

withdrawal symptoms without initiating or worsening withdrawal symptomatology in appropriately prepared patients.

Many patients who enter into treatment for opioid use disorder are fearful that they will not receive the appropriate care and will be left to suffer moderate to severe withdrawal. Therefore, many patients who arrive have used an opiate just prior to their arrival. Use of Buprenorphine prematurely can induce withdrawal as it is also a partial agonist. **It is important to instruct the patients that they do not use any opiates at least twelve hours before they arrive.**

Detoxification is a two-step process; stabilization (the amelioration of signs and symptoms of withdrawal) followed by a **tapering** of the medication to zero. Patient selection for rapid detoxification is crucial. Some patients may require a slower detoxification occurring over a number of weeks and other patients may require maintenance therapy with Buprenorphine. *For those patients who cannot be stabilized and withdrawn from Buprenorphine on an inpatient basis, they can be managed by qualified providers, Addiction Medicine Physicians or Primary Care Physicians with the Buprenorphine Waivers.*

Once the patient has begun or completed detoxification, he or she is ready for primary substance abuse counseling.

F. Buprenorphine Maintenance

1. Adjunctive Therapy

Once detoxification or stabilization through the adjunctive use of Buprenorphine has occurred, **primary opiate addiction counseling** can commence without the distraction of opiate craving and withdrawal. The primary counseling should begin at the appropriate level of care as indicated by the use of some standardized criteria (**ASAM Criteria**). **Primary counseling** can occur as **residential, intensive outpatient, traditional weekly individual or group therapy**. While the patient is engaged in primary substance abuse counseling treatment, his or her Buprenorphine can be managed by a certified physician provider. **Upon completion of primary treatment (counseling) and aftercare, the patient can continue under the care of a prescribing physician for continued use of the Buprenorphine, if indicated.**

If patients are stabilized with Subutex they should be switched over to Suboxone, which has less of an abuse potential and provides the added benefit of being a deterrent to illicit opiate use, during the time of primary treatment.

G. After Primary and Aftercare Treatment and Discharge Care

After patients have completed their primary and aftercare counseling, some patients will have been effectively withdrawn from their Buprenorphine therapy while others may be continuing on a maintenance regime. These patients will need to follow-up with a provider, their primary care physician, another provider with a waiver, or an Addiction Medicine Specialist, to prescribe the Buprenorphine. **These arrangements should be made prior to discharge from the counseling phase of treatment** so as not to interrupt the maintenance pharmacotherapy.

III. Treatment Protocols

All physicians are referred to the federal guidelines established through the Center for Substance Abuse Treatment (CSAT) for the minimum requirements. The New Jersey Guidelines are meant to enhance the guidelines put forth by CSAT.

A. 24-Hour Medical Care Availability

During the induction and stabilization phase of Buprenorphine therapy, medical care and consultation shall be available on a 24-hour basis. This care should be supervised by the waived physician performing the induction.

IV. Special Populations

A. Buprenorphine and Pregnancy

Currently, *Methadone is still the pharmacotherapy of choice* for the treatment of opiate dependent pregnant patients. Patients should be offered referral to a Methadone provider for care. If the patient, however, refuses or has misgivings about Methadone, Buprenorphine has been used successfully. The FDA classifies Buprenorphine as a Category C drug. The risks of Category C drugs must be explained to the patient and thereafter can be used with **informed consent**. Buprenorphine use in pregnancy needs to be further evaluated by controlled studies. To date, the safety has been determined by case series

reports. **The discussion and informed consent should be clearly documented in the patient's chart. Subutex is the formulation of choice.**

B. Buprenorphine Maintenance and Pain Management

1. Acute Pain

Patients who are on Buprenorphine maintenance and who are experiencing *acute pain* should attempt to manage the pain with *non-narcotic medications* in combination with their prescribed Buprenorphine. Buprenorphine has analgesic properties and can be an effective analgesic. The dose of Buprenorphine can be increased to try to improve the analgesia, in conjunction with non-narcotic analgesics. **Patients for whom the pain is not relieved should undergo aggressive treatment with narcotic analgesics.** The Buprenorphine should be discontinued while the appropriate opiate analgesic is employed to address the acute pain. Once the acute pain has been successfully managed, the Buprenorphine should be restarted.

