

ASSEMBLY, No. 830

STATE OF NEW JERSEY

219th LEGISLATURE

PRE-FILED FOR INTRODUCTION IN THE 2020 SESSION

Sponsored by:

Assemblywoman VERLINA REYNOLDS-JACKSON

District 15 (Hunterdon and Mercer)

Assemblywoman SHANIQUE SPEIGHT

District 29 (Essex)

Assemblywoman SHAVONDA E. SUMTER

District 35 (Bergen and Passaic)

Assemblywoman ANGELA V. MCKNIGHT

District 31 (Hudson)

Co-Sponsored by:

Assemblyman Conaway, Assemblywomen Vainieri Huttie and Carter

SYNOPSIS

Provides Medicaid coverage for certain home visitation program services under certain circumstances.

CURRENT VERSION OF TEXT

Introduced Pending Technical Review by Legislative Counsel.



1 **AN ACT** concerning Medicaid coverage for certain home visitation
2 program services and amending P.L.1968, c.413.

3

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

6

7 1. Section 6 of P.L.1968, c.413 (C.30:4D-6) is amended to read
8 as follows:

9 6. a. Subject to the requirements of Title XIX of the federal
10 Social Security Act, the limitations imposed by this act and by the
11 rules and regulations promulgated pursuant thereto, the department
12 shall provide medical assistance to qualified applicants, including
13 authorized services within each of the following classifications:

14 (1) Inpatient hospital services;

15 (2) Outpatient hospital services;

16 (3) Other laboratory and X-ray services;

17 (4) (a) Skilled nursing or intermediate care facility services;

18 (b) Early and periodic screening and diagnosis of individuals
19 who are eligible under the program and are under age 21, to
20 ascertain their physical or mental health status and the health care,
21 treatment, and other measures to correct or ameliorate defects and
22 chronic conditions discovered thereby, as may be provided in
23 regulations of the Secretary of the federal Department of Health and
24 Human Services and approved by the commissioner;

25 (5) Physician's services furnished in the office, the patient's
26 home, a hospital, a skilled nursing, or intermediate care facility or
27 elsewhere.

28 As used in this subsection, "laboratory and X-ray services"
29 includes HIV drug resistance testing, including, but not limited to,
30 genotype assays that have been cleared or approved by the federal
31 Food and Drug Administration, laboratory developed genotype
32 assays, phenotype assays, and other assays using phenotype
33 prediction with genotype comparison, for persons diagnosed with
34 HIV infection or AIDS.

35 b. Subject to the limitations imposed by federal law, by this
36 act, and by the rules and regulations promulgated pursuant thereto,
37 the medical assistance program may be expanded to include
38 authorized services within each of the following classifications:

39 (1) Medical care not included in subsection a.(5) above, or any
40 other type of remedial care recognized under State law, furnished
41 by licensed practitioners within the scope of their practice, as
42 defined by State law;

43 (2) Home health care services;

44 (3) Clinic services;

45 (4) Dental services;

