Full text of the adoption follows:

CHAPTER 90
WORK FIRST NEW JERSEY PROGRAM

SUBCHAPTER 3. FINANCIAL ELIGIBILITY—INCOME, RESOURCES, BENEFITS

10:90-3.8 Computing the WFNJ TANF/GA monthly cash benefit using disregards for earned and unearned income

(a)-(g) (No change.)

(h) After an assistance unit has passed the initial eligibility test indicated at N.J.A.C. 10:90-3.1(b) and is verified as being in receipt of child support, the following disregards shall apply:

1. If the amount of child support verified as being received is less than $100.00 per month for one child, the assistance unit shall receive the actual amount of child support received and the actual amount received shall be disregarded when calculating the cash assistance benefit;

2. If the amount of child support verified as being received is $100.00 or more per month for one child, the assistance unit shall receive $100.00 and that $100.00 shall be disregarded when calculating the cash assistance benefit;

3. If the amount of child support verified as being received is less than $200.00 per month for two or more children, the assistance unit shall receive the actual amount of child support received and the actual amount received shall be disregarded when calculating the cash assistance benefit; or

4. If the amount of child support verified as being received is $200.00 or more per month for two or more children, the assistance unit shall receive $200.00 and that $200.00 shall be disregarded when calculating the cash assistance benefit.

(i)-(j) (No change.)

CHAPTER 110
CHILD SUPPORT PROGRAM

SUBCHAPTER 6. CWA AS PAYEE

10:110-6.2 Support payments

All support rights due the WFNJ/TANF applicant/recipient, which are assigned to the county, shall be paid through the State. Disbursement Unit WFNJ/TANF applicants/recipients with one child will receive up to $100.00 of any current support collected per month. WFNJ/TANF applicants/recipients with more than one child will receive up to $200.00 of any current support collected per month.

(a)

DIVISION OF AGING SERVICES

Notice of Readoption

Long-Term Care Services

Readoption and Recodification: N.J.A.C. 8:85 as N.J.A.C. 10:166

Authority: N.J.S.A. 30:4D-6a(4)(a), 6b(13) and (14), 7, and 30:4D-17.15; and 42 U.S.C. § 1396a(a)(13)(a) and 1396r.

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

Effective Dates: October 16, 2024, Readoption;
November 18, 2024, Recodification.

New Expiration Date: October 16, 2031.

Take notice that pursuant to N.J.S.A. 52:14B-5.1, the rules at N.J.A.C. 8:85 were scheduled to expire on November 21, 2024. N.J.A.C. 8:85 establishes standards for the provision of nursing services by nursing facilities, provides for the reimbursement of nursing facility services, as well as sets forth criteria and a process for determining Medicaid eligibility for nursing facility level of care.

The following is a summary of the subchapters at N.J.A.C. 8:85:

Subchapter 1, General Provisions, sets forth the scope of the chapter, the definition of terms used as they pertain to the chapter, and establishes the eligibility requirements for a nursing facility's participation in the New Jersey Medicaid program. It prohibits a nursing facility that has been approved for participation as a provider of services pursuant to the New Jersey Medicaid program from requiring private pay contracts with Medicaid-qualified applicants as a condition for admission or continued stay in a nursing facility. It establishes the conditions pursuant to which a nursing facility's provider agreement shall be terminated, as well as sets forth the appeal process for any nursing facility whose certification or Medicaid Provider Agreement is terminated or not renewed.

The subchapter implements the statutory provisions at N.J.S.A. 30:4D-17.10 et seq., which requires the establishment of a preadmission screening program to determine the needs of Medicaid-eligible and other individuals seeking admission to a skilled nursing or intermediate care facility prior to placement in such facility. It implements the preadmission screening and resident review requirements of the Federal Nursing Home Reform Amendments, 42 U.S.C. § 1396r, which require states to screen individuals for mental illness or intellectual disability, regardless of payment source, prior to admission to a Medicaid-certified nursing facility in order to determine whether the specialized needs of such individuals can be met in a nursing facility.

The subchapter sets forth the requirement that a nursing facility establish a single waiting list, whereby the order of the names on this list shall be predicated upon the order in which a completed written application is received by the facility. It specifies the circumstances in which the involuntary transfer of a Medicaid beneficiary in a nursing facility is authorized and establishes the conditions and procedures related thereto. It establishes the method for monitoring the continued utilization of and payment for nursing facility care and services reimbursable pursuant to the Medicaid program through the clinical audit and MDS verification process and the manner in which individual clinical and related records shall be maintained by the nursing facility.