2. Chronic Pain

Opioid dependent patients with *chronic pain are usually not good candidates* for Buprenorphine therapy because of the analgesic "ceiling effect". These patients fair better with long acting narcotic analgesics. Methadone has proven to be an effective choice.

V. Clinical Guidelines References

For DETOXIFICATION see Clinical Guidelines CSAT TIP #40.

For INDUCTION see Clinical Guidelines CSAT TIP #40.

For MAINTENANCE THERAPY see Clinical Guidelines CSAT TIP #40.

For BUPRENORPHINE DISCONTINUATION see Clinical Guidelines CSAT TIP #40.

VI. Scope

Substance use disorders treatment providers or medical practitioners using Buprenorphine, in the form of Suboxone and Subutex, for the treatment of opioid use disorder for medical maintenance and medically supervised withdrawal.

(a)

DIVISION OF FAMILY DEVELOPMENT

Notice of Readoption Child Care Services

Readoption with Technical Changes: N.J.A.C. 10:15

Authorized By: Elizabeth Connolly, Acting Commissioner,
Department of Human Services.

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

Effective Date: September 28, 2016.

New Expiration Date: September 28, 2023.

Take notice that, in accordance with N.J.S.A. 52:14B-5.1, N.J.A.C. 10:15 was scheduled to expire on November 2, 2016. The Division of Family Development (DFD) has reviewed the rules and will readopt this chapter with technical amendments. In accordance with N.J.S.A. 52:14B-5.1.c, the new expiration date for N.J.A.C. 10:15 is September 28, 2023.

Take further notice that effective June 29, 2012, P.L. 2012, c. 16, § 20, renamed the Division of Youth and Family Services as the Division of Child Protection and Permanency. Technical changes are made throughout N.J.A.C. 10:15 to reflect the renaming of this division and its acronym.

Take further notice that effective June 29, 2012, P.L. 2012, c. 17, § 93, renamed the Department of Health and Senior Services as the Department of Health. Technical changes are made throughout N.J.A.C. 10:15 to reflect the Department's renaming.

The purpose of N.J.A.C. 10:15 is to set forth the policies for a unified child care service delivery system inclusive of all child care programs, including voucher child care programs and contracted child care programs for which identified funding is received by the Department of Human Services (DHS) and administered through the DFD.

The following is a description of the subchapters of N.J.A.C. 10:15.

N.J.A.C. 10:15-1 provides the purpose of Chapter 15. The purpose of this chapter is to set forth the policies for a unified child care service delivery system inclusive of all child care programs, including voucher child care programs and contracted child care programs for which identified funding is received by DHS and administered through DFD. The policies and procedures set forth in this chapter shall be binding on those agencies contracting with DHS to provide services through these child care service programs. The child care programs shall be administered within the framework of Federal and State laws, rules, and regulations. Requirements, other than those established pursuant to Federal and State law and this chapter, shall not be imposed as a condition of receiving child care services.

N.J.A.C. 10:15-2 deals with the responsibilities and obligations of the different agencies, parents/applicants, and providers with respect to child care service programs.

N.J.A.C. 10:15-3 delineates that child care services are provided to Work First New Jersey/Temporary Assistance for Needy Families (WFNJ/TANF) participants to the extent such services are necessary to permit a TANF family to accept employment, remain employed, or participate in a WFNJ work activity. These services shall be available for WFNJ/TANF eligible dependent children during the recipient's period of eligibility for cash assistance.

N.J.A.C. 10:15-4 deals with eligibility for transitional child care (TCC) benefits. TCC benefits provide child care services to families whose eligibility for cash assistance has terminated when the case is closed due to earnings from employment. A family shall be ineligible for TCC assistance if the participant terminates employment; fails to cooperate with the child care resource and referral agency (CCR&R) in establishing child care payments or fails to pay the required co-payment.