**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.

- 1 (5) Physical therapy and related services;
- 2 (6) Prescribed drugs, dentures, and prosthetic devices; and
- 3 eyeglasses prescribed by a physician skilled in diseases of the eye
- 4 or by an optometrist, whichever the individual may select;
- 5 (7) Optometric services;
- 6 (8) Podiatric services;
- 7 (9) Chiropractic services;
- 8 (10) Psychological services;
- 9 (11) Inpatient psychiatric hospital services for individuals under
- 10 21 years of age, or under age 22 if they are receiving such services
- 11 immediately before attaining age 21;
- 12 (12) Other diagnostic, screening, preventive, and rehabilitative
- 13 services, and other remedial care;
- 14 (13) Inpatient hospital services, nursing facility services, and
- 15 intermediate care facility services for individuals 65 years of age or
- 16 over in an institution for mental diseases;
- 17 (14) Intermediate care facility services;
- 18 (15) Transportation services;
- 19 (16) Services in connection with the inpatient or outpatient
- 20 treatment or care of substance use disorder, when the treatment is
- 21 prescribed by a physician and provided in a licensed hospital or in a
- 22 narcotic and substance use disorder treatment center approved by
- 23 the Department of Health pursuant to P.L.1970, c.334 (C.26:2G-21
- 24 et seq.) and whose staff includes a medical director, and limited to
- 25 those services eligible for federal financial participation under Title
- 26 XIX of the federal Social Security Act;
- 27 (17) Any other medical care and any other type of remedial care
- 28 recognized under State law, specified by the Secretary of the federal
- 29 Department of Health and Human Services, and approved by the
- 30 commissioner;
- 31 (18) Comprehensive maternity care, which may include: the
- 32 basic number of prenatal and postpartum visits recommended by the
- 33 American College of Obstetrics and Gynecology; additional
- 34 prenatal and postpartum visits that are medically necessary;
- 35 necessary laboratory, nutritional assessment and counseling, health
- 36 education, personal counseling, managed care, outreach, and
- 37 follow-up services; treatment of conditions which may complicate
- 38 pregnancy; and physician or certified nurse-midwife delivery
- 39 services;
- 40 (19) Comprehensive pediatric care, which may include:
- 41 ambulatory, preventive, and primary care health services. The
- 42 preventive services shall include, at a minimum, the basic number
- 43 of preventive visits recommended by the American Academy of
- 44 Pediatrics;
- 45 (20) Services provided by a hospice which is participating in
- 46 the Medicare program established pursuant to Title XVIII of the
- 47 Social Security Act, Pub.L.89-97 (42 U.S.C. s.1395 et seq.).

1 Hospice services shall be provided subject to approval of the
2 Secretary of the federal Department of Health and Human Services
3 for federal reimbursement;

4 (21) Mammograms, subject to approval of the Secretary of the
5 federal Department of Health and Human Services for federal
6 reimbursement, including one baseline mammogram for women
7 who are at least 35 but less than 40 years of age; one mammogram
8 examination every two years or more frequently, if recommended
9 by a physician, for women who are at least 40 but less than 50 years
10 of age; and one mammogram examination every year for women
11 age 50 and over;

12 (22) Upon referral by a physician, advanced practice nurse, or
13 physician assistant of a person who has been diagnosed with
14 diabetes, gestational diabetes, or pre-diabetes, in accordance with
15 standards adopted by the American Diabetes Association:

16 (a) Expenses for diabetes self-management education or training
17 to ensure that a person with diabetes, gestational diabetes, or pre-
18 diabetes can optimize metabolic control, prevent and manage
19 complications, and maximize quality of life. Diabetes self-
20 management education shall be provided by an in-State provider
21 who is:

22 (i) a licensed, registered, or certified health care professional
23 who is certified by the National Certification Board of Diabetes
24 Educators as a Certified Diabetes Educator, or certified by the
25 American Association of Diabetes Educators with a Board
26 Certified-Advanced Diabetes Management credential, including, but
27 not limited to: a physician, an advanced practice or registered nurse,
28 a physician assistant, a pharmacist, a chiropractor, a dietitian
29 registered by a nationally recognized professional association of
30 dietitians, or a nutritionist holding a certified nutritionist specialist
31 (CNS) credential from the Board for Certification of Nutrition
32 Specialists; or

33 (ii) an entity meeting the National Standards for Diabetes Self-
34 Management Education and Support, as evidenced by a recognition
35 by the American Diabetes Association or accreditation by the
36 American Association of Diabetes Educators;

37 (b) Expenses for medical nutrition therapy as an effective
38 component of the person's overall treatment plan upon a: diagnosis
39 of diabetes, gestational diabetes, or pre-diabetes; change in the
40 beneficiary's medical condition, treatment, or diagnosis; or
41 determination of a physician, advanced practice nurse, or physician
42 assistant that reeducation or refresher education is necessary.
43 Medical nutrition therapy shall be provided by an in-State provider
44 who is a dietitian registered by a nationally-recognized professional
45 association of dietitians, or a nutritionist holding a certified
46 nutritionist specialist (CNS) credential from the Board for

1 Certification of Nutrition Specialists, who is familiar with the
2 components of diabetes medical nutrition therapy;

3 (c) For a person diagnosed with pre-diabetes, items and services
4 furnished under an in-State diabetes prevention program that meets
5 the standards of the National Diabetes Prevention Program, as
6 established by the federal Centers for Disease Control and
7 Prevention; **[and]**

