

For each provider receiving funds under the plan, all the requirements for advance directives of section 1902(w) are met:

- (1) Hospitals, nursing facilities, providers of home health care or personal care services, hospice programs, managed care organizations, prepaid inpatient health plans, prepaid ambulatory health plans (unless the PAHP excludes providers in 42 CFR 489.102), and health insuring organizations are required to do the following:
  - (a) Maintain written policies and procedures with respect to all adult individuals receiving medical care by or through the provider or organization about their rights under State law to make decisions concerning medical care, including the right to accept or refuse medical or surgical treatment and the right to formulate advance directives.
  - (b) Provide written information to all adult individuals on their policies concerning implementation of such rights;
  - (c) Document in the individual's medical records whether or not the individual has executed an advance directive;
  - (d) Not condition the provision of care or otherwise discriminate against an individual based on whether or not the individual has executed an advance directive;
  - (e) Ensure compliance with requirements of State Law (whether

TN # 03-07Supersedes TN # 91-38Effective Date AUG 13 2003Approval Date MAR 17 200403-07-MA (NJ)

45(b)

Revision: HCFA-PM-91-9  
October 1991

(MB)

OMB No.:

**OFFICIAL**

State/Territory: New Jersey

statutory or recognized by the courts) concerning advance directives; and

- (f) Provide (individually or with others) for education for staff and the community on issues concerning advance directives.
- (2) Providers will furnish the written information described in paragraph (1)(a) to all adult individuals at the time specified below:
- (a) Hospitals at the time an individual is admitted as an inpatient.
  - (b) Nursing facilities when the individual is admitted as a resident.
  - (c) Providers of home health care or personal care services before the individual comes under the care of the provider;
  - (d) Hospice program at the time of initial receipt of hospice care by the individual from the program; and
  - (e) Managed care organizations, health insuring organizations, prepaid inpatient health plans, and prepaid ambulatory health plans (as applicable) at the time of enrollment of the individual with the organization.
- (3) Attachment 4.34A describes law of the State (whether statutory or as Recognized by the courts of the State) concerning advance directives.

Not applicable. No State law or court decision exists regarding advance directives.

TN # 03-07  
Supersedes TN # 91-38

Effective Date AUG 13 2003  
Approval Date MAR 17 2004

03-07-MA (NJ)

**OFFICIAL**

Revision: HCFA-PM-91-10 (MB)  
DECEMBER 1991

State/Territory: New Jersey

Citation  
42 CFR 431.60  
42 CFR 456.2  
50 FR 15312  
1902(a)(30)(C) and  
1902(d) of the  
Act, P.L. 99-509  
(Section 9431)

4.14 Utilization/Quality Control

- (a) A Statewide program of surveillance and utilization control has been implemented that safeguards against unnecessary or inappropriate use of Medicaid services available under this plan and against excess payments, and that assesses the quality of services. The requirements of 42 CFR Part 456 are met:
- Directly
  - By undertaking medical and utilization review requirements through a contract with a Utilization and Quality Control Peer Review Organization (PRO) designated under 42 CFR Part 462. The contract with the PRO —
    - (1) Meets the requirements of §434.6(a):
    - (2) Includes a monitoring and evaluation plan to ensure satisfactory performance;
    - (3) Identifies the services and providers subject to PRO review;
    - (4) Ensures that PRO review activities are not inconsistent with the PRO review of Medicare services; and
    - (5) Includes a description of the extent to which PRO determinations are considered conclusive for payment purposes.

1932(c)(2)  
and 1902(d) of the  
ACT, P.L. 99-509  
(section 9431)

X A qualified External Quality Review Organization performs an annual External Quality Review that meets the requirements of 42 CFR 438 Subpart E of each managed care organization, prepaid inpatient health plan, and health insuring organizations under contract, except where exempted by the regulation.

TN # 03-07  
Supersedes TN # 92-04

Effective Date AUG 13 2003  
Approval Date MAR 17 2004

03-07-MA (NJ)

46(a)

TITLE XIX STATE PLAN- NEW JERSEY

4.14 Utilization/Quality Control Con't

Clinical Audit Process for Nursing Facilities

Clinical audit is a method of utilization control under section 1902(a)(30) of the Social Security Act.

The goal is to monitor continued utilization of and payment for nursing facility (NF) care and services reimbursable under Title XIX.

The focus on clinical audit review (the review) shall be on the following areas:

1. Comparative analysis of NF claim reporting to recipient's identified care needs;
2. Appropriate utilization and provision of required services; and
3. Effectiveness and quality of provided services.

The review will also evaluate a NF claim reporting of nursing service acuties.

OFFICIAL

97-15-MA(NJ)

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TN 97-15 Approval Date JUL 11 1997  
Supersedes TN New Effective Date APR 01 1997

Revision: HCFA-PM-85-3 (BERC)  
MAY 1985

State: NEW JERSEY

OMB NO. 0938-0193

Citation  
42 CFR 456.2  
50 FR 15312

4.14 (b) The Medicaid agency meets the requirements of 42 CFR Part 456, Subpart C, for control of the utilization of inpatient hospital services.

Utilization and medical review are performed by a Utilization and Quality Control Peer Review Organization designated under 42 CFR Part 462 that has a contract with the agency to perform those reviews.

Utilization review is performed in accordance with 42 CFR Part 456, Subpart H, that specifies the conditions of a waiver of the requirements of Subpart C for:

All hospitals (other than mental hospitals).

Those specified in the waiver.

No waivers have been granted.

**OFFICIAL**

TN No. 85-4  
Supersedes  
TN No. 75-11

Approval Date JUN 21 1985

Effective Date JAN 1 1985

HCFA ID: 0048P/0002P

# OFFICIAL

48

Revision: HCFA-PM-85-7 (BERC)  
JULY 1985

OMB NO.: 0938-0193

State/Territory: NEW JERSEY

Citation  
42 CFR 456.2  
50 FR 15312

4.14 (c) The Medicaid agency meets the requirements of 42 CFR Part 456, Subpart D, for control of utilization of inpatient services in mental hospitals.

Utilization and medical review are performed by a Utilization and Quality Control Peer Review Organization designated under 42 CFR Part 462 that has a contract with the agency to perform those reviews.

Utilization review is performed in accordance with 42 CFR Part 456, Subpart H, that specifies the conditions of a waiver of the requirements of Subpart D for:

All mental hospitals.

Those specified in the waiver.

No waivers have been granted.

Not applicable. Inpatient services in mental hospitals are not provided under this plan.

TN No. 85-20  
Supersedes  
TN No. 85-4

Approval Date OCT. 10 1985

Effective Date OCT. 1 1985

HCFA ID: 0048P/0002P

Revision: HCFA-PM-85-3 (BERG)  
MAY 1985

State: NEW JERSEY

OMB NO. 0938-0193

Citation  
42 CFR 456.2  
50 FR 15312

4.14 (d) The Medicaid agency meets the requirements of 42 CFR Part 456, Subpart E, for the control of utilization of skilled nursing facility services.

Utilization and medical review are performed by a Utilization and Quality Control Peer Review Organization designated under 42 CFR Part 462 that has a contract with the agency to perform those reviews.

Utilization review is performed in accordance with 42 CFR Part 456, Subpart H, that specifies the conditions of a waiver of the requirements of Subpart E for:

All skilled nursing facilities.

Those specified in the waiver.

No waivers have been granted.

**OFFICIAL**

W No. 85-4  
supersedes  
W No. 75-11

Approval Date JUN 21 1985

Effective Date JAN 1 1985

HCFA ID: 0048P/0002P

Revision: HCFA-PH-85-3 (BERC)  
MAY 1985

State: NEW JERSEY

OMB NO. 0938-0193

Citation  
42 CFR 456.2  
50 FR 15312

4.14  (e) The Medicaid agency meets the requirements of 42 CFR Part 456, Subpart F, for control of the utilization of intermediate care facility services. Utilization review in facilities is provided through:

Facility-based review.

Direct review by personnel of the medical assistance unit of the State agency.

Personnel under contract to the medical assistance unit of the State agency.

Utilization and Quality Control Peer Review Organizations.

Another method as described in ATTACHMENT 4.14-A.

Two or more of the above methods. ATTACHMENT 4.14-B describes the circumstances under which each method is used.

Not applicable. Intermediate care facility services are not provided under this plan.

Reviews are conducted by personnel employed by the Department of Health and Senior Services (DHSS), or personnel under contract to DHSS. Reference is made to approved State Plan Amendment 96-31-MA at Attachment 4.16A-5.

TH No. 97-15  
Supersedes  
TH No. 85-4

Approval Date JUL 11 1997 Effective Date APR 01 1997

HCFA ID: 0048P/0002P

*filed 7/13/97*

Revision: HCFA-PM-91-10 (MB)  
December 1991

**OFFICIAL**

State/Territory: New Jersey

Citation 4.14 Utilization/Quality Control (Continued)

42 CFR 438.356(e)

For each contract, the State must follow an open, competitive procurement process that is in accordance with State law and regulations and consistent with 45 CFR part 74 as it applies to State procurement of Medicaid services.

42 CFR 438.354

42 CFR 438.356(b) & (d)

The State ensures that an External Quality Review Organization, and its subcontractors performing the External Quality Review or External Quality Review-related activities, meet the competence and independence requirements.

Not applicable.

03-07-MA (NJ)

TN # 03-07  
Supersedes TN # 92-04

Effective Date AUG 13 2003  
Approval Date MAR 17 2004

Revision: HCFA-PM-92-2 (HSQB)  
MARCH 1992

State/Territory: New Jersey

Citation 4.15 Inspection of Care in Intermediate Care Facilities for the Mentally Retarded, Facilities Providing Inpatient Psychiatric Services for Individuals Under 21, and Mental Hospitals

42 CFR Part 456 Subpart I, and 1902(a)(31) and 1903(g) of the Act

\_\_\_ The State has contracted with a Peer Review Organization (PRO) to perform inspection of care for:

\_\_\_ ICFs/MR;

\_\_\_ Inpatient psychiatric facilities for recipients under age 21; and

\_\_\_ Mental Hospitals.

42 CFR Part 456 Subpart A and 1902(a)(30) of the Act

X All applicable requirements of 42 CFR Part 456, Subpart I, are met with respect to periodic inspections of care and services.

\_\_\_ Not applicable with respect to intermediate care facilities for the mentally retarded services; such services are not provided under this plan.

\_\_\_ Not applicable with respect to services for individuals age 65 or over in institutions for mental disease; such services are not provided under this plan.

\_\_\_ Not applicable with respect to inpatient psychiatric services for individuals under age 21; such services are not provided under this plan.

TN No. 93-10  
Supersedes  
TN No. 76-2

Approval Date MAY 27 1993

Effective Date JAN 1 - 1993

Revision: HCFA-AT-80-38(BPP)  
May 22, 1980

State New Jersey

Citation  
42CFR 431.615(c)  
AT-78-90

4.16 Relations with State Health and Vocational  
Rehabilitation Agencies and Title V  
Grantees

The Medicaid agency has cooperative arrangements with State health and vocational rehabilitation agencies and with title V grantees, that meet the requirements of 42 CFR 431.615.

The Medicaid agency will provide for coordination of the operations under Title XIX with the State's operations under the special supplemental food program for women, infants and children (WIC) under Section 17 of the Child Nutrition Act of 1966 as specified by amendment to Section 1902 (a) (11) of the Social Security Act.

ATTACHMENT 4.16-A describes the cooperative arrangements with the health and vocational rehabilitation agencies, and with the Supplemental Food Programs for women, infants and children (WIC).

TN# 91-11  
Supersedes  
TN# 76-7

Approval Date APR 19 1991 Effective Date JAN 01 1991

Revision: HCFA-PM-95-3 (MB)  
MAY 1995

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: New Jersey

Citation  
42 CFR 433.36(c)  
1902(a)(18) and  
1917(a) and (b) of  
the Act

4.17 Liens and Adjustments or Recoveries

(a) Liens

\_\_\_\_\_ The State imposes liens against an individual's real property on account of medical assistance paid or to be paid.

The State complies with the requirements of section 1917(a) of the Act and regulations at 42 CFR 433.36(c)-(g) with respect to any lien imposed against the property of any individual prior to his or her death on account of medical assistance paid or to be paid on his or her behalf.

X\_\_\_\_\_ The State imposes liens on real property on account of benefits incorrectly paid.

\_\_\_\_\_ The State imposes TEFRA liens 1917(a)(1)(B) on real property of an individual who is an inpatient of a nursing facility, ICF/MR, or other medical institution, where the individual is required to contribute toward the cost of institutional care all but a minimal amount of income required for personal needs.

The procedures by the State for determining that an institutionalized individual cannot reasonably be expected to be discharged are specified in Attachment 4.17-A. (NOTE: If the State indicates in its State plan that it is imposing TEFRA liens, then the State is required to determine whether an institutionalized individual is permanently institutionalized and afford these individuals notice, hearing procedures, and due process requirements.)

X\_\_\_\_\_ The State imposes liens on both real and personal property of an individual after the individual's death.

TN No. 95-22 Approval Date AUG 02 1995 Effective Date APR 1 - 1995  
Supersedes \_\_\_\_\_  
TN No. 85-2

Revision: HCFA-PM-95-3 (MS)  
MAY 1995

**OFFICIAL**

**OFFICIAL**

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: New Jersey

(b) Adjustments or Recoveries

\_\_\_\_\_ The State complies with the requirements of section 1917(b) of the Act and regulations at 42 CFR 433.36(h)-(i).

Adjustments or recoveries for Medicaid claims correctly paid are as follows:

\_\_\_\_\_ (1) For permanently institutionalized individuals, adjustments or recoveries are made from the individual's estate or upon sale of the property subject to a lien imposed because of medical assistance paid on behalf of the individual for services provided in a nursing facility, ICF/MR, or other medical institution.

\_\_\_\_\_ Adjustments or recoveries are made for all other medical assistance paid on behalf of the individual.

(2) \_\_\_\_\_ The State determines "permanent institutional status" of individuals under the age of 55 other than those with respect to whom it imposes liens on real property under §1917(a)(1)(B) (even if it does not impose those liens).

X (3) For any individual who received medical assistance at age 55 or older, adjustments or recoveries of payments are made from the individual's estate for nursing facility services, home and community-based services, and related hospital and prescription drug services.

X In addition to adjustment or recovery of payments for services listed above, payments are adjusted or recovered for other services under the State plan as listed below:

For any individual who received medical assistance at age 55 or older, adjustments or recoveries of payments are made from the individual's estate for all services covered under the State Plan,

except for Medicare cost sharing identified at 4.17(b)(3)- Continued)

TN No. 10-14 Approval Date MAR 01 2011 Effective Date 10/1/2010  
Supersedes \_\_\_\_\_  
TN No. 95-43

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: New Jersey

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4.17(b) Adjustments or Recoveries (continued)

X (3) (Continued)

Limitations on Estate Recovery - Medicare Cost Sharing:

(i) Medical assistance for Medicare cost sharing is protected from estate recovery for the following categories of dual eligibles: QMB, SLMB, QI, QDWI, QMB+, SLMB+. This protection extends to medical assistance for four Medicare cost sharing benefits: (Part A and B premiums, deductibles, coinsurance, co-payments) with dates of service on or after January 1, 2010. The date of service for deductibles, coinsurance, and co-payments is the date the request for payment is received by the State Medicaid Agency. The date of service for premiums is the date the State Medicaid Agency paid the premium.

