DEPARTMENT OF HUMAN SERVICES
PROPOSED PROVIDER GUIDANCE ON P.L. 2025, c.280
Issued September 15, 2026

This guidance summarizes enforcement authority established under P.L. 2025, c.280. The law strengthens the Department of Human Services' oversight by adding administrative and financial penalties to existing licensing, investigation, corrective action, and other enforcement tools for services supporting adults with intellectual and developmental disabilities. This proposed guidance is issued September 15, 2026.

Feedback on this guidance will be accepted until the close of business Tuesday, September 29, 2026. Feedback can be sent to DHS-PenaltyInfo@dhs.nj.gov.

This guidance explains the Department's implementation of P.L. 2025, c.280 pending the promulgation of formal regulations.

P.L. 2025, c.280 became effective July 1, 2026. Unless a specific section states otherwise, penalties under the law apply only to violations or conduct occurring on or after the effective date.

The Department will identify and document violations occurring on or after July 1, 2026. Violations occurring on or after July 1, 2026 are subject to financial penalties upon formal issuance of this guidance.

Scope

This guidance applies to any authorized provider, licensed provider, program, location, agency, organization, entity, employee, contractor, volunteer, caregiver, manager, supervisor, or other covered person to the extent that the person or entity is subject to the provisions amended or established by P.L. 2025, c.280, or to related licensing, certification, authorization, background check, reporting, investigation, drug testing, corrective action, or oversight requirements of the Division of Developmental Disabilities (DDD) or the Office of Program Integrity and Accountability (OPIA), within the Department of Human Services (DHS).

Applicability is determined by the specific statutory provision, service type, program model, funding arrangement, licensing or certification status, provider authorization, role performed, location of service delivery, individual served, and other governing legal or program requirements. Providers shall not presume that a service, location, employee classification, subcontractor relationship, or funding arrangement is excluded without confirming with the applicable authority.

This guidance is intended to apply broadly to all covered providers and covered persons required to adhere to the law, including authorized or required-to-be authorized residential providers, authorized developmental disability service providers, certified or required-to-be-certified day habilitation programs, programs operating or managing covered settings or services, and entities responsible for employing, assigning, supervising, training, screening, or monitoring covered personnel.

Where a statutory provision applies to an authorized provider, the civil penalty is assessed against the provider. Where a statutory provision applies to a covered person, the civil penalty is assessed against that individual.

Section headings in this document reference the specific section of law for which DHS is providing guidance on enforcement.

Definitions

For purposes of this guidance, the following words and terms have the meanings stated below unless the context clearly indicates otherwise:

a. "Abuse" means wrongfully inflicting or allowing to be inflicted physical abuse, sexual abuse, or verbal or psychological abuse or mistreatment by a caregiver upon an individual with a developmental disability. (N.J.S.A. 30:6D-74)
b. "Administrative neglect" means the failure of an authorized provider or licensed provider to ensure proper and sufficient development, monitoring, oversight, and staff training in accordance with all applicable State and federal laws, regulations, and published policies related to the health, safety, and well-being of an individual with developmental disabilities, regardless of whether abuse, neglect, or exploitation can be substantiated.