8 (d) Expenses for any medically appropriate and necessary
9 supplies and equipment recommended or prescribed by a physician,
10 advanced practice nurse, or physician assistant for the management
11 and treatment of diabetes, gestational diabetes, or pre-diabetes,
12 including, but not limited to: equipment and supplies for self-
13 management of blood glucose; insulin pens; insulin pumps and
14 related supplies; and other insulin delivery devices; and

15 (23) Expenses incurred in the provision of case management
16 services, defined at 42 CFR s.440.169 and 42 CFR s.441.18, and
17 preventive services, defined at 42 CFR s.440.130(c), provided
18 during a home visit through the New Jersey Home Visiting
19 Initiative, provided that:

20 (a) the recipient of the services is a Medicaid-eligible person
21 and is pregnant;

22 (b) services begin when the recipient is pregnant and
23 discontinue three years following the birth of the recipient's child;
24 and

25 (c) the provider of services is a registered professional nurse or
26 other professional who has successfully completed the training
27 required by the evidence-based home visiting models participating
28 in the New Jersey Home Visiting Initiative.

29 As used in this paragraph:

30 "New Jersey Home Visiting Initiative" means the effort within
31 the Department of Children and Families to improve the physical
32 and emotional well-being of infants, children, and their families in
33 New Jersey by providing community-based education and in-home
34 support to parents and includes three, Statewide, evidence-based
35 home visiting models: Nurse-Family Partnership; Healthy Families
36 America; and Parents as Teachers.

37 c. Payments for the foregoing services, goods, and supplies
38 furnished pursuant to this act shall be made to the extent authorized
39 by this act, the rules and regulations promulgated pursuant thereto
40 and, where applicable, subject to the agreement of insurance
41 provided for under this act. The payments shall constitute payment
42 in full to the provider on behalf of the recipient. Every provider
43 making a claim for payment pursuant to this act shall certify in
44 writing on the claim submitted that no additional amount will be
45 charged to the recipient, the recipient's family, the recipient's
46 representative or others on the recipient's behalf for the services,
47 goods, and supplies furnished pursuant to this act.

1 No provider whose claim for payment pursuant to this act has
2 been denied because the services, goods, or supplies were
3 determined to be medically unnecessary shall seek reimbursement
4 from the recipient, his family, his representative or others on his
5 behalf for such services, goods, and supplies provided pursuant to
6 this act; provided, however, a provider may seek reimbursement
7 from a recipient for services, goods, or supplies not authorized by
8 this act, if the recipient elected to receive the services, goods or
9 supplies with the knowledge that they were not authorized.

10 d. Any individual eligible for medical assistance (including
11 drugs) may obtain such assistance from any person qualified to
12 perform the service or services required (including an organization
13 which provides such services, or arranges for their availability on a
14 prepayment basis), who undertakes to provide the individual such
15 services.

16 No copayment or other form of cost-sharing shall be imposed on
17 any individual eligible for medical assistance, except as mandated
18 by federal law as a condition of federal financial participation.

19 e. Anything in this act to the contrary notwithstanding, no
20 payments for medical assistance shall be made under this act with
21 respect to care or services for any individual who:

22 (1) Is an inmate of a public institution (except as a patient in a
23 medical institution); provided, however, that an individual who is
24 otherwise eligible may continue to receive services for the month in
25 which he becomes an inmate, should the commissioner determine to
26 expand the scope of Medicaid eligibility to include such an
27 individual, subject to the limitations imposed by federal law and
28 regulations, or

29 (2) Has not attained 65 years of age and who is a patient in an
30 institution for mental diseases, or

31 (3) Is over 21 years of age and who is receiving inpatient
32 psychiatric hospital services in a psychiatric facility; provided,
33 however, that an individual who was receiving such services
34 immediately prior to attaining age 21 may continue to receive such
35 services until the individual reaches age 22. Nothing in this
36 subsection shall prohibit the commissioner from extending medical
37 assistance to all eligible persons receiving inpatient psychiatric
38 services; provided that there is federal financial participation
39 available.