(ii) In addition to being a qualified dual eligible the individual must also be age 55 or over. The above protection from estate recovery for Medicare cost sharing benefits (premiums, deductibles, coinsurance, co-payments) applies to approved mandatory (i.e., nursing facility, home and community-based services, and related prescription drugs and hospital services) as well as optional Medicaid services identified in the State plan, which are applicable to the categories of duals referenced above.

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TN No.: 10-14

Effective Date: October 1, 2010

Supersedes:  
TN No.: N **New**

Approval Date: **MAR 01 2011**

Revision: HCFA-PM-95-3 (MB)  
MAY 1995

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: New Jersey

- (4)  The State disregards assets or resources for individuals who receive or are entitled to receive benefits under a long term care insurance policy as provided for in Attachment 2.6-A, Supplement 8b.
- The State adjusts or recovers from the individual's estate on account of all medical assistance paid for nursing facility and other long term care services provided on behalf of the individual. (States other than California, Connecticut, Indiana, Iowa, and New York which provide long term care insurance policy-based asset or resource disregard must select this entry. These five States may either check this entry or one of the following entries.)
- The State does not adjust or recover from the individual's estate on account of any medical assistance paid for nursing facility or other long term care services provided on behalf of the individual.
- The State adjusts or recovers from the assets or resources on account of medical assistance paid for nursing facility or other long term care services provided on behalf of the individual to the extent described below:

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Supersedes  
TN No. **New**

**ORIGINAL**

53b -1

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: New Jersey

1917(b)1(C) (4)  If an individual covered under a long-term care insurance policy received benefits for which assets or resources were disregarded as provided for in Attachment 2.6-A, Supplement 8c (State Long-Term Care Insurance Partnership), the State does not seek adjustment or recovery from the individual's estate for the amount of assets or resources disregarded.

TN No. **07-14**  
Supersedes  
TN No. **NEW**

Approval Date **FEB 12 2008** Effective Date **NOV 23 2007**

LTC insurance  
partnership

Revision: HCFA-PM-95-3  
MAY 1995

(MB)

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: New Jersey(c) Adjustments or Recoveries: Limitations

The State complies with the requirements of section 1917(b)(2) of the Act and regulations at 42 CFR, §433.36(h)-(i).

X

- (1) Adjustment or recovery of medical assistance correctly paid will be made only after the death of the individual's surviving spouse, and only when the individual has no surviving child who is either under age 21, blind, or disabled.
- (2) With respect to liens on the home of any individual who the State determines is permanently institutionalized and who must as a condition of receiving services in the institution apply their income to the cost of care, the State will not seek adjustment or recovery of medical assistance correctly paid on behalf of the individual until such time as none of the following individuals are residing in the individual's home:
- (a) a sibling of the individual (who was residing in the individual's home for at least one year immediately before the date that the individual was institutionalized), or
- (b) a child of the individual (who was residing in the individual's home for at least two years immediately before the date that the individual was institutionalized) who establishes to the satisfaction of the State that the care the child provided permitted the individual to reside at home rather than become institutionalized.

X

- (3) No money payments under another program are reduced as a means of adjusting or recovering Medicaid claims incorrectly paid.

TN No. 95-22 Approval Date AUG 02 1995 Effective Date APR 1 - 1995  
Supersedes  
TN No. **New**

Revision: HCFA-PM-95-3 (MB)  
MAY 1995

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: New Jersey

(d) ATTACHMENT 4.17-A

- (1) Specifies the procedures for determining that an institutionalized individual cannot reasonably be expected to be discharged from the medical institution and return home. The description of the procedure meets the requirements of 42 CFR 433.36(d).
- (2) Specifies the criteria by which a son or a daughter can establish that he or she has been providing care, as specified under 42 CFR 433.36(f).
- (3) Defines the following terms:
  - o estate (at a minimum, estate as defined under State probate law). Except for the grandfathered States listed in section 4.17(b)(3), if the State provides a disregard for assets or resources for any individual who received or is entitled to receive benefits under a long term care insurance policy, the definition of estate must include all real, personal property, and assets of an individual (including any property or assets in which the individual had any legal title or interest at the time of death to the extent of the interest and also including the assets conveyed through devices such as joint tenancy, life estate, living trust, or other arrangement),
  - o individual's home,
  - o equity interest in the home,
  - o residing in the home for at least 1 or 2 years,
  - o on a continuous basis,
  - o discharge from the medical institution and return home, and
  - o lawfully residing.

TN No. 95-22 Approval Date AUG 02 1995 Effective Date APR 1 - 1995  
 Supersedes  
 TN No. **New**

Revision: HCFA-PM-95-3 (MB)  
MAY 1995

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: New Jersey

- (4) Describes the standards and procedures for waiving estate recovery when it would cause undue hardship.
- (5) Defines when adjustment or recovery is not cost-effective. Defines cost-effective and includes methodology or thresholds used to determine cost-effectiveness.
- (6) Describes collection procedures. Includes advance notice requirements, specifies the method for applying for a waiver, hearing and appeals procedures, and the time frames involved.

TN No. 95-22 Approval Date AUG 02 1995 Effective Date APR 1 - 1995  
Supersedes  
TN No. New

Revision: HCFA-AT-91-4(BPD)  
AUGUST 1991

OMB No.: 0938-

**OFFICIAL**

State/Territory: New Jersey

Citation 4.18 Recipient Cost Sharing and Similar Charges

42 CFR 447.51  
through 447.58 (a)

Unless a waiver under 42 CFR 431.55(g) applies, deductibles, coinsurance rates, and copayments do not exceed the maximum allowable charges under 42 CFR 447.54.

1916(a) and (b) (b)  
of the Act

Except as specified in items 4.18(b)(4), (5), and (6) below, with respect to individuals covered as categorically needy or as qualified Medicare beneficiaries (as defined in section 1905(p)(1) of the Act) under the plan:

- (1) No enrollment fee, premium, or similar charge is imposed under the plan.
- (2) No deductible, coinsurance, copayment, or similar charge is imposed under the plan for the following:

(i) Services to individuals under age 18, or under--

Age 19

Age 20

Age 21

Reasonable categories of individuals who are age 18 or older, but under age 21, to whom charges apply are listed below, if applicable.

(ii) Services to pregnant women related to the pregnancy or any other medical condition that may complicate the pregnancy.

03-07-MA (NJ)

TN # 03-07  
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Effective Date AUG 13 2003  
Approval Date MAR 17 2004

OFFICIAL

Revision: HCFA-PM-91-4 (BPD)  
AUGUST 1991

OMB No.: 0938-

State/Territory: New Jersey

Citation 4.18(b)(2) (Continued)

42 CFR 447.51  
through 447.58

(iii) All services furnished to pregnant women.

Not applicable. Charges apply for services to pregnant women unrelated to the pregnancy.

(iv) Services furnished to any individual who is an inpatient in a hospital, long-term care facility, or other medical institution, if the individual is required, as a condition of receiving services in the institution to spend for medical care costs all but a minimal amount of his or her income required for personal needs.

(v) Emergency services if the services meet the requirements in 42 CFR 447.53(b)(4).

(vi) Family planning services and supplies furnished to individuals of childbearing age.

(vii) Services furnished by a managed care organization, health insuring organization, prepaid inpatient health plan, or prepaid ambulatory health plan in which the individual is enrolled, unless they meet the requirements of 42 CFR 447.60.

42 CFR 438.108  
42 CFR 447.60

[ ] Managed care enrollees are charged deductibles, coinsurance rates, and copayments in an amount equal to the State Plan service cost-sharing.

[ X ] Managed care enrollees are not charged deductibles, coinsurance rates, and copayments.

1916 of the Act,  
P.L. 99-272,  
(Section 9505)

(viii) Services furnished to an individual receiving hospice care, as defined in section 1905(o) of the Act.

03-07-MA (NJ)

TN # 03-07  
Supersedes TN # 91-34

Effective Date AUG 13 2003  
Approval Date MAR 17 2004

Revision: HCFA-PM-91-4 (BPD)  
AUGUST 1991

OMB No.: 0938-

State/Territory: New Jersey

Citation - 4.18(b) (Continued)

42 CFR 447.51  
through  
447.48

(3) Unless a waiver under 42 CFR 431.55(g) applies, nominal deductible, coinsurance, copayment, or similar charges are imposed for services that are not excluded from such charges under item (b)(2) above.

Not applicable. No such charges are imposed.

(i) For any service, no more than one type of charge is imposed.

(ii) Charges apply to services furnished to the following age groups:

18 or older

19 or older

20 or older

21 or older

Charges apply to services furnished to the following reasonable categories of individuals listed below who are 18 years of age or older but under age 21.

TN No. 91-34  
Supersedes 86-17 Approval Date JAN 15 1992 Effective Date OCT 01 1991

HCFA ID: 7982E

Revision: HCFA-PM-91-4 (BPD)  
AUGUST 1991

OMB No.: 0938-

State/Territory: New Jersey

Citation - 4.18(b)(3) (Continued)  
42 CFR 447.51  
through 447.58

(iii) For the categorically needy and qualified Medicare beneficiaries, ATTACHMENT 4.18-A specifies the:

- (A) Service(s) for which a charge(s) is applied;
- (B) Nature of the charge imposed on each service;
- (C) Amount(s) of and basis for determining the charge(s);
- (D) Method used to collect the charge(s);
- (E) Basis for determining whether an individual is unable to pay the charge and the means by which such an individual is identified to providers;
- (F) Procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b); and
- (G) Cumulative maximum that applies to all deductible, coinsurance or copayment charges imposed on a specified time period.

Not applicable. There is no maximum.

TN No. 91-34  
Supersedes 90-16 Approval Date JAN 15 1992 Effective Date OCT 01 1991  
TN No. 90-16

HCFA ID: 7982E

Revision: HCFA-PM-91-4 (BPD)  
AUGUST 1991

OMB No.: 0938-

State/Territory: New Jersey

Citation -  
1916(c) of  
the Act

4.18(b)(4)  A monthly premium is imposed on pregnant women and infants who are covered under section 1902(a)(10)(A)(ii)(IX) of the Act and whose income equals or exceeds 150 percent of the Federal poverty level applicable to a family of the size involved. The requirements of section 1916(c) of the Act are met. ATTACHMENT 4.18-D specifies the method the State uses for determining the premium and the criteria for determining what constitutes undue hardship for waiving payment of premiums by recipients.

1902(a)(52)  
and 1925(b)  
of the Act

4.18(b)(5)  For families receiving extended benefits during a second 6-month period under section 1925 of the Act, a monthly premium is imposed in accordance with sections 1925(b)(4) and (5) of the Act.

1916(d) of  
the Act

4.18(b)(6)  A monthly premium, set on a sliding scale, imposed on qualified disabled and working individuals who are covered under section 1902(a)(10)(E)(ii) of the Act and whose income exceeds 150 percent (but does not exceed 200 percent) of the Federal poverty level applicable to a family of the size involved. The requirements of section 1916(d) of the Act are met. ATTACHMENT 4.18-E specifies the method and standards the State uses for determining the premium.

TN No. 91-34

Approval Date JAN 15 1992

Effective Date OCT 01 1991

Supersedes

TN No. 86-17

HCFA ID: 7982E

Revision: HCFA-PM-91-4 (BPD)  
AUGUST 1991

OMB No.: 0938-

State/Territory: New Jersey

Citation 4.18(c)  Individuals are covered as medically needy under the plan.

42 CFR 447.51  
through 447.58

- (1)  An enrollment fee, premium or similar charge is imposed. ATTACHMENT 4.18-B specifies the amount of and liability period for such charges subject to the maximum allowable charges in 42 CFR 447.52(b) and defines the State's policy regarding the effect on recipients of non-payment of the enrollment fee, premium, or similar charge.

447.51 through  
447.58

- (2) No deductible, coinsurance, copayment, or similar charge is imposed under the plan for the following:

- (i) Services to individuals under age 18, or under--

Age 19

Age 20

Age 21

Reasonable categories of individuals who are age 18, but under age 21, to whom charges apply are listed below, if applicable:

TN No. 91-34  
Supersedes Approval Date JAN 15 1992 Effective Date OCT 01 1991  
TN No. 86-17

HCFA ID: 7982E

**OFFICIAL**

OMB No.: 0938-

Revision: HCFA-PM-91- 4 (BPD)  
AUGUST 1991State/Territory: New JerseyCitation - 4.18 (c)(2) (Continued)42 CFR 447.51  
through  
447.58

(ii) Services to pregnant women related to the pregnancy or any other medical condition that may complicate the pregnancy.

(iii) All services furnished to pregnant women.

 Not applicable. Charges apply for services to pregnant women unrelated to the pregnancy.

(iv) Services furnished to any individual who is an inpatient in a hospital, long-term care facility, or other medical institution, if the individual is required, as a condition of receiving services in the institution, to spend for medical care costs all but a minimal amount of his income required for personal needs.

(v) Emergency services if the services meet the requirements in 42 CFR 447.53(b)(4).

(vi) Family planning services and supplies furnished to individuals of childbearing age.

1916 of the Act,  
P.L. 99-272  
(Section 9505)

(vii) Services furnished to an individual receiving hospice care, as defined in section 1905(o) of the Act.

447.51 through  
447.58

(viii) Services provided by a health maintenance organization (HMO) to enrolled individuals.

 Not applicable. No such charges are imposed.

TN No. <u>91-34</u>	Approval Date <u>JAN 23 1992</u>	Effective Date <u>OCT 01 1991</u>
Supersedes		
TN No. <u>86-17</u>		

HCFA ID: 7982E

**OFFICIAL**Revision: HCFA-PM-91-4 (BPD)  
AUGUST 1991

OMB No.: 0938-

State/Territory: New Jersey

Citation - 4.18(c)(3) Unless a waiver under 42 CFR 431.55(g) applies, nominal deductible, coinsurance, copayment, or similar charges are imposed on services that are not excluded from such charges under item (b)(2) above.

Not applicable. No such charges are imposed.

- (i) For any service, no more than one type of charge is imposed.
- (ii) Charges apply to services furnished to the following age group:

18 or older

19 or older

20 or older

21 or older

Reasonable categories of individuals who are 18 years of age, but under 21, to whom charges apply are listed below, if applicable.

TN No. 91-34  
Supersedes 86-17 Approval Date JAN 21 1992 Effective Date OCT 01 1991

HCFA ID: 7982E

**OFFICIAL**

OMB No.: 0938-

Revision: HCFA-PM-91-4 (BPD)  
AUGUST 1991State/Territory: New JerseyCitation - 4.18(c)(3) (Continued)

447.51 through

(iii) For the medically needy, and other optional groups, ATTACHMENT 4.18-C specifies the:

447.58

- (A) Service(s) for which charge(s) is applied;
- (B) Nature of the charge imposed on each service;
- (C) Amount(s) of and basis for determining the charge(s);
- (D) Method used to collect the charge(s);
- (E) Basis for determining whether an individual is unable to pay the charge(s) and the means by which such an individual is identified to providers;
- (F) Procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b); and
- (G) Cumulative maximum that applies to all deductible, coinsurance, or copayment charges imposed on a family during a specified time period.

 Not applicable. There is no maximum.

