

LEGAL NOTICE

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

Licensed Midwives

TAKE NOTICE that the Department of Human Services, Division of Medical Assistance and Health Services (DMAHS) intends to seek approval from the United States Department of Health and Human Services (HHS), Centers for Medicare and Medicaid Services (CMS), for any necessary amendments to the New Jersey Medicaid (Title XIX) State Plan and Alternative Benefit Plan (ABP) in order to implement the following State Fiscal Year (SFY) 2022 Appropriations Act provision, subject to the passage of the New Jersey Fiscal Year 2022 Appropriations Act. If this proposal is approved as part of the SFY 2022 Appropriations Act, then, notwithstanding the provisions of any law or regulation to the contrary and subject to CMS approval of any required State plan amendments; any qualified midwife licensed by the NJ Board of Medical Examiners pursuant to NJSA 45:10-1 et seq. may be enrolled as a Medicaid Fee-For-Service provider in the NJ FamilyCare program. This state plan amendment is expected to be budget neutral.

The fee schedule will be published on the Department's fiscal agent's website at <https://www.njmmis.com> under "rate and code information" when available.

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

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

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

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

Division of Medical Assistance and Health Services

Office of Legal & Regulatory Affairs

Attention: Margaret Rose

P.O. Box 712, Mail Code #26

Trenton, New Jersey 08625-0712

Fax: 609-588-7343/ E-mail: Margaret.Rose@dhs.state.nj.us