

ASSEMBLY, No. 3066

STATE OF NEW JERSEY 222nd LEGISLATURE

PRE-FILED FOR INTRODUCTION IN THE 2026 SESSION

Sponsored by:
Assemblyman CHRIS TULLY
District 38 (Bergen)

SYNOPSIS

Requires DHS to review, and implement certain improvements to, Medicaid Managed Long-Term Services and Supports Program and to establish public-facing report card of managed care organization's coordination of program.

CURRENT VERSION OF TEXT

As reported by the Assembly Health Infrastructure Committee with technical review.



1 AN ACT concerning the Medicaid Managed Long-Term Services
2 and Supports Program and supplementing Title 30 of the Revised
3 Statutes.

4
5 BE IT ENACTED by the Senate and General Assembly of the State
6 of New Jersey:

7
8 1. a. The Division of Medical Assistance and Health
9 Services in the Department of Human Services shall conduct a
10 review of the Medicaid Managed Long-Term Services and Support
11 Program and the managed care organizations contracted with the
12 division to administer and coordinate that program. The review, at
13 a minimum, shall include:

14 (1) a survey and evaluation of the quality oversight measures in
15 place upon the effective date of this act and used to assess the
16 performance of each Medicaid managed care organization in
17 administering and coordinating the Managed Long-Term Services
18 and Supports Program;

19 (2) an assessment of the State's barriers to transitioning
20 Medicaid members enrolled in the Managed Long-Term Services
21 and Supports Program from nursing home to community settings,
22 when clinically appropriate and desired by the member; and

23 (3) a nationwide study of Medicaid Managed Long-Term
24 Services and Supports Program payment models that have high
25 rates of success in transitioning members from nursing home to
26 community settings.

27 b. Following the completion of the review pursuant to
28 subsection a. of this section, the division shall identify and
29 implement improvements to the Medicaid Managed Long-Term
30 Services and Supports Program based upon the division's findings
31 pursuant to paragraphs (1), (2), and (3) of subsection a. of this
32 section. The improvements under this subsection shall also include
33 requiring each managed care organization to:

34 (1) reduce care management caseloads for nursing home
35 residents;

36 (2) more frequently visit nursing home residents on a face-to-
37 face basis, during which visit a representative from the managed
38 care organization shall ask members directly about, and document
39 members' responses regarding, the quality of the facility and
40 satisfaction with the facility's services;

41 (3) annually review the preferences and clinical needs of
42 members residing in nursing homes and transition any member,
43 when clinically appropriate and desired by the member, to a
44 community setting; and

45 (4) establish a process, that includes reporting requirements and
46 dedicated transition teams, for complex transitions from nursing
47 home to community care.

1 c. No later than 18 months after the effective date of this act,
2 the division shall submit a report to the Legislature, pursuant to
3 section 2 of P.L.1991, c.164 (C.52:14-19.1), that summarizes the
4 division's findings regarding the Medicaid Managed Long-Term
5 Services and Supports Program pursuant subsection a. of this
6 section and describes the improvements made to the program
7 pursuant to subsection b. of this section.

8
9 2. a. The Division of Medical Assistance and Health Services
10 in the Department of Human Services shall establish a public-facing
11 report card for each Medicaid managed care organization's
12 administration and coordination of the Medicaid Managed Long-
13 Term Services and Support Program. Each report card shall be
14 accessible on the department's website and shall provide user-
15 friendly performance and quality rating information, such that
16 members of the public are able to easily compare managed care
17 organizations and to make an informed decision when choosing a
18 managed care organization for the coordination of long-term
19 services and supports under the Medicaid program. Any Medicaid
20 Managed Long-Term Services and Supports Program reports
21 prepared by the department shall also be included on the same
22 webpage as the report cards established pursuant to this section.

23 b. For each managed care organization, the report card shall
24 include:

25 (1) the number of members enrolled in the Medicaid Managed
26 Long-Term Services and Supports Program, disaggregated by
27 service setting;

28 (2) monthly disenrollment data within the Medicaid Managed
29 Long-Term Services and Supports Program, disaggregated by
30 service setting;

31 (3) data on performance, quality, and compliance within the
32 Medicaid Managed Long-Term Services and Supports Program,
33 including access to services across different member populations;

34 (4) available member feedback and reviews; and

35 (5) any additional information deemed appropriate by the
36 Commissioner of Human Services.

37 c. The division shall update each managed care organization's
38 report card annually.

39
40 3. This act shall take effect immediately and section 1 shall
41 expire after the submission of the report to the Legislature pursuant
42 to subsection c. of section 1 of this act.