

ASSEMBLY, No. 1367

STATE OF NEW JERSEY

219th LEGISLATURE

PRE-FILED FOR INTRODUCTION IN THE 2020 SESSION

Sponsored by:

Assemblyman DANIEL R. BENSON

District 14 (Mercer and Middlesex)

SYNOPSIS

Requires Commissioner of Human Services to ensure coverage of respite care services for eligible Medicaid beneficiaries when primary payer denies coverage of such services for any reason.

CURRENT VERSION OF TEXT

Introduced Pending Technical Review by Legislative Counsel.



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

3

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

6

7 1. The Commissioner of Human Services shall establish such
8 procedures as are necessary to ensure that coverage for respite care
9 services is provided to a Medicaid beneficiary under the following
10 circumstances:

11 a. the beneficiary's primary payer for health care services,
12 whether public or private, denies coverage, for any reason, for
13 respite care services; and

14 b. the beneficiary is eligible under Medicaid for coverage of
15 respite care services.

16 The provisions of this section shall not be construed to alter any
17 eligibility requirements for respite care services under Medicaid.

18 As used in this section, "Medicaid" means the Medicaid program
19 established pursuant to P.L.1968, c.413 (C.30:4D-1 et seq.).

20

21 2. The Commissioner of Human Services, pursuant to the
22 "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.),
23 shall adopt rules and regulations necessary to implement the
24 provisions of this act.

25

26 3. This act shall take effect immediately.

27

28

29

STATEMENT

30

31 This bill requires the Commissioner of Human Services to ensure
32 coverage of respite care services for eligible Medicaid beneficiaries
33 when a primary payer denies coverage of such services for any
34 reason. As used in the bill, "Medicaid" means the Medicaid
35 program established pursuant to P.L.1968, c.413 (C.30:4D-1 et
36 seq.).

37 Under the bill, the commissioner is required to establish such
38 procedures as are necessary to ensure that coverage for respite care
39 services is provided to a Medicaid beneficiary under the following
40 circumstances:

41 1) the beneficiary's primary payer for health care services,
42 whether public or private, denies coverage, for any reason, for
43 respite care services; and

44 2) the beneficiary is eligible under Medicaid for coverage of
45 respite care services.

46 The provisions of this bill are not to be construed to alter any
47 eligibility requirements for respite care services under Medicaid.