c. “Authorized provider” means any service provider agency authorized by the Division to provide services to adults with intellectual disabilities, developmental disabilities, or both, through the Division’s fee-for-service system or contracts.
d. “Covered person” means a case manager or case manager’s supervisor in the Department; a person employed or volunteering in a program, facility, community care residence, or living arrangement licensed or funded by the Department; a person conducting a site visit pursuant to N.J.S.A. 30:6D-9.2; or a person providing community-based services with indirect State funding to a person with a developmental disability, as applicable. (N.J.S.A. 30:6D-75(a)(1)).
e. “Department” means the New Jersey Department of Human Services.
f. “Division” or “DDD” means the Division of Developmental Disabilities in the Department of Human Services.
g. “Division authorization” means the Division’s authorization of a service provider agency to provide services to adults with developmental disabilities through the Division’s fee-for-service system or contracts.
h. “Electronic Plan of Correction (E-POC)” means a written response outlining actions taken or to be taken to address deficiencies cited in a licensing inspection report.
i. “Exploitation” means the act or process of a caregiver using an individual with a developmental disability or the individual’s resources for another person’s profit or advantage. (N.J.S.A. 30:6D-74).
j. “Individualized Service Plan” means a standardized service planning document developed based on an individual's assessed needs that identifies an individual's outcomes and describes the services needed to assist the individual in attaining the outcomes identified in the plan. An approved ISP authorizes the provision of services and supports.
k. “Licensed provider” means an individual, partnership, or corporation that is licensed by the Department and is responsible for providing services associated with the operation of a community-based residential program for individuals with developmental disabilities.
l. “Major injury” means an injury that requires treatment that can only be performed at a hospital and may additionally include admission to the hospital for further treatment or observation.
m. “Moderate injury” means an injury that does not constitute a major injury but requires treatment, beyond basic first aid, that can only be performed by a health care professional.
n. “Neglect” means a caregiver willfully failing to provide proper and sufficient food, clothing, maintenance, medical care, or a clean and proper home to an individual with a developmental disability, or failing to do or permit to be done any act necessary for the well-being of the individual. (N.J.S.A. 30:6D-74).
o. “Penalty Review Committee” or “PRC” means the Department committee responsible for reviewing enforcement referrals and determining whether a civil penalty or other enforcement action is warranted.
p. “Personal Guidance” means assistance required when an individual needs daily help with activities of daily living because the individual cannot complete the activities independently due to a physical or cognitive impairment and cannot direct another person to complete the activities, or supervision required to protect the individual’s or another person’s safety because of a documented health or mental health condition. If no court determination is in place, the planning team determines the need for Personal Guidance based on support and supervision needs documented in the Individualized Service Plan.
q. “Provider-managed residential setting” means a residential setting in which a provider is responsible for or exercises control over staffing, supervision, service delivery, daily operations, or the coordination of supports within the setting.
r. “Provisional license” means a time-limited license issued by the Office of Licensing (OOL) within OPIA when a licensed location demonstrates substantial or willful noncompliance with Chapter 44A of Title 10, N.J.A.C., and corrective action is required.
s. “Sexual Abuse” means an act or attempted act of lewdness, sexual contact, or sexual penetration between a caregiver and an individual with a developmental disability. Any form of sexual contact or activity between a caregiver and an individual with a developmental disability, absent marriage, domestic partnership, or civil union, is sexual abuse, regardless of whether the individual with a developmental disability gives consent or the caregiver is on or off duty.

General Provisions 2.a

a. In addition to the Department’s licensing authority, the Department may assess and collect penalties against authorized providers and covered persons as authorized by N.J.A.C. 10:44A-1.1 et seq, P.L. 2025, c.280, or rules and regulations promulgated pursuant to the law.

b. In determining a penalty, the Department shall consider whether the provider has had a history or pattern of repeated violations, the provider's compliance with investigations and plans of correction, and whether the provider has taken adequate action to prevent future incidents. Penalty amounts are determined under the violation-specific schedules in this guidance. A penalty shall not exceed the applicable statutory maximum.
c. Civil penalties may be imposed in addition to licensing action, corrective action plans, restrictions on admissions, transfers, referrals, capacity, or service expansion, payment suspension where authorized, or other remedies available to the Department.
d. Where this guidance identifies a potential penalty under P.L. 2025, c.280, the matter shall be referred to the Penalty Review Committee (PRC). The PRC is comprised of representatives from DDD and OPIA who have no connection, relationship or oversight to the subject area of the violation or penalty. Within the scope of penalty determination under P.L. 2025, c.280, the PRC determines and issues applicable financial and nonfinancial penalties, including written warnings, corrective action plan requirements, and prohibitions on accepting transfers and admissions. The PRC's role is limited to penalty determinations and does not supersede or direct licensing actions administered through other departmental authorities.

Violation 2.b. "Operating a residential setting without a required license"

a. Any person, firm, partnership, corporation, or association operating a provider-managed residential setting without a license when a license is required shall be:
   i. Issued a written warning for the first offense;
   ii. Subject to a civil penalty of not more than $10,000 for the second offense; and
   iii. Subject to a civil penalty of not more than $10,000 for the third and any subsequent offense.
b. Licensure is required when:
   i. The residential setting is provider-managed;
   ii. At least one resident receives services through the Community Care Program (CCP) Waiver; and
   iii. At least one resident in the setting enrolled in the CCP requires Personal Guidance.
c. In addition, DDD may separately suspend payments to authorized providers for services provided in the unlicensed provider-managed residential setting.
d. DDD and OOL determine whether licensure is required and work with the provider through the licensing or provider-transition process.
e. When the Department, DDD, or OPIA engages a provider to discuss a possible unlicensed residential setting, it is incumbent on the provider to report any other similar homes they operate with Division funding at that time. If additional unlicensed homes belonging to the same provider are identified at this time, they shall be treated as one offense. Failure to properly report additional unlicensed homes will result in each such violation being treated as a separate offense.
f. Payment of the penalty does not absolve the provider from remediating the unlicensed setting.
g. After 36 consecutive months of no 2.b. violations, the next violation will be considered a first offense
h. Penalty Structure:

Offense	Penalty or action
First Offense	Written warning
Second Offense	$5,000
Third Offense	$7,500
Fourth or Subsequent Offense	$10,000

Violation 2.b. "Operating an uncertified day habilitation program"

a. Any person, firm, partnership, corporation, or association operating a day habilitation program without a certification shall be:
   i. Issued a written warning for the first offense;
   ii. Subject to a civil penalty of not more than $10,000 for the second offense; and
   iii. Subject to a civil penalty of not more than $10,000 for the third and any subsequent offense.
b. When DDD is engaging a provider to discuss a possible uncertified day program, it is incumbent on the provider to report any other similar programs they operate with Division funding at that time. If additional uncertified programs belonging to the same provider are identified at this time, they shall be treated as

one offense. Failure to properly report additional uncertified day habilitation programs will result in each such violation being treated as a separate offense.

c. The provider shall comply with the enrollment or certification requirements within the timeframe established by DDD.
d. Continued noncompliance: If the matter remains unresolved after the second financial penalty, DDD shall refer the matter to the Medicaid Fraud Control Unit within the Office of the State Comptroller if it has not done so already.
e. Payment of the penalty does not relieve the provider of the obligation to complete enrollment or certification, correct services that conflict with waiver policy, or comply with any other DDD directive.
f. After 36 consecutive months of no 2.b. violations, the next violation will be considered a first offense.
g. Penalty Structure:

Offense	Penalty or action
First Offense	Written warning
Second Offense	$5,000
Third Offense	$7,500
Fourth or Subsequent Offense	$10,000

Violation 2.c. “Second Consecutive Provisional License”

a. Any licensed provider that has been granted a second consecutive provisional license for the same licensed location shall be subject to a civil penalty of not more than $10,000. A second consecutive provisional license occurs when a residential setting receives a provisional license when substantial or willful noncompliance with Chapter 44A of Title 10, N.J.A.C. is demonstrated. Following submission and review of the Electronic Plan of Correction (E-POC), OOL will conduct a reinspection of the licensed residence.
    i. If, upon reinspection, the licensed residence continues to demonstrate substantial or willful noncompliance with Chapter 44A of Title 10, N.J.A.C., or portions of the E-POC that are documented as corrected but are found not to have been corrected, a second consecutive provisional license may be issued.
    ii. Nothing in P.L. 2025, c.280 shall be construed to prevent OOL from imposing a negative licensing action as defined in N.J.A.C. 10:44A-1.8.
    iii. If the licensed location remains noncompliant after the second consecutive provisional license, the next licensing step is non-renewal. Consistent with current practice, OOL does not issue a third provisional license for purposes of this progression.
b. The penalty is triggered when the same licensed location receives a second consecutive provisional license.
c. The licensing action and financial penalty have separate review processes.
d. Payment of the penalty does not absolve the provider from remediating the provisional license.
e. After 36 consecutive months of no 2.c. violations, the next violation will be considered a first offense.
f. Penalty Structure:

Offense	Penalty or action
First Offense	$5,000
Second Offense	$7,500
Third or Subsequent Offense	$10,000

Violation 2.d. “Employing or failing to remove a person on a disqualifying registry”

a. Any authorized provider or licensed provider who employs or fails to remove from employment a person who has been placed on the Central Registry of Offenders Against Individuals with Developmental Disabilities, established pursuant to C.30:6D-77, or included on the child abuse registry, established pursuant to C.9:6-8.11, shall be subject to a penalty of not more than $10,000.
b. Providers must ensure that employees are removed from employment when the employee has been placed on the Central Registry of Offenders.

c. An employee whose Central Registry status is “Pending Final Judicial Determination” is prohibited from employment pending the final determination.
d. Providers must ensure that employees are removed from employment when the employee has been placed on the child abuse registry as indicated by a Child Abuse Record Information (CARI) record.
e. Payment of the penalty does not absolve the provider from removing the employee.
f. After 36 consecutive months of no 2.d. violations, the next violation will be considered a first offense.
g. Penalty Structure:

Offense	Penalty per prohibited person, per registry
First Offense	$5,000
Second Offense	$7,500
Third or Subsequent Offense	$10,000

Violation 2.e. “Criminal History Record Background Checks”

a. Any authorized provider or licensed provider who fails to conduct an initial or biennial[1] criminal history record background check required pursuant to N.J.S.A. 30:6D-64 shall be:
   i. Required to implement a corrective action plan, as determined by the Department, for the first offense;
   ii. Prohibited from accepting transfers and admissions until the provider meets the requirements of N.J.S.A. 30:6D-64, for the second offense; and
   iii. Subject to a penalty of not more than $10,000 per missing criminal history background check that is not completed for the third offense and any subsequent offenses.
b. Criminal history background checks are required to occur biennially (every two years) via the archiving process.
c. Payment of the penalty does not absolve the provider from completing the criminal history background checks.
d. After 36 consecutive months of no 2.e. violations, the next violation will be considered a first offense.
e. Penalty Structure:

Offense	Penalty or action
First Offense	Corrective action plan
Second Offense	Prohibition on transfers and admissions until compliant
Third Offense	$5,000 per missing required check
Fourth Offense	$7,500 per missing required check
Fifth or Subsequent Offense	$10,000 per missing required check

Violation 2.f. “Drug Testing Requirements”

a. Any authorized provider or licensed provider who fails to meet the requirements of drug testing for controlled dangerous substances in accordance with 5 of P.L. 2017, c.238 (N.J.S.A. 30:6D-9.5) shall be:
   i. Required to implement a corrective action plan as determined by the Department, for the first offense;
   ii. Prohibited from accepting transfers and admissions until the requirements of N.J.S.A. 30:6D-9.5 are met, for the second offense; and
   iii. Subject to a penalty of not more than $10,000 as provided for by regulation, for the third and any subsequent offenses.
b. Examples of noncompliance include, but are not limited to, failure to complete a required pre-employment test and failure to conduct quarterly random testing as required.
c. Payment of the penalty does not absolve the provider from performing the required drug tests.
d. After 36 consecutive months of no 2.f. violations, the next violation will be considered a first offense.

[1] Although the statute uses the term “biannual”, under N.J.S.A. 30:6D-64, background checks must be completed every two years.

e. Penalty Structure:

Offense	Penalty or action
First Offense	Corrective action plan
Second Offense	Prohibition on transfers and admissions until compliant
Third Offense	$5,000
Fourth Offense	$7,500
Fifth or Subsequent Offense	$10,000

Violation 2.g. “Substantiated Office of Investigations Findings”

a. Any authorized provider or licensed provider who receives a substantiated finding from the Office of Investigations in the Department of Human Services of a violation outlined in this subsection shall be subject to a penalty of not more than $25,000 per offense:
   i. Administrative neglect that results in a moderate or major injury;
   ii. Abuse with a moderate injury;
   iii. Abuse with a major injury;
   iv. Sexual Abuse;
   v. Neglect with a moderate injury;
   vi. Neglect with a major injury; and
   vii. Exploitation.

d. In determining the amount of the penalties assessed under this section, the department shall consider: whether the provider has had a history or pattern of repeated violations; the provider’s compliance with investigations and plans of correction; and whether the provider has taken adequate action to prevent future incidents.

e. A provider may contest the penalty determination and calculation through the applicable appeal process. However, the underlying investigative finding is not reopened through the penalty appeal process.

f. Each substantiated incident is counted as an offense, regardless of the number of allegations or victims.

g. Second and subsequent offenses will be issued for the same substantiated allegation/finding.

h. After 36 consecutive months of no 2.g. violations, the next violation will be considered a first offense.

i. Penalty Structure:

Offense	Penalty amount
Per substantiated incident	Up to $25,000

Violation 2.h. “Internal Investigations and 180-Day Report Requirement”

a. Any authorized provider or licensed provider, who fails to conduct an internal investigation of an allegation of abuse, neglect, or exploitation of an individual with a developmental disability and submit a complete report to the department within 180 days of the date of the alleged incident, shall be subject to a penalty of not more than $10,000 for each internal investigation the authorized provider or licensed provider fails to conduct.

