[Second 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)
Senator VIN GOPAL
District 11 (Monmouth)
Senator ROBERT W. SINGER
District 30 (Monmouth and Ocean)

Co-Sponsored by:
Assemblywomen Murphy, Downey, Jasey, Assemblyman McKeon, Assemblywoman Swain, Assemblyman Tully, Assemblywoman Lampitt, Assemblyman Freiman, Assemblywoman Vainieri Huttle, Senators Greenstein, Lagana and O'Scanlon

SYNOPSIS

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

CURRENT VERSION OF TEXT

As reported by the Senate Budget and Appropriations Committee on December 16, 2021, with amendments.

(Sponsorship Updated As Of: 1/10/2022)

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

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

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

b. As used in this section:

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

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

3. This act shall take effect on July 1, **[1]** **[**2020**]** **[2]** **[**2021**[1]]** 2022**[2]** and shall apply to services provided on or after the effective date of this act and to any Medicaid managed care contract executed or renewed on or after the effective date of this act, except that the provisions of section **[1]** **[**2.**]** 2**[1]** 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:
[1]Assembly AFI committee amendments adopted March 8, 2021.
[2]Senate SBA committee amendments adopted December 16, 2021.