N.J.A.C. 10:15-5 contains the provisions of the New Jersey Cares for Kids (NJCK) program, which provides eligible families with necessary child care services. Full and part-time child care arrangements are available for care of an infant, toddler, preschool child, school-aged child, or child with special needs.

N.J.A.C. 10:15-6 deals with contracted child care centers. DFD requires that certain admissions criteria be observed by contracted child care agencies to ensure that subsidized child care services are provided on a consistent basis Statewide to those eligible children and their families in greatest need of the service. The admissions criteria established in N.J.A.C. 10:15-6 shall apply to all eligible children on behalf of whom subsidized child care is requested. The scope of this subchapter specifically applies to center-based child care provider agency contracts as designated by DFD.

N.J.A.C. 10:15-7 provides an overview of the Family Child Care (FCC) Registration Program. Through the State's voluntary FCC Registration Program, individuals are registered as family child care providers pursuant to N.J.A.C. 10:126.

N.J.A.C. 10:15-8 is reserved.

N.J.A.C. 10:15-9 provides that families eligible to receive child care services from DHS-administered programs shall pay a fee toward the cost of child care services, except as in CPS and for families whose income is less than 100 percent of the Federal Poverty Level. A co-payment scale established by DHS shall provide for some level of contribution by most parent/applicants receiving child care. The co-payment scale shall consider family income, family size, hours of care needed, and number of children in care.

N.J.A.C. 10:15-10 explains payment policies and maximum reimbursement rates for child care. Child care payments are available for care of an infant, toddler, preschool child, school-aged child, or children with special needs in various types of arrangements, including full and part-time child care and care before and after school.

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

SUBCHAPTER 1. GENERAL PROVISIONS

10:15-1.1 Purpose and scope

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

(e) The CCDF was developed to ensure the delivery of Statewide child care services to:

1.-4. (No change.)

5. Children in out of home placement under supervision of the Division of [Youth and Family Services (DYFS)] **Child Protection and Permanency (CP&P)**.

(f) (No change.)

(g) The DHS shall operate these child care services programs through the coordination of efforts with the DFD and the Department of Children and Families (DCF)/Division of [Youth and Family Services (DYFS)] **Child Protection and Permanency (CP&P)**, which delineates subsidized child care services available through the DHS.

1. The policies and procedures set forth in this chapter shall be binding on those agencies contracting with the DHS to provide services through these child care service programs and are enforceable through the [DYFS] **CP&P** and the DFD, the divisions jointly responsible for overseeing the child care service programs.

2. (No change.)

(h) The DHS shall streamline its subsidized child care service system by uniting its many categorical child care programs and functions into a seamless unified child care service delivery system. A primary objective of the DHS is to offer families comprehensive child care services that shall enable families to secure or maintain employment and thus become self-sufficient. The CCDF, in combination with State aid, provides services to low income employed persons and those low income employed persons engaged in a training or educational program. The New Jersey Cares for Kids program also provides child care services for protective services children and those in out of home placements who are identified by the [DYFS] **CP&P**. Additionally, the child care support services offered to families enrolled in WFNJ and TCC are provided to assist families participating in employment-directed activities and/or to secure and maintain employment. All families shall satisfy the eligibility criteria for the applicable program through which services are provided.

(i) The DHS sets forth the following principles for a comprehensive delivery system of child care services in the State:

1.-10. (No change.)

11. The DHS promotes the development of employer-supported child care. The [DYFS] **CP&P** provides technical assistance and consultation services to public/private/volunteer advocacy organizations seeking to promote employer-supported child care services throughout the State.

(j)-(k) (No change.)

