

2. Consent may be provided on a case-by-case basis for non-invasive research, such as information gathering, surveys, or study groups that do not fall into the category of pharmacological experimentation.

10:45-5.2 Other limitations and specific considerations of BGS authority

(a) BGS is prohibited from serving as guardian of an estate and may not receive funds or consent to the sale of real property (that is, a home, land). However, BGS has authority to provide consent to the following property-related matters when consistent with the areas of guardianship authority:

1. BGS may sign residency agreements or leases as a legal or residential decision on behalf of a person served, but BGS is not responsible for the lessee's debt;

2. BGS may establish an irrevocable, pre-paid burial trust as guardian of legal matters and may direct funds from the payee, executor, or other institution, directly into the trust;

3. BGS may consent to the establishment of a pooled trust or Achieving a Better Life Experience Act (ABLE) account consistent with Medicaid rules;

4. BGS may provide input to a trustee regarding the need for, or justification of, a purchase being made from a special needs trust or other such trust; and

5. BGS may request a change in the Social Security representative payee and provide input and approval of a budget established by a Social Security representative payee in the best interest of an individual.

(b) When possible, BGS will redact hold harmless or waiver of liability clauses commonly found on consent forms. If a redacted form is not accepted and the individual will be excluded from the activity or service as a result, BGS may consider consenting when weighing the risk of inclusion of such a clause.

(c) BGS will use discretion when considering when to consent to voluntary admission for mental or behavioral health treatment at a hospital or other facility that offers inpatient services, taking into consideration the individual's wishes, history, experience, risks, and benefits of such treatment versus the risk of forgoing the treatment, and subject to the requirements of New Jersey Court Rule 4:74-7, when applicable.

(d) BGS does not have authority to sign a voluntary surrender of parental rights to a child born to a person that BGS serves. If there is cause to terminate a BGS client's parental rights, due process will occur through Division of Child Protection and Permanency legal proceedings.

(e) Consent may be granted for a medically necessary procedure that may result in infertility but is not being done for the purposes of sterilization. BGS may consent to temporary or short-term birth control as part of general medical decision-making.

(f) At the Bureau Chief's discretion, BGS may serve as temporary guardian of the person, where the individual is DDD eligible and receiving DDD functional services. However, BGS remains prohibited from serving as guardian of property in all circumstances.

SUBCHAPTER 6. RESPONSIBILITY OF SERVICE COMPONENT TO INFORM BGS

10:45-6.1 Duty to inform BGS

(a) The service component staff, community care providers, and provider agency staff shall inform BGS staff promptly and comprehensively regarding any significant life events, proposed changes to the residence or program, or unusual incidents involving individuals being served by BGS including, but not limited to, the following areas:

1. Medical, as follows:
 - i. Changes in an individual's medical, psychiatric, behavioral, or emotional status;
 - ii. Changes in prescribed medication;
 - iii. Additional diagnoses identified;
 - iv. Hospitalizations; and
 - v. Significant or new specialist's appointments/consultations;
2. Service plans and meetings, as follows:
 - i. The service plan may vary dependent upon the setting in which an individual lives or the types of services they receive. The guardian should be consulted for mutually convenient dates when scheduling service plans or emergent meetings;

ii. A minimum of two weeks notification of the required annual service plan meetings at developmental centers;

iii. Community-based service plan meetings require a minimum of five days advance notice of the confirmed meeting date, time, and location; and

iv. Special IDT meetings may be necessary to address individual concerns. Advanced notice of IDT meetings, along with the nature of the issue being discussed, will be provided;

3. Program changes, as follows:

i. Unless emergency circumstances apply, advance notice of any proposed program changes is required in order for the guardian to consent or withhold consent. Program changes include changes in residence, day program, support services, and/or transfer or discharge;

ii. If a temporary change is necessary due to a physical plant issue (for example, no hot water), notification must be made to the guardian as soon as possible;

iii. Advanced notice of proposed respite placement will be provided; and

iv. Problems or changes in residence or program including, but not limited to:

- (1) Behavior problems;
- (2) Emergency respite placement; or
- (3) Chronic absenteeism;

4. Family, as follows:

- i. Family concerns/issues;
- ii. Changes in family information; and
- iii. Reappearance of family;

