

ASSEMBLY APPROPRIATIONS COMMITTEE

STATEMENT TO

[First Reprint]

ASSEMBLY, No. 3585

with committee amendments

STATE OF NEW JERSEY

DATED: MARCH 23, 2023

The Assembly Appropriations Committee reports favorably and with committee amendments Assembly Bill No. 3585 (1R).

As amended by the committee, this bill requires the Division of Medical Assistance and Health Services (DMAHS) in the Department of Human Services (DHS) to establish a program under which a family member of an enrollee in Medicaid or NJ FamilyCare may be certified by the New Jersey Board of Nursing as a homemaker-home health aide (HHA) and, under the direction of a registered nurse, provide HHA services to the enrollee through a home care services agency. The program will apply to enrollees who are under 21 years of age and qualify for HHA services under Medicaid or NJ FamilyCare. The DMAHS will be required to develop an assessment tool to allow the DMAHS to readily identify eligible enrollees.

As amended by the committee, the bill defines “family member” to mean a child, parent, parent-in-law, sibling, grandparent, grandchild, spouse, domestic partner, or one partner in a civil union couple, or any other individual related by blood, and any other individual with a close association that is the equivalent of a family relationship.

Under the program, the family member will be required to meet the requirements for certification as an HHA and be certified as an HHA before providing services under the program. The home care services agency that will employ the family member will be required to pay the costs for the family member to become certified as an HHA. In no case will the family member be required to repay or reimburse the agency employing the HHA for the costs of becoming certified.

The DMAHS will be required to establish the program within nine months after the effective date of the bill and after receipt of federal approval for the program. The DHS is to apply for State plan amendments and waivers as are necessary to implement the provisions of the bill and secure federal financial participation for State Medicaid expenditures under the federal Medicaid program.

No later than three years after the program is established, the DMAHS will be required to prepare and submit a report to the

Governor and the Legislature concerning the viability of the program and its recommendations related to the program.

As reported by the committee with amendments, Assembly Bill No. 3585 (1R) is identical to Senate Bill No. 1307 (2R), which was also amended and reported by the committee on this date.

COMMITTEE AMENDMENTS:

The committee amendments revise the bill to remove references to authorized third party individuals and to add a definition for “family member.”

The committee amendments add language clarifying that homemaker-home health aides (HHAs) certified under the program established under the bill are to be certified by the New Jersey Board of Nursing. The amendments add language providing that the Board of Nursing is to promulgate rules and regulations as necessary to implement the bill.

The committee amendments clarify that an HHA certified under the program is to be employed by a home care services firm, rather than by a private duty nursing agency.

The committee amendments remove language providing that the tasks delegated to a HHA certified under the program will be limited to those authorized for an HHA pursuant to the New Jersey Board of Nursing, as those rules and restrictions would apply in any case.

The committee amendments remove language from the bill that would establish minimum reimbursement rates for HHA services provided under the bill, and revise the synopsis of the bill to reflect that change.

FISCAL IMPACT:

The Office of Legislative Services concludes that the certified homemaker-home health aide (CHHA) program established under the bill would have an indeterminate impact on annual State expenditures from the General Fund and on State revenues. The fiscal impact will be determined, in part, by the participation in the program by eligible NJ FamilyCare beneficiaries and their families. If family CHHA hours replace existing private duty nursing hours provided by either a registered nurse or a licensed practical nurse, the State will see a cost savings. Conversely, if CHHA hours provided by a family member supplement existing private duty nursing hours, the State would incur higher expenditures, depending on the number of additional hours reimbursed. The net impact of these possible outcomes on annual State expenditures and revenues cannot be determined. To the extent that additional eligible State Medicaid expenditures are matched by federal Medicaid funds, any additional costs incurred by the State pursuant to the bill would correspond to an increase in State revenues. Lower overall eligible Medicaid-reimbursable costs will result in lower State matching revenues from federal reimbursements.