

**SENATE, No. 1042**

**STATE OF NEW JERSEY**  
**219th LEGISLATURE**

INTRODUCED JANUARY 30, 2020

**Sponsored by:**  
**Senator VIN GOPAL**  
**District 11 (Monmouth)**

**SYNOPSIS**

Requires Medicaid managed care organizations to notify certain beneficiaries of maximum coverage for personal care service hours.

**CURRENT VERSION OF TEXT**

As introduced.



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1 AN ACT concerning notification of personal care service hours  
2 provided under Medicaid and supplementing Title 30 of the  
3 Revised Statutes.

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

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8 1. A managed care organization contracted with the Division of  
9 Medical Assistance and Health Services within the Department of  
10 Human Services to provide benefits under the Medicaid program,  
11 established pursuant to P.L.1968, c.413 (C.30:4D-1 et seq.), shall  
12 notify any beneficiary who is enrolled in the managed care  
13 organization's Medicaid plan, and who is determined eligible to  
14 receive a personal care service benefit, of: the maximum number of  
15 hours per week that the beneficiary is eligible for coverage of  
16 personal care services; the additional benefits under the Medicaid  
17 program that the beneficiary is eligible for coverage; and, based upon  
18 information available to the managed care organization, any other  
19 non-Medicaid health service provided via a State program that the  
20 beneficiary may be eligible for coverage.

21 The managed care organization shall communicate this  
22 notification information in writing, following the initial  
23 determination of the beneficiary's personal care service benefit and  
24 following any redetermination of that benefit.

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26 2. This act shall take effect immediately and shall apply to any  
27 managed care organization contract which provides benefits under  
28 the Medicaid program executed or renewed by the Division of  
29 Medical Assistance and Health Services in the Department of Human  
30 Services on or after the effective date of this act.

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STATEMENT

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35 This bill requires Medicaid managed care organizations to notify  
36 certain beneficiaries of maximum coverage for personal care service  
37 hours. Specifically, a managed care organization contracted with the  
38 Division of Medical Assistance and Health Services within the  
39 Department of Human Services to provide benefits under the  
40 Medicaid program is required to notify any beneficiary who is  
41 enrolled in the managed care organization's Medicaid plan and who  
42 is determined eligible to receive a personal care service benefit of:

43 (1) the maximum number of hours per week that the beneficiary  
44 is eligible for coverage of personal care services;

45 (2) the additional benefits under the Medicaid program that the  
46 beneficiary is eligible for coverage; and

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1       (3) based upon information available to the managed care  
2 organization, any other non-Medicaid health service provided via a  
3 State program that the beneficiary may be eligible for coverage.

4       The managed care organization is to communicate this notification  
5 information in writing, following the initial determination of the  
6 beneficiary's personal care service benefit and following any  
7 redetermination of that benefit.