(l) Each CCR&R shall coordinate child care delivery services with: units of local government; early childhood education programs in the county, including Head Start programs; preschool programs funded under Chapter 1 of the Education Consolidation and Improvement Act of 1981 (Public Law 97-35; 95 Stat. 463); school and nonprofit child care programs, including community-based organizations receiving funds for preschool programs for disabled children; organizations sponsoring before-and-after school activities; the WFNJ program; child care centers contracted with the DFD; [DYFS] **CP&P** Area Offices; Adoption Resource Centers; DCF Office of Licensing; Department of Labor and Workforce Development One-Stop Career Centers; School-Based Youth Services Programs; Adolescent Pregnancy and Prevention Programs; Teen Parenting Programs; private providers; sectarian providers; Federal and/or State demonstration programs; and any other provider entities, agencies or resources as appropriate.

(m)-(n) (No change.)

10:15-1.2 Definitions

The following words and terms, when used in this chapter shall have the following meanings, unless the context clearly indicates otherwise.

... "ARC" means the [DYFS] **CP&P** Adoption Resource Center.

... "Caretaker family" means the person(s) providing the substitute care setting for a protective services child(ren) identified by the [DYFS] **CP&P**, including but not limited to foster care.

... "Categories of care" means licensed health care centers, school-age child care programs, registered family child care, approved home care,

in-home care, the [DYFS] CP&P in-home care, before and/or after-school care, and summer camp.

... “Child protective services (CPS)” means services on behalf of any child, under age 19, considered at risk of abuse, neglect, or exploitation; or found to be abused, neglected, exploited or abandoned, as identified by the [DYFS] CP&P. The term, unless otherwise specified, includes services provided to children in out-of-home placements under the supervision of the [DYFS] CP&P. (CPS was formerly known as Protective Services.)

... “[DYFS] CP&P” means the Division of [Youth and Family Services] **Child Protection and Permanency** in the Department of Children and Families.

... “Eligible child” means a child who:
 1.-2. (No change.)
 3. Receives child protective services from the [DYFS] CP&P.

... “Foster home” or “foster care” means a type of out of home placement in a private family residence with a family approved by the [DYFS] CP&P or another agency, using standards established by the [DYFS] CP&P, to care for five or fewer children, or who meet the requirements of N.J.A.C. 10:122C-1.9(b) to care for more than five foster children, whose parents are unable or unwilling to provide appropriate care for them and for whose care the foster family is reimbursed.

... “Para care” is a service involving the placement of a child in a private family home by anyone other than [DYFS] CP&P, and which [DYFS] CP&P approves for payment after an approval process is completed.

SUBCHAPTER 2. ADMINISTRATIVE RESPONSIBILITIES

10:15-2.1 Department of Human Services responsibilities in child care service programs

(a) The DHS is the lead State agency responsible for child care service program delivery in the State. The DHS, through its division, the DFD and the DCF, through its division, [DYFS] CP&P, shall coordinate and supervise the administration of all child care programs and contracted child care centers funded by the TANF/CCDF and the DHS State grants and aid.

(b)-(j) (No change.)

10:15-2.2 Divisional responsibilities

(a) The DFD shall be responsible for the following activities in the administration of the DHS child care service programs:

- 1.-2. (No change.)
- 3. Collaboration with the [DYFS] CP&P in the development of policies and procedures for the child care service programs;
- 4.-12. (No change.)

10:15-2.3 [DYFS] CP&P responsibilities

(a) The coordination of the [DYFS] CP&P Area Office/Adoption Resource Center need for child care services with individual child care agencies and in-home care providers is the responsibility of staff designated by the [DYFS] CP&P Area Office Managers as the Child Care Liaisons (CCLs). An alternate liaison should be designated to back up the regular liaison.

(b) Unless the [DYFS] CP&P Area Office Manager has assigned some of these responsibilities to other individuals, the responsibilities of the CCL include:

- 1. Establishing and maintaining open lines of communication and a good working relationship between the [DYFS] CP&P Area Office, individual contracted child care agencies, and the CCR&R, including procedure for problem resolution;
- 2. Assisting in clarifying child care-related policies and procedures to the [DYFS] CP&P staff, the CCR&R and contracted child care center staff and implement the [DYFS] CP&P Area Office procedures for referral and admission;
- 3. (No change.)

