

[Second Reprint]  
**SENATE, No. 2561**

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**STATE OF NEW JERSEY**  
**219th LEGISLATURE**

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INTRODUCED JUNE 8, 2020

**Sponsored by:**

**Senator VIN GOPAL**

**District 11 (Monmouth)**

**Senator ROBERT W. SINGER**

**District 30 (Monmouth and Ocean)**

**Co-Sponsored by:**

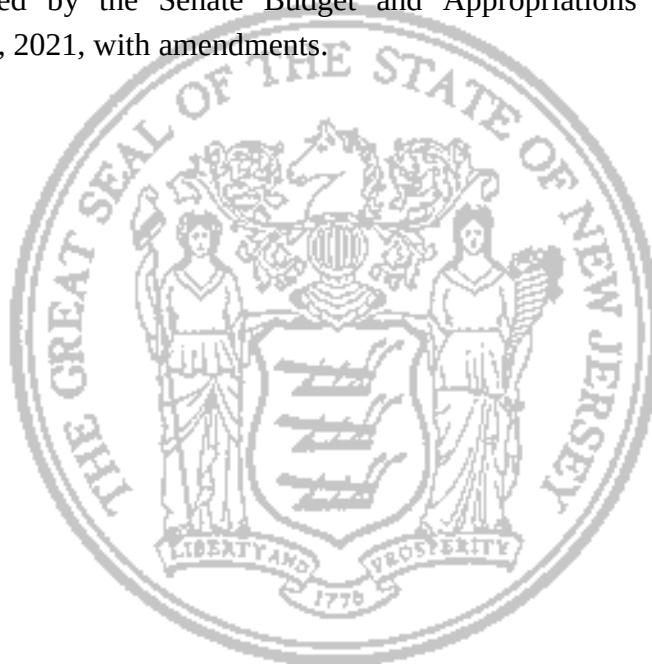
**Senators Greenstein, Lagana and O'Scanlon**

**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: 12/20/2021)**

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, <sup>1</sup>~~2020~~ <sup>2</sup>~~2021~~ 2022<sup>2</sup>  
 32 and shall apply to services provided on or after the effective date of  
 33 this act and to any Medicaid managed care contract executed or  
 34 renewed on or after the effective date of this act, except that the  
 35 provisions of section <sup>1</sup>~~2.~~ 2<sup>1</sup> 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:

<sup>1</sup>Senate SHH committee amendments adopted October 8, 2020.

<sup>2</sup>Senate SBA committee amendments adopted December 16, 2021.