40 f. (1) A third party as defined in section 3 of P.L.1968, c.413
41 (C.30:4D-3) shall not consider a person's eligibility for Medicaid in
42 this or another state when determining the person's eligibility for
43 enrollment or the provision of benefits by that third party.

44 (2) In addition, any provision in a contract of insurance, health
45 benefits plan, or other health care coverage document, will, trust,
46 agreement, court order, or other instrument which reduces or
47 excludes coverage or payment for health care-related goods and

1 services to or for an individual because of that individual's actual or
2 potential eligibility for or receipt of Medicaid benefits shall be null
3 and void, and no payments shall be made under this act as a result
4 of any such provision.

5 (3) Notwithstanding any provision of law to the contrary, the
6 provisions of paragraph (2) of this subsection shall not apply to a
7 trust agreement that is established pursuant to 42 U.S.C.
8 s.1396p(d)(4)(A) or (C) to supplement and augment assistance
9 provided by government entities to a person who is disabled as
10 defined in section 1614(a)(3) of the federal Social Security Act (42
11 U.S.C. s.1382c (a)(3)).

12 g. The following services shall be provided to eligible
13 medically needy individuals as follows:

14 (1) Pregnant women shall be provided prenatal care and delivery
15 services and postpartum care, including the services cited in
16 subsection a.(1), (3), and (5) of this section and subsection b.(1)-
17 (10), (12), (15), and (17) of this section, and nursing facility
18 services cited in subsection b.(13) of this section.

19 (2) Dependent children shall be provided with services cited in
20 subsection a.(3) and (5) of this section and subsection b.(1), (2), (3),
21 (4), (5), (6), (7), (10), (12), (15), and (17) of this section, and
22 nursing facility services cited in subsection b.(13) of this section.

23 (3) Individuals who are 65 years of age or older shall be
24 provided with services cited in subsection a.(3) and (5) of this
25 section and subsection b.(1)-(5), (6) excluding prescribed drugs, (7),
26 (8), (10), (12), (15), and (17) of this section, and nursing facility
27 services cited in subsection b.(13) of this section.

28 (4) Individuals who are blind or disabled shall be provided with
29 services cited in subsection a.(3) and (5) of this section and
30 subsection b.(1)-(5), (6) excluding prescribed drugs, (7), (8), (10),
31 (12), (15), and (17) of this section, and nursing facility services
32 cited in subsection b.(13) of this section.

33 (5) (a) Inpatient hospital services, subsection a.(1) of this
34 section, shall only be provided to eligible medically needy
35 individuals, other than pregnant women, if the federal Department
36 of Health and Human Services discontinues the State's waiver to
37 establish inpatient hospital reimbursement rates for the Medicare
38 and Medicaid programs under the authority of section 601(c)(3) of
39 the Social Security Act Amendments of 1983, Pub.L.98-
40 21 (42 U.S.C. s.1395ww(c)(5)). Inpatient hospital services may be
41 extended to other eligible medically needy individuals if the federal
42 Department of Health and Human Services directs that these
43 services be included.

44 (b) Outpatient hospital services, subsection a.(2) of this section,
45 shall only be provided to eligible medically needy individuals if the
46 federal Department of Health and Human Services discontinues the
47 State's waiver to establish outpatient hospital reimbursement rates

1 for the Medicare and Medicaid programs under the authority of
2 section 601(c)(3) of the Social Security Amendments of 1983,
3 Pub.L.98-21 (42 U.S.C. s.1395ww(c)(5)). Outpatient hospital
4 services may be extended to all or to certain medically needy
5 individuals if the federal Department of Health and Human Services
6 directs that these services be included. However, the use of
7 outpatient hospital services shall be limited to clinic services and to
8 emergency room services for injuries and significant acute medical
9 conditions.

10 (c) The division shall monitor the use of inpatient and outpatient
11 hospital services by medically needy persons.

12 h. In the case of a qualified disabled and working individual
13 pursuant to section 6408 of Pub.L.101-239 (42 U.S.C. s.1396d), the
14 only medical assistance provided under this act shall be the
15 payment of premiums for Medicare part A under 42 U.S.C.
16 ss.1395i-2 and 1395r.

