## LEGAL NOTICE STATE OF NEW JERSEY DEPARTMENT OF HUMAN SERVICES DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES Adult and Pediatric Primary Care Rates

**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 an amendment to the New Jersey Medicaid (Title XIX) State Plan, in order to implement budget provisions subject to the passage of the New Jersey Fiscal Year 2026 Appropriations Act.

Subject to the approval of the Appropriations Act and notwithstanding the provisions of any law or regulation to the contrary, DHS intends to seek an amendment subject to any required federal approval, so that the rates for adult and pediatric primary care services, defined by Section 1202 of the Health Care and Education Reconciliation Act of 2010, comply with and exceed the Provider Payment Rate Increase requirement of New Jersey's 1115 Demonstration program as authorized by Section 1115 of the Social Security Act conditions, as required by federal approval.

DMAHS estimates the increased expenditures associated with the amendment amount for State Fiscal Year (SFY) 2026 will be \$11.2M in total funds (\$3.75M State funds) and increased yearly expenditures for State Fiscal Year 2027 will be \$11.4M in total funds (\$3.8M State funds). The fee schedule for these rates will be published on the Department's fiscal agent's website at https://www.njmmis.com under "rate and code information" when available.

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: <u>Margaret.Rose@dhs.state.nj.us</u>