

## **LEGAL NOTICE**

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

#### **Community Palliative Care**

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 an amendment to the New Jersey Medicaid (Title XIX) State Plan and Alternative Benefit Plan (ABP) if necessary in order to cover Community Palliative Care pursuant to legislation (P.L. 2023, c. 187) as a Preventive Services benefit pursuant to 42 C.F.R. Section 440.130(c). Pursuant to CMS approval, these services must be recommended and prescribed by a physician or other licensed practitioner of the healing arts within his or her scope of practice under state law to prevent disease, disability, and other health conditions or their progression; prolong life; and promote physical and mental health and efficiency of the beneficiary.

There are no anticipated additional costs associated with the proposed amendment for SFY26 and SFY27.

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 and 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 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 and 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.nj.gov