4. Notifying a child care agency or the CCR&R within five working days of any change in child care status, including case transfers to other [DYFS] CP&P Area Offices, changes in the child’s placement, changes in assessed co-payments, discontinuance of child care service, and termination of the [DYFS] CP&P case;

5. Maintaining accurate records for both the [DYFS] CP&P Area Office and child care agency (that is, referral and placement of eligible CPS children and tracking of vacant contracted child care spaces held for the [DYFS] CP&P Area Office use, as notified by each child care agency);

6. Reconciling Priority 1 children as defined at N.J.A.C. 10:15-6.3(a) identified as receiving child care services on the [DYFS] CP&P client information system with information with Priority 1 children listed on the latest monthly [DYFS] CP&P/CPS voucher payment report from the CCR&R;

7. Assisting the [DYFS] CP&P Case Managers by reviewing application forms and supporting documentation to ensure proper completion prior to submittal to the child care agency or CCR&R;

8. Facilitating the [DYFS] CP&P Area Office child care referrals, placements, and intake of clients referred from a child care agency or the CCR&R, including prioritizing applications, certifying and processing the required paperwork, and, if necessary, obtaining missing required paperwork or supporting documentation (that is, employment/school/training program status or income verification); and

9. Coordinating with other liaisons from other [DYFS] CP&P Area Offices, respond to child care issues and participate in regularly scheduled child care meetings, as required.

10:15-2.4 Responsibilities and obligations of the CCR&R

(a) Each CCR&R shall:

1.-20. (No change.)

21. Establish an affiliation agreement with the [DYFS] CP&P Area Office and/or the ARC for children under the protective service supervision of the [DYFS] CP&P;

22.-38. (No change.)

10:15-2.5 Responsibilities of the DFD contracted centers

(a) The DFD contracted center shall give as much advance notice as possible to the [DYFS] CP&P CCL at the appropriate [DYFS] CP&P Area Office by telephone, facsimile or e-mail of an anticipated vacancy in a contracted space. If prior notification cannot be given, the [DYFS] CP&P CCL shall be notified within 24 hours after the agency becomes aware of an actual vacant contracted space.

(b) If the [DYFS] CP&P Area Office indicates that it has no current need for the contracted space for a CPS Priority 1 child, as defined at N.J.A.C. 10:15-6.3(a)1, the DFD contracted center shall proceed to fill the vacancy with a Priority 2 or 3 child defined at N.J.A.C. 10:15-6.3.

SUBCHAPTER 5. NEW JERSEY CARES FOR KIDS (NJCK) PROGRAM

10:15-5.2 At Risk Child Care (ARCC) eligibility

(a) (No change.)

(b) Families shall be ranked according to the following Admission Priority Codes. For initial program entry, the maximum annual gross income of the family shall not exceed 200 percent of the Federal Poverty Level (Tier A - at or below 150 percent; Tier B - between 151 percent and 175 percent; Tier C - between 176 percent and 200 percent of Federal Poverty Level). Following the initial determination, child care services may continue until the gross annual income of the family exceeds 250 percent of the Federal Poverty Level.

1.-5. (No change.)

6. “06”: Children under the [DYFS] CP&P protective service supervision who reside in their own home with their parent(s) who are employed full-time and not on WFNJ/TANF. Parent(s) must need child care services in order to accept or remain in full-time employment. Parents who are enrolled in a school or training program shall not be eligible unless they are also employed full-time. Children under the [DYFS] CP&P protective service supervision in an out-of-home placement shall not be eligible.

7. (No change.)

(c)-(e) (No change.)

