

SENATE, No. 3350

STATE OF NEW JERSEY 219th LEGISLATURE

INTRODUCED JANUARY 12, 2021

Sponsored by:

Senator LORETTA WEINBERG

District 37 (Bergen)

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.



1 **AN ACT** concerning Medicaid coverage of certain managed long
2 term services and supports and supplementing Title 40 of the
3 Revised Statutes.

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

1. The Division of Medical Assistance and Health Services in the Department of Human Services shall provide Medicaid coverage via the fee-for-service delivery system for eligible services provided by an assisted living residence, a comprehensive personal care home, an assisted living program, or an adult family care provider to an individual who is determined eligible for the Medicaid Managed Long Term Services and Supports program, but who is pending enrollment in a managed care organization contracted by the division to provide health care services to Medicaid recipients. Fee-for-service coverage provided under this section shall begin on the date on which the individual is determined clinically and financially eligible for the Medicaid Managed Long Term Services and Supports program, and shall end on the date on which the individual's enrollment in a Medicaid managed care organization becomes effective.

23 As used in this section, “Medicaid” means the Medicaid program
24 established pursuant to P.L.1968, c.413 (C.30:4D-1 et seq.).

26 2. The Commissioner of Human Services shall apply for such
27 State plan amendments or waivers as may be necessary to
28 implement the provisions of this act and to secure federal financial
29 participation for State Medicaid expenditures under the federal
30 Medicaid program.

32 3. The Commissioner of Human Services, in accordance with
33 the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et
34 seq.), shall adopt such rules and regulations as the commissioner
35 deems necessary to carry out the provisions of this act.

37 4. This act shall take effect immediately.

STATEMENT

42 This bill requires Medicaid fee-for-service (FFS) coverage of
43 managed long term services and supports when the beneficiary is
44 pending enrollment in a managed care organization (MCO). In
45 doing so, the bill codifies existing Medicaid policy established in
46 Medicaid Newsletter, Vol. 24, No. 14.

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.