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P.L. 2005, CHAPTER 252, *approved January 4, 2006*
Senate Committee Substitute for
Senate, No. 2455

1 AN ACT concerning federal Medicaid waivers for persons with
2 developmental disabilities and supplementing Title 30 of the
3 Revised Statutes.

4

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

7

8 1. a. The Commissioner of Human Services, in conjunction with
9 the Director of the Division of Developmental Disabilities, shall apply
10 for such Home and Community-Based Services waivers authorized by
11 section 1915(c) of the Social Security Act, 42 U.S.C.1396n(c), as
12 determined appropriate by the commissioner to meet the needs of
13 clients of the division.

14 b. The commissioner shall report to the chairmen of the Senate
15 Health, Human Services and Senior Citizens Committee and the
16 Assembly Health and Human Services Committee three months after
17 the effective date of this act, and then at three month intervals until
18 such time as the waiver is approved by the federal government, on the
19 status of the waiver application and the actions taken to date to obtain
20 the waiver.

21 c. The department shall post on its official Internet web site the
22 final determination by the Centers for Medicare and Medicaid Services
23 of the waiver application, and if the waiver is approved, the number of
24 waiver slots available under the waiver, the type of services that will
25 be covered under the waiver, and such other information that the
26 commissioner deems appropriate.

27

28 2. a. Upon approval of the waiver by the federal government, the
29 Commissioner of Human Services, in conjunction with the Director of
30 the Division of Developmental Disabilities, shall issue a report to the
31 chairmen of the Senate Health, Human Services and Senior Citizens
32 Committee and the Assembly Health and Human Services Committee
33 one year after the approval that contains, but is not limited to, the
34 following information:

35 (1) (a) a list of all waiver-eligible services that were provided by
36 the division in the year prior to the date of the waiver application,
37 indicating if any of the services were covered by an existing waiver
38 and, for each service, the average daily cost of the service per
39 consumer, the percentage of the cost that included non-Medicaid
40 reimbursable costs and the number of consumers who received the
41 service and the number who received the service under an existing

1 waiver; (b) the number of individuals who received State-funded-only
2 services; (c) a discussion of any impediments to expanding existing
3 waiver services including, but not limited to, funding and availability
4 of service providers; and (d) the total administrative cost for the
5 division to implement each waiver, and the percentage of that cost for
6 which federal matching funds are available; and

7 (2) for each service under the new waiver, the average daily cost
8 of the service per consumer, the percentage of the cost that includes
9 non-Medicaid reimbursable costs, the number of consumers receiving
10 the service and the number who receive the service under the waiver.

11 b. Each subsequent year, the Commissioner of Human Services,
12 in conjunction with the Director of the Division of Developmental
13 Disabilities, shall issue a report which contains, but is not limited to,
14 updates of the information specified in subsection a. of this section.
15 In addition, the report shall specify the amount of funds that were
16 allocated for each service under the waiver and the proportion that
17 funding represents to the total amount spent for all community-based
18 services.

19 c. Within 60 days after issuance of each report required by this
20 section, the department shall hold a public hearing, in different regions
21 of the State each year, to encourage community discussion of the
22 division's waivers and the provision of community-based services.

23 d. The department shall post on its official Internet web site the
24 reports required pursuant to this section.

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26 3. This act shall take effect immediately.

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31 Requires DHS to apply for Home and Community-Based Services
32 waiver for DDD and provide status reports to Legislature.

SENATE, No. 2455

STATE OF NEW JERSEY
211th LEGISLATURE

INTRODUCED MAY 5, 2005

Sponsored by:

Senator RONALD L. RICE

District 28 (Essex)

Senator JOSEPH F. VITALE

District 19 (Middlesex)

Co-Sponsored by:

Senators Singer, Karcher, Madden and Sweeney

SYNOPSIS

Requires DHS to apply for federal Medicaid waivers to serve persons with developmental disabilities.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 5/13/2005)

1 AN ACT concerning federal Medicaid waivers for persons with
2 developmental disabilities.

3

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

6

7 1. a. The Commissioner of Human Services, in conjunction with
8 the Director of the Division of Developmental Disabilities, shall apply
9 to the federal Centers for Medicare and Medicaid Services for one or
10 more 1915(c) Home and Community-Based Services Waivers, as
11 appropriate, and as provided for in this subsection. The commissioner
12 shall apply for:

13 (1) a continuation and expansion of the State's current Community
14 Care Waiver to ensure that the State maximizes federal financial
15 participation for services provided to clients of the division;

16 (2) a waiver to serve persons living in the community with their
17 families that includes family support services and other services
18 provided by the division; and

19 (3) a waiver to provide services to young children who are
20 considered medically fragile. The commissioner shall consult with the
21 Commissioner of Health and Senior Services in preparing the waiver
22 applicable to children who are considered medically fragile.

