

ASSEMBLY, No. 3549

STATE OF NEW JERSEY 216th LEGISLATURE

INTRODUCED JULY 11, 2014

Sponsored by:

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District 36 (Bergen and Passaic)

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District 37 (Bergen)

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District 26 (Essex, Morris and Passaic)

SYNOPSIS

Requires Medicaid managed care organizations to meet certain conditions prior to reducing reimbursement rates for personal care assistant services and home-based supportive care services.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 11/14/2014)

1 AN ACT concerning Medicaid managed care organizations and
2 supplementing Title 30 of the Revised Statutes.

3

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

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7 1. Notwithstanding any law, rule, or regulation to the contrary:

8 a. A health maintenance organization that contracts with the
9 Division of Medical Assistance and Health Services in the
10 Department of Human Services to provide benefits under a
11 managed care plan to persons who are eligible for Medicaid shall
12 not reduce reimbursement rates for personal care assistant services
13 or home-based supportive care services without meeting the
14 requirements of this section.

15 b. Prior to any reduction in reimbursement rates for personal
16 care assistant services or home-based supportive care services under
17 the health maintenance organization's Medicaid managed care plan,
18 the health maintenance organization shall be required to:

19 (1) meet with a set of home health care providers that, in
20 aggregate, deliver personal care assistant services or home-based
21 supportive care services to no fewer than 25 percent of the total
22 clients receiving personal care assistant services or home-based
23 supportive care services under the managed care plan, when
24 aggregating clients enrolled in the managed care plan across the set
25 of home health care providers;

26 (2) discuss, at any meetings with home health care providers
27 conducted pursuant to this subsection: the proposed reduction in
28 provider reimbursement rates; and alternatives to the proposed
29 reduction in provider reimbursement rates that maintain the quality
30 of, and access to, care for affected clients; and

31 (3) provide written certification to the Director of the Division
32 of Medical Assistance and Health Services in the Department of
33 Human Services that includes the following: an assurance that the
34 required meetings have been conducted with home health care
35 providers pursuant to this subsection; the name of each home health
36 care provider attending the required meetings; the number of clients
37 receiving personal care assistant services or home-based supportive
38 care services, under the managed care plan, from each home health
39 care provider attending the required meetings; and the total number
40 of clients receiving personal care assistant services or home-based
41 supportive care services under the managed care plan.

42 c. The health maintenance organization shall not reduce
43 reimbursement rates for personal care assistant services or home-
44 based supportive care services until 90 days after the date on which
45 the written certification provided pursuant to subsection b. of this
46 section is received by the Director of the Division of Medical
47 Assistance and Health Services.

48 d. As used in this section:

1 “Health care service firm” means any person who operates a firm
2 that employs individuals directly or indirectly for the purpose of
3 assigning the employed individuals to provide health care or
4 personal care services either directly in the home or at a care-giving
5 facility as defined in P.L.2002, c.126 (C.34:8-45.1 et seq.).

6 “Home-based supportive care services” means Medicaid services
7 by that name, or any similar Medicaid services, provided under: the
8 New Jersey Global Options for Long-Term Care Waiver in effect as
9 of October 1, 2011; the New Jersey Comprehensive Waiver in
10 effect as of October 1, 2012; or any successor programs. Home-
11 based supportive care services include, but are not limited to,
12 services that provide assistance with: activities of daily living, such
13 as bathing, dressing, toileting, transferring, eating, bed mobility,
14 and locomotion; or instrumental activities of daily living, such as
15 preparing meals, shopping, managing money, housework, laundry,
16 medication administration, transportation, and mobility outside the
17 home.

18 “Home health care provider” means any provider of personal
19 care assistant services or home-based supportive care services,
20 including, but not limited to, health care service firms.

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

23 “Personal care assistant services” means Medicaid services that
24 involve health-related tasks performed by a qualified individual in a
25 beneficiary’s home, under the supervision of a registered
26 professional nurse, as certified by a physician in accordance with a
27 beneficiary’s written plan of care and as described in
28 N.J.A.C.10:60-3.3.

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30 2. This act shall take effect immediately, and shall apply to any
31 contract that a health maintenance organization has entered into
32 with the Division of Medical Assistance and Health Services in the
33 Department of Human Services to provide benefits under a
34 managed care plan to persons who are eligible for medical
35 assistance under P.L.1968, c.413 (C.30:4D-1 et seq.) which is in
36 effect on the effective date of this act or executed thereafter.

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STATEMENT

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41 This bill requires a Medicaid managed care organization (MCO)
42 to meet with Medicaid home health care providers of personal care
43 assistant services and home-based supportive care services prior to
44 any reduction in provider reimbursement rates under the MCO’s
45 Medicaid managed care plan.

46 Under the bill, prior to any reduction in reimbursement rates, an
47 MCO is required to meet with a set of home health care providers
48 that, in aggregate, deliver personal care assistant services or home-

1 based supportive care services to no fewer than 25 percent of the
2 total clients receiving personal care assistant services or home-
3 based supportive care services under the managed care plan, when
4 aggregating clients enrolled in the managed care plan across the set
5 of home health care providers. The MCO is required to discuss
6 with home health care providers, at any meetings conducted
7 pursuant to this bill: the proposed reduction in provider
8 reimbursement rates; and alternatives to the proposed reduction in
9 reimbursement rates that maintain the quality of, and access to, care
10 for affected clients.

11 The MCO is also required to provide written certification to the
12 Director of the Division of Medical Assistance and Health Services
13 in the Department of Human Services that includes the following
14 information: an assurance that the required meetings have been
15 conducted with home health care providers; the name of each home
16 health care provider attending the required meetings; the number of
17 clients receiving personal care assistant services or home-based
18 supportive care services, under the Medicaid managed care plan,
19 from each home health care provider attending the required
20 meetings; and the total number of clients receiving personal care
21 assistant services or home-based supportive care services under the
22 managed care plan.

23 Finally, the bill stipulates that an MCO shall not reduce
24 reimbursement rates for Medicaid personal care assistant services or
25 Medicaid home-based supportive care services until 90 days after
26 the written certification required by the bill is received by the
27 Director of the Division of Medical Assistance and Health Services.