

ASSEMBLY, No. 4237

STATE OF NEW JERSEY

219th LEGISLATURE

INTRODUCED JUNE 8, 2020

Sponsored by:

Assemblywoman VALERIE VAINIERI HUTTLE

District 37 (Bergen)

Assemblyman DANIEL R. BENSON

District 14 (Mercer and Middlesex)

Assemblyman HERB CONAWAY, JR.

District 7 (Burlington)

SYNOPSIS

Requires Medicaid fee-for-service coverage of managed long term services and supports when beneficiary is pending enrollment in managed care organization.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 1/12/2021)

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47 This policy was prompted due to assisted living programs
48 experiencing difficulties receiving reimbursement for established

1 residents who had been determined financially and clinically
2 eligible for Medicaid services, but who were awaiting enrollment in
3 a MCO. Under this scenario, MCO enrollment may require up to 60
4 days. In response to this concern, the Division of Medical
5 Assistance and Health Services (DMAHS) in the Department of
6 Human Services implemented a new billing procedure intended to
7 avoid a gap in service payment for Medicaid eligible beneficiaries
8 residing in assisted living programs in which assisted living
9 programs are authorized to request FFS payments during this gap
10 period.

11 Specifically, the bill requires the DMAHS to provide Medicaid
12 coverage via the FFS delivery system for eligible services provided
13 by an assisted living residence, a comprehensive personal care
14 home, an assisted living program, or an adult family care provider
15 to an individual who is determined eligible for the Medicaid
16 Managed Long Term Services and Supports program, but who is
17 pending enrollment in a MCO contracted by the division to provide
18 health care services to Medicaid recipients. FFS coverage provided
19 under the bill shall begin on the date on which the individual is
20 determined clinically and financially eligible for services provided
21 under the Medicaid Managed Long Term Services and Supports
22 program, and shall end on the date on which the individual's
23 enrollment in a Medicaid MCO becomes effective.

24 The bill directs the Commissioner of Human Services to apply
25 for such State plan amendments or waivers as may be necessary to
26 implement the provisions of the bill and to secure federal financial
27 participation for State Medicaid expenditures under the federal
28 Medicaid program.