# [Second Reprint] **SENATE, No. 3495**

## STATE OF NEW JERSEY

### 220th LEGISLATURE

INTRODUCED JANUARY 19, 2023

**Sponsored by:** 

Senator JOSEPH F. VITALE

**District 19 (Middlesex)** 

Senator GORDON M. JOHNSON

District 37 (Bergen)

**Co-Sponsored by:** 

Senators Gill, Diegnan, Singer, Stanfield, Thompson, Turner and Ruiz

#### **SYNOPSIS**

Provides for presumptive eligibility for home and community-based services and services provided through program of all-inclusive care for the elderly under Medicaid.

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

As amended by the Senate on December 11, 2023



(Sponsorship Updated As Of: 5/11/2023)

AN ACT concerning presumptive eligibility for Medicaid home and community-based services <sup>2</sup>[<sup>1</sup>, nursing home services,]<sup>2</sup> and services provided through programs of all-inclusive care for the elderly, <sup>1</sup> 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 <sup>2</sup>[¹, nursing home services,]² and services provided through PACE¹ under Medicaid for an individual who is: seeking home and community-based services <sup>2</sup>[¹, nursing home services,]² or PACE enrollment¹; awaiting an eligibility determination for Medicaid and any applicable Medicaid waiver program offering home and community-based services <sup>2</sup>[¹, nursing home services,]² or services provided through PACE¹; and likely to be financially and clinically eligible for Medicaid and any applicable Medicaid waiver program offering home and community-based services <sup>2</sup>[¹, nursing home services,]² or services provided through PACE¹, as determined by the department.
- b. The department shall provide Medicaid coverage for eligible home and community-based services  ${}^2{\color{black} {\color{black} {\color{b$
- c. An individual seeking presumptive eligibility for home and community-based services  ${}^2\Gamma^1$ , nursing home services,  ${}^2$  or services provided through PACE under Medicaid shall submit a request to the department in a manner and form as determined by the commissioner.
- d. An 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 <sup>2</sup>[1, nursing home services,]<sup>2</sup> or services provided through PACE<sup>1</sup> no later than the end of the month following the month in which presumptive eligibility is granted.
- e. <sup>1</sup>A home and community-based services provider <sup>2</sup>[, nursing home facility,]<sup>2</sup> or PACE center shall be reimbursed for all Medicaideligible services rendered to an individual who has been granted

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>&</sup>lt;sup>1</sup>Senate SBA committee amendments adopted June 27, 2023.

<sup>&</sup>lt;sup>2</sup>Senate floor amendments adopted December 11, 2023.

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- presumptive eligibility pursuant to this section, regardless of whether
  the individual granted presumptive eligibility is determined clinically
  or financially ineligible for home and community-based services
  nursing home services, 1 or services provided through PACE under
  Medicaid during the eligibility determination process.
  - <u>f.</u><sup>1</sup> 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 <sup>2</sup>[1, nursing home services,]<sup>2</sup> or services provided through PACE<sup>1</sup> the individual will be eligible to receive.
  - <sup>1</sup>[f.] g.<sup>1</sup> 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.

#### <sup>1</sup>**[**g.**]** <u>h.</u><sup>1</sup> As used in this section:

"Commissioner" means the Commissioner of Human Services.

"Department" means Department of Human Services.

"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 <sup>2</sup>[1, nursing home services,]2 or services provided through PACE1.

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

<sup>1</sup>"PACE" means the program of all-inclusive care for the elderly as that term is defined in section 1 of P.L.1997, c.296 (C.26:2H-88).

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 <sup>2</sup> [immediately] on the first day of the 18th month next following enactment, except that the Commissioner of Human Services may take any anticipatory administrative action in advance as shall be necessary for the implementation of this act<sup>2</sup>.