17 i. In the case of a specified low-income Medicare beneficiary
18 pursuant to 42 U.S.C. s.1396a(a)10(E)iii, the only medical
19 assistance provided under this act shall be the payment of premiums
20 for Medicare part B under 42 U.S.C. s.1395r as provided for in 42
21 U.S.C. s.1396d(p)(3)(A)(ii).

22 j. In the case of a qualified individual pursuant to
23 42 U.S.C. s.1396a(aa), the only medical assistance provided under
24 this act shall be payment for authorized services provided during
25 the period in which the individual requires treatment for breast or
26 cervical cancer, in accordance with criteria established by the
27 commissioner.

28 k. In the case of a qualified individual pursuant to
29 42 U.S.C. s.1396a(ii), the only medical assistance provided under
30 this act shall be payment for family planning services and supplies
31 as described at 42 U.S.C. s.1396d(a)(4)(C), including medical
32 diagnosis and treatment services that are provided pursuant to a
33 family planning service in a family planning setting.
34 (cf: P.L.2018, c.1, s.2)

35
36 2. The Commissioner of Human Services shall apply for such
37 State plan amendments or waivers as may be necessary to
38 implement this act and to secure federal financial participation for
39 State Medicaid expenditures under the federal Medicaid program.

40
41 3. The Commissioner Human Services, pursuant to the
42 "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et
43 seq.), shall adopt rules and regulations necessary to implement this
44 act.

45
46 4. This act shall take effect on the first day of the fourth month
47 next following the date of enactment, but the Commissioner of

1 Human Services may take such anticipatory administrative action in
2 advance thereof as may be necessary for the implementation of this
3 act.

4
5
6 STATEMENT
7

8 This bill provides Medicaid coverage for certain home visitation
9 program services under certain circumstances. Specifically, this bill
10 provides that coverage under the Medicaid program includes
11 expenses incurred in the provision of case management services and
12 preventive services provided during a home visit through the New
13 Jersey Home Visiting Initiative, provided that:

14 (1) the recipient of the services is a Medicaid-eligible person
15 and is pregnant;

16 (2) services begin when the recipient is pregnant and
17 discontinue three years following the birth of the recipient's child;
18 and

19 (3) the provider of services is a registered professional nurse or
20 other professional who has successfully completed the training
21 required by the evidence-based home visiting models participating
22 in the New Jersey Home Visiting Initiative.

23 Under federal regulation, case management services include
24 services that assist individuals to gain access to needed medical,
25 social, educational, and other services, while preventative services
26 are services recommended by a physician or other licensed
27 practitioner to prevent disease, disability, and other health
28 conditions or their progression; prolong life; and promote physical
29 and mental health efficiency.

30 The Commissioner of Human Services is required to apply for
31 such State plan amendments or waivers as may be necessary to
32 implement the bill and to secure federal financial participation for
33 State Medicaid expenditures under the federal Medicaid program.

34 Under the bill, "New Jersey Home Visiting Initiative" means the
35 effort within the Department of Children and Families to improve
36 the physical and emotional well-being of infants, children, and their
37 families in New Jersey by providing community-based education
38 and in-home support to parents and includes three, Statewide,
39 evidence-based home visiting models: Nurse-Family Partnership;
40 Healthy Families America; and Parents as Teachers.

41 Each of the models included in the New Jersey Home Visiting
42 Initiative provide specific services to certain populations. Nurse-
43 Family Partnership is for first-time pregnant women or new mothers
44 who enroll in services by the second trimester of pregnancy.
45 Registered nurses provide health education, information on other
46 available community services and supports, and family support to
47 parents. Healthy Families America provides education and supportive

1 services to new and expectant parents. Generally, eligibility is anytime
2 during pregnancy or within the first few weeks of birth. Participating
3 families receive ongoing home visits from Family Support Workers
4 that continue from enrollment up to when the child is five years of age.
5 And finally, Parents as Teachers is an early childhood parent
6 education, family support, and school readiness program serving
7 families throughout pregnancy until their child enters kindergarten.
8 PAT visits are made by certified Parent Educators.