TN No. 91-34  
 Supersedes 86-17 Approval Date JAN 11 1992 Effective Date OCT 01 1991  
 TN No. 86-17

HCFA ID: 7982E

Revision: HCFA-PM-91-4 (BPD)  
AUGUST 1991

OMB No.: 0938-

State/Territory: New Jersey

Citation - 4.19 Payment for Services

42 CFR 447.252 (a) The Medicaid agency meets the requirements of  
1902(a)(13) 42 CFR Part 447, Subpart C, and sections  
and 1923 of 1902(a)(13) and 1923 of the Act with respect to  
the Act payment for inpatient hospital services.

ATTACHMENT 4.19-A describes the methods and standards used to determine rates for payment for inpatient hospital services.

- Inappropriate level of care days are covered and are paid under the State plan at lower rates than other inpatient hospital services, reflecting the level of care actually received, in a manner consistent with section 1861(v)(1)(G) of the Act.
- Inappropriate level of care days are not covered.

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TN No. 91-42 Approval Date FEB 28 1992 Effective Date OCT 1 1991  
 Supersedes TN No. 87-14

HCFA ID: 7982E

State/Territory: New Jersey**OFFICIAL**

Citation  
42 CFR 447.201  
42 CFR 447.302  
52 FR 28648  
1902(a)(13)(E)  
1903(a)(1) and  
(n), 1920, and  
1926 of the Act

4.19(b) In addition to the services specified in paragraphs 4.19(a), (d), (k), (l), and (m), the Medicaid agency meets the following requirements:

- (1) Section 1902(a)(13)(E) of the Act regarding payment for services furnished by Federally qualified health centers (FQHCs) under section 1905(a)(2)(C) of the Act. The agency meets the requirements of section 6303 of the State Medicaid Manual (HCFA-Pub. 45-6) regarding payment for FQHC services. ATTACHMENT 4.19-B describes the method of payment and how the agency determines the reasonable costs of the services (for example, cost-reports, cost or budget reviews, or sample surveys).
- (2) Sections 1902(a)(13)(E) and 1926 of the Act, and 42 CFR Part 447, Subpart D, with respect to payment for all other types of ambulatory services provided by rural health clinics under the plan.

ATTACHMENT 4.19-B describes the methods and standards used for the payment of each of these services except for inpatient hospital, nursing facility services and services in intermediate care facilities for the mentally retarded that are described in other attachments.

1902(a)(10) and  
1902(a)(30) of  
the Act

SUPPLEMENT 1 to ATTACHMENT 4.19-B describes general methods and standards used for establishing payment for Medicare Part A and B deductible/coinsurance.

No. 93-32  
Supersedes  
TN No. 91-42

Approval Date

JAN 19 1994

Effective Date

OCT 1 - 1993

TN

Revision: HCFA-AT-80-38 (BPP)  
May 22, 1980

OFFICIAL

State NEW JERSEY

Citation

42 CFR 447.40  
AT-78-90

4.19(c) Payment is made to reserve a bed during a recipient's temporary absence from an inpatient facility.

Yes. The State's policy is described in ATTACHMENT 4.19-C.

No.

IN # 77-15  
Supersedes  
TN # 76-15

Approval Date 1-11-78 Effective Date 12-1-77

Revision: HCFA-PM-87-9 (BERC)  
AUGUST 1987

OMB No.: 0938-0193

State/Territory: NEW JERSEY

Citation 4.19 (d)

42 CFR 447.252

47 FR 47964

48 FR 56046

42 CFR 447.280

47 FR 31518

52 FR 28141

- (1) The Medicaid agency meets the requirements of 42 CFR Part 447, Subpart C, with respect to payments for skilled nursing and intermediate care facility services.

ATTACHMENT 4.19-D describes the methods and standards used to determine rates for payment for skilled nursing and intermediate care facility services.

- (2) The Medicaid agency provides payment for routine skilled nursing facility services furnished by a swing-bed hospital.

At the average rate per patient day paid to SNFs for routine services furnished during the previous calendar year.

At a rate established by the State, which meets the requirements of 42 CFR Part 447, Subpart C, as applicable.

Not applicable. The agency does not provide payment for SNF services to a swing-bed hospital.

- (3) The Medicaid agency provides payment for routine intermediate care facility services furnished by a swing-bed hospital.

At the average rate per patient day paid to ICFs, other than ICFs for the mentally retarded, for routine services furnished during the previous calendar year.

At a rate established by the State, which meets the requirements of 42 CFR Part 447, Subpart C, as applicable.

Not applicable. The agency does not provide payment for ICF services to a swing-bed hospital.

- (4) Section 4.19(d)(1) of this plan is not applicable with respect to intermediate care facility services; such services are not provided under this State plan.

TN No. 87-20  
Supersedes  
TN No. 84-4

Approval Date JAN 29 1990

Effective Date 10/1/87

HCFA ID: 1010P/0012P

Revision: HCFA-AT-80-38 (BPP)  
May 22, 1980

OFFICIAL

State NEW JERSEY

Citation  
42 CFR 447.45 (c)  
AT-79-50

4.19 (e) The Medicaid agency meets all requirements of 42 CFR 447.45 for timely payment of claims.

ATTACHMENT 4.19-E specifies, for each type of service, the definition of a claim for purposes of meeting these requirements.

TN # 79-13  
Supersedes  
TN # 77-15

Approval Date 11-7-79 Effective Date 6-1-79

**OFFICIAL**Revision: HCFA-PM-87-4 (BERC)  
MARCH 1987

OMB No.: 0938-0193

State/Territory: NEW JERSEYCitation

42 CFR 447.15

AT-78-90

AT-80-34

48 FR 5730

4.19 (f) The Medicaid agency limits participation to providers who meet the requirements of 42 CFR 447.15.

No provider participating under this plan may deny services to any individual eligible under the plan on account of the individual's inability to pay a cost sharing amount imposed by the plan in accordance with 42 CFR 431.55(g) and 447.53. This service guarantee does not apply to an individual who is able to pay, nor does an individual's inability to pay eliminate his or her liability for the cost sharing change.

TN No. 87-14  
Supersedes  
TN No. 83-12

Approval Date SEP. 2 1987Effective Date APR. 1 1987

HCFA ID: 1010P/0012P

Revision: HCFA-AT-80-38 (BPP)  
May 22, 1980

**ORIGINAL**

State NEW JERSEY

Citation

42 CFR 447.201  
42 CFR 447.202  
AT-78-90

4.19(g) The Medicaid agency assures appropriate audit of records when payment is based on costs of services or on a fee plus cost of materials.

TN # 79-12  
Supersedes  
TN # 78-9

Approval Date 10-2-79 Effective Date 8-6-79

Revision: HCFA-AT-80-60 (BPP)  
August 12, 1980

OFFICIAL

State NEW JERSEY

Citation

42 CFR 447.201  
42 CFR 447.203  
AT-78-90

4.19(h) The Medicaid agency meets the requirements of 42 CFR 447.203 for documentation and availability of payment rates.

TN # 79-12  
Supersedes  
TN # 78-9

Approval Date 10-2-79

Effective Date 8-6-79

Revision: HCFA-AT-80-38 (BPP)  
May 22, 1980

OFFICIAL

State NEW JERSEY

Citation            4.19 (i)    The Medicaid agency's payments are  
42 CFR 447.201       sufficient to enlist enough providers so  
42 CFR 447.204       that services under the plan are  
AT-78-90               available to recipients at least to the  
                             extent that those services are available to  
                             the general population.

TN # 78-12  
Supersedes  
TN # 78-9

Approval Date 10-2-79

Effective Date 8-6-79

Revision: HCFA-PM-91- 4 (BPD)  
AUGUST 1991

OMB No.: 0938-

State: New Jersey

Citation

42 CFR 447.201 and 447.205 4.19(j) The Medicaid agency meets the requirements of 42 CFR 447.205 for public notice of any changes in Statewide method or standards for setting payment rates.

1903(v) of the Act (k) The Medicaid agency meets the requirements of section 1903(v) of the Act with respect to payment for medical assistance furnished to an alien who is not lawfully admitted for permanent residence or otherwise permanently residing in the United States under color of law. Payment is made only for care and services that are necessary for the treatment of an emergency medical condition, as defined in section 1903(v) of the Act.

TN No. 91-32 Approval Date DEC 5 1991 Effective Date OCT 1 1991  
Supersedes TN No. 90-2

HCFA ID: 7982E

State NEW JERSEY

**OFFICIAL**

Citation  
2 CFR 447.342  
46 FR 42669

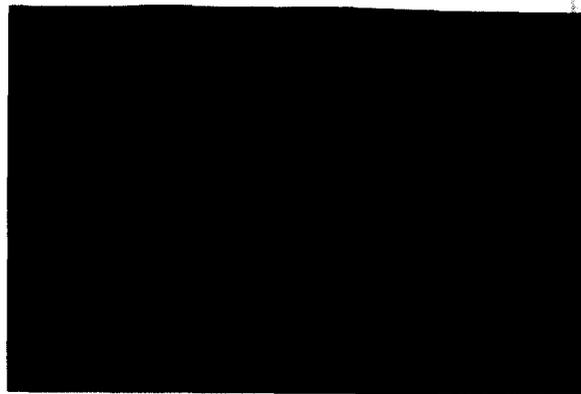
4.19(k)

Payments to Physicians for  
Clinical Laboratory Services

For services performed by an outside laboratory for a physician who bills for the service, payment does not exceed the amount that would be authorized under Medicare in accordance with 42 CFR 405.515(b), (c) and (d).

Yes

Not applicable. The Medicaid agency does not allow payment under the plan to physicians for outside laboratory services.



TN # 81-28  
Supersedes  
TN # \_\_\_\_\_

Approval Date 12/04/81

Effective Date 10/1/81

State/Territory: NEW JERSEY

**OFFICIAL**

Citation

4.19 (n) Medicaid Reimbursement for Administration of Vaccines under the Pediatric Immunization Program

1928(c)(2)  
(C)(ii) of  
the Act

(i)

A provider may impose a charge for the administration of a qualified pediatric vaccine as stated in 1928(c)(2)(C)(ii) of the Act. Within this overall provision, Medicaid reimbursement to providers will be administered as follows.

(ii)

The State:

— sets a payment rate at the level of the regional maximum established by the DHHS Secretary.

— is a Universal Purchase State and sets a payment rate at the level of the regional maximum established in accordance with State law.

sets a payment rate below the level of the regional maximum established by the DHHS Secretary.

— is a Universal Purchase State and sets a payment rate below the level of the regional maximum established by the Universal Purchase State.

The State pays the following rate for the administration of a vaccine: \$2.50 if the provider receives free vaccine.

1926 of  
the Act

(iii)

Medicaid beneficiary access to immunizations is assured through the following methodology:

Other

TN No. 97-10

Supersedes

TN No. 96-3

Approval Date

APR 07 1997

Effective Date

3/21/1997

Revision: HCFA-AT-80-38 (BPP)  
May 22, 1980

OFFICIAL

State NEW JERSEY

Citation  
42 CFR 447.25 (b)  
AT-78-90

4.20 Direct Payments to Certain Recipients for  
Physicians' or Dentists' Services

Direct payments are made to certain recipients as specified by, and in accordance with, the requirements of 42 CFR 447.25.

- Yes, for  physicians' services  
 dentists' services

ATTACHMENT 4.20-A specifies the conditions under which such payments are made.

- Not applicable. No direct payments are made to recipients.

N # 77-15  
Supersedes  
TN # 76-15

Approval Date 1-11-78 Effective Date 12-31-77

State NEW JERSEY

**OFFICIAL**

Station 4.21 Prohibition Against Reassignment of Provider Claims

42 CFR 447.10(c)  
AT-78-90  
46 FR 42699

Payment for Medicaid services furnished by any provider under this plan is made only in accordance with the requirements of 42 CFR 447.10.

TN # 81-28  
Supersedes  
TN # 78-8

Approval Date 12/04/81

Effective Date 10/1/81

State/Territory: New Jersey

Citation

**4.22 Third Party Liability**

- 42 CFR 433.137  
1902(A)(25)(H) and (I)  
Of the act
- (a) The Medicaid agency meets all requirements of:
- (1) 42 CFR 433.138 and 433.139,
  - (2) 42 CFR 433.145 through 433.148,
  - (3) 42 CFR 433.151 through 433.154,
  - (4) Sections 1902(a)(25)(H) and (I) of the Act.
  - (5) Section 1902(a)(25)(E) of the Act.
- 42 FR 433.138(f)
- (b) ATTACHMENT 4.22-A
- (1) Specifies the frequency with which the data exchanges required in 433.138(d)(1), (d)(3) and (d)(4) and the diagnosis and trauma code edits required in 433.138(e) are conducted;
  - (2) Describes the methods the agency uses for meeting the follow up requirements contained in 433.138(g)(1)(i) and (g)(2)(i);
  - (3) Describes the methods the agency uses for following up on information obtained through the State motor vehicle accident report file data exchange required under 433.138(d)(4)(ii) and specifies the time frames for incorporation into the eligibility case file and into its third party database and third party recovery unit of all information obtained through the follow up that identifies legally liable third party resources; and
  - (4) Describes the methods the agency uses for following up on paid claims identified under 433.138(e) (methods include a procedure for periodically identifying those trauma codes that yield the highest third party collections and giving priority to following up on those codes) and specifies the time frames for incorporation into the eligibility case file and into its third party database and third party recovery unit of all information obtained through the follow up that identifies legally liable third party resources.
- 42 CFR 433.138(g)(1)(ii)  
and (2)(ii)
- 42 CFR 433.138(g)(3)(i)  
and (iii)
- 42 CFR 433.138(g)(4)(i)  
through (iii)

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**TN: #22-0010**

**Approval Date 4/27/22**

**Supersedes TN: #95-42**

**Effective Date 1/1/22**

State/Territory: New Jersey

Citation

- 42 CFR 433.130(b)(3) X (c) Providers are required to bill liable third parties when services covered under the plan are furnished to an individual on whose behalf child support enforcement is being carried out by the State IV-D agency.  
(ii)(A)
- (d) ATTACHMENT 4.22-B specifies the following:
- 42 CFR 433.139(b)(3)(ii)(C) (1) The method used in determining a provider's compliance with the third party billing requirements at 433.139(b)(3)(ii)(C),
- 42 CFR 433.139(f)(2) (2) The threshold amount or other guideline used in determining whether to seek recovery of reimbursement from a liable third party, or the process by which the agency determines that sending recovery of reimbursement would not be cost effective,
- 42 CFR 433.139(f)(3) (3) The dollar amount or time period the State uses to accumulate billings from a particular liable third party in making the decision to seek recovery of reimbursement.
- 42 CFR 447.20 (e) The Medicaid agency ensures that the provider furnishing a service for which a third party is liable follows the restrictions specified in 42 CFR 447.20.
- 1902(a)(25)(I) (f) The Medicaid agency ensures that laws are in effect that bar liable third-party payers from refusing payment for an item or service solely on the basis that such item or service did not receive prior authorization under the third-party payer's rules. These laws comply with the provisions of section 202 of the Consolidated Appropriations Act, 2022.

State/Territory: New Jersey

Citation 4.22 (continued)

42 CFR 433.151(a)

(f) The Medicaid agency has written cooperative agreements for the enforcement of rights to and collection of third party benefits assigned to the State as a condition of eligibility for medical assistance with the following: (Check as appropriate.)

State title IV-D agency. The requirements of 42 CFR 433.152(b) are met.