23 b. The commissioner shall report to the chairmen of the Senate
24 Health, Human Services and Senior Citizens Committee and the
25 Assembly Health and Human Services Committee three months after
26 the date of enactment of this act on the status of the waivers and the
27 actions taken to date by the Department of Human Services to obtain
28 the waivers.

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30 2. This act shall take effect immediately.

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STATEMENT

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35 This bill requires the Commissioner of Human Services, in
36 conjunction with the Director of the Division of Developmental
37 Disabilities, to apply for one or more federal Medicaid Home and
38 Community-Based Services Waivers, as appropriate, and as provided
39 for in this bill.

40 The bill specifies that the commissioner shall apply for:

41 C a continuation and expansion of the State's current Community
42 Care Waiver to ensure that the State maximizes federal financial
43 participation for services provided to clients of the division;

44 C a waiver to serve persons living in the community with their
45 families that includes family support services and other services
46 provided by the division; and

S2455 RICE, VITALE

3

1 C a waiver to provide services to young children who are considered
2 medically fragile. The commissioner shall consult with the
3 Commissioner of Health and Senior Services in preparing the
4 waiver applicable to children who are considered medically fragile.
5 The commissioner is directed to report to the chairmen of the
6 Senate Health, Human Services and Senior Citizens Committee and
7 the Assembly Health and Human Services Committee three months
8 after the date of enactment of this bill on the status of the waiver and
9 the actions taken to date by the Department of Human Services to
10 obtain the waiver.

ASSEMBLY HEALTH AND HUMAN SERVICES COMMITTEE

STATEMENT TO

SENATE COMMITTEE SUBSTITUTE FOR **SENATE, No. 2455**

STATE OF NEW JERSEY

DATED: DECEMBER 5, 2005

The Assembly Health and Human Services Committee reports favorably the Senate Committee Substitute for Senate Bill No. 2455.

This committee substitute requires the Commissioner of Human Services (DHS), in conjunction with the Director of the Division of Developmental Disabilities (DDD), to apply for such Home and Community-Based Services waivers authorized by section 1915(c) of the federal Social Security Act, 42 U.S.C.1396n(c) as the commissioner determines appropriate to meet the needs of DDD clients.

The substitute further requires the commissioner to report to the chairmen of the Senate Health, Human Services and Senior Citizens Committee and the Assembly Health and Human Services Committee three months after the effective date of the substitute, and then at three-month intervals until the waiver is approved by the federal government, on the status of the waiver application and the actions taken to date to obtain the waiver.

The substitute also requires that DHS post on its official Internet web site the final determination by the federal Centers for Medicare and Medicaid Services of the waiver application, and if the waiver is approved, the number of waiver slots available under the waiver, the type of services that will be covered under the waiver, and such other information that the commissioner deems appropriate.

Upon approval of the waiver by the federal government, the commissioner, in conjunction with the Director of DDD, is to issue a report to the chairmen of the Senate Health, Human Services and Senior Citizens Committee and the Assembly Health and Human Services Committee one year after the approval that contains, but is not limited to, the following information:

- C a list of all waiver-eligible services that were provided by DDD in the year prior to the date of the waiver application, indicating if any of the services were covered by an existing waiver and, for each service, the average daily cost of the service per consumer, the percentage of the cost that included non-Medicaid reimbursable costs and the number of consumers who received the service and the number who received the service under an existing waiver; the

number of individuals who received State-funded-only services; a discussion of any impediments to expanding existing waiver services, including, but not limited to, funding and availability of service providers; and the total administrative cost for DDD to implement each waiver, and the percentage of that cost for which federal matching funds are available; and

- C for each service under the new waiver, the average daily cost of the service per consumer, the percentage of the cost that includes non-Medicaid reimbursable costs, the number of consumers receiving the service and the number who receive the service under the waiver.

Each subsequent year, the commissioner, in conjunction with the Director of DDD, is to issue a report which contains updates of the information specified in the initial report, as well as the amount of funds that were allocated for each service under the waiver and the proportion that funding represents to the total amount spent for all community-based services.