b. A report submitted in compliance with this subsection shall, at a minimum:
   i. Be completed by an impartial person who is not directly involved in the incident being investigated;
   ii. Include interviews and interview summaries of all victims, perpetrators, witnesses, and collateral contacts;
   iii. Include a summary of physical and documentary evidence;
   iv. Include findings for each allegation, victim, and perpetrator;
   v. Include a justification for each finding;
   vi. Include evidence that guardian notification was made at the onset of the investigation;
   vii. Include evidence that guardian notification was made at the completion of the investigation, including copies of written communication to the guardian providing the outcome of the investigation, all findings, summaries, and actions taken; and
   viii. Document completion of the investigation.

c. Authorized providers may access the Investigation Report Form and Guardian Notification Template Letter on the OPIA P.L. 2025, c.280 webpage Office of Program Integrity & Accountability | P.L. 2025, c.280.
d. Providers shall submit a completed internal investigation report to the OPIA Critical Incident Management Unit (CIMU) within 30 business days of the incident being assigned to CIMU, in accordance with Administrative Order 2:05.
e. Payment of the penalty does not absolve the provider from completing the internal investigation report.
f. After 36 consecutive months of no 2.h. violations, the next violation will be considered a first offense.
g. Penalty Structure:

Offense	Penalty per required investigation
First Offense	$2,500
Second Offense	$5,000
Third Offense	$7,500
Fourth or Subsequent Offense	$10,000

Violation 2.i. "Plans of Correction Following Office of Investigations Closure"

a. Any authorized provider or licensed provider who fails to submit a plan of correction that addresses all cited violations and concerns to the Department upon the completion of an investigation closed by the Office of Investigations in the Department of Human Services, shall be subject to a penalty of not more than $10,000.
b. A plan of correction should address each cited violation, substantiated finding, and concern identified by the Department. It should include corrective actions, responsible parties, expected completion dates, verification steps, and actions intended to prevent recurrence.
c. Providers shall submit the plan of correction within the timeframe stated in the Department's notice.
d. Payment of the penalty does not absolve the provider from completing the plan of correction and required corrective actions.
e. After 36 consecutive months of no 2.i. violations, the next violation will be considered a first offense.
f. Penalty Structure:

Offense	Penalty per required plan
First Offense	$2,500
Second Offense	$5,000
Third Offense	$7,500
Fourth or Subsequent Offense	$10,000

Violation 2.j. "Quality Management Team Assignment"

a. Any authorized provider or licensed provider who demonstrates chronic, recurring or systemic noncompliance with health, safety, quality or licensing, operational, fiscal, or other Department requirements over an extended period of time and across multiple locations or programs may be assigned a Quality Management Team (QMT) by the Department and may be subject to a penalty of not more than $5,000 every three months until the QMT determines that the provider has demonstrated improvement in the metrics or actions.
b. A QMT assignment may apply to the provider as a whole or may be limited to specific services, programs, locations, populations served, or operational areas. The scope of the assignment shall be based on the nature of the concerns identified, the risk presented, the individuals or services affected, and the Department authority involved.
c. The Department will publish on its website when a provider has been assigned to a QMT.
d. If, in the judgement of the Department, the provider fails to achieve required goals or is unlikely to remediate the identified concerns through continued QMT oversight, the Department may escalate the

matter to additional enforcement or adverse action, including continued or additional penalties or any other remedy available to the Department.

e. A provider may appeal the amount of a civil penalty assessed under this section but may not appeal the Department's decision to assign the provider to a QMT.
f. Payment of the penalty does not resolve the provider's obligation to correct the identified concerns.
g. Penalty Structure:

Offense	Penalty
QMT assignment	$5,000
Each three-month review period without demonstrated improvement	$5,000
Three-month review with demonstrated improvement	No additional penalty

Violation 4.d. "Failure to Report Suspected Abuse, Neglect, or Exploitation"

a. In addition to any penalty imposed pursuant to this section, a person who fails to comply with reporting obligations under this section shall be subject to a civil penalty imposed by the Department in the amount of $350 for each day that the abuse, neglect, or exploitation was not reported.
b. A covered person who has reasonable cause to believe that an individual with an intellectual and/or developmental disability has been subjected to abuse, neglect, or exploitation by a caregiver shall report the suspected abuse, neglect, or exploitation immediately. A provider's internal reporting policy must be followed. A covered person may report directly to the Department when the person wishes to report anonymously, no one is available to receive the report through the provider's internal process, or the person is uncomfortable reporting to the provider agency.
Reports can be made to the DDD Abuse Hotline at 1-800-832-9173 (then press 1).
c. A criminal conviction is not required before the penalty may be assessed.
d. The per-day count begins on the calendar date reasonable cause arose and continues through the day before the report was made or the Department identified the failure.
e. A report made on the same calendar date reasonable cause arose results in no penalty.
f. The $350-per-day civil penalty is assessed against the covered person who failed to report, not against the provider agency.
g. Penalty Structure:

