

[Third 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:

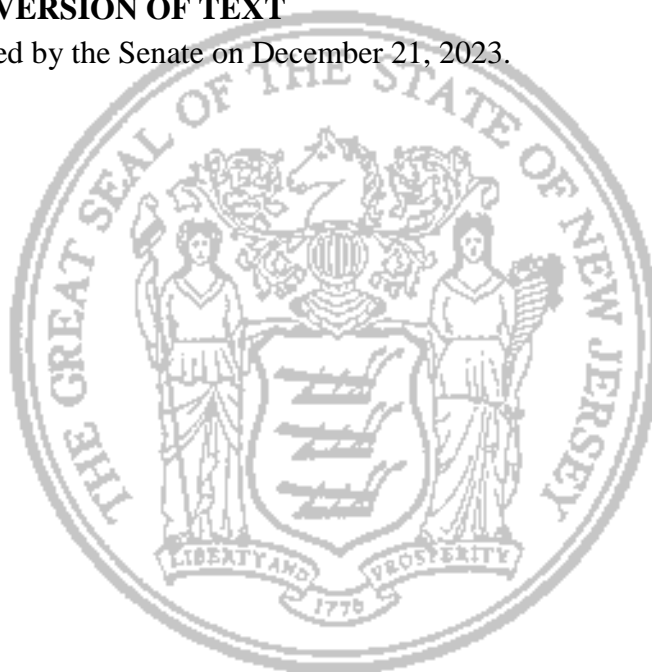
Senators Gill, Diegnan, Singer, Stanfield, Thompson, Turner and Ruiz

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 21, 2023.



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

1 AN ACT concerning presumptive eligibility for Medicaid home and
 2 community-based services ²[¹, nursing home services,]² and
 3 services provided through programs of all-inclusive care for the
 4 elderly,¹ and supplementing Title 30 of the Revised Statutes.

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

8
 9 1. a. ³[The] Within 30 months of enactment of
 10 P.L. , c. (C.) (pending before the Legislature as this bill), and
 11 conditional on the receipt of all necessary approvals and the
 12 securing of federal financial participation pursuant to subsection g.
 13 of this section, the³ Department of Human Services shall provide
 14 ³[for the]³ presumptive eligibility for ³[home and community-
 15 based services ²[¹, nursing home services,]² and services provided
 16 through PACE¹ under]³ Medicaid ³, including, where appropriate,
 17 eligibility for the managed long-term services and supports
 18 program,³ for an individual who is: seeking home and community-
 19 based services ²[¹, nursing home services,]² or PACE enrollment¹ ;
 20 awaiting an eligibility determination for Medicaid ³[and any
 21 applicable Medicaid waiver program offering home and
 22 community-based services] or for the managed long-term services
 23 and supports program³ ²[¹, nursing home services,]² or services
 24 provided through PACE¹ ; and likely to be financially and clinically
 25 eligible for Medicaid and ³[any applicable Medicaid waiver
 26 program offering home and community-based services] where
 27 necessary the managed long-term services and supports program³
 28 ²[¹, nursing home services,]² or services provided through PACE¹ ,
 29 as determined by the department.

30 b. ³[The] Conditional on federal financial participation, the³
 31 department shall provide Medicaid coverage for eligible home and
 32 community-based services ²[¹, nursing home services,]² or services
 33 provided through PACE¹ to an individual who is granted
 34 presumptive eligibility pursuant to this section. Coverage provided
 35 under this subsection shall begin upon the receipt of an individual's
 36 request for services, pursuant to subsection ¹[c] c.¹ of this section,
 37 and shall be terminated if the individual is determined clinically or
 38 financially ineligible for home and community-based services ²[¹,
 39 nursing home services,]² or services provided through PACE¹
 40 under Medicaid during the eligibility determination process.

41 c. An individual seeking presumptive eligibility for home and
 42 community-based services ²[¹, nursing home services,]² or services

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:

¹Senate SBA committee amendments adopted June 27, 2023.

²Senate floor amendments adopted December 11, 2023.

³Senate floor amendments adopted December 21, 2023.

1 provided through PACE¹ under Medicaid shall submit a request to
2 the department in a manner and form as determined by the
3 commissioner.

4 d. An individual granted presumptive eligibility pursuant to
5 this section shall be required to submit a completed application for
6 Medicaid and any applicable Medicaid waiver program offering
7 home and community-based services ²[¹, nursing home services,]²
8 or services provided through PACE¹ no later than the end of the
9 month following the month in which presumptive eligibility is
10 granted.

11 e. ³[¹A] Conditional on federal financial participation, a³
12 home and community-based services provider ²[¹, nursing home
13 facility,]² or PACE center shall be reimbursed for all Medicaid-
14 eligible services rendered to an individual who has been granted
15 presumptive eligibility pursuant to this section, regardless of
16 whether the individual granted presumptive eligibility is determined
17 clinically or financially ineligible for home and community-based
18 services ²[¹, nursing home services,]² or services provided through
19 PACE under Medicaid during the eligibility determination process.

20 f.¹ The department shall provide each individual granted
21 presumptive eligibility pursuant to this section a written notice
22 explaining the terms and conditions of presumptive eligibility and
23 the home and community-based services ²[¹, nursing home
24 services,]² or services provided through PACE¹ the individual will
25 be eligible to receive.

26 ¹[f.] g.¹ The commissioner shall apply for such State plan
27 amendments or waivers as may be necessary to implement the
28 provisions of this section and to secure federal financial
29 participation for State Medicaid expenditures under the federal
30 Medicaid program. ³The provision of presumptive eligibility
31 pursuant to this section shall be contingent on securing all necessary
32 federal approvals and federal financial participation as may be
33 necessary to implement the provisions of this section.³

34 ¹[g.] h.¹ ³In designing the program required pursuant to
35 subsection a. of this section, the Department shall assess the success
36 of other jurisdictions in providing for presumptive eligibility for
37 home and community-based services and related services for
38 Medicaid recipients; consider methods for minimizing costs due to
39 determinations of clinical or financial ineligibility; and engage with
40 relevant stakeholders to determine how to best tailor the benefit to
41 the needs of the Medicaid population.

42 i.³ As used in this section:

43 “Commissioner” means the Commissioner of Human Services.

44 “Department” means Department of Human Services.

45 “Eligibility determination” means the administrative process by
46 which the Division of Medical Assistance and Health Services in
47 the Department of Human Services or a county welfare agency

1 reviews a beneficiary's income, financial resources, and
2 circumstances relating to the beneficiary's application for benefits
3 received under Medicaid or any applicable Medicaid waiver
4 program offering home and community-based services ²~~1~~, nursing
5 home services,~~1~~² or services provided through PACE¹ .

6 ³"Home and community-based services" means community-
7 based services provided under the managed long term services and
8 supports program or personal care assistant services provided in the
9 home under New Jersey's Medicaid State Plan.³

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

12 ¹"PACE" means the program of all-inclusive care for the elderly
13 as that term is defined in section 1 of P.L.1997, c.296 (C.26:2H-
14 88).¹

15
16 2. The Commissioner of Human Services, in accordance with
17 the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-
18 1 et seq.), shall adopt such rules and regulations as the
19 commissioner deems necessary to carry out the provisions of this
20 act.

21
22 3. This act shall take effect ³~~2~~²[immediately] on the first day
23 of the 18th month next following enactment, except that the
24 Commissioner of Human Services may take any anticipatory
25 administrative action in advance as shall be necessary for the
26 implementation of this act²~~1~~ immediately³ .