Within 60 days after the issuance of each report required by this substitute, DHS is to hold a public hearing, in different regions of the State each year, to encourage community discussion of the waivers and the provision of community-based services. Finally, the substitute requires that DHS post the reports on its official Internet web site.

As reported by the committee, this substitute is identical to the Assembly Committee Substitute for Assembly Bill No. 4172, which the committee also reported on this date.

SENATE HEALTH, HUMAN SERVICES AND SENIOR
CITIZENS COMMITTEE

STATEMENT TO

SENATE COMMITTEE SUBSTITUTE FOR

SENATE, No. 2455

STATE OF NEW JERSEY

DATED: JUNE 9, 2005

The Senate Health, Human Services and Senior Citizens Committee reports favorably a Senate Committee Substitute for Senate Bill No. 2455.

This committee substitute requires the Commissioner of Human Services (DHS), in conjunction with the Director of the Division of Developmental Disabilities (DDD), to apply for such Home and Community-Based Services waivers authorized by section 1915(c) of the Social Security Act, 42 U.S.C.1396n(c) as the commissioner determines appropriate to meet the needs of clients of the division.

The substitute further requires the commissioner to report to the chairmen of the Senate Health, Human Services and Senior Citizens Committee and the Assembly Health and Human Services Committee three months after the effective date of this act, and then at three month intervals until the waiver is approved by the federal government, on the status of the waiver application and the actions taken to date to obtain the waiver.

The substitute also requires that DHS post on its official Internet web site the final determination by the Centers for Medicare and Medicaid Services of the waiver application, and if the waiver is approved, the number of waiver slots available under the waiver, the type of services that will be covered under the waiver, and such other information that the commissioner deems appropriate.

Upon approval of the waiver by the federal government, the commissioner, in conjunction with the Director of DDD, shall issue a report to the chairmen of the Senate Health, Human Services and Senior Citizens Committee and the Assembly Health and Human Services Committee one year after the approval that contains, but is not limited to, the following information:

- C a list of all waiver-eligible services that were provided by the division in the year prior to the date of the waiver application, indicating if any of the services were covered by an existing waiver and, for each service, the average daily cost of the service per

consumer, the percentage of the cost that included non-Medicaid reimbursable costs and the number of consumers who received the service and the number who received the service under an existing waiver; the number of individuals who received State-funded-only services; a discussion of any impediments to expanding existing waiver services including, but not limited to, funding and availability of service providers; and the total administrative cost for the division to implement each waiver, and the percentage of that cost for which federal matching funds are available; and

- C for each service under the new waiver, the average daily cost of the service per consumer, the percentage of the cost that includes non-Medicaid reimbursable costs, the number of consumers receiving the service and the number who receive the service under the waiver.

Each subsequent year, the commissioner, in conjunction with the Director of DDD, is to issue a report which contains updates of the information specified in the initial report, as well as the amount of funds that were allocated for each service under the waiver and the proportion that funding represents to the total amount spent for all community-based services.

Within 60 days after issuance of each report required by this substitute, the department shall hold a public hearing, in different regions of the State each year, to encourage community discussion of the division's waivers and the provision of community-based services.

Finally, the substitute requires that DHS post the reports on its official Internet web site.

ASSEMBLY, No. 4172

STATE OF NEW JERSEY
211th LEGISLATURE

INTRODUCED JUNE 13, 2005

Sponsored by:

Assemblyman DOUGLAS H. FISHER

District 3 (Salem, Cumberland and Gloucester)

SYNOPSIS

Requires DHS to apply for federal Medicaid waivers to serve persons with developmental disabilities.

CURRENT VERSION OF TEXT

As introduced.



1 AN ACT concerning federal Medicaid waivers for persons with
2 developmental disabilities.

3

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

6

7 1. a. The Commissioner of Human Services, in conjunction with
8 the Director of the Division of Developmental Disabilities, shall apply
9 to the federal Centers for Medicare and Medicaid Services for one or
10 more 1915(c) Home and Community-Based Services Waivers, as
11 appropriate, and as provided for in this subsection. The commissioner
12 shall apply for:

13 (1) a continuation and expansion of the State's current Community
14 Care Waiver to ensure that the State maximizes federal financial
15 participation for services provided to clients of the division;

16 (2) a waiver to serve persons living in the community with their
17 families that includes family support services and other services
18 provided by the division; and

19 (3) a waiver to provide services to young children who are
20 considered medically fragile. The commissioner shall consult with the
21 Commissioner of Health and Senior Services in preparing the waiver
22 applicable to children who are considered medically fragile.