5. Unusual incidents; and

6. Changes in case manager or support coordinator.

(b) Service component, community care provider, and agency staff shall advise BGS of the following as soon as possible, but no later than within one working day:

1. Clinical conclusion that the individual no longer needs a guardian;

2. Request of an individual to see his or her BGS guardian;

3. Missing status or failure to return from vacation;

4. Alleged or suspected abuse, neglect, exploitation, or denial of rights;

5. Serious illness or injury;

6. Emergency placement or respite; and

7. Death, including circumstances, cause, results, or investigation, if any.

(c) Failure to notify BGS of events listed at (a) and (b) above, shall be considered a violation of the individual's rights and, therefore, reportable as an unusual incident.

(a)

COMMISSION FOR THE BLIND AND VISUALLY IMPAIRED

Medical Policies and Fee Schedules

Proposed Amendment: N.J.A.C. 10:91-7.1

Authorized By: Sarah Adelman, Commissioner, Department of Human Services.

Authority: N.J.S.A. 30:1-12, 30:6-1 et seq., and 52:14B-3(1) et seq.; 29 U.S.C. §§ 3101 et seq.; and 34 CFR Parts 76, 77, 79, 361, 363, 395, and 397.

Calendar Reference: See Summary below for explanation of exception to calendar requirement.

Proposal Number: PRN 2025-141.

Submit written comments by December 19, 2025, to:

Kevin Harris
New Jersey Commission for the Blind and Visually Impaired
153 Halsey Street
#600
Newark, NJ 07101
Email: kevin.harris@dhs.nj.gov

The agency proposal follows:

Summary

N.J.A.C. 10:91 establishes the organization and general policy provisions for all service programs administered within the Commission for the Blind and Visually Impaired (Commission), including education, independent living, business enterprise program, and prevention services. Vocational Rehabilitation and the Independent Living—Older Blind programs are also administered at the agency, pursuant to the Workforce Innovation and Opportunity Act (the Act), 29 U.S.C. §§ 3101 et seq., for which the State obtains funding through the Act in order to administer and establish a broad network of services for individuals who are blind, visually impaired, and deaf-blind.

The Commission proposes substantial changes at N.J.A.C. 10:91-7, Medical Policies and Fee Schedule. The Commission's fee schedule establishes the basis by which medical providers are compensated by the Commission for treatment and services to our eligible consumers. The Commission determined proposed fees by comparing the Medicare reimbursement rates established by the Center for Medicare and Medicaid Services (CMS). (See generally, <https://www.cms.gov/medicare/payment-fee-schedules/physician>, <https://data.cms.gov/medicare-value-based-payment-modifier-program>, and <https://www.cms.gov/medicare/payment/prospective-payment-systems/home-health/coding-and-billing-information>.) CMS is part of the Federal Department of Health and Human Services and provides a standardized compensation system for health care providers. The Commission pays medical providers 80 percent of the CMS procedure reimbursement rate, which is a standard practice in reimbursement to providers for services. The Commission is not proposing reductions for a fee where the CMS rate was reduced. It is important to note that, as an industry standard, when multiple procedures are billed together, payment is typically structured as follows: Medicare generally pays 100 percent for the highest-valued procedure performed during the same patient encounter. For the second and subsequent procedures, payment is reduced to 50 percent of the fee schedule amount. Reimbursement rates are being reduced because fees are bundled together.

Finally, the Commission's Executive Director and Ophthalmological consultant reviewed the proposed fee schedule.

The following fees are proposed to be increased in the schedule:

- General vision exam to determine classification, including evaluation to determine the need for a field test: \$80.00
- Psychiatric, psychological, or other psychotherapeutic evaluation, three sessions, each up to: \$150.00
- Speech therapy, per session: \$70.00
- Corneal Examination: \$100.00
- Glaucoma examination and report: \$100.00
- Neuro-ophthalmological follow-up exam, up to three allowed (each): \$80.00
- Pleoptic therapy, each session: \$40.00
- Follow-up treatment examination, up to three each: \$80.00
- Uveitis, tumor evaluation: \$80.00
- Uveitis evaluation follow-up: \$60.00
- Chalazion multiple same eye: \$120.00
- Plastic repair of lid laceration without graft: \$210.00
- Plastic repair of lid laceration with graft: \$400.00
- Surgical correction of entropion or ectropion: \$400.00
- Incision and drainage of abscess: \$100.00
- Biopsy: \$80.00
- Excision of cyst or nevus \$350.00
- Excision of pterygium: \$340.00
- Conjunctivoplasty with free graft: \$575.00
- Conjunctival graft: \$480.00
- Buccal mucosa membrane graft: \$620.00
- Suture laceration: \$120.00
- Goniotomy: \$750.00
- Peripheral iridectomy, laser or surgical: \$970.00
- Filter operation of any kind: \$970.00
- Iridotomy by stab incision for iris bombe: \$390.00
- Cyclo diathermy: \$345.00
- Cyclo dialysis: \$345.00
- Cyclo cryo therapy: \$345.00
- Argon laser or surgical trabeculectomy ALT: \$970.00
- Shunt to extraocular reservoir: \$1,000.00

- Keratectomy: Embedded in Cornea: \$500
- Keratectomy: Keratectomy: \$500
- Keratoplasty (corneal transplant) anterior lamellar: \$1,100.00
- Removal of foreign body anterior chamber: \$635.00
- Cauterization or cryotherapy of lesion of cornea: \$290.00
- Cataract extraction by phaco: \$700.00
- Discussion of lens, surgical: \$400.00
- Enucleation or evisceration: \$650.00
- Excision, with non-movable implant: \$650.00
- Excision, with movable implant: \$800.00
- Pan retinal photo-coagulation for vein occlusion, initial treatment: \$510.00
- Pan retinal photo-coagulation for diabetic retinopathy, initial treatment: \$510.00
- Gas fluid exchange: \$560.00
- Endophotocoagulation: \$900.00
- Fracture of floor: \$830.00
- Removal of intra-orbital foreign body: \$1,000.00
- Strabismus Surgery: Two Muscles, one or both eyes: \$570.00
- Strabismus Surgery: Three or more Muscles, one or both eyes: \$630.00
- Dacryocystectomy: \$600.00
- Incision and drainage of lacrimal sac or lacrimal gland abscess: \$140.00
- Plastic repair of torn canaliculi: \$535.00
- Probing of nasolacrimal duct: \$100.00
- Probing of duct with tube insertion: \$200.00
- Perimetry (visual field): \$30.00
- Services provided by an ambulatory surgical center: \$800.00

It should be noted that "Excision of cyst" has been renamed "Remove eyelid lesion." The fee has increased to \$90.00.

The following fees have been proposed to be decreased in the schedule:

- Suture for wound or injury: Non-perforating: \$130.00
- Suture for wound or injury: Perforating: \$130.00

The following fees are proposed to be added:

- Chalazion (single): \$90.00
- Chalazion multiple different eyes: \$150.00
- Surgical trabeculectomy: \$750.00
- Repair eye wound: \$400.00
- Corneal transplant penetrating in pseudophakia: \$1,100.00
- Remove eye, attach implant: \$875.00
- Scleral buckle, both eyes: \$1,500.00
- Repair of complex retinal detachment: \$1,200.00
- Injection eye drug: \$184.00
- Removal of Silicone Oil: \$700.00

Prescription single-vision eyeglasses are proposed for removal from the fee schedule, as there are other sources available for this service that are either free, or available at a significantly reduced cost. Lastly, the term "client" is being replaced with "consumer" to be consistent with the current terminology used by the Commission and in other rules.

As the Commission has provided a 60-day comment period for this notice of proposed amendments, this notice is excepted from the rulemaking calendar requirements, pursuant to N.J.A.C. 1:30-3.3(a)5.

Social Impact

During State Fiscal Year 2023, the Commission provided services to a total of 8,685 individuals, including infants, children, youth (14-21), working-aged adults, and seniors to provide a full array of services to ensure that individuals who are blind, visually impaired, and deaf-blind, throughout their life span, may fully participate at their schools, jobs, and communities. Consequently, individuals with vision loss are better equipped to complete their K-12 education, obtain certifications and degrees in higher education, enter the workforce, as well as lead independent, productive lives and become fully integrated into their community.