Other appropriate State agency(s) --  
New Jersey Department of Law and Public Safety, Division of Law

Other appropriate agency(s) of another State  
\_\_\_\_\_  
\_\_\_\_\_

Courts and law enforcement officials.

1902(a)(60) of the Act

(g) The Medicaid agency assures that the State has in effect the laws relating to medical child support under section 1908 of the Act.

1906 of the Act

(h) The Medicaid agency specifies the guidelines used in determining the cost effectiveness of an employer-based group health plan by selecting one of the following:

The Secretary's method as provided in the State Medicaid Manual, Section 3910.

The State provides methods for determining cost effectiveness on ATTACHMENT 4.22-C.

TN 95-42

Approval Date FEB 20 1998

Supersedes TN 91-23 Effective Date APR 01 1995

Revision: HCFA-AT-84-2 (BERC)  
01-84

**OFFICIAL**

State/Territory: New Jersey

Citation                      4.23    Use of Contracts

42 CFR 434.4  
48 FR 54013

The Medicaid agency has contracts of the type(s) listed in 42 CFR Part 434. All contracts meet the requirements of 42 CFR Part 434.

Not applicable. The State has no such contracts.

42 CFR Part 438

The Medicaid agency has contracts of the type(s) listed in 42 CFR Part 438. All contracts meet the requirements of 42 CFR Part 438. Risk contracts are procured through an open procurement process that is consistent with 45 CFR Part 74. The State does not use a competitive bid process, but contracts with any willing and qualified provider that meets the State's contract standards for managed care organizations. The risk contract is with (check all that apply):

- a Managed Care Organization that meets the definition of 1903(m) of the Act and 42 CFR 438.2
- a Prepaid Inpatient Health Plan that meets the definition of 42 CFR 438.2
- a Prepaid Ambulatory Health Plan that meets the definition of 42 CFR 438.2.
- Not applicable.

03-07-MA (NJ)

TN # 03-07  
Supersedes TN # 84-05

Effective Date AUG 13 2003  
Approval Date MAR 17 2004

Revision: HCFA-PM-94-2 (BPD)  
APRIL 1994

State/Territory:

New Jersey

Citation 4.24  
42 CFR 442.10  
and 442.100  
AT-78-90  
AT-79-18  
AT-80-25  
AT-80-34  
52 FR 32544  
P.L 100-203  
(Sec. 4211)  
54 FR 5316  
56 FR 48826

Standards for Payments for Nursing Facility  
and Intermediate Care Facility for the Mentally  
Retarded Services

With respect to nursing facilities and  
intermediate care facilities for the mentally  
retarded, all applicable requirements of  
42 CFR Part 442, Subparts B and C are met.

Not applicable to intermediate care  
facilities for the mentally retarded;  
such services are not provided under this  
plan.

TN No. 94-9 Approval Date JUL 25 1994 Effective Date APR 1 - 1994  
Supersedes  
TN No. 80-15

Decision: HCFA-AT-80-38 (BPP)  
May 22, 1980

**CONFIDENTIAL**

State NEW JERSEY

Citation  
42 CFR 431.702  
AT-78-90

4.25 Program for Licensing Administrators of Nursing Homes

The State has a program that, except with respect to Christian Science sanatoria, meets the requirements of 42 CFR Part 431, Subpart N, for the licensing of nursing home administrators.

TN # 74-1

Supersedes

TN # \_\_\_\_\_

Approval Date

2/19/75

Effective Date

1-1-74

State/Territory: STATE OF NEW JERSEY (DMAHS)

4.26 Drug Utilization Review Program

Citation

1927(g)  
42 CFR 456.700

A.1 The Medicaid agency meets the requirements of Section 1927(g) of the Act for a drug use review (DUR) program for outpatient drug claims.

1927(g)(1)(A)

2. The DUR program assures that prescriptions for outpatient drugs are:

- Appropriate
- Medically necessary
- Are not likely to result in adverse medical results

1927(g)(1)(a)  
42 CFR 456.705(b) and 456.709(b)

B. The DUR program is designed to educate physicians and pharmacists to identify and reduce the frequency of patterns of fraud, abuse, gross overuse, or inappropriate or medically unnecessary care among physicians, pharmacists and patients or associated with specific drugs as well as:

- Potential and actual adverse drug reactions
- Therapeutic appropriateness
- Overutilization and under utilization
- Appropriate use of generic products
- Therapeutic duplication
- Drug disease contraindications
- Drug-drug interactions
- Incorrect drug dosage or duration of drug treatment
- Drug-allergy interactions
- Clinical abuse/misuse

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TN No. 19-0018

Approval Date: 02/28/2020

Supersedes TN No.: 96-10

Effective Date: 10/01/2019

State/Territory: STATE OF NEW JERSEY (DMAHS)Citation

1927(g)(1)(B)  
42 CFR 456.703 (d) and (f)

C. The DUR program shall assess data use against predetermined standards whose source materials for their development are consistent with peer-reviewed medical literature which has been critically reviewed by unbiased independent experts and the following compendia:

- American Hospital Formulary Service Drug Information
- United States Pharmacopeia-Drug Information
- American Medical Association Drug Evaluations

1927(g)(1)(D)  
42 CFR 456.703(b)

D. DUR is not required for drugs dispensed to residents of nursing facilities that are in compliance with drug regimen review procedures set forth in 42 CFR 423.60. The State has never-the-less chosen to include nursing home drugs in:

Prospective DUR  
 Retrospective DUR.

1927(g)(2)(A)  
42 CFR 456.705(b)

E.1. The DUR program includes prospective review of drug therapy at the point of sale or point of distribution before each prescription is filled or delivered to the Medicaid recipient.

1927(g)(2)(A)(i)  
42 CFR 456.705(b)(1)-(7)

2. Prospective DUR includes screening each prescription filled or delivered to an individual receiving benefits for potential drug therapy problems due to:

- Therapeutic duplication

State/Territory: STATE OF NEW JERSEY (DMAHS)Citation

- Drug-disease contraindications
- Drug-drug interactions
- Drug-interactions with non-prescription or over-the-counter drugs
- Incorrect drug dosage or duration of drug treatment
- Drug allergy interactions
- Clinical abuse/misuse

1927(g)(2)(A)(ii)  
42 CFR 456-705 (c) and (d)

3. Prospective DUR includes counseling for Medicaid recipients based on standards established by State Law and maintenance of patient profiles

1927(g)(2)(B)  
42 CFR 456.709(a)

F.1. The DUR program includes retrospective DUR through its mechanized drug claims processing and information retrieval system or otherwise or otherwise which undertakes ongoing periodic examination of claims data and other records to identify:

- Patterns of fraud and abuse
- Gross overuse
- Inappropriate or medically unnecessary care among physicians, pharmacists, Medicaid recipients or associated with specific drugs or groups of drugs

1927(g)(2)(C)  
42 CFR 456.709(b)

2. The DUR program assesses data on drug use against explicit predetermined standards including but not limited to monitoring for:

- Therapeutic appropriateness
- Overutilization and under utilization

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TN No. 19-0018

Approval Date: 02/28/2020

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Effective Date: 10/01/2019

State/Territory: STATE OF NEW JERSEY (DMAHS)

Citation

- Appropriate use of generic products
- Therapeutic duplication
- Drug-disease contraindications
- Drug-drug interactions
- Incorrect drug dosage/duration of drug treatment
- Clinical abuse/misuse

1927(g)(2)(D)  
42 CFR 456.711

3. The DUR program through its State DUR Board, using data provided by the Board, provides for active and ongoing educational outreach programs to educate practitioners on common drug therapy problems to improve prescribing and dispensing practices.

1927(g)(3)(A)  
42 CFR 456.716(a)

G.1. The DUR program has established a State DUR Board either:

Directly, or  
 Under contract with a private organization

1927(g)(3)(B)  
42 CFR 456.716 (A) and (b)

2. The DUR Board membership includes health professionals (one-third licensed actively practicing pharmacists and one-third but no more than 51 percent licensed and actively practicing physicians) with knowledge and experience in one or more of the following:

- Clinically appropriate prescribing of covered outpatient drugs.
- Clinically appropriate dispensing and monitoring of covered outpatient drugs.
- Drug use review, evaluation and intervention.
- Medical quality assurance.

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TN No. 19-0018

Approval Date: 02/28/2020

Supersedes TN No.: 96-10

Effective Date: 10/01/2019

State/Territory: STATE OF NEW JERSEY (DMAHS)

Citation

1927(g)(3)(c)  
42 CFR 456.716(d)

3. The activities of the DUR Board include:  
-Retrospective DUR  
-Application of Standards as defined in section 1927(g)2)(c), and  
-Ongoing interventions for physicians and pharmacists targeted toward therapy problems or individuals identified in the course of retrospective DUR.

1927(g)(3)(C)  
42 CFR 456.711 (a)-(d)

4. The interventions include appropriate instances:

-Information dissemination  
-Written, oral and electronic reminders  
-Face-to-face discussions  
-Intensified monitoring/review of prescribers/dispensers

1927(g)(3)(D)  
42 CFR 456.712 (A) and (B)

H. The State assures that it will prepare and submit an annual report to the Secretary, which incorporates a report from the State DUR Board, and that the State will adhere to the plans, steps, procedures as described in the report.

1927(h)(1)  
42 CFR 456.722

I. 1. X The State establishes, as its principle means of processing claims for covered outpatient drugs under this title, a point-of-sale electronic claims management system to perform on-line:

-Real time eligibility verification  
-Claims data capture  
-Adjudication of claim

State/Territory: STATE OF NEW JERSEY (DMAHS)

Citation

1927(g)(2)(A)(i)  
42 CFR 456.705(b)

-Assistance to pharmacists, etc. applying for and receiving payment.

2. X Prospective DUR is performed using an electronic point of sale drug claims processing system

1927(j)(2)  
42 CFR 456.703(c)

J. Hospitals which dispense covered outpatient drugs are exempted from the drug utilization review requirements of this section when facilities use drug formulary systems and bill the Medicaid program no more than the hospital's purchasing cost for such covered outpatient drugs.

SUPPORT ACT Section 1004  
1902(a)(85)

A. The Medicaid program meets the DUR requirements of section 1902(o) of the Act and 42 CFR 1396(a) for opioids and the use of antipsychotics in children not older than 18 years of age including foster children.

B. The DUR program assesses data on opioid drug use against explicit predetermined standards, in addition to standards defined in section 1927(g)(2)(C) of the Act, including but not limited to: prospective safety edits and ongoing retrospective reviews.

-Days's Supply  
-Duplicate fills  
-Quantity limitations  
-Early prescription refills

State/Territory: STATE OF NEW JERSEY (DMAHS)

Citation:

-Exceeding Morphine Milligram Equivalents (MMEs) with exceptions for cancer treatment or hospice/palliative care, and/or those for whom the State elects to exempt.

-Drug-drug contraindications, including concurrent utilization of opioids and benzodiazepines as well as opioids and antipsychotics.

C. The DUR program assesses data on antipsychotic drug use in children not older than 18 years of age generally and those in foster care against explicit predetermined standards, in addition to the standards defined in section 1927(g)(2)(C) of the Act.

D. The State assures that it will prepare and submit an annual report on antipsychotic prescribing for children not older than 18 years of age generally and those in foster care to the Secretary.

E. The Medicaid program must establish a process to identify potential controlled substance fraud and abuse by Medicaid enrollees, providers and pharmacies.

Division: HCFA-AT-80-38 (BPP)  
May 22, 1980

OFFICIAL

State NEW JERSEY

Citation  
42 CFR 431.115(c)  
AT-78-90  
AT-79-74

4.27 Disclosure of Survey Information and Provider  
or Contractor Evaluation

The Medicaid agency has established procedures for disclosing pertinent findings obtained from surveys and provider and contractor evaluations that meet all the requirements in 42 CFR 431.115.

N # 79-17  
Supersedes  
TN # 76-4

Approval Date 12-20-79 Effective Date 10-15-79

**OFFICIAL**

Revision: HCFA-PM-93-1  
January 1993

(BPD)

New Jersey

State/Territory: \_\_\_\_\_

Citation

4.28 Appeals Process

42 CFR 431.152;  
AT-79-18  
52 FR 22444;  
Secs.  
1902(a)(28)(D)(i)  
and 1919(e)(7) of  
the Act; P.L.  
100-203 (Sec. 4211(c)).

- (a) The Medicaid agency has established appeals procedures for NFs as specified in 42 CFR 431.153 and 431.154.
- (b) The State provides an appeals system that meets the requirements of 42 CFR 431 Subpart E, 42 CFR 483.12, and 42 CFR 483 Subpart E for residents who wish to appeal a notice of intent to transfer or discharge from a NF and for individuals adversely affected by the preadmission and annual resident review requirements of 42 CFR 483 Subpart C.

TN No. 94-10  
Supersedes \_\_\_\_\_ Approval Date JAN 13 1995 Effective Date APR 1 - 1994  
TN No. 88-31



OFFICIAL

Revision: HCFA-PM-87-14 (BERC)  
OCTOBER 1987

OMB No.: 0938-0193

State/Territory: NEW JERSEY

Citation

42 CFR 1002.203

AT-79-54

48 FR 3742

51 FR 34772

4.30 Exclusion of Providers and Suspension of  
Practitioners and Other Individuals

(a) All requirements of 42 CFR Part 1002, Subpart B are met.

The agency, under the authority of State law, imposes broader sanctions.

No. 88-5

ersedes

No. 87-14Approval Date OCT. 20 1988Effective Date JAN. 1 1988

HCFA ID: 1010P/0012P

**OFFICIAL**Revision: HCFA-AT-87-14 (BERC)  
OCTOBER 1987OMB No.: 0938-0193  
4.30 continuedState/Territory: New JerseyCitation

(b) The Medicaid agency meets the requirements of –

1902(p) of the Act

(1) Section 1902(p) of the Act by excluding from participation—

(A) At the State's discretion, any individual or entity for any reason for which the Secretary could exclude the individual or entity from participation in a program under title XVIII in accordance with sections 1128, 1128A, or 1866(b)(2).

42 CFR 438.808

(B) Any MCO (as defined in section 1903(m) of the Act), or an entity furnishing services under a waiver approved under section 1915(b)(1) of the Act, that –

- (i) Could be excluded under section 1128(b)(8) relating to owners and managing employees who have been convicted of certain crimes or received other sanctions, or
- (ii) Has, directly or indirectly, a substantial contractual relationship (as defined by the Secretary) with an individual or entity that is described in section 1128(b)(8)(B) of the Act.

1932(d)(1)  
42 CFR 438.610

(2) An MCO, PIHP, PAHP, or PCCM may not have prohibited affiliations with individuals (as defined in 42 CFR 438.610(b)) who are suspended, or otherwise excluded from participating in procurement activities under the Federal Acquisition Regulation or from participating in non-procurement activities under regulations issued under Executive Order No. 12549 or under guidelines implementing Executive Order No. 12549. If the State finds that an MCO, PCCM, PIHP, or PAHP is not in compliance, the State will comply with the requirements of 42 CFR 438.610(c)

03-07-MA (NJ)TN # 03-07  
Supersedes TN # 88-05Effective Date AUG 13 2003  
Approval Date MAR 17 2004

**OFFICIAL**Revision: HCFA-AT-87-14 (BERC)  
OCTOBER 1987OMB No.: 0938-0193  
4.30 continuedState/Territory: New JerseyCitation

1902(a)(39) of the Act

(3) Section 1902(a)(39) of the Act by —

- (A) Excluding an individual or entity from participation for the period specified by the Secretary, when required by the Secretary to do so in accordance with sections 1128 or 1128A of the Act; and
- (B) Providing that no payment will be made with respect to any item or service furnished by an individual or entity during this period.

