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

TAKE NOTICE that the New Jersey Department of Human Services (DHS), 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 amendments to the New Jersey Medicaid (Title XIX) State Plan, in order to reflect that New Jersey Medicaid fee-for-service rates for State Plan services across all benefit categories were updated utilizing Medicare's annual update with an effective date of January 1, 2021. The fee schedule will be published on the Department's fiscal agent's website at <a href="https://www.njmmis.com">https://www.njmmis.com</a> under "rate and code information" when available.

DMAHS estimates the increased expenditures associated with this amendment for State Fiscal Year (SFY) 2021 will be \$609,000 in total funds (\$207,100 State funds) and an increased yearly expenditures for State Fiscal Year 2022 will be \$1,217,900 in total funds (\$414,100 State funds).

Additionally, notwithstanding the provisions of any law or regulation to the contrary, DHS intends to seek an amendment to increase the Certified Nurse Midwife rate to be equivalent to 95 per cent of the current physician rate. 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.

DMAHS estimates the increased expenditures associated with this amendment for State Fiscal Year (SFY) 2021 will be \$177,384 in total funds (\$88,692 State funds) and an increased yearly expenditures for State Fiscal Year 2022 will be \$354,769 in total funds (\$177,384 State funds).

This Notice is intended to satisfy the requirements of Federal law 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 Mail Code #26, P.O. Box 712 Trenton, New Jersey 08625-0712 Fax: 609-588-7343

E-mail: Margaret.Rose@dhs.state.nj.us