LEGAL NOTICE
STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES
UPPER PAYMENT LIMIT PROGRAM FOR SKILLED NURSING FACILITY

TAKE NOTICE: the New Jersey Department of Human Services (DHS), Division of Medical Assistance and Health Services (DMAHS) intends to seek any required approval from the United States Department of Health and Human Services (HHS), Centers for Medicare and Medicaid Services (CMS), in order to implement the following subject to the passage of supplemental State Fiscal Year 2020 (SFY20) budget provisions.

General amounts received by the State from a county with a Class II facility with greater than 500 licensed beds pursuant to an intergovernmental transfer agreement are appropriated to serve as the non-federal share of supplemental Medicaid reimbursements, subject to federal approval, and subject to the approval of the Director of the Division of Budget and Accounting. The fee schedule is published on the Department's fiscal agent’s website at https://www.njmmis.com under “rate and code information” when available. The estimated total cost of the increase for the budget period 7/1/2020 through 6/30/2021 is projected to be $27M ($13.5M federal funds, $13.5M non-federal share).

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

Division of Medical Assistance and Health Services
Office of Legal & Regulatory Affairs
Attention: Margaret Rose
P.O. Box 712, Mail Code #26
Trenton, New Jersey 08625-0712
Fax: 609-588-7343
E-mail: Margaret.Rose@dhs.state.nj.us