10:15-5.3 Eligibility for CCDBG

(a) Families shall be eligible for CCDBG if they are in need of child care services in order to remain employed or accept full-time employment or to attend full-time educational and/or work/training programs. For initial program entry, the annual gross income of the family shall not exceed 200 percent of the Federal Poverty Level Guidelines for a family of the same size. Following the initial determination, child care services shall continue until the gross annual income of the family exceeds 250 percent of the Federal Poverty Level Guidelines, adjusted for family size. Since the priority code 8 children who come through the CCDBG/CPS funding stream represent the most severe cases of abuse/neglect, these cases only shall not be required to adhere to the 200 percent entry level requirement, but shall be ranked according to the following CCDBG Admission Priority Codes:

1. "08": Children identified by the [DYFS] CP&P as abused or neglected and in need of protective services.

i. Families who are eligible to receive a subsidy or be placed on a waiting list under this priority are as follows:

(1) [DYFS] CP&P At-Home: These families are not required to need child care services to accept or maintain employment full-time or be enrolled in a school or training program.

(2) (No change.)

ii. In both instances, in (a)1i(1) and (2) above, the CCR&R shall verify if the family is an active [DYFS] CP&P case, via the process outlined in their affiliation agreement, with the appropriate Area Office. The affiliation agreement shall address verification procedures for this population as well as the CCDBG/CPS population.

2. "09": Children in families with incomes at or below 200 percent of Federal Poverty Level for initial entry in to the program and 250 percent of the Federal Poverty Guidelines for continued eligibility and where the parent (one parent in single parent families or both parents in two parent families) works full-time who do not fall in priorities 01 through 06. The parent(s) must need child care services in order to accept or remain in full-time employment. Parents working full-time or part-time or in a full-time training or education program and who do not fall into priority 08 in (a)1 above shall not be eligible. This priority is further delineated as follows:

i. Children identified as having special needs and/or circumstances, that is, in N.J.A.C. 10:90-5.3, a child that is not under the [DYFS] CP&P supervision who has been identified through a written referral from a county welfare agency; legal, medical, or social service agency; emergency shelter; or public school which indicates that the child is from a family experiencing medical or social problems or adverse living conditions. Such children require child care arrangements to help ameliorate the situation and/or prevent the placement of the child or other family member(s) outside the home. Parents must need child care services in order to remain in full-time employment or in a full-time training/education program.

ii.-iii. (No change.)

(b)-(d) (No change.)

10:15-5.4 Eligibility for Child Protective Services (CPS) funds

(a) A child is eligible for Child Protective Services (CPS) child care services if the child is under the [DYFS] CP&P CPS supervision, including children in out of home placements supervised by the [DYFS] CP&P.

(b) Any parent and his or her child(ren), a legal guardian and his or her children, or the foster parent of a protective services child(ren) under the supervision of the [DYFS] CP&P shall be given the opportunity to apply without delay for child care services.

(c) CPS child care services shall be accessed in the following manner:

1. Eligible families shall access CPS child care services only through a referral from the [DYFS] CP&P Area Office or ARC.

2. The appropriate [DYFS] CP&P staff shall assist the applicant and the CCR&R in completing the application process after the referral is made.

3. In all cases, CPS funds shall only be used to provide voucher subsidy assistance for services provided in the following types of child care arrangements:

i.-iii. (No change.)

iv. [DYFS] CP&P in-home care.

(d) (No change.)

(e) The out-of-home placement provider for a child placed with the provider and receiving child care services through [DYFS] CP&P, as defined in N.J.A.C. 10:15-1.2, shall be exempt from the co-payment requirement. The co-payment shall be assessed for children in their own homes under the [DYFS] CP&P supervision, but may be waived or reduced on a case-by-case basis by the [DYFS] CP&P Area Office or ARC.

(f) Separate applications shall be completed for the [DYFS] CP&P foster child(ren) and for the birth child(ren) residing in the same home, when subsidized child care is needed for both.

SUBCHAPTER 6. CONTRACTED CHILD CARE CENTERS

10:15-6.1 Purpose and scope

(a)-(b) (No change.)