(c) The Medicaid agency meets the requirements of \_\_\_

- (1) Section 1902(a)(41) of the Act with respect to prompt notification to CMS whenever a provider is terminated, suspended, sanctioned or otherwise excluded from participating under this State plan; and
- (2) Section 1902 (a)(49) of the Act with respect to providing information and access to information regarding sanctions taken against health care practitioners and providers by State licensing authorities in accordance with section 1921 of the Act.

03-07-MA (NJ)TN # 03-07  
Supersedes TN # 88-05Effective Date AUG 13 2003  
Approval Date MAR 17 2004

**OFFICIAL**

Revision: HCFA-PM-87-14 (BERC)  
October 1997

OMB No: 0938-0193

State/Territory: NEW JERSEY

Citation

455.103  
44 FR 41644  
1902(a)(38)  
of the Act  
P.L. 100-93  
(sec. 8(f))

4.31 Disclosure of Information by Providers and Fiscal Agents

The Medicaid agency has established procedures for the disclosure of information by providers and fiscal agents as specified in 42 CFR 455.104 through 455.106 and sections 1128(b)(9) and 1902(a)(38) of the Act.

435.940  
through  
435.960  
52 FR 5967  
**1903(r) of the  
Act  
1137 of the  
Act**

4.32 Income and Eligibility Verification System

(a) The Medicaid agency has established a system for income and eligibility verification in accordance with the requirements of **Section 1137 of the Act and** 42 CFR 435.940 through 435.960.

(b) ATTACHMENT 4.32-A describes, in accordance with 42 CFR 435.948(a)(6) the information that will be requested in order to verify eligibility or the correct payment amount and the agencies and the State(s) from which that information will be requested.

TN No.: 12-03

Supersedes  
TN No.: 88-5

Approval Date: **SEP 06 2012**

Effective Date: **APR 01 2012**

OFFICIAL

Revision: HCFA-PM-87-14 (BERC)  
OCTOBER 1987

OMB No.: 0938-0193

State/Territory: NEW JERSEY

Citation

1902(a)(48)  
of the Act,  
P.L. 99-570  
(Section 11005)  
P.L. 100-93  
(sec. 5(a)(3))

4.33 Medicaid Eligibility Cards for Homeless Individuals

- (a) The Medicaid agency has a method for making cards evidencing eligibility for medical assistance available to an individual eligible under the State's approved plan who does not reside in a permanent dwelling or does not have a fixed home or mailing address.
- (b) ATTACHMENT 4.33-A specifies the method for issuance of Medicaid eligibility cards to homeless individuals.

TN No. 88-5

Supersedes

TN No. 87-14

Approval Date OCT. 20 1988

Effective Date JAN. 1 1988

HCFA ID: 1010P/0012P

Revision: HCFA-PM-88-10 (BERC)  
SEPTEMBER 1988

OMB No.: 0938-0193

State/Territory: New Jersey

Citation  
1137 of  
the Act

P.L. 99-603  
(sec. 121)

#### 4.34 Systematic Alien Verification for Entitlements

The State Medicaid agency has established procedures for the verification of alien status through the Immigration & Naturalization Service (INS) designated system, Systematic Alien Verification for Entitlements (SAVE), effective October 1, 1988.

The State Medicaid agency has elected to participate in the option period of October 1, 1987 to September 30, 1988 to verify alien status through the INS designated system (SAVE).

The State Medicaid agency has received the following type(s) of waiver from participation in SAVE.

Total waiver

Alternative system

Partial implementation

TN No. 88-31  
Supersedes \_\_\_\_\_  
TN No. \_\_\_\_\_

Approval Date

JAN 19 1989

Effective Date

OCT 1 1988

HCFA ID: 1010P/0012P

Revision: HCFA-PM-95-4 (HSQB)  
JUNE 1995

**ORIGINAL**

State/Territory: New Jersey

Citation 4.35 Enforcement of Compliance for Nursing Facilities

42 CFR  
§488.402(f)

(a) Notification of Enforcement Remedies

When taking an enforcement action against a non-State operated NF, the State provides notification in accordance with 42 CFR 488.402(f).

(i) The notice (except for civil money penalties and State monitoring) specifies the:

- (1) nature of noncompliance,
- (2) which remedy is imposed,
- (3) effective date of the remedy, and
- (4) right to appeal the determination leading to the remedy.

42 CFR  
§488.434

(ii) The notice for civil money penalties is in writing and contains the information specified in 42 CFR 488.434.

42 CFR  
§488.402(f)(2)

(iii) Except for civil money penalties and State monitoring, notice is given at least 2 calendar days before the effective date of the enforcement remedy for immediate jeopardy situations and at least 15 calendar days before the effective date of the enforcement remedy when immediate jeopardy does not exist.

42 CFR  
§488.456(c)(d)

(iv) Notification of termination is given to the facility and to the public at least 2 calendar days before the remedy's effective date if the noncompliance constitutes immediate jeopardy and at least 15 calendar days before the remedy's effective date if the noncompliance does not constitute immediate jeopardy. The State must terminate the provider agreement of an NF in accordance with procedures in parts 431 and 442.

(b) Factors to be Considered in Selecting Remedies

42 CFR  
§488.488.404(b)(1)

(i) In determining the seriousness of deficiencies, the State considers the factors specified in 42 CFR 488.404(b)(1) & (2).

— The State considers additional factors. Attachment 4.35-A describes the State's other factors.

TN No. 95-35  
Supersedes  
TN No. New

Approval Date: JUN 11 1997

Effective Date: JUL 01 1995

*New*  
*but delete 79c per HCFA 174*  
*form 95-35*

Revision: HCFA-PM-95-4 (HSQB)  
JUNE 1995

State/Territory: New Jersey

Citation:

c) Application of Remedies

42 CFR  
§488.410

- (i) If there is immediate jeopardy to resident health or safety, the State terminates the NF's provider agreement within 23 calendar days from the date of the last survey or immediately imposes temporary management to remove the threat within 23 days.

42 CFR  
§488.417(b)  
§1919(h)(2)(C)  
of the Act.

- (ii) The State imposes the denial of payment (or its approved alternative) with respect to any individual admitted to an NF that has not come into substantial compliance within 3 months after the last day of the survey.

42 CFR  
§488.414  
§1919(h)(2)(D)  
of the Act.

- (iii) The State imposes the denial of payment for new admissions remedy as specified in §488.417 (or its approved alternative) and a State monitor as specified at §488.422, when a facility has been found to have provided substandard quality of care on the last three consecutive standard surveys.

42 CFR  
§488.408  
§1919(h)(2)(A)  
of the Act.

- (iv) The State follows the criteria specified at 42 CFR §488.408(c)(2), §488.408(d)(2), and §488.408(e)(2), when it imposes remedies in place of or in addition to termination.

42 CFR  
§488.412(a)

- (v) When immediate jeopardy does not exist, the State terminates an NF's provider agreement no later than 6 months from the finding of noncompliance, if the conditions of 42 CFR §488.412(a) are not met.

(d) Available Remedies

42 CFR  
§488.406(b)  
§1919(h)(2)(A)  
of the Act.

- (i) The State has established the remedies defined in 42 CFR 488.406(b).

- |          |   |
|----------|---|
| <u>X</u> | (1) Termination   |
| <u>X</u> | (2) Temporary Management  |
| <u>X</u> | (3) Denial of Payment for New Admissions                                  |
| <u>X</u> | (4) Civil Money Penalties   |
| <u>X</u> | (5) Transfer of Residents; Transfer of Residents with Closure of Facility |
| <u>X</u> | (6) State Monitoring  |

Attachments 4.35-B through 4.35-G describe the criteria for applying the above remedies.

- |          |                                 |
|----------|---------------------------------|
| <u>X</u> | (7) Directed Plan of Correction |
| <u>X</u> | (8) Directed Inservice Training |

**OFFICIAL**

TN No. 45-35  
Supersedes  
TN No. New

Approval Date JUN 11 1997

Effective Date: JUL 01 1995

Revision: HCFA-PM-95-4 (HSQB)  
JUNE 1995

State/Territory: New Jersey

Citation

42 CFR  
§488.406(b)  
§1919(h)(2)(B)(ii)  
of the Act.

(ii)  The State uses alternative remedies. The State has established alternative remedies that the State will impose in place of a remedy specified in 42 CFR 488.406(b).

- (1) Temporary Management
- (2) Denial of Payment for New Admissions
- (3) Civil Money Penalties
- (4) Transfer of Residents; Transfer of Residents with Closure of Facility
- (5) State Monitoring.

Attachments 4.35-B through 4.35-G describe the alternative remedies and the criteria for applying them.

42 CFR  
§488.303(b)  
1910(h)(2)(F)  
of the Act.

(e)  State Incentive Programs

- (1) Public Recognition
- (2) Incentive Payments

**OFFICIAL**

TN No. 25-35 Approval Date: JUN 11 1997 Effective Date: JUL 01 1995  
 Supersedes  
 TN No. New

Revision: HCFA-PM-91- 4 (BPD)  
AUGUST 1991

OMB No.: 0938-

State/Territory: New Jersey

Citation 4.36 Required Coordination Between the Medicaid and WIC Programs

1902(a)(11)(C)  
and 1902(a)(53)  
of the Act

The Medicaid agency provides for the coordination between the Medicaid program and the Special Supplemental Food Program for Women, Infants, and Children (WIC) and provides timely notice and referral to WIC in accordance with section 1902(a)(53) of the Act.

TN No. 91-32  
Supersedes None Approval Date DEC 5<sup>th</sup> 1991 Effective Date OCT 1 1991  
TN No. **New** HCFA ID: 7982E

Revision: HCFA-PM-91- 10  
DECEMBER 1991

(BPD)

State/Territory: New Jersey

Citation

42 CFR 483.75; 42  
CFR 483 Subpart D;  
Secs. 1902(a)(28),  
1919(e)(1) and (2),  
and 1919(f)(2),  
P.L. 100-203 (Sec.  
4211(a)(3)); P.L.  
101-239 (Secs.  
6901(b)(3) and  
(4)); P.L. 101-508  
(Sec. 4801(a)).

4.38 Nurse Aide Training and Competency  
Evaluation for Nursing Facilities

- (a) The State assures that the requirements of 42 CFR 483.150(a), which relate to individuals deemed to meet the nurse aide training and competency evaluation requirements, are met.
- (b) The State waives the competency evaluation requirements for individuals who meet the requirements of 42 CFR 483.150(b)(1).
- (c) The State deems individuals who meet the requirements of 42 CFR 483.150(b)(2) to have met the nurse aide training and competency evaluation requirements.
- (d) The State specifies any nurse aide training and competency evaluation programs it approves as meeting the requirements of 42 CFR 483.152 and competency evaluation programs it approves as meeting the requirements of 42 CFR 483.154.
- (e) The State offers a nurse aide training and competency evaluation program that meets the requirements of 42 CFR 483.152.
- (f) The State offers a nurse aide competency evaluation program that meets the requirements of 42 CFR 483.154.

TN No. 92-5  
Supersedes  
TN No. **New**

Approval Date APR 30 1992

Effective Date JAN 1 1992

**OFFICIAL**

Revision: HCFA-PM-91- 10  
DECEMBER 1991

790  
(BPD)

State/Territory:

New Jersey

Citation

42 CFR 483.75; 42  
CFR 483 Subpart D;  
Secs. 1902(a)(28),  
1919(e)(1) and (2),  
and 1919(f)(2),  
P.L. 100-203 (Sec.  
4211(a)(3)); P.L.  
101-239 (Secs.  
6901(b)(3) and  
(4)); P.L. 101-508  
(Sec. 4801(a)).

- (g) If the State does not choose to offer a nurse aide training and competency evaluation program or nurse aide competency evaluation program, the State reviews all nurse aide training and competency evaluation programs and competency evaluation programs upon request.
- (h) The State survey agency determines, during the course of all surveys, whether the requirements of 483.75(e) are met.
- (i) Before approving a nurse aide training and competency evaluation program, the State determines whether the requirements of 42 CFR 483.152 are met.
- (j) Before approving a nurse aide competency evaluation program, the State determines whether the requirements of 42 CFR 483.154 are met.
- (k) For program reviews other than the initial review, the State visits the entity providing the program.
- (l) The State does not approve a nurse aide training and competency evaluation program or competency evaluation program offered by or in certain facilities as described in 42 CFR 483.151(b)(2) and (3).

TN No. 99-5  
Supersedes  
TN No.

**New**

Approval Date

APR 30 1992

Effective Date JAN 1 1992

State/Territory: New Jersey

Citation  
42 CFR 483.75; 42  
CFR 483 Subpart D;  
Secs. 1902(a)(28),  
1919(e)(1) and (2),  
and 1919(f)(2),  
P.L. 100-203 (Sec.  
4211(a)(3)); P.L.  
101-239 (Secs.  
6901(b)(3) and  
(4)); P.L. 101-508  
(Sec. 4801(a)).

- (m) The State, within 90 days of receiving a request for approval of a nurse aide training and competency evaluation program or competency evaluation program, either advises the requestor whether or not the program has been approved or requests additional information from the requestor.
- (n) The State does not grant approval of a nurse aide training and competency evaluation program for a period longer than 2 years.
- (o) The State reviews programs when notified of substantive changes (e.g., extensive curriculum modification).
- (p) The State withdraws approval from nurse aide training and competency evaluation programs and competency evaluation programs when the program is described in 42 CFR 483.151(b)(2) or (3).
- X (q) The State withdraws approval of nurse aide training and competency evaluation programs that cease to meet the requirements of 42 CFR 483.152 and competency evaluation programs that cease to meet the requirements of 42 CFR 483.154.
- (r) The State withdraws approval of nurse aide training and competency evaluation programs and competency evaluation programs that do not permit unannounced visits by the State.

TN No. 94-5  
Supersedes  
TN No. **New**

Approval Date

APR 30 1992

Effective Date JAN 1 1992

State/Territory: New Jersey

Citation

42 CFR 483.75; 42  
CFR 483 Subpart D;  
Secs. 1902(a)(28),  
1919(e)(1) and (2),  
and 1919(f)(2),  
P.L. 100-203 (Sec.  
4211(a)(3)); P.L.  
101-239 (Secs.  
6901(b)(3) and  
(4)); P.L. 101-508  
(Sec. 4801(a)).

- (s) When the State withdraws approval from a nurse aide training and competency evaluation program or competency evaluation program, the State notifies the program in writing, indicating the reasons for withdrawal of approval.
- (t) The State permits students who have started a training and competency evaluation program from which approval is withdrawn to finish the program.
- (u) The State provides for the reimbursement of costs incurred in completing a nurse aide training and competency evaluation program or competency evaluation program for nurse aides who become employed by or who obtain an offer of employment from a facility within 12 months of completing such program.
- (v) The State provides advance notice that a record of successful completion of competency evaluation will be included in the State's nurse aide registry.
- (w) Competency evaluation programs are administered by the State or by a State-approved entity which is neither a skilled nursing facility participating in Medicare nor a nursing facility participating in Medicaid.
- (x) The State permits proctoring of the competency evaluation in accordance with 42 CFR 483.154(d).
- (y) The State has a standard for successful completion of competency evaluation programs.