Additionally, during this period, the Commission provided eye health screenings for 17,928 individuals. These screenings are conducted for underserved populations in order to detect conditions, such as diabetic retinopathy which can lead to vision loss. Those in need of additional treatment are referred to appropriate providers for additional services. The

goal of the prevention program is to prevent blindness or visual impairment whenever possible.

Overall, the proposed amendments will enable the Commission to provide better compensation to its medical providers as they continue to provide vital services to our blind, deaf-blind, and visually impaired consumers.

Economic Impact

The proposed amendments to Chapter 91 will not have an adverse economic impact on our consumers. Medical providers will see increases in many of the fees paid for their services. The Commission did not reduce fees in instances where the CMS rate went down. The overall economic impact on the Commission's consumers will be very positive. Service recipients referred to our medical providers will be better equipped to stay in school, receive vocational training, and gain the skills needed to seek or maintain competitive or supported employment and become fully integrated into their community. Updating the fee schedule for services rendered by medical providers will not create any new fees or increase any fees for Commission consumers.

Federal Standards Statement

The proposed amendments do not set forth any standards or requirements that exceed those imposed by Federal law pursuant to the Federal Rehabilitation Act, 29 U.S.C. 701-744, and the Workforce Investment Act of 2014. Consequently, a Federal standards analysis is not required.

Jobs Impact

The Commission does not anticipate any impact on the number of jobs within the State of New Jersey as a result of these proposed amendments.

Agriculture Industry Impact

The proposed amendments will have no impact on the agricultural industry.

Regulatory Flexibility Analysis

The Regulatory Flexibility Act, N.J.S.A. 52:14B-16 et seq., defines a "small business" as any business resident in this State that employs fewer than 100 employees full time, is independently owned and operated, and is not dominant in its field. Some of the medical practitioners may qualify as small businesses. However, the Commission is not proposing any change in the reporting and recordkeeping requirements for the medical providers who provide services for Commission consumers. As such, a regulatory flexibility analysis is not needed.

Housing Affordability Impact Analysis

The proposed amendments regarding the fee schedule will not evoke a change in the average costs associated with housing or the affordability of housing in New Jersey because the proposed amendments concern fees for eye-care services.

Smart Growth Development Impact Analysis

The proposed amendments to the fee schedule will not evoke a change in housing production in Planning Areas 1 or 2, or within designated centers, pursuant to the State Development and Redevelopment Plan, because the proposed amendments concern fees for eye-care services.

Racial and Ethnic Community Criminal Justice and Public Safety Impact.

The proposed amendments will not have an impact on pretrial detention, sentencing, probation, or parole policies concerning juveniles or adults in the State. Accordingly, no further analysis is required.

Full text of the proposed amendments follows (additions indicated in boldface **thus**; deletions indicated in brackets [thus]):

CHAPTER 91

ORGANIZATION AND GENERAL POLICY PROVISIONS OF THE COMMISSION FOR THE BLIND AND VISUALLY IMPAIRED

SUBCHAPTER 7. MEDICAL POLICIES AND FEE SCHEDULES

10:91-7.1 Fee schedule

(a)-(d) (No change.)

(e) The Commission's medical fee schedule follows:

1. General examinations:

General vision exam to determine classification, including evaluation to determine need for field test \$[50.00]
80.00

...
Psychiatric, psychological or other psychotherapeutic evaluation, three sessions, each up to: [100]
150.00

...
Speech therapy, per session [55.00]
70.00

2. Vision-related consultative specialty examinations:

Corneal examination [60.00]
100.00

Glaucoma examination and report [60.00]
100.00

Hereditary evaluation 60.00

Low vision exam for [clients] **consumers** whose most recent eye report is one year old or less 250.00

Low vision exam for [clients] **consumers** whose most recent eye report is over one year old 275.00

...
Neuro-ophthalmological follow-up exam, up to [30.00 each] three allowed (**each**) **80.00**

...
Orthoptic follow-up exam (**each**) 25.00 [each]

...
Pleoptic therapy, each session [20.00]
40.00

...
Follow-up treatment examination up to three each [35.00]
80.00

Uveitis, tumor evaluation [60.00]
80.00

Uveitis evaluation follow-up [25.00]
60.00

3. Specialized eye procedures:

Eyelids:
[Excision of cyst] **Remove eyelid lesion** [73.00]
90.00

Chalazion (single) [90.00]