The subchapter establishes the bed reserve policy that a nursing facility shall follow when a resident is absent from the facility due to hospital admission or therapeutic leave. It sets forth the requirement that the Department of Human Services (Department) shall receive and investigate complaints from multiple sources and take corrective action as necessary. It sets forth the manner in which a Medicaid beneficiary's income can be applied to the cost of care in the nursing facility after the provision for the resident's personal needs allowance (PNA) is met and after the provision of other specified allocations are satisfied.

The subchapter provides that the nursing facility shall ensure that each resident, and their representative, are informed of their rights upon admission and provided with a written statement of all resident rights in accordance with 42 CFR 483.10 through 483.15, the New Jersey Home Residents Rights Act, N.J.S.A. 30:13-1 et seq., and N.J.A.C. 8:39-4.1. Lastly, this subchapter establishes the reimbursement process by the New Jersey Medicaid Program only after Medicare-covered benefits have been fully utilized or when medically necessary services are not covered by the Medicare Program, exclusive of the exceptions set forth at N.J.A.C. 8:85-1.18(f)1i.

Subchapter 2, Nursing Facility Services, establishes the manner in which professional staff designated by the Department shall determine eligibility for nursing facility services based on a comprehensive needs assessment that demonstrates that the beneficiary requires, at a minimum, the basic nursing facility services described at N.J.A.C. 8:85-2.2. It establishes the manner in which nursing facilities shall deliver nursing services to their residents, including the requirement to provide 24-hour nursing services in accordance with the Department's minimum licensing standards set forth by the Standards for Licensing of Long-Term Care Facilities at N.J.A.C. 8:39 and requires that these services be provided by registered professional nurses, licensed practical nurses, and nurses aides.

The subchapter sets forth the requirement that each Medicaid beneficiary's care shall be pursuant to the supervision of a New Jersey licensed attending physician and sets forth the duties and responsibilities of this individual, as well as the requirement that each facility retain a medical director, setting forth the duties and responsibilities of this individual. It provides that rehabilitative services shall be made available to Medicaid beneficiaries as an integral part of an interdisciplinary

program. It requires nursing facilities to establish an ongoing resident activities program as an adjunct to the treatment program and an integral component of the interdisciplinary plan of care. It outlines the manner in which social services shall be provided by the nursing facilities to their residents and sets forth the social services staffing and qualification requirements. It sets forth the provision of pharmaceutical services including the manner in which prescribed legend drugs and non-legend drugs shall be stored and supplied to each individual nursing facility resident. It outlines the process attending physicians must follow when initiating a request for consultation, referral for examination, or treatment on behalf of a nursing facility resident.

The subchapter provides that all nursing facilities shall assist Medicaid beneficiaries obtain mental health care through a licensed psychiatrist or psychologist who shall provide, or make provision for, routine and emergency services. It provides that all nursing facilities shall assist Medicaid beneficiaries obtain dental care through a licensed dentist and sets forth the required services related thereto. It provides that nursing facilities shall assist Medicaid beneficiaries obtain podiatry care through a licensed podiatrist and sets forth the required services related thereto. It provides that all nursing facilities shall assist Medicaid beneficiaries obtain chiropractic care through a licensed chiropractor who shall provide, or make provision for, routine and emergency services. It provides that all nursing facilities shall assist Medicaid beneficiaries obtain vision care through a licensed ophthalmologist or optometrist who shall provide, or make provision for, routine and emergency services in accordance with the Medicaid Program's Vision Care Manual, N.J.A.C. 10:62.

The subchapter requires all nursing facilities that do not have their own laboratory capabilities, to have written agreements with general hospitals or clinical laboratories in order to promptly receive laboratory services and emergency services, as well as sets forth the laboratory operation requirements. It defines medical supplies and equipment, as well as outlines the manner in which they shall be stored, used, and ordered by the facility and sets forth the circumstances in which reimbursement to the facility is allowed. It requires the nursing facility to provide appropriate consultation services when the facility has significant unresolved or recurring problems. It sets forth the transportation and ambulance services requirements the nursing facility must follow in accordance with the New Jersey Medical Transportation Manual found at N.J.A.C. 10:50-1.3 through 1.6.

The subchapter sets forth the bed and board requirements the nursing facilities must follow for their residents. It requires nursing facilities to provide housekeeping and maintenance services to their residents. It outlines those services for which Medicaid beneficiaries, residing in a nursing facility, shall not be eligible to receive reimbursement. Lastly, this subchapter sets forth the standards for establishing special care nursing facilities (SCNF) and SCNF units within a Medicaid certified conventional nursing facility, as well as the scope of services required to be provided by SCNFs.