TN No. 92-5

Supersedes

TN No.

**New**

Approval Date APR 30 1992

Effective Date JAN 1 1992

State/Territory: New Jersey

Citation  
42 CFR 483.75; 42  
CFR 483 Subpart D;  
Secs. 1902(a)(28),  
1919(e)(1) and (2),  
and 1919(f)(2),  
P.L. 100-203 (Sec.  
4211(a)(3)); P.L.  
101-239 (Secs.  
6901(b)(3) and  
(4)); P.L. 101-508  
(Sec. 4801(a)).

- (z) The State includes a record of successful completion of a competency evaluation within 30 days of the date an individual is found competent.
- (aa) The State imposes a maximum upon the number of times an individual may take a competency evaluation program (any maximum imposed is not less than 3).
- (bb) The State maintains a nurse aide registry that meets the requirements in 42 CFR 483.156.
- (cc) The State includes home health aides on the registry.
- (dd) The State contracts the operation of the registry to a non State entity.
- (ee) ATTACHMENT 4.38 contains the State's description of registry information to be disclosed in addition to that required in 42 CFR 483.156(c)(1)(iii) and (iv).
- (ff) ATTACHMENT 4.38-A contains the State's description of information included on the registry in addition to the information required by 42 CFR 483.156(c).

TN No. 92-5  
Supersedes  
TN No. **New**

Approval Date

APR 30 1992

Effective Date JAN 1 1992

Revision: HCFA-PM-93-1 (BPD)  
January 1993

New Jersey

State/Territory: \_\_\_\_\_

Citation  
Secs.

1902(a)(28)(D)(i)  
and 1919(e)(7) of  
the Act;  
P.L. 100-203  
(Sec. 4211(c));  
P.L. 101-508  
(Sec. 4801(b)).

4.39 Preadmission Screening and Annual  
Resident Review in Nursing Facilities

- (a) The Medicaid agency has in effect a written agreement with the State mental health and mental retardation authorities that meet the requirements of 42 (CFR) 431.621(c).
- (b) The State operates a preadmission and annual resident review program that meets the requirements of 42 CFR 483.100-138.
- (c) The State does not claim as "medical assistance under the State Plan" the cost of services to individuals who should receive preadmission screening or annual resident review until such individuals are screened or reviewed.
- (d) With the exception of NF services furnished to certain NF residents defined in 42 CFR 483.118(c)(1), the State does not claim as "medical assistance under the State plan" the cost of NF services to individuals who are found not to require NF services.
- (e) ATTACHMENT 4.39 specifies the State's definition of specialized services.

TN No. 94-10 Approval Date JAN 13 1993 Effective Date APR 1 - 1994  
 Supersedes \_\_\_\_\_  
 TN No. New

Revision: HCFA-PM-93-1 (BPD)  
January 1993

**OFFICIAL**

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: NEW JERSEY

4.39 Preadmission Screening and Annual resident Review in  
Nursing Facilities (Continued)

- (f) Except for residents identified in 42 CFR 483.118(c) (1), the State mental health or mental retardation authority makes categorical determinations that individuals with certain mental conditions or levels of severity of mental illness would normally require specialized services of such an intensity that a specialized services program could not be delivered by the State in most, if not all, NFs and that a more appropriate placement should be utilized.
- X (g) The State describes any categorical determinations it applies in ATTACHMENT 4.39-A.

10-08-MA (NJ)

TN: 10-08

Effective: July 1, 2010

Supersedes 94-10

Approved: DEC 22 2010

Revision: HCFA-PM-92-3 (HSQB)  
APRIL 1992

OMB No.:

State/Territory: New Jersey

Citation4.40 Survey & Certification ProcessSections

1919(g)(1)  
thru (2) and  
1919(g)(4)  
thru (5) of  
the Act P.L.  
100-203  
(Sec.  
4212(a))

1919(g)(1)  
(B) of the  
Act

1919(g)(1)  
(C) of the  
Act

(a) The State assures that the requirements of 1919(g)(1)(A) through (C) and section 1919(g)(2)(A) through (E)(iii) of the Act which relate to the survey and certification of non-State owned facilities based on the requirements of section 1919(b), (c) and (d) of the Act, are met.

(b) The State conducts periodic education programs for staff and residents (and their representatives). Attachment 4.40-A describes the survey and certification educational program.

(c) The State provides for a process for the receipt and timely review and investigation of allegations of neglect and abuse and misappropriation of resident property by a nurse aide of a resident in a nursing facility or by another individual used by the facility. Attachment 4.40-B describes the State's process.

(d) The State agency responsible for surveys and certification of nursing facilities or an agency delegated by the State survey agency conducts the process for the receipt and timely review and investigation of allegations of neglect and abuse and misappropriation of resident property. If not the State survey agency, what agency?

(e) The State assures that a nurse aide, found to have neglected or abused a resident or misappropriated resident property in a facility, is notified of the finding. The name and finding is placed on the nurse aide registry.

(f) The State notifies the appropriate licensure authority of any licensed individual found to have neglected or abused a resident or misappropriated resident property in a facility.

**OFFICIAL**

TN No. 93-8  
Supersedes  
TN No.

Approval Date JUN 11 1997

Effective Date JAN 01 1993

**NEW**

HCFA ID: \_\_\_\_\_

State/Territory: New Jersey

- 1919(g)(2)  
(A)(i) of  
the Act
- (g) The State has procedures, as provided for at section 1919(g)(2)(A)(i), for the scheduling and conduct of standard surveys to assure that the State has taken all reasonable steps to avoid giving notice through the scheduling procedures and the conduct of the surveys themselves. Attachment 4.40-C describes the State's procedures.
- 1919(g)(2)  
(A)(ii) of  
the Act
- (h) The State assures that each facility shall have a standard survey which includes (for a case-mix stratified sample of residents) a survey of the quality of care furnished, as measured by indicators of medical, nursing and rehabilitative care, dietary and nutritional services, activities and social participation, and sanitation, infection control, and the physical environment, written plans of care and audit of resident's assessments, and a review of compliance with resident's rights not later than 15 months after the date of the previous standard survey.
- 1919(g)(2)  
(A)(iii)(I)  
of the Act
- (i) The State assures that the Statewide average interval between standard surveys of nursing facilities does not exceed 12 months.
- 1919(g)(2)  
(A)(iii)(II)  
of the Act
- (j) The State may conduct a special standard or special abbreviated standard survey within 2 months of any change of ownership, administration, management, or director of nursing of the nursing facility to determine whether the change has resulted in any decline in the quality of care furnished in the facility.
- 1919(g)(2)  
(B) of the  
Act
- (k) The State conducts extended surveys immediately or, if not practicable, not later than 2 weeks following a completed standard survey in a nursing facility which is found to have provided substandard care or in any other facility at the Secretary's or State's discretion.
- 1919(g)(2)  
(C) of the  
Act
- (l) The State conducts standard and extended surveys based upon a protocol, i.e., survey forms, methods, procedures and guidelines developed by HCFA, using individuals in the survey team who meet minimum qualifications established by the Secretary.

**OFFICIAL**TN No. 43-8  
Supersedes  
TN No. \_\_\_\_\_Approval Date JUN 11 1997 Effective Date JAN 01 1993**New**

HCFA ID: \_\_\_\_\_

Revision: HCFA-PM-92- 3  
APRIL 1992

(HSQB)

OMB No:

State/Territory: New Jersey

- 1919(g)(2)  
(D) of the  
Act
- (m) The State provides for programs to measure and reduce inconsistency in the application of survey results among surveyors. Attachment 4.40-D describes the State's programs.
- 1919(g)(2)  
(E)(i) of  
the Act
- (n) The State uses a multidisciplinary team of professionals including a registered professional nurse.
- 1919(g)(2)  
(E)(ii) of  
the Act
- (o) The State assures that members of a survey team do not serve (or have not served within the previous two years) as a member of the staff or consultant to the nursing facility or has no personal or familial financial interest in the facility being surveyed.
- 1919(g)(2)  
(E)(iii) of  
the Act
- (p) The State assures that no individual shall serve as a member of any survey team unless the individual has successfully completed a training and test program in survey and certification techniques approved by the Secretary.
- 1919(g)(4)  
of the Act
- (q) The State maintains procedures and adequate staff to investigate complaints of violations of requirements by nursing facilities and onsite monitoring. Attachment 4.40-E describes the State's complaint procedures.
- 1919(g)(5)  
(A) of the  
Act
- (r) The State makes available to the public information respecting surveys and certification of nursing facilities including statements of deficiencies, plans of correction, copies of cost reports, statements of ownership and the information disclosed under section 1126 of the Act.
- 1919(g)(5)  
(B) of the  
Act
- (s) The State notifies the State long-term care ombudsman of the State's finding of non-compliance with any of the requirements of subsection (b), (c), and (d) or of any adverse actions taken against a nursing facility.
- 1919(g)(5)  
(C) of the  
Act
- (t) If the State finds substandard quality of care in a facility, the State notifies the attending physician of each resident with respect to which such finding is made and the nursing facility administrator licensing board.
- 1919(g)(5)  
(D) of the  
Act
- (u) The State provides the State Medicaid fraud and abuse agency access to all information concerning survey and certification actions.

**OFFICIAL**

TN No. 43-8  
Supersedes  
TN No. **NEW**

Approval Date

**JUN 11 1997**

Effective Date

**JUN 01 1993**

HCFA ID: \_\_\_\_\_

**OFFICIAL**

Revision: HCFA-PM-92- 2  
MARCH 1992

(HSQB)

State/Territory: New Jersey

Citation 4.41 Resident Assessment for Nursing Facilities

Sections  
1919(b)(3)  
and 1919  
(e)(5) of  
the Act

(a) The State specifies the instrument to be used by nursing facilities for conducting a comprehensive, accurate, standardized, reproducible assessment of each resident's functional capacity as required in §1919(b)(3)(A) of the Act.

1919(e)(5)  
(A) of the  
Act

(b) The State is using:

\_\_\_\_\_ the resident assessment instrument designated by the Health Care Financing Administration (see Transmittal #241 of the State Operations Manual) [§1919(e)(5)(A)]; or

1919(e)(5)  
(B) of the  
Act

X a resident assessment instrument that the Secretary has approved as being consistent with the minimum data set of core elements, common definitions, and utilization guidelines as specified by the Secretary (see Section 4470 of the State Medicaid Manual for the Secretary's approval criteria) [§1919(e)(5)(B)].

TN No. 93-23 Approval Date JAN 19 1994 Effective Date OCT 1 - 1993  
Supercedes **New** HCFA ID: \_\_\_\_\_  
TN No. \_\_\_\_\_

*revised 5 inscription*

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: New JerseyCitation4.42 Employee Education About False Claims Recoveries.1902(a)(68) of the Act,  
P.L. 109-171 (section 6032)

(a) The Medicaid agency meets the requirements regarding establishment of policies and procedures for the education of employees of entities covered by section 1902(a)(68) of the Social Security Act (the Act) regarding false claims recoveries and methodologies for oversight of entities' compliance with these requirements.

## (1) Definitions.

(A) An "entity" includes a governmental agency, organization, unit, corporation, partnership, or other business arrangement (including any Medicaid managed care organization, irrespective of the form of business structure or arrangement by which it exists), whether for-profit or not-for-profit, which receives or makes payments, under a State Plan approved under title XIX or under any waiver of such plan, totaling at least \$5,000,000 annually.

If an entity furnishes items or services at more than a single location or under more than one contractual or other payment arrangement, the provisions of section 1902(a)(68) apply if the aggregate payments to that entity meet the \$5,000,000 annual threshold. This applies whether the entity submits claims for payments using one or more provider identification or tax identification numbers.

A governmental component providing Medicaid health care items or services for which Medicaid payments are made would qualify as an "entity" (e.g., a state mental health facility or school district

**OFFICIAL**

07-03-MA (NJ)

TN 07-03-MA (NJ)  
Supersedes TN: NEW

Approval Date DEC 20 2007  
Effective Date JAN 01 2007

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**State/Territory: New Jersey4.42 Employee Education About False Claims Recoveries (continued)

providing school-based health services). A government agency which merely administers the Medicaid program, in whole or part (e.g., managing the claims processing system or determining beneficiary eligibility), is not, for these purposes, considered to be an entity.

An entity will have met the \$5,000,000 annual threshold as of January 1, 2007, if it received or made payments in that amount in Federal fiscal year 2006. Future determinations regarding an entity's responsibility stemming from the requirements of section 1902(a)(68) will be made by January 1 of each subsequent year, based upon the amount of payments an entity either received or made under the State Plan during the preceding Federal fiscal year.

(B) An "employee" includes any officer or employee of the entity.

(C) A "contractor" or "agent" includes any contractor, subcontractor, agent, or other person which or who, on behalf of the entity, furnishes, or otherwise authorizes the furnishing of, Medicaid health care items or services, performs billing or coding functions, or is involved in the monitoring of health care provided by the entity.

07-03-MA (NJ)

TN 07-03-MA (NJ)  
Supersedes TN: NEW

Approval Date DEC 20 2007  
Effective Date JAN 01 2007

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

**OFFICIAL**State/Territory: New Jersey4.42 Employee Education About False Claims Recoveries (continued)

(2) The entity must establish and disseminate written policies which must also be adopted by its contractors or agents. Written policies may be on paper or in electronic form, but must be readily available to all employees, contractors, or agents. The entity need not create an employee handbook if none already exists.

(3) An entity shall establish written policies for all employees (including management), and of any contractor or agent of the entity, that include detailed information about the False Claims Act and the other provisions named in section 1902(a)(68)(A). The entity shall include in those written policies detailed information about the entity's policies and procedures for detecting and preventing waste, fraud, and abuse. The entity shall also include in any employee handbook a specific discussion of the laws described in the written policies, the rights of employees to be protected as whistleblowers and a specific discussion of the entity's policies and procedures for detecting and preventing fraud, waste, and abuse.

(4) The requirements of this law should be incorporated into each State's provider enrollment agreements.

(5) The State will implement this State Plan amendment on January 1, 2007.

(b) ATTACHMENT 4.42-A describes, in accordance with section 1902(a)(68) of the Act, the methodology of compliance oversight and the frequency with which the State will re-assess compliance on an ongoing basis.

07-03-MA (NJ)

TN 07-03-MA (NJ)  
Supersedes TN: NEW

Approval Date DEC 20 2007  
Effective Date JAN 01 2007

**OFFICIAL**

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: New Jersey

Citation  
1902(a)(69) of the  
Act, P.L. 109-171  
(section 6034)

4.43 Cooperation with Medicaid Integrity Program Efforts  
The Medicaid agency assures it complies with such requirements determined by the Secretary to be necessary for carrying out the Medicaid Integrity Program established under section 1936 of the Act.

