

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, 2022. 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) 2022 will be \$450,300 in total funds (\$153,100 State funds) and increased yearly expenditures for State Fiscal Year 2023 will be \$900,600 in total funds (\$306,200 State funds).

Additionally, notwithstanding the provisions of any law or regulation to the contrary, DHS intends to seek an amendment to increase the Personal Care Assistant rate to \$23.00 per hour and the Personal Preference Program's base rate calculation amount will increase to \$19.00 per hour. Personal Care Assistance provider agencies will be required to pass the \$1.00 increase through to workers as well as comply with DMAHS reporting requirements for the wage increases.

DMAHS estimates the increased expenditures associated with the amendments to the Personal Care Assistant rate and the Personal Preference Program's base rate calculation amount for State Fiscal Year (SFY) 2022 will be \$94,416 in total funds (\$46,277 State funds) and increased yearly expenditures for State Fiscal Year 2023 will be \$188,833 in total funds (\$92,453 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: Margaret.Rose@dhs.state.nj.us