## ASSEMBLY, No. 4049

# STATE OF NEW JERSEY

### 220th LEGISLATURE

INTRODUCED MAY 19, 2022

**Sponsored by:** 

Assemblywoman ANGELA V. MCKNIGHT
District 31 (Hudson)
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District 15 (Hunterdon and Mercer)
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District 14 (Mercer and Middlesex)

#### **SYNOPSIS**

Provides for presumptive eligibility for home and community-based services under Medicaid.

#### **CURRENT VERSION OF TEXT**

As introduced.



(Sponsorship Updated As Of: 6/2/2022)

**AN ACT** concerning presumptive eligibility for Medicaid home and community-based 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. The Department of Human Services shall provide for the presumptive eligibility for home and community-based services under Medicaid for an individual who is: seeking home and community-based services; awaiting an eligibility determination for Medicaid and any applicable Medicaid waiver program offering home and community-based services; and likely to be financially and clinically eligible for Medicaid and any applicable Medicaid waiver program offering home and community-based services, as determined by the department.
- b. The department shall provide Medicaid coverage for eligible home and community-based services to an individual who is granted presumptively eligibility pursuant to this section. Coverage provided under this subsection shall begin upon the receipt of an individual's request for services, pursuant to subsection c of this section, and shall be terminated if the individual is determined clinically or financially ineligible for home and community-based services under Medicaid during the eligibility determination process.
- c. An individual seeking presumptive eligibility for home and community-based services under Medicaid shall submit a request to the department in a manner and form as determined by the commissioner.
- d. The individual granted presumptive eligibility pursuant to this section shall be required to submit a completed application for Medicaid and any applicable Medicaid waiver program offering home and community-based services no later than the end of the month following the month in which presumptive eligibility is granted.
- e. The department shall provide each individual granted presumptive eligibility pursuant to this section a written notice explaining the terms and conditions of presumptive eligibility and the home and community-based services the individual will be eligible to receive.
- f. The commissioner shall apply for such State plan amendments or waivers as may be necessary to implement the provisions of this section and to secure federal financial participation for State Medicaid expenditures under the federal Medicaid program.
- g. As used in this section:
- 46 "Commissioner" means the Commissioner of Human Services.
- 47 "Department" means Department of Human Services.

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"Eligibility determination" means the administrative process by which the Division of Medical Assistance and Health Services in the Department of Human Services or a county welfare agency reviews a beneficiary's income, financial resources, and circumstances relating to the beneficiary's application for benefits received under Medicaid or any applicable Medicaid waiver program offering home and community-based services.

"Medicaid" means the Medicaid program established pursuant to P.L.1968, c.413 (C.30:4D-1 et seq.).

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

3. This act shall take effect immediately.

#### **STATEMENT**

 This bill requires the Department of Human Services (department) to provide for the presumptive eligibility for home and community-based services under Medicaid for an individual who is: seeking home and community-based services; awaiting an eligibility determination for Medicaid and any applicable Medicaid waiver program offering home and community-based services; and likely to be financially and clinically eligible for Medicaid and any applicable Medicaid waiver program offering home and community-based services, as determined by the department.

The department will provide Medicaid coverage for eligible home and community-based services to an individual who is granted presumptively eligibility. Coverage will begin upon the receipt of an individual's request for services and will end if the individual is determined clinically or financially ineligible for home and community-based services under Medicaid during the eligibility determination process.

An individual seeking presumptive eligibility for home and community-based services under Medicaid will be required to submit a request to the department in a manner and form as determined by the Commissioner of Human (commissioner). The individual granted presumptive eligibility will be required to submit a completed application for Medicaid and any applicable Medicaid waiver program offering home community-based services no later than the end of the month following the month in which presumptive eligibility is granted. The department will provide each individual granted presumptive eligibility pursuant to this bill a written notice explaining the terms

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- and conditions of presumptive eligibility and the home and community-based services the individual will be eligible to receive.
- The commissioner will apply for such State plan amendments or
- 4 waivers as may be necessary to implement the provisions of this bill
- 5 and to secure federal financial participation for State Medicaid
- 6 expenditures under the federal Medicaid program.