23 b. The commissioner shall report to the chairmen of the Senate
24 Health, Human Services and Senior Citizens Committee and the
25 Assembly Health and Human Services Committee three months after
26 the date of enactment of this act on the status of the waivers and the
27 actions taken to date by the Department of Human Services to obtain
28 the waivers.

29

30 2. This act shall take effect immediately.

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STATEMENT

34

35 This bill requires the Commissioner of Human Services, in
36 conjunction with the Director of the Division of Developmental
37 Disabilities, to apply for one or more federal Medicaid Home and
38 Community-Based Services Waivers, as appropriate, and as provided
39 for in this bill.

40 The bill specifies that the commissioner shall apply for:

41 C a continuation and expansion of the State's current Community
42 Care Waiver to ensure that the State maximizes federal financial
43 participation for services provided to clients of the division;

44 C a waiver to serve persons living in the community with their
45 families that includes family support services and other services
46 provided by the division; and

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1 C a waiver to provide services to young children who are considered
2 medically fragile. The commissioner shall consult with the
3 Commissioner of Health and Senior Services in preparing the
4 waiver applicable to children who are considered medically fragile.
5 The commissioner is directed to report to the chairmen of the
6 Senate Health, Human Services and Senior Citizens Committee and
7 the Assembly Health and Human Services Committee three months
8 after the date of enactment of this bill on the status of the waiver and
9 the actions taken to date by the Department of Human Services to
10 obtain the waiver.

ASSEMBLY HEALTH AND HUMAN SERVICES COMMITTEE

STATEMENT TO

ASSEMBLY COMMITTEE SUBSTITUTE FOR **ASSEMBLY, No. 4172**

STATE OF NEW JERSEY

DATED: DECEMBER 5, 2005

The Assembly Health and Human Services Committee reports favorably an Assembly Committee Substitute for Assembly Bill No. 4172.

This committee substitute requires the Commissioner of Human Services (DHS), in conjunction with the Director of the Division of Developmental Disabilities (DDD), to apply for such Home and Community-Based Services waivers authorized by section 1915(c) of the federal Social Security Act, 42 U.S.C.1396n(c) as the commissioner determines appropriate to meet the needs of DDD clients.

The substitute further requires the commissioner to report to the chairmen of the Senate Health, Human Services and Senior Citizens Committee and the Assembly Health and Human Services Committee three months after the effective date of the substitute, and then at three-month intervals until the waiver is approved by the federal government, on the status of the waiver application and the actions taken to date to obtain the waiver.

The substitute also requires that DHS post on its official Internet web site the final determination by the federal Centers for Medicare and Medicaid Services of the waiver application, and if the waiver is approved, the number of waiver slots available under the waiver, the type of services that will be covered under the waiver, and such other information that the commissioner deems appropriate.

Upon approval of the waiver by the federal government, the commissioner, in conjunction with the Director of DDD, is to issue a report to the chairmen of the Senate Health, Human Services and Senior Citizens Committee and the Assembly Health and Human Services Committee one year after the approval that contains, but is not limited to, the following information:

- C a list of all waiver-eligible services that were provided by DDD in the year prior to the date of the waiver application, indicating if any of the services were covered by an existing waiver and, for each service, the average daily cost of the service per consumer, the percentage of the cost that included non-Medicaid reimbursable costs and the number of consumers who received the service and

the number who received the service under an existing waiver; the number of individuals who received State-funded-only services; a discussion of any impediments to expanding existing waiver services, including, but not limited to, funding and availability of service providers; and the total administrative cost for DDD to implement each waiver, and the percentage of that cost for which federal matching funds are available; and

- C for each service under the new waiver, the average daily cost of the service per consumer, the percentage of the cost that includes non-Medicaid reimbursable costs, the number of consumers receiving the service and the number who receive the service under the waiver.

Each subsequent year, the commissioner, in conjunction with the Director of DDD, is to issue a report which contains updates of the information specified in the initial report, as well as the amount of funds that were allocated for each service under the waiver and the proportion that funding represents to the total amount spent for all community-based services.

Within 60 days after the issuance of each report required by this substitute, DHS is to hold a public hearing, in different regions of the State each year, to encourage community discussion of the waivers and the provision of community-based services. DHS is to post the reports on its official Internet web site.

As reported by the committee, this substitute is identical to the Senate Committee Substitute for Senate Bill No. 2455, which the committee also reported on this date.