

## CHAPTER 181

AN ACT concerning NJ FamilyCare reimbursement rates for certain long-term care facilities, supplementing Title 30 of the Revised Statutes, and making an appropriation.

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

### C.30:4D-711.1 Definitions.

1. As used in this act:

“Division” mean the Division of Medical Assistance and Health Services in the Department of Human Services.

“NJ FamilyCare” means the program established pursuant to P.L.2005, c.156 (C.30:4J-8 et al.), which includes the State’s Medicaid Program and the Children’s Health Insurance Program.

“Nursing facility” means a long-term care facility licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.), which has been approved by the Department of Human Services to provide care to NJ FamilyCare beneficiaries who require conventional nursing facility services.

“Special care nursing facility” means a nursing facility or a separate and distinct unit within a conventional nursing facility, licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.), which has been approved by the Department of Human Services to provide care to NJ FamilyCare beneficiaries who require specialized health care services beyond the scope of conventional nursing facility services.

“Traumatic brain injury” means an acquired injury to the brain, but does not include brain dysfunction caused by congenital or degenerative disorders, or birth trauma, but may include brain injuries caused by anoxia due to trauma.

“Traumatic brain injury unit” means an inpatient unit in special care nursing facility that provides services to NJ FamilyCare beneficiaries who require treatment for traumatic brain injuries.

### C.30:4D-711.2 Special care nursing facility, reimbursement, traumatic brain injury, NJ FamilyCare beneficiary.

2. The division shall reimburse a special care nursing facility for services provided to a NJ FamilyCare beneficiary residing in a traumatic brain injury unit at a base per diem reimbursement rate that is \$400 above the special care nursing facility’s FY 2022 base per diem reimbursement rate in order to cover the higher staffing ratios required, and abundance of therapy services provided, in a traumatic brain injury unit. Issuance of the reimbursement rate established in this section shall require the special care nursing facility to be in compliance with all applicable State and federal laws and regulations concerning licensure, patient safety, and quality of care.

### C.30:4D-711.3 Nursing facility, reimbursement, traumatic brain injury, NJ FamilyCare beneficiary, single-occupancy room

3. a. The division shall reimburse a nursing facility for services provided to a NJ FamilyCare beneficiary residing in a single-occupancy room at an enhanced per diem reimbursement rate equal to 150 percent of the nursing facility’s base per diem reimbursement rate, provided that, on any date after the effective date of this act, the nursing facility voluntarily delicensed beds in order to establish the single-occupancy room in which the beneficiary resides.

b. Reimbursements received under this section by a nursing facility that are in excess of the facility’s base per diem reimbursement rate shall be utilized by the facility for the following purposes:

(1) renovation costs to convert multiple-occupancy rooms to single-occupancy rooms;

(2) establishment and implementation of infection control policies and infrastructure, particularly for any remaining multiple-occupancy rooms; and

(3) compensation for revenue losses due to the facility's decreased census.

c. Issuance of the enhanced reimbursement per diem rate established in subsection a. of this section shall be contingent upon the following:

(1) The nursing facility submits a proposed plan to, and receives approval from, the Department of Human Services and the Department of Health regarding the voluntary delicensing of beds. The plan shall include a description of the facility's use of reimbursement payments received under this section in excess of the facility's base rate; and

(2) The nursing facility is in compliance with all applicable State and federal laws and regulations concerning licensure, patient safety, and quality of care.

d. The Commissioners of Human Services and Health shall establish a method and manner for nursing facilities to submit plans, as required under paragraph (1) of subsection c. of this section. The evaluation of a nursing facility's plan shall include metrics for ensuring that the voluntary delicensing of beds at a nursing facility does not negatively affect the ability of the NJ FamilyCare program to provide nursing facility services to enrollees.

4. The Commissioner of Human Services, in consultation with the Commissioner of Health, shall adopt such rules and regulations, pursuant to the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.), as shall be necessary to effectuate the provisions of this act.

C.30:4D-711.4 State plan amendments, waivers.

5. The Commissioner of Human Services shall apply for such State plan amendments or waivers as shall be necessary to implement the provisions of this act and to ensure federal financial participation for State expenditures under the federal Medicaid program and the Children's Health Insurance Program.

6. There are appropriated from the General Fund to the Department of Human Services such sums as shall be necessary to effectuate the provisions of this act.

7. This act shall take effect on the first day of the second month next following the date of enactment, except the Commissioners of Human Services and Health may take any advance administrative action as shall be necessary for the implementation of this act.

Approved November 27, 2023.