Chalazion [(multiples \$156.00)] **multiple, same eye** [80.00]
120.00

Chalazion multiple, different eyes [150.00]

...
Plastic repair of lid laceration:
Without graft [185.00]
210.00

With graft [370.00]
400.00

Surgical correction of entropion or ectropion [345.00]
400.00

Ptosis surgical repair [I.C.*] **Call consultant***

Extensive plastic repair of lids and orbits [I.C.*] **Call consultant***

Incision and drainage of abscess	[75.00]	Radial keratotomy [(as approved by Administrative Medical Consultant]	635.00
	100.00		
...		...	
Punctal [Occlusion] occlusion	160.00	Removal of foreign body anterior chamber	[370.00]
...			635.00
* Individual evaluation by the Commission.			
4. Conjunctiva:			
...			
Excision—lesion of conjunctiva:			
Biopsy	[50.00]	Cauterization or cryotherapy of lesion of cornea	[50.00]
	80.00		290.00
Excision of cyst or nevus	[80.00]	Corneal transplant penetrating in pseudophakia	1,100.00
	350.00		
Excision of pterygium	[200.00]		
	340.00		
Repair:			
Conjunctivoplasty with free graft:	575.00	7. Crystalline lens:	
Conjunctival graft	[375.00]	Cataract extraction by phaco	[615.00]
	480.00		700.00
Buccal mucosa membrane graft	[425.00]	...	
	620.00	Discussion of lens, surgical	[300.00]
Suture laceration	[50.00]		400.00
	120.00	...	
5. Glaucoma procedures:			
Goniotomy	[280.00]	8. Eyeball:	
	750.00	Excision:	
Peripheral iridectomy, laser or surgical	[330.00]	Enucleation or evisceration	[330.00]
	970.00		650.00
Filter operation of any kind	[400.00]	With non movable implant	[330.00]
	970.00		650.00
Iridotomy by stab incision for iris bombe	[200.00]	With movable implant	[375.00]
	390.00		800.00
...		Remove eye, attach implant	875.00
Cyclo diathermy	[230.00]	Suture for wound or injury:	
	345.00	Non-perforating	[630.00]
Cyclo dialysis	[370.00]		130.00
	345.00	Perforating	[630.00]
Surgical trabeculectomy	750.00		130.00
Cyclo cyro therapy	[240]	9. Retina and vitreous:	
	345.00	Scleral buckling, one eye	1,500.00
Argon laser or surgical trabeculectomy (ALT)	[400.00]	Scleral buckle, both eyes	1,500.00
	970.00		
Shunt to extraocular reservoir	[945.00]	Repair of complex retinal detachment	1,200.00
	1,000.00		
...		...	
6. Cornea:		Pan retinal photo-coagulation for vein occlusion, initial treatment	[390.00]
Keratotomy:			510.00
Removal of foreign body from surface	35.00	...	
Repair eye wound	400.00	Pan retinal photo-coagulation for diabetic retinopathy, initial treatment	[390.00]
Embedded in Cornea	[60.00]		510.00
	500.00		
Keratectomy	[240.00]	...	
	500.00	Injection eye drug	184.00
Keratoplasty (corneal transplant) anterior lamellar	[915.00]	Gas fluid exchange	[250.00]
	1,100.00		560.00
...		Endophotocoagulation	[250.00]
10. Orbit:			900.00
		Removal of Silicone Oil	700.00
Plastic repair of orbit:			
Fracture of floor			[655.00]
			830.00

...	Removal of intra-orbital foreign body	[425.00] 1,000.00
...		
11. Ocular Muscles:		
Strabismus Surgery:		
...		
Two muscles, one or both eyes	[470.00] 570.00	
Three or more muscles, one or both eyes	[525.00] 630.00	
12. Lacrimal procedures:		
...		
Dacryocystectomy	[375.00] 600.00	
Incision and drainage of lacrimal sac or lacrimal gland abscess	[80.00] 140.00	
Plastic repair of torn canaliculi	[415.00] 535.00	
Probing of naso-lacrimal duct	[30.00] 100.00	
...		
Probing of duct with tube insertion	[150.00] 200.00	
13. (No change.)		
14. Special clinical tests:		
...		
ERG [electro retinogram] Electro Retinogram	55.00	
VER [electro encephalogram] Electro Encephalogram	55.00	
...		
15. (No change.)		
16. Price list for eyeglasses:		
[Eyeglasses complete with frames prescribed as a result of a general vision examination, no dispensing fee:]		
...		
17.-24. (No change.)		
25. Hospital clinic and office specialty procedures:		
...		
Electro [retinography] Retinography	100.00	
...		
Fluorescein angiogram with [interpretation] interpretation and written report	232.00	
...		
Perimetry (visual field)	[25.00] 30.00	
...		
Services provided by an ambulatory surgical center	[700.00] 800.00	
...		

