

**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 an amendment 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, 2026. 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) 2026 will be \$543,600 in total funds (\$184,800 State funds) and increased yearly expenditures for SFY 2027 will be \$1,123,042 in total funds (\$381,800 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](mailto:Margaret.Rose@dhs.state.nj.us)