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District 33 (Hudson)
Assemblyman JAMEL C. HOLLEY
District 20 (Union)
Assemblywoman ANGELICA M. JIMENEZ
District 32 (Bergen and Hudson)

Co-Sponsored by:
Senator Pou, Assemblywoman McKnight and Assemblyman Coughlin

SYNOPSIS
Establishes three-year Medicaid home visitation demonstration project.

CURRENT VERSION OF TEXT
As introduced.

(Sponsorship Updated As Of: 2/16/2017)
AN ACT establishing a home visitation pilot program in Medicaid and supplementing Title 30 of the Revised Statutes.

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

1. a. The Department of Human Services, subject to federal approval and the availability of federal financial participation under Title XIX of the Social Security Act, shall establish a three-year Medicaid home visitation demonstration project. The demonstration project shall be designed to provide ongoing health and parenting information, parent and family support, and links to essential health and social services during pregnancy, infancy, and early childhood. The demonstration project shall be developed in consultation with the Department of Children and Families and the Department of Health.

b. The project shall be modeled on home visitation programs currently administered by the Department of Children and Families, the Department of Health, and the Division of Family Development in the Department of Human Services.

c. The project shall be implemented in stages, prioritizing expansion of services in counties with the highest number of births to eligible families and where current home visitation programs provide services to less than 10 percent of the eligible population.

2. The Commissioner of Human Services shall apply for such State plan amendments or waivers as may be necessary to implement the provisions of this act and to secure federal financial participation for State Medicaid expenditures under the federal Medicaid program.

3. The Commissioner of Human Services, in accordance with the “Administrative Procedure Act,” P.L.1968, c.410 (C.52:14B-1 et seq.), shall adopt such rules and regulations as the commissioner deems necessary to carry out the provisions of this act.

4. This act shall take effect on the first day of the seventh month next following the date of enactment and shall expire three years after the date that the Department of Human Services commences implementation of the demonstration project, but the commissioner may take such anticipatory administrative action in advance thereof as shall be necessary for the implementation of this act.

STATEMENT

This bill establishes a three-year Medicaid home visitation demonstration project. The project would be designed to provide
ongoing health and parenting information, parent and family support, and links to essential health and social services during pregnancy, infancy, and early childhood. The bill requires that the demonstration project be developed in consultation with the Department of Children and Families and the Department of Health, and that it be modeled on home visitation programs currently administered by the three different Executive departments currently operating such programs.

The project would be rolled out in stages, prioritizing expansion of services in counties with the highest number of births to eligible families and where current home visitation programs provide services to less than 10 percent of the eligible population. It is the sponsor’s understanding that this would result in initial expansions in Hudson and Union counties (100 families), Essex and Morris counties (100 families), Middlesex county (100 families), Bergen county (100 families), Ocean county (75 families), and Monmouth county (75 families).

The State currently provides home visiting services to over 5,000 families Statewide through several different programs. Home visitation programs typically provide frequent and regular visits to new families from pregnancy until the child is aged two or three, but vary in certain details according to the particular model. Home visitation programs encourage positive behaviors and healthy nutrition to prevent poor pregnancy outcomes; identify health or social concerns that may adversely affect a child’s home environment; and assist parents in developing skills to promote early learning, language development, and early literacy. Such programs have been demonstrated through academic research to decrease pre-term and low-weight births, increase maternal employment, increase father involvement, decrease child abuse and neglect, decrease welfare costs, improve school readiness, and several other positive outcomes.