LAW AND PUBLIC SAFETY

(a)

YOUTH JUSTICE COMMISSION

Juvenile Funds and Gifts to the Commission

Proposed Readoption with Amendments: N.J.A.C. 13:90A

Authorized By: Executive Board of the Youth Justice Commission, by the Honorable Matthew J. Platkin, Attorney General and Chair, through Sarah Rizk, Attorney General Designee. Authority: N.J.S.A. 2C:43-3.3; 2C:46-4; 30:4-15.1; 30:4-16.4; 52:17B-170e(6), (8), (9), (14), and (22); 52:17B-171; and 52:17B-176.

Calendar Reference: See Summary below for explanation of exception to calendar requirement.

Proposal Number: PRN 2025-140.

Submit written comments by December 19, 2025, to:

Christina O. Broderick
Chief, Legal & Regulatory Affairs
New Jersey Youth Justice Commission
1001 Spruce Street-Suite 202
Trenton, New Jersey 08638
or electronically at: regulatory.affairs@jjc.nj.gov

The agency proposal follows:

Summary

The Youth Justice Commission (Commission) is the New Jersey agency responsible for planning, policy development, and provision of services in the youth justice system. In carrying out its responsibilities, the Commission seeks to maintain a safe and respectful environment for the youth within its supervision, while at the same time delivering effective educational and rehabilitative services individually tailored to each youth in its care.

The Commission's responsibilities include formulating and adopting standards and rules for the efficient conduct of the work of the Commission and its facilities and programs. The Commission has, therefore, developed rules addressing juvenile funds, welfare funds, juvenile property, and gifts to the Commission, which ensure the proper care of youth committed to the custody of the Commission, along with the integrity of the Commission, set forth at N.J.A.C. 13:90A, Juvenile Funds and Gifts to the Commission.

Pursuant to N.J.S.A. 52:14B-5.1.c, N.J.A.C. 13:90A was scheduled to expire on September 20, 2025. As the Commission filed this notice of rules proposed for readoption with amendments with the Office of Administrative Law prior to that date, this notice of rules proposed for readoption with amendments shall extend the expiration date of N.J.A.C. 13:90A 180 days to March 19, 2026, pursuant to N.J.S.A. 52:14B-5.1.c(2).

The Commission has reviewed the rules proposed for readoption with amendments and has determined them to be necessary, reasonable, and proper for the purpose for which they were originally promulgated. Accordingly, in addition to minor clarifying and technical amendments that do not affect the substantial meaning of the rules, the Commission proposes to readopt the rules at N.J.A.C. 13:90A in their entirety, with proposed amendments at N.J.A.C. 13:90A-1.3, 1.4(a), 1.5, 2.1(c), 2.2(c), 2.4, 3.1, 3.4(a) and (b), 3.6(b) and (c), 3.8(g), 5.1, and 5.3. The substantial provisions of the rules proposed to be readopted by the Commission are summarized below.

N.J.A.C. 13:90A-1 sets forth general provisions, including the chapter's purpose (N.J.A.C. 13:90A-1.1); scope (N.J.A.C. 13:90A-1.2); relevant definitions (N.J.A.C. 13:90A-1.3); forms (N.J.A.C. 13:90A-1.4); written procedures (N.J.A.C. 13:90A-1.5); and notification of juveniles (N.J.A.C. 13:90A-1.6). In addition to several minor technical changes, the Commission proposes to update the definitions at N.J.A.C. 13:90A-1.3, including replacing the definition of "Director of Investigations" with "Chief Investigator," revising the title of "Director of Administration" to "Chief Administrative Officer," updating the title of "Division Director"