

P.L.2015, CHAPTER 234, *approved January 19, 2016*

Senate, No. 2284 (*Second Reprint*)

1 **AN ACT** concerning Medicaid managed care organizations and
2 supplementing Title 30 of the Revised Statutes.

3
4 **BE IT ENACTED** *by the Senate and General Assembly of the State*
5 *of New Jersey:*

6
7 1. Notwithstanding any law, rule, or regulation to the
8 contrary ²【:

9 a. A health maintenance organization that contracts with the
10 Division of Medical Assistance and Health Services in the
11 Department of Human Services to provide benefits under a
12 managed care plan to persons who are eligible for Medicaid shall
13 not reduce reimbursement rates for personal care assistant services
14 or home-based supportive care services without meeting the
15 requirements of this section.

16 b. Prior to any reduction in reimbursement rates for personal
17 care assistant services or home-based supportive care services under
18 the health maintenance organization's Medicaid managed care plan,
19 the health maintenance organization shall be required to:

20 (1) meet ¹【with a set】 individually with each¹ of ¹the¹ home
21 health care providers that, in aggregate, deliver personal care
22 assistant services or home-based supportive care services to no
23 fewer than 25 percent of the total clients receiving personal care
24 assistant services or home-based supportive care services under the
25 managed care plan, when aggregating clients enrolled in the
26 managed care plan across the set of home health care providers;

27 (2) discuss, at ¹【any meetings】 each individual meeting¹ with
28 home health care providers conducted pursuant to this subsection:
29 the proposed reduction in provider reimbursement rates; and
30 alternatives to the proposed reduction in provider reimbursement
31 rates that maintain the quality of, and access to, care for affected
32 clients; and

33 (3) provide written certification to the Director of the Division
34 of Medical Assistance and Health Services in the Department of
35 Human Services that includes the following: an assurance that the
36 required meetings have been conducted with home health care
37 providers pursuant to this subsection; the name of each home health
38 care provider attending the required meetings; the number of clients

EXPLANATION – Matter enclosed in bold-faced brackets 【thus】 in the above bill is
not enacted and is intended to be omitted in the law.

Matter underlined thus is new matter.

Matter enclosed in superscript numerals has been adopted as follows:

¹Assembly AFI committee amendments adopted December 4, 2014.

²Senate amendments adopted in accordance with Governor's
recommendations June 29, 2015.

1 receiving personal care assistant services or home-based supportive
2 care services, under the managed care plan, from each home health
3 care provider attending the required meetings; and the total number
4 of clients receiving personal care assistant services or home-based
5 supportive care services under the managed care plan.

6 c. The health maintenance organization shall not reduce
7 reimbursement rates for personal care assistant services or home-
8 based supportive care services until 90 days after the date on which
9 the written certification provided pursuant to subsection b. of this
10 section is received by the Director of the Division of Medical
11 Assistance and Health Services.

12 d. As used in this section:

13 “Health care service firm” means any person who operates a firm
14 that employs individuals directly or indirectly for the purpose of
15 assigning the employed individuals to provide health care or
16 personal care services either directly in the home or at a care-giving
17 facility as defined in P.L.2002, c.126 (C.34:8-45.1 et seq.).

18 “Home-based supportive care services” means Medicaid services
19 by that name, or any similar Medicaid services, provided under: the
20 New Jersey Global Options for Long-Term Care Waiver in effect as
21 of October 1, 2011; the New Jersey Comprehensive Waiver in
22 effect as of October 1, 2012; or any successor programs. Home-
23 based supportive care services include, but are not limited to,
24 services that provide assistance with: activities of daily living, such
25 as bathing, dressing, toileting, transferring, eating, bed mobility,
26 and locomotion; or instrumental activities of daily living, such as
27 preparing meals, shopping, managing money, housework, laundry,
28 medication administration, transportation, and mobility outside the
29 home.

30 “Home health care provider” means any provider of personal
31 care assistant services or home-based supportive care services,
32 including, but not limited to, health care service firms.

33 “Medicaid” means the State Medicaid program established
34 pursuant to P.L.1968, c.413 (C.30:4D-1 et seq.).

35 “Personal care assistant services” means Medicaid services that
36 involve health-related tasks performed by a qualified individual in a
37 beneficiary’s home, under the supervision of a registered
38 professional nurse, as certified by a physician in accordance with a
39 beneficiary's written plan of care and as described in
40 N.J.A.C.10:60-3.3.], a health maintenance organization that
41 contracts with the Division of Medical Assistance and Health
42 Services in the Department of Human Services to provide benefits
43 under a managed care plan to persons who are eligible for Medicaid
44 shall not reduce reimbursement rates for personal care assistant
45 services or home based supportive care services, as those services
46 are defined by regulation or in the contract with the division, under
47 the health maintenance organization's Medicaid managed care plan,
48 unless the health maintenance organization notifies the division, in

1 writing, at least 90 days before the effective date of such changes.
2 Such notice shall be accompanied by written assurance that the
3 reduction will not reduce sufficient provider access or quality of
4 service as required by the contract with the division.²
5

6 2. This act shall take effect immediately, and shall apply to any
7 contract that a health maintenance organization has entered into
8 with the Division of Medical Assistance and Health Services in the
9 Department of Human Services to provide benefits under a
10 managed care plan to persons who are eligible for medical
11 assistance under P.L.1968, c.413 (C.30:4D-1 et seq.) which is ²**[in**
12 **effect]** executed² on ²or after² the effective date of this act ²**[or**
13 **executed thereafter]**².
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16

17
18 _____
19 Requires Medicaid managed care organizations to meet certain
20 conditions prior to reducing reimbursement rates for personal care
assistant services and home-based supportive care services.