Offense	Penalty
Failure by a covered person to report immediately while having reasonable cause that abuse neglect or exploitation occurred.	$350 for each calendar day the incident was unreported

2.k. Appeal Rights

a. Any authorized provider or licensed provider subject to penalties or termination of authorization pursuant to this act shall have the right to appeal such action.
b. An authorized provider, licensed provider or covered person subject to a penalty issued under P.L. 2025, c.280 has the right to appeal the penalty through the process described in this section.
c. All financial and nonfinancial penalties issued by the Penalty Review Committee (PRC) are appealable through the Informal Dispute Resolution (IDR) process. A QMT assignment is not appealable through this process, but the initial and recurring QMT financial penalties are appealable.
d. An authorized provider or covered person may invoke the right to IDR by submitting a request to contest a PRC penalty. The request may be submitted by letter, email, or another method identified in the Penalty Letter. The Penalty Letter will provide the submission address and other information needed to request a review. The IDR process provides the recipient an opportunity to be heard and to submit information supporting the recipient's position before a Final Agency Decision (FAD) is issued.
e. A written request for IDR review must be submitted within 10 business days of the Penalty Letter date. The written request must include:
    i. A specific listing of each violation and/or penalty for which IDR review is requested; and
    ii. Documentation supporting any contention that a violation and/or penalty was issued in error.
f. Failure to submit a written request for IDR within 10 business days of the Penalty Letter date shall render the PRC penalty a Final Agency Decision.

g. The IDR review shall be conducted by Department staff who did not directly participate in the determination or issuance of the penalty.
h. DDD Legal shall review a DDD-originated matter. The reviewer shall not have directly participated in the original penalty determination.
i. OPIA Legal shall review a matter originating from the Office of Investigations, Office of Performance Management, Office of Licensing, or Employment Controls and Compliance Unit. The reviewer shall not have directly participated in the original penalty determination.
j. The review may be conducted in person at Department offices, virtually, or telephonically. By mutual agreement, the review may instead be conducted solely through review of the documentation submitted.
k. The Department's IDR decision may affirm or reverse the violation or penalty and may correct an objective error in the standard calculation. The IDR process shall not apply a discretionary increase or decrease to the standard calculation.
l. A timely request for IDR does not stay payment. The recipient must pay the penalty by the due date stated in the penalty letter while the review is pending unless the Department states otherwise in writing.
m. The Department shall issue a written decision within 45 business days after receipt of the written request for IDR.
n. The written IDR decision is the Final Agency Decision, and no further Department administrative review is available.
o. If the decision reverses or reduces a paid penalty, the Department will address any required adjustment, refund, or credit in accordance with State fiscal procedures.

2.l., 2.n. "Licensing Authority"

a. Nothing in P.L. 2025, c.280 or this guidance shall be construed to prevent the Department from imposing a negative licensing action as defined in N.J.A.C. 10:44A-1.8 et seq.
b. Nothing in this section is intended to supplant the Department's authority to take licensing action.

2.m. "Division (DDD) Authority"

a. DDD shall have the authority to terminate division authorization of an authorized provider for noncompliance with any provision of P.L. 2025, c.280 or any other division requirements and policies in accordance with ordinary Department appeals process.

3. "Residential Facility Quality of Care Improvement Fund,"

a. There is established the "Residential Facility Quality of Care Improvement Fund," as a non-lapsing, revolving fund in the Department of Human Services. The fund shall be administered by the Department of Human Services in consultation with the Department of the Treasury.
b. The fund shall be comprised of all revenues from fines imposed pursuant to subsection d. of section 3 of P.L. 2010, c.5 (C.30:6D-75) and all revenues from penalties imposed on authorized providers or licensed providers for violating the provisions of N.J.A.C. 10:44A-1.1 et seq. or this act or rules and regulations promulgated pursuant to this act.
c. The monies in the fund shall be used to finance quality improvement initiatives, and administrative, licensing, and regulatory actions taken by the department to implement the provisions of this act.