

[First Reprint]

ASSEMBLY, No. 4238

STATE OF NEW JERSEY

219th LEGISLATURE

INTRODUCED JUNE 8, 2020

Sponsored by:

Assemblyman NICHOLAS CHIARAVALLOTI

District 31 (Hudson)

Assemblyman GARY S. SCHAER

District 36 (Bergen and Passaic)

Assemblyman DANIEL R. BENSON

District 14 (Mercer and Middlesex)

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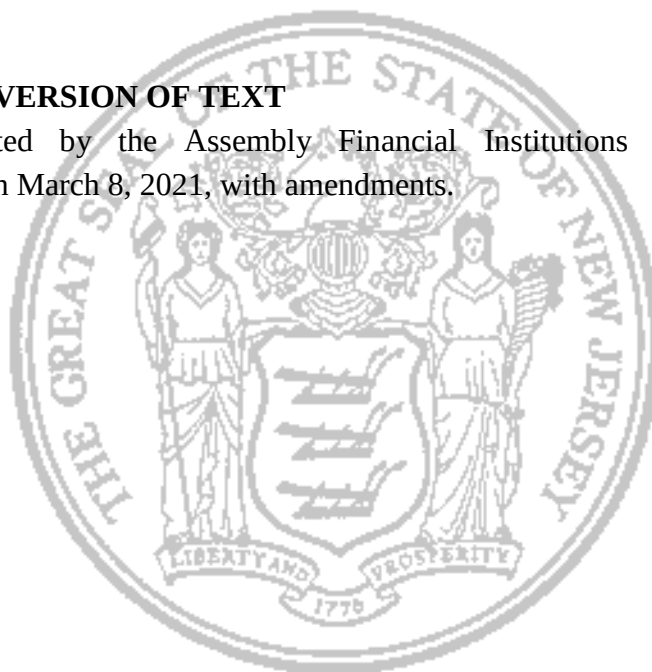
**Assemblywomen Murphy, Downey, Jasey, Assemblyman McKeon,
Assemblywoman Swain and Assemblyman Tully**

SYNOPSIS

Establishes minimum Medicaid reimbursement rate for adult medical day care services.

CURRENT VERSION OF TEXT

As reported by the Assembly Financial Institutions and Insurance Committee on March 8, 2021, with amendments.



(Sponsorship Updated As Of: 6/21/2021)

1 AN ACT concerning Medicaid reimbursement for providers of adult
2 medical day care services and supplementing Title 30 of the
3 Revised Statutes.

4

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

7

8 1. a. Notwithstanding the provisions of any law or regulation
9 to the contrary, the per diem reimbursement rate for providers of
10 adult medical day care services within the Medicaid program,
11 established pursuant to P.L.1968, c.413 (C.30:4D-1 et seq.),
12 whether the services are provided in the Medicaid fee-for-service
13 delivery system or through a managed care delivery system, shall be
14 no less than the established State Medicaid fee-for-service rate.

15 b. As used in this section:

16 “Provider of adult medical day care services” means an adult day
17 health services facility licensed by the Department of Health, which
18 provides preventive, diagnostic, therapeutic, and rehabilitative
19 services under medical and nursing supervision to meet the needs of
20 functionally impaired adult participants for a period of time that
21 does not exceed 12 hours during any calendar day.

22

23 2. A managed care organization contracted with the Division of
24 Medical Assistance and Health Services within the Department of
25 Human Services to provide benefits under the Medicaid program,
26 established pursuant to P.L.1968, c.413 (C.30:4D-1 et seq.), shall
27 not terminate or modify an existing provider network contract
28 solely due to a change of provider ownership or ownership
29 structure.

30

31 3. This act shall take effect on July 1, ¹**2020** 2021¹ and shall
32 apply to services provided on or after the effective date of this act and
33 to any Medicaid managed care contract executed or renewed on or
34 after the effective date of this act, except that the provisions of section
35 ¹**2.** 2¹ of this act shall take effect immediately.

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.

Matter enclosed in superscript numerals has been adopted as follows:

¹Assembly AFI committee amendments adopted March 8, 2021.