Subchapter 3, Cost Report, Rate Calculation and Reporting System for Long-Term Care Facilities, sets forth the purpose and scope of the subchapter and describes the methodology to be used by the Department to establish prospective per diem rates for the provision of nursing facility services to residents pursuant to the State's Medicaid program. It sets forth the requirement that nursing facilities furnish certified cost reports to the Department by May 31 following the end of each calendar year for a cost reporting period ending December 31. It establishes the cost report format and the process for imposing penalties when a nursing facility submits its cost report beyond the date set for the submission timeline.

The subchapter establishes rate classes (Class I and Class II) for nursing facilities for dates of service on or after July 1, 2010. It establishes the process for maintaining resident rosters and the method for determining the case mix index calculation. It sets forth the method for determining fringe costs in all cost reports effective for periods ending before December 31, 2010. It establishes the method for calculating the rate index factor. It establishes the case mix rate components and the costs associated therewith for Class I and Class II nursing facilities for dates of service effective on or after July 1, 2010. It sets forth the requirement that the Department establish a database used to derive the direct care limit and the method for determining the operating and administrative price used in nursing facility rates. It sets forth the requirement that the Department shall establish a direct care limit, as well as the operating and administrative price for each Class I and Class II nursing facility. It provides that for each cost report identified at N.J.A.C. 8:85-3.8, the Department shall establish the direct care rate component. It provides that the Department shall determine the facility fair rental value allowance for each Class I and Class II nursing facility.

The subchapter outlines the method for calculating the provider tax pass through and sets forth the Department's approval process for a request made by a nursing facility for an interim rate adjustment during a prospective rate period on the basis of financial hardship. It sets forth the methods for calculating, for each rate year, the total adjusted case mix rate and the Statewide Medicaid day weighted average comparison rate for Class I and Class II nursing facilities, as well as the target rate. It provides the manner in which the Department shall calculate the full cost rates for publicly owned or operated governmental nursing facilities and SCNFs. It sets forth the method for the calculation of rates for SCNFs. It sets forth the method for determining the phase in of case mix rates for Class I and Class II nursing facilities.

The subchapter establishes a two-level rate appeal process for nursing facilities. It describes the rate applied to a nursing facility where a transfer of ownership occurs and sets forth the process for determining the rates for new Class I and Class II nursing facilities. It provides for the effect of applicable Federal rules and the fact that these rules are incorporated into this chapter by reference. Lastly, the subchapter provides that certain information maintained by the Department as described shall not be considered public records subject to public access or inspection within the meaning of the Open Public Records Act, N.J.S.A. 47:1A-1 et seq.

Subchapter 4, Audit Cycle, establishes the audit cycle, required audit process, and the method for calculating the final audited rate adjustments for nursing facilities.

Subchapter 5, Provider Tax Reimbursement, establishes the method for determining the provider tax reimbursement for nursing facilities.

N.J.A.C. 8:85 Appendices A through W are included at the end of this chapter, setting forth various forms.

While the Department is readopting these rules, it recognizes that further rulemaking may be necessary to update these rules to reflect current practices. Thus, the Department will continue to review the rules and may consider making substantial amendments prior to the next scheduled readoption.

Through P.L. 2012, c. 17, § 398 (N.J.S.A. 30:1A-14), the Division of Aging Services and its programs were transferred from the Department of Health to the Department of Human Services. The Department is administratively transferring this chapter from Title 8, Health, to Title 10, Human Services, specifically within the Division of Aging Services. References to N.J.A.C. 8:85 will be updated to reflect the new chapter codification, N.J.A.C. 10:166.

The Department has reviewed the rules and has determined them to be necessary, reasonable, and proper for the purposes for which they were originally promulgated. Therefore, pursuant to N.J.S.A. 52:14B-5.1.c(1), these rules are readopted and shall continue in effect for seven years.

(a)

DIVISION OF FAMILY DEVELOPMENT

Notice of Readoption

Social Services Programs for Individuals and Families

Readoption: N.J.A.C. 10:123

Authority: N.J.S.A. 30:1-12.

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

Effective Date: October 17, 2024.

New Expiration Date: October 17, 2031.

Take notice that, in accordance with N.J.S.A. 52:14B-5.1, the Social Services Programs for Individuals and Families rules at N.J.A.C. 10:123, are readopted and shall continue in effect for a seven-year period. The