TN No. 08-08-MA (NJ)  
Supercedes  
TN No. New New

Approval Date: JUN 24 2008  
Effective Date: APR 01 2008

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: NEW JERSEY

## SECTION 4 – GENERAL PROGRAM ADMINISTRATION

4.44 Medicaid Prohibition on Payments to Institutions or Entities  
Located Outside of the United StatesCitation  
Section 1902(a)(80)  
of the  
Social Security Act,  
P.L. 111-148  
(Section 6505)X The State shall not provide any payments for  
items or services provided under the State plan  
or under a waiver to any financial institution  
or entity located outside of the United States.TN No. 11-02Effective Date: January 1, 2011Supersedes  
TN No. NEWApproval Date: APR 05 2011

New

**OFFICIAL**

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: New Jersey

4.46 Provider Screening and Enrollment

Citation

1902(a)(77)  
1902(a)(39)  
1902(kk)  
P.L. 111-148 and  
P.L. 111-152

The State Medicaid agency gives the following assurances:

42 CFR 455  
Subpart E

PROVIDER SCREENING

X Assures that the State Medicaid agency complies with the process for screening providers under section 1902(a)(39), 1902(a)(77) and 1902(kk) of the Act.

42 CFR 455.410

ENROLLMENT AND SCREENING OF PROVIDERS

X Assures enrolled providers will be screened in accordance with 42 CFR 455.400 et seq.

X Assures that the State Medicaid agency requires all ordering or referring physicians or other professionals to be enrolled under the State plan or under a waiver of the Plan as a participating provider.

42 CFR 455.412

VERIFICATION OF PROVIDER LICENSES

X Assures that the State Medicaid agency has a method for verifying providers licensed by a State and that such providers licenses have not expired or have no current limitations.

42 CFR 455.414

REVALIDATION OF ENROLLMENT

X Assures that providers will be revalidated regardless of provider type at least every 5 years.

42 CFR 455.416

TERMINATION OR DENIAL OF ENROLLMENT

X Assures that the State Medicaid agency will comply with section 1902(a)(39) of the Act and with the requirements outlined in 42 CFR 455.416 for all terminations or denials of provider enrollment.

**New**

42 CFR 455.420

**REACTIVATION OF PROVIDER ENROLLMENT**

X Assures that any reactivation of a provider will include re-screening and payment of application fees as required by 42 CFR 455.460.

\*NJ has begun the process by which to institute substantial program and/ or procedural changes to be implemented with an anticipated target date of June 1, 2013 for completion.

42 CFR 455.422

**APPEAL RIGHTS**

X Assures that all terminated providers and providers denied enrollment as a result of the requirements of 42 CFR 455.416 will have appeal rights available under procedures established by State law or regulation.

42 CFR 455.432

**SITE VISITS**

X Assures that pre-enrollment and post-enrollment site visits of providers who are in "moderate" or "high" risk categories will occur.

42 CFR 455.434

**CRIMINAL BACKGROUND CHECKS**

X Assures that providers, as a condition of enrollment, will be required to consent to criminal background checks including fingerprints, if required to do so under State law, or by the level of screening based on risk of fraud, waste or abuse for that category of provider.

\*New Jersey will implement all necessary procedures regarding fingerprinting pending further guidance from CMS.

42 CFR 455.436

**FEDERAL DATABASE CHECKS**

X Assures that the State Medicaid agency will perform Federal database checks on all providers or any person with an ownership or controlling interest or who is an agent or managing employee of the provider.

\*NJ has begun the process by which to institute substantial program and/ or procedural changes to be implemented with an anticipated target date of July 1, 2013 for completion.

42 CFR 455.440

**NATIONAL PROVIDER IDENTIFIER**

X Assures that the State Medicaid agency requires the National Provider Identifier of any ordering or referring physician or other professional to be specified on any claim for payment that is based on an order or referral of the physician or other professional.

42 CFR 455.450      **SCREENING LEVELS FOR MEDICAID PROVIDERS**  
X Assures that the State Medicaid agency complies with 1902(a)(77) and 1902(kk) of the Act and with the requirements outlined in 42 CFR 455.450 for screening levels based upon the categorical risk level determined for a provider.

42 CFR 455.460      **APPLICATION FEE**  
X Assures that the State Medicaid agency complies with the requirements for collection of the application fee set forth in section 1866(j)(2)(C) of the Act ad 42 CFR 455.460.

\*NJ has begun the process by which to institute substantial program and/ or procedural changes to be implemented with an anticipated target date of June 1, 2013 for completion.

42 CFR 455.470      **TEMPORARY MORATORIUM ON ENROLLMENT OF NEW PROVIDERS OR SUPPLIERS**  
X Assures that the State Medicaid agency complies with any temporary moratorium on the enrollment of new providers or provider types imposed by the Secretary under section 1866(j)(7) and 1902(kk)(4) of the Act, subject to any determination by the State and written notice to the Secretary that such a temporary moratorium would not adversely impact beneficiaries' access to medical assistance.

TN No. 12-01 MA (NJ)  
Supersedes : New

**New**

12-01MA (NJ)  
Approval Date **APR 03 2013**  
Effective Date **JUN 30 2012**

OFFICIAL

Icon: HCFA-AT-80-38 (BPP)  
May 22, 1980

State NEW JERSEY

SECTION 5 PERSONNEL ADMINISTRATION

Citation

42 CFR 432.10 (a)  
AT-78-90  
AT-79-23  
AT-80-34

5.1 Standards of Personnel Administration

- (a) The Medicaid agency has established and will maintain methods of personnel administration in conformity with standards prescribed by the U.S. Civil Service Commission in accordance with Section 208 of the Intergovernmental Personnel Act of 1970 and the regulations on Administration of the Standards for a Merit System of Personnel Administration, 5 CFR Part 900, Subpart F. All requirements of 42 CFR 432.10 are met.

The plan is locally administered and State-supervised. The requirements of 42 CFR 432.10 with respect to local agency administration are met.

(b) Affirmative Action Plan

The Medicaid agency has in effect an affirmative action plan for equal employment opportunity that includes specific action steps and timetables and meets all other requirements of 5 CFR Part 900, Subpart F.

IN # 77-11

Supersedes

TN # 76-16

Approval Date 11-29-77 Effective Date 7-1-77

OFFICIAL

Division: HCFA-AT-80-38 (BPP)  
May 22, 1980

State NEW JERSEY

5.2 [Reserved]

   #  
Supersedes  
   #  
TN #   

Approval Date           

Effective Date

**CONFIDENTIAL**

ion: HCFA-AT-80-38 (BPP)  
May 22, 1980

State NEW JERSEY

Citation  
42 CFR Part 432,  
Subpart B  
AT-78-90

5.3 Training Programs; Subprofessional and  
Volunteer Programs

The Medicaid agency meets the requirements of 42 CFR Part 432, Subpart B, with respect to a training program for agency personnel and the training and use of subprofessional staff and volunteers.

TN # 78-1  
Supersedes  
TN # 77-11

Approval Date 4-5-78 Effective Date 3-1-78

Revision: HCFA-AT-80-38 (BPP)  
May 22, 1980

ORIGINAL

State NEW JERSEY

SECTION 6 FINANCIAL ADMINISTRATION

Citation  
42 CFR 433.32  
AT-79-29

6.1 Fiscal Policies and Accountability

The Medicaid agency and, where applicable, local agencies administering the plan, maintains an accounting system and supporting fiscal records adequate to assure that claims for Federal funds are in accord with applicable Federal requirements. The requirements of 42 CFR 433.32 are met.

Supersedes  
TN # 76-9

Approval Date 7-27-76 Effective Date 6-30-76

OFFICIAL

Revision: HCFA-AT-82-10 (BPP)

State NEW JERSEY

Citation  
42 CFR 433.34  
47 FR 17490

6.2 Cost Allocation

There is an approved cost allocation plan on file with the Department in accordance with the requirements contained in 45 CFR Part 95, Subpart E.

TN # 82-11  
Supersedes  
TN # 76-11

Approval Date 8-11-82 Effective Date 7-16-82

OFFICIAL

Division: HCFA-AT-80-38 (BPP)  
 May 22, 1980

State NEW JERSEY

ation  
 CFR 433.33  
 79-29  
 80-34

6.3 State Financial Participation

- (a) State funds are used in both assistance and administration.
- State funds are used to pay all of the non-Federal share of total expenditures under the plan.
- There is local participation. State funds are used to pay not less than 40 percent of the non-Federal share of the total expenditures under the plan. There is a method of apportioning Federal and State funds among the political subdivisions of the State on an equalization or other basis which assures that lack of adequate funds from local sources will not result in lowering the amount, duration, scope or quality of care and services or level of administration under the plan in any part of the State.
- (b) State and Federal funds are apportioned among the political subdivisions of the State on a basis consistent with equitable treatment of individuals in similar circumstances throughout the State.

# OFFICIAL

86

Revision: HCFA-PM-91-4 (BPD)  
AUGUST 1991

OMB No. 0938-

State/Territory: New Jersey

## SECTION 7 - GENERAL PROVISIONS

Citation                      7.1    Plan Amendments

42 CFR 430.12(c)

The plan will be amended whenever necessary to reflect new or revised Federal statutes or regulations or material change in State law, organization, policy or State agency operation.

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TN No. 91-32  
Supersedes 77-16 Approval Date DEC 5 1991 Effective Date OCT 1 1991  
TN No. 77-16

HCFA ID: 7982E



Revision: HCFA-PM-91-4 (BPD)  
AUGUST 1991

OMB No. 0938-

State/Territory: New Jersey

Citation - 7.3 Maintenance of AFDC Efforts

1902(c) of  
the Act

The State agency has in effect under its approved AFDC plan payment levels that are equal to or more than the AFDC payment levels in effect on May 1, 1988.

TN No. 91-40  
Supersedes None Approval Date JAN 15 1992 Effective Date OCT 01 1991  
TN No. None

HCFA ID: 7982E

Revision: HCFA-PM-91-4 (BPD)  
AUGUST 1991

OMB No. 0938-

State/Territory: New Jersey

Citation: 7.4 State Governor's Review

42 CFR 430.12(b)

The Medicaid agency will provide opportunity for the Office of the Governor to review State plan amendments, long-range program planning projections, and other periodic reports thereon, excluding periodic statistical, budget and fiscal reports. Any comments made will be transmitted to the Health Care Financing Administration with such documents.

Not applicable. The Governor--

Does not wish to review any plan material.

Wishes to review only the plan materials specified in the enclosed document.

I hereby certify that I am authorized to submit this plan on behalf of

Department of Human Services

(Designated Single State Agency)

Date: June 22, 1993

William Waldman  
(Signature)

William Waldman, Commissioner  
(Title)

TN No. 93-17 Approval Date SEP 1 - 1993 Effective Date APR 1 - 1993  
Supersedes  
TN No. 91-32

HCFA ID: 7982E

State/Territory: New Jersey**Section 7 – General Provisions****7.4. Medicaid Disaster Relief for the COVID-19 National Emergency**

On March 13, 2020, the President of the United States issued a proclamation that the COVID-19 outbreak in the United States constitutes a national emergency by the authorities vested in him by the Constitution and the laws of the United States, including sections 201 and 301 of the National Emergencies Act (50 U.S.C. 1601 et seq.), and consistent with section 1135 of the Social Security Act (Act). On March 13, 2020, pursuant to section 1135(b) of the Act, the Secretary of the United States Department of Health and Human Services invoked his authority to waive or modify certain requirements of titles XVIII, XIX, and XXI of the Act as a result of the consequences COVID-19 pandemic, to the extent necessary, as determined by the Centers for Medicare & Medicaid Services (CMS), to ensure that sufficient health care items and services are available to meet the needs of individuals enrolled in the respective programs and to ensure that health care providers that furnish such items and services in good faith, but are unable to comply with one or more of such requirements as a result of the COVID-19 pandemic, may be reimbursed for such items and services and exempted from sanctions for such noncompliance, absent any determination of fraud or abuse. This authority took effect as of 6PM Eastern Standard Time on March 15, 2020, with a retroactive effective date of March 1, 2020. The emergency period will terminate, and waivers will no longer be available, upon termination of the public health emergency, including any extensions.

The State Medicaid agency (agency) seeks to implement the policies and procedures described below, which are different than the policies and procedures otherwise applied under the Medicaid state plan, during the period of the Presidential and Secretarial emergency declarations related to the COVID-19 outbreak (or any renewals thereof), or for any shorter period described below:

*Describe shorter period here.*

NOTE: States may not elect a period longer than the Presidential or Secretarial emergency declaration (or any renewal thereof). States may not propose changes on this template that restrict or limit payment, services, or eligibility, or otherwise burden beneficiaries and providers.

**Request for Waivers under Section 1135**

  x   The agency seeks the following under section 1135(b)(1)(C) and/or section 1135(b)(5) of the Act:

- a.   x   SPA submission requirements – the agency requests modification of the requirement to submit the SPA by March 31, 2020, to obtain a SPA

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effective date during the first calendar quarter of 2020, pursuant to 42 CFR 430.20.

- b. x Public notice requirements – the agency requests waiver of public notice requirements that would otherwise be applicable to this SPA submission. These requirements may include those specified in 42 CFR 440.386 (Alternative Benefit Plans), 42 CFR 447.57(c) (premiums and cost sharing), and 42 CFR 447.205 (public notice of changes in statewide methods and standards for setting payment rates).
- c. N/A Tribal consultation requirements – the agency requests modification of tribal consultation timelines specified in [insert name of state] Medicaid state plan, as described below:

*Please describe the modifications to the timeline.*

### Section A – Eligibility

1.      The agency furnishes medical assistance to the following optional groups of individuals described in section 1902(a)(10)(A)(ii) or 1902(a)(10)(c) of the Act. This may include the new optional group described at section 1902(a)(10)(A)(ii)(XXIII) and 1902(ss) of the Act providing coverage for uninsured individuals.

*Include name of the optional eligibility group and applicable income and resource standard.*

2.      The agency furnishes medical assistance to the following populations of individuals described in section 1902(a)(10)(A)(ii)(XX) of the Act and 42 CFR 435.218:
- a.      All individuals who are described in section 1905(a)(10)(A)(ii)(XX)
- Income standard: \_\_\_\_\_
- or-
- b.      Individuals described in the following categorical populations in section 1905(a) of the Act:

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Income standard: \_\_\_\_\_

3. \_\_\_ The agency applies less restrictive financial methodologies to individuals excepted from financial methodologies based on modified adjusted gross income (MAGI) as follows.

Less restrictive income methodologies:

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Less restrictive resource methodologies:

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4. \_\_\_ The agency considers individuals who are evacuated from the state, who leave the state for medical reasons related to the disaster or public health emergency, or who are otherwise absent from the state due to the disaster or public health emergency and who intend to return to the state, to continue to be residents of the state under 42 CFR 435.403(j)(3).
5. \_\_\_ The agency provides Medicaid coverage to the following individuals living in the state, who are non-residents:

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6. \_\_\_ The agency provides for an extension of the reasonable opportunity period for non-citizens declaring to be in a satisfactory immigration status, if the non-citizen is making a good faith effort to resolve any inconsistencies or obtain any necessary documentation, or the agency is unable to complete the verification process within the 90-day reasonable opportunity period due to the disaster or public health emergency.

### Section B - Enrollment

1. x The agency elects to allow hospitals to make presumptive eligibility determinations for the following additional state plan populations, or for populations in an approved section 1115 demonstration, in accordance with section

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1902(a)(47)(B) of the Act and 42 CFR 435.1110, provided that the agency has determined that the hospital is capable of making such determinations.

