

ASSEMBLY, No. 3266

STATE OF NEW JERSEY

219th LEGISLATURE

INTRODUCED FEBRUARY 25, 2020

Sponsored by:

Assemblyman ERIC HOUGHTALING

District 11 (Monmouth)

Assemblywoman JOANN DOWNEY

District 11 (Monmouth)

Assemblywoman SHANIQUE SPEIGHT

District 29 (Essex)

Co-Sponsored by:

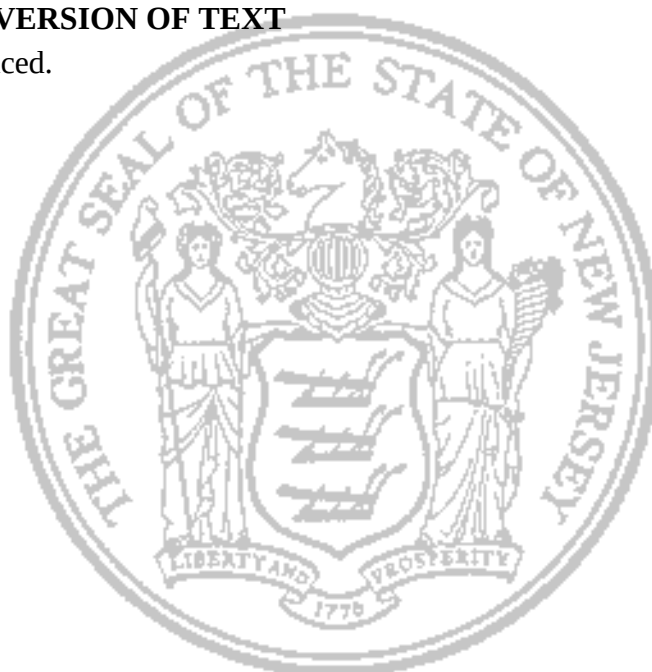
**Assemblymen Chiaravalloti, Benson, Assemblywoman Vainieri Huttie,
Assemblyman Johnson and Assemblywoman McKnight**

SYNOPSIS

Requires Medicaid managed care organizations to notify certain beneficiaries of maximum coverage for personal care service hours.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 6/24/2021)

1 AN ACT concerning notification of personal care service hours
2 provided under Medicaid and supplementing Title 30 of the
3 Revised Statutes.

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

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8 1. A managed care organization contracted with the Division of
9 Medical Assistance and Health Services within the Department of
10 Human Services to provide benefits under the Medicaid program,
11 established pursuant to P.L.1968, c.413 (C.30:4D-1 et seq.), shall
12 notify any beneficiary who is enrolled in the managed care
13 organization's Medicaid plan, and who is determined eligible to
14 receive a personal care service benefit, of: the maximum number of
15 hours per week that the beneficiary is eligible for coverage of
16 personal care services; the additional benefits under the Medicaid
17 program that the beneficiary is eligible for coverage; and, based upon
18 information available to the managed care organization, any other
19 non-Medicaid health service provided via a State program that the
20 beneficiary may be eligible for coverage.

21 The managed care organization shall communicate this
22 notification information in writing, following the initial
23 determination of the beneficiary's personal care service benefit and
24 following any redetermination of that benefit.

25
26 2. This act shall take effect immediately and shall apply to any
27 managed care organization contract which provides benefits under
28 the Medicaid program executed or renewed by the Division of
29 Medical Assistance and Health Services in the Department of Human
30 Services on or after the effective date of this act.

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33 STATEMENT

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35 This bill requires Medicaid managed care organizations to notify
36 certain beneficiaries of maximum coverage for personal care service
37 hours. Specifically, a managed care organization contracted with the
38 Division of Medical Assistance and Health Services within the
39 Department of Human Services to provide benefits under the
40 Medicaid program is required to notify any beneficiary who is
41 enrolled in the managed care organization's Medicaid plan and who
42 is determined eligible to receive a personal care service benefit of:

43 (1) the maximum number of hours per week that the beneficiary
44 is eligible for coverage of personal care services;

45 (2) the additional benefits under the Medicaid program that the
46 beneficiary is eligible for coverage; and

1 (3) based upon information available to the managed care
2 organization, any other non-Medicaid health service provided via a
3 State program that the beneficiary may be eligible for coverage.

4 The managed care organization is to communicate this notification
5 information in writing, following the initial determination of the
6 beneficiary's personal care service benefit and following any
7 redetermination of that benefit.