*Please describe the applicable eligibility groups/populations and any changes to reasonable limitations, performance standards or other factors.*

**During the emergency, allow hospitals to make presumptive eligibility determinations for the following non-MAGI populations:**

- **Individuals Eligible For But Not Receiving Cash Assistance (all populations) —section 1902(a)(10)(A)(ii)(I) of the Act**
- **Individuals Eligible for Cash Except for Institutionalization—section 1902(a)(10)(A)(ii)(IV) of the Act**
- **Both “217-Like” eligibility populations (“Special Income Level” and “Aged and Disabled”) served under the terms of the New Jersey FamilyCare Comprehensive 1115 Demonstration.**
- **Optional State Supplement Beneficiaries—section 1902(a)(10)(A)(ii)(XI) of the Act**
- **Individuals in Institutions Eligible under a Special Income Level (ABD only)—section 1902(a)(10)(A)(ii)(V) of the Act**
- **Age and Disability-Related Poverty Level Group—section 1902(a)(10)(A)(ii)(X) of the Act**

**As is noted below, New Jersey requests the authority to add an additional presumptive eligibility period to all groups during the COVID-19 crisis. Our approved state plan currently allows one such period per pregnancy or per 12 month period for all other individuals. We are requesting that this be expanded to two such periods during the emergency. The 12-month period begins with the effective date of the initial PE determination.**

2.   x   The agency designates itself as a qualified entity for purposes of making presumptive eligibility determinations described below in accordance with sections 1920, 1920A, 1920B, and 1920C of the Act and 42 CFR Part 435 Subpart L.

*Please describe any limitations related to the populations included or the number of allowable PE periods.*

**During the emergency period, allow DMAHS to make presumptive eligibility determinations for the following populations; Medicaid and infants and children up to age 19, (42 CFR 435.118) parents, (42 CFR 435.110) single adults between the ages of 19-64 (42 CFR 435.119), and pregnant women (42 CFR 435.116).**

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**As is noted below, New Jersey requests the authority to add an additional presumptive eligibility period to all groups during the COVID-19 crisis. Our approved state plan currently allows one such period per pregnancy or per 12 month period for all other individuals. We are requesting that this be expanded to two such periods during the emergency. The 12-month period begins with the effective date of the initial PE determination.**

3.  The agency designates the following entities as qualified entities for purposes of making presumptive eligibility determinations or adds additional populations as described below in accordance with sections 1920, 1920A, 1920B, and 1920C of the Act and 42 CFR Part 435 Subpart L. Indicate if any designated entities are permitted to make presumptive eligibility determinations only for specified populations.

*Please describe the designated entities or additional populations and any limitations related to the specified populations or number of allowable PE periods.*

**Reference New Jersey approved SPA 13-0011 where the state has elected to designate certain qualified entities to make PE determinations for these MAGI groups: Adults 19-64 up to 133%FPL, Children, Pregnant Women, and Parents and Caretaker Relatives. New Jersey requests to increase the number of PE periods from one per pregnancy to two, and from one per twelve month period beginning with the effective date of the initial PE period to two.**

4.  The agency adopts a total of  months (not to exceed 12 months) continuous eligibility for children under age enter age  (not to exceed age 19) regardless of changes in circumstances in accordance with section 1902(e)(12) of the Act and 42 CFR 435.926.
5.  The agency conducts redeterminations of eligibility for individuals excepted from MAGI-based financial methodologies under 42 CFR 435.603(j) once every  months (not to exceed 12 months) in accordance with 42 CFR 435.916(b).
6.  The agency uses the following simplified application(s) to support enrollment in affected areas or for affected individuals (a copy of the simplified application(s) has been submitted to CMS).
- a.  The agency uses a simplified paper application.
  - b.  The agency uses a simplified online application.
  - c.  The simplified paper or online application is made available for use in call-centers or other telephone applications in affected areas.

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**Section C – Premiums and Cost Sharing**

- 1.  The agency suspends deductibles, copayments, coinsurance, and other cost sharing charges as follows:

*Please describe whether the state suspends all cost sharing or suspends only specified deductibles, copayments, coinsurance, or other cost sharing charges for specified items and services or for specified eligibility groups consistent with 42 CFR 447.52(d) or for specified income levels consistent with 42 CFR 447.52(g).*

- 2.  The agency suspends enrollment fees, premiums and similar charges for:
  - a.  All beneficiaries
  - b.  The following eligibility groups or categorical populations:

*Please list the applicable eligibility groups or populations.*

- 3.  The agency allows waiver of payment of the enrollment fee, premiums and similar charges for undue hardship.

*Please specify the standard(s) and/or criteria that the state will use to determine undue hardship.*

**Section D – Benefits**

*Benefits:*

- 1.  The agency adds the following optional benefits in its state plan (include service descriptions, provider qualifications, and limitations on amount, duration or scope of the benefit):

- 2.  The agency makes the following adjustments to benefits currently covered in the state plan:

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**Personal Care Assistant Services (PCA):** New Jersey is requesting authority to allow that PCA services can be provided by family members other than legally responsible relatives. Authority to allow PCA services provided by legally responsible relatives was separately requested in New Jersey's 1135 request.

**Care Management Organization (CMO) Targeted Case Management Staffing requirements:** New Jersey's State Plan at Supplement 1 B to Attachment 3.1A page 2a provides for a ratio of one supervisor for each 10 care coordinators. New Jersey is requesting a suspension of these minimum staffing ratios impacted by COVID-19 for Children's System of Care (CSOC) providers.

3.   x   The agency assures that newly added benefits or adjustments to benefits comply with all applicable statutory requirements, including the statewideness requirements found at 1902(a)(1), comparability requirements found at 1902(a)(10)(B), and free choice of provider requirements found at 1902(a)(23).
4.   x   Application to Alternative Benefit Plans (ABP). The state adheres to all ABP provisions in 42 CFR Part 440, Subpart C. This section only applies to states that have an approved ABP(s).
- a.   x   The agency assures that these newly added and/or adjusted benefits will be made available to individuals receiving services under ABPs.
- b.        Individuals receiving services under ABPs will not receive these newly added and/or adjusted benefits, or will only receive the following subset:

*Please describe.*

*Telehealth:*

5.   x   The agency utilizes telehealth in the following manner, which may be different than outlined in the state's approved state plan:

*Please describe.*

**To the extent permitted by state law and regulations (including all state Executive Orders and waivers), Medicaid will reimburse for any service provided via telehealth and associated telecommunication at the same rate that would be paid had the service been provided in-person. No specific prior authorization is required based on telehealth modality. Documentation requirements and licensure standards remain unchanged.**

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**Services provided via telehealth and telecommunication shall be required to meet all requirements in state or federal statutes or regulations for the provision of telehealth and telecommunication as well as the service being provided. In the absence of a statute or regulation pertaining to specific provisions for telehealth or telecommunication, services are provided following all applicable laws and regulations for the base service being provided.**

*Drug Benefit:*

6.  The agency makes the following adjustments to the day supply or quantity limit for covered outpatient drugs. The agency should only make this modification if its current state plan pages have limits on the amount of medication dispensed.

*Please describe the change in days or quantities that are allowed for the emergency period and for which drugs.*

**The current prescription refill policy consists of reimbursement for pharmacy claims for a 34 day's supply or 100 units, whichever is greater. During the COVID-19 emergency, this policy will be loosened to provide for early prescription refills and drug quantities up to a 90 day's supply.**

**Although Medicaid does not pay for non-FDA approved, investigational, cosmetic, experimental or clinical trial products, exception may be made at the State's discretion during the COVID-19 emergency for investigational products for the specific purpose of COVID-19 treatment**

State is requesting they waive any signature requirements for the dispensing of drugs during the Public Health Emergency.

7.  Prior authorization for medications is expanded by automatic renewal without clinical review, or time/quantity extensions.
8.  The agency makes the following payment adjustment to the professional dispensing fee when additional costs are incurred by the providers for delivery. States will need to supply documentation to justify the additional fees.

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*Please describe the manner in which professional dispensing fees are adjusted.*

- 9.  The agency makes exceptions to their published Preferred Drug List if drug shortages occur. This would include options for covering a brand name drug product that is a multi-source drug if a generic drug option is not available.

**Section E – Payments**

*Optional benefits described in Section D:*

- 1.  Newly added benefits described in Section D are paid using the following methodology:

- a.  Published fee schedules –

Effective date (enter date of change): \_\_\_\_\_

Location (list published location): \_\_\_\_\_

- b.  Other:

*Describe methodology here.*

*Increases to state plan payment methodologies:*

- 2.  The agency increases payment rates for the following services:

\_\_\_\_\_

- a.  Payment increases are targeted based on the following criteria:

*Please describe criteria.*

- b. Payments are increased through:

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- i.  A supplemental payment or add-on within applicable upper payment limits:

- ii.  An increase to rates as described below.

Rates are increased:

Uniformly by the following percentage: \_\_\_\_\_

Through a modification to published fee schedules –

Effective date (enter date of change): \_\_\_\_\_

Location (list published location): \_\_\_\_\_

Up to the Medicare payments for equivalent services.

By the following factors:

*Please describe.*

*Payment for services delivered via telehealth:*

- 3.  For the duration of the emergency, the state authorizes payments for telehealth services that:
  - a.  Are not otherwise paid under the Medicaid state plan;
  - b.  Differ from payments for the same services when provided face to face;
  - c.  Differ from current state plan provisions governing reimbursement for telehealth;

*Describe telehealth payment variation.*

- d.  Include payment for ancillary costs associated with the delivery of

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covered services via telehealth, (if applicable), as follows:

- i.  Ancillary cost associated with the originating site for telehealth is incorporated into fee-for-service rates.
- ii.  Ancillary cost associated with the originating site for telehealth is separately reimbursed as an administrative cost by the state when a Medicaid service is delivered.

Other:

4.  Other payment changes:

*Please describe.*

**During the public health emergency, New Jersey will make GME payments on a quarterly rather than monthly basis**

#### **Section F – Post-Eligibility Treatment of Income**

1.  The state elects to modify the basic personal needs allowance for institutionalized individuals. The basic personal needs allowance is equal to one of the following amounts:
  - a.  The individual's total income
  - b.  300 percent of the SSI federal benefit rate
  - c.  Other reasonable amount: \_\_\_\_\_
2.  The state elects a new variance to the basic personal needs allowance. (Note: Election of this option is not dependent on a state electing the option described the option in F.1. above.)

The state protects amounts exceeding the basic personal needs allowance for individuals who have the following greater personal needs:

*Please describe the group or groups of individuals with greater needs and the amount(s) protected for each group or groups.*

#### **Section G – Other Policies and Procedures Differing from Approved Medicaid State Plan /Additional Information**

**14 Day limit for reserving beds for youth in residential mental health treatment centers:**

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**Currently, payment is made for reserving beds for youth in residential mental health treatment centers in those instances where a resident is temporarily absent from the center. Payment is made up to 14 continuous days for such absences. New Jersey requests to exceed the 14 day limit during this period for any youth who may require leave for treatment of COVID or COVID quarantine with prior authorization.**

**Behavioral Health Home: New Jersey is requesting suspension of the State Plan requirement that the behavioral health home (BHH) team accompany youth to admission appointments for inpatient or other out of home setting.**

### **PRA Disclosure Statement**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148 (Expires 03/31/2021). The time required to complete this information collection is estimated to average 1 to 2 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. Your response is required to receive a waiver under Section 1135 of the Social Security Act. All responses are public and will be made available on the CMS web site. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. \*\*\*CMS Disclosure\*\*\* Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact the Centers for Medicaid & CHIP Services at 410-786-3870.

**Section 7.4.B Temporary Extension to the Disaster Relief Policies for the COVID-19 National Emergency**

Effective the day after the end of the Public Health Emergency (PHE) for one year from that date, the agency temporarily extends the following elections in section 7.4 (approved on 07/23/2020 in SPA Number NJ-20-0003 and later amended on 12/16/2022 in SPA Number NJ-22-0021) of the state plan.

*Benefits:*

  x   The agency makes the following adjustments to benefits currently covered in the state plan:

Care Management Organization (CMO) Targeted Case Management Staffing requirements: New Jersey's State Plan at Supplement 1 B to Attachment 3.1A page 2a provides for a ratio of one supervisor for each 10 care coordinators. New Jersey is requesting a suspension of these minimum staffing ratios impacted by COVID-19 for Children's System of Care (CSOC) providers.

  x   The agency assures that newly added benefits or adjustments to benefits comply with all applicable statutory requirements, including the statewideness requirements found at 1902(a)(1), comparability requirements found at 1902(a)(10)(B), and free choice of provider requirements found at 1902(a)(23).

  x   Application to Alternative Benefit Plans (ABP). The state adheres to all ABP provisions in 42 CFR Part 440, Subpart C. This section only applies to states that have an approved ABP(s).

- a.   x   The agency assures that these newly added and/or adjusted benefits will be made available to individuals receiving services under ABPs.
- b.        Individuals receiving services under ABPs will not receive these newly added and/or adjusted benefits, or will only receive the following subset:

*Please describe.*

**Section 7.4.B Temporary Extension to the Disaster Relief Policies for the COVID-19 National Emergency (cont'd)**

Telehealth:

  x   The agency utilizes telehealth in the following manner, which may be different than outlined in the state's approved state plan:

To the extent permitted by state law and regulations (including all state Executive Orders and waivers), Medicaid will reimburse for any service provided via telehealth and associated telecommunication at the same rate that would be paid had the service been provided in-person. No specific prior authorization is required based on telehealth modality. Documentation requirements and licensure standards remain unchanged.

Services provided via telehealth and telecommunication shall be required to meet all requirements in state or federal statutes or regulations for the provision of telehealth and telecommunication as well as the service being provided. In the absence of a statute or regulation pertaining to specific provisions for telehealth or telecommunication, services are provided following all applicable laws and regulations for the base service being provided.

Drug Benefit:

  x   The agency makes the following adjustments to the day supply or quantity limit for covered outpatient drugs. The agency should only make this modification if its current state plan pages have limits on the amount of medication dispensed.

*Please describe the change in days or quantities that are allowed for the emergency period and for which drugs.*

Although Medicaid does not pay for non-FDA approved, investigational, cosmetic, experimental or clinical trial products, exception may be made at the State's discretion during the COVID-19 emergency for investigational products for the specific purpose of COVID-19 treatment.

**Section 7.4 B Temporary Extension to the Disaster Relief Policies for the COVID-19 National Emergency (cont'd)**

*Other Policies and Procedures Differing from Approved Medicaid State Plan /Additional Information*

**Behavioral Health Home:** New Jersey is requesting suspension of the State Plan requirement that the behavioral health home (BHH) team accompany youth to admission appointments for inpatient or other out of home setting.

State of New Jersey

ATTORNEY GENERAL'S CERTIFICATION

**OFFICIAL** - 76-21

I certify that:

Department of Human Services is the  
single State agency responsible for:

administering the plan.

The legal authority under which the agency administers  
the plan on a Statewide basis is

Chapter 413, New Jersey Laws of 1968  
(statutory citation)

supervising the administration of the plan by local  
political subdivisions.

The legal authority under which the agency supervises  
the administration of the plan on a Statewide basis is  
contained in

\_\_\_\_\_  
(statutory citation)

The agency's legal authority to make rules and regulations  
that are binding on the political subdivisions administer-  
ing the plan is

\_\_\_\_\_  
(statutory citation)

December 1976  
DATE

MILTON F. HELM  
Attorney General of New Jersey

Robert E. Popken  
Signature

Attorney General of New Jersey  
Title

St. NJ. Tr. 12/29/76 Incorp. 8/18/77 Effective 11-01-76