(c) Contracted child care centers shall be accessed in the following manner:

1. Eligible families shall access contracted child care centers through a written referral from the CCR&R, the [DYFS] CP&P or direct application to the program.

2.-3. (No change.)

10:15-6.3 Priorities for admission

(a) The three priorities specified in this section establish additional criteria for the admission of children who are eligible for subsidized child care services funded through contracts maintained by the DFD.

1. Priority 1: A child under the CPS supervision of the [DYFS] CP&P and who is identified as eligible to receive subsidized child care services as part of an approved case plan.

i. A [DYFS] CP&P case manager shall use the following criteria to determine when subsidized child care is needed:

(1) The child is living in the home of the parent(s) or legally responsible persons and the need for child care services is related to preventing neglect or abuse; rehabilitating the family; preventing a crisis or disruption in the family; preventing the need for the [DYFS] CP&P out of home placement services; or meeting identified developmental special needs of the child.

(2) The child is living in the home of individuals who are not the birth parents, but who have voluntarily assumed responsibility for the care of a child or who have legal custody of a child, and no payment is received for the maintenance of the child from the [DYFS] CP&P. The need for child care services is related to preventing a crisis or disruption in the family; preventing the need for the [DYFS] CP&P out of home placement services; meeting identified developmental special needs of the child; or to prepare for family reunification.

(3) The child is in a [DYFS] CP&P out-of-home placement or [DYFS] CP&P para care home and the need for child care services is related to sustaining the placement.

(A)-(C) (No change.)

ii.-iii. (No change.)

iv. The [DYFS] CP&P case manager or applicant is required to provide all annual family gross income and family size information requested and supporting documentation needed to verify eligibility for subsidized child care service, such as employment, education or training status, which is required for payment or reimbursement purposes and/or to meet reporting requirements mandated by State or Federal regulations. While the income of the foster parents' is not needed for determining eligibility, it is needed for Federal reporting.

v. The [DYFS] CP&P case manager or child care liaison shall notify the contracted child care center, in advance, in writing, of the closing of a CPS case of an enrolled child.

vi. Subsidized child care services may not be discontinued for a Priority 1 child after the case is closed by the [DYFS] CP&P, if there is an identifiable need for subsidized child care and the family continues to meet the income eligibility and need criteria for Priority 2 or 3, as specified in N.J.A.C. 10:15-6.4 and 6.5.

2. Priority 2: Priority placement consideration for subsidized child care services or service shall be given to a child who is not under the

child protective service supervision of the [DYFS] CP&P and who has been initially determined eligible on the basis of the annual gross family income for the family size, as indicated in Entrance Tiers A, B and C. One parent/applicant in a single parent family or both parents in two parent families shall also meet the following conditions in order for the child to be considered eligible for Priority 2 placement:

i.-iii. (No change.)

3. Priority 3: Priority placement consideration for subsidized child care service shall be given to a child who is not under the child protective service supervision of the [DYFS] CP&P and who has been initially determined eligible on the basis of the annual gross family income for the family size, as indicated in the entrance tiers that follow. One or both parents in two parent families (or the parent/applicant in a single parent family) shall:

i.-ii. (No change.)

(b) (No change.)

10:15-6.5 Siblings and children with special needs and special circumstances

(a) Within Tiers A, B and C, higher priority placement consideration shall also be given to a Priority 2 or 3 child defined in N.J.A.C. 10:15-6.4. Child care arrangements may be required to help stabilize or ameliorate the situation and/or prevent the placement of the child or other family member(s) outside the home. The conditions specified below shall be rated equally.

1.-2. (No change.)

3. A child with special circumstances is determined and identified through a written referral from the [DYFS] CP&P, DFD, CWA/BSS; legal, medical or social service agency; emergency shelter; or public school. The referral shall delineate the medical or social problem or adverse living condition of the family and specify that child care services are needed to help ameliorate the situation and/or prevent the placement of the child or other family member(s) outside of the family. Priority consideration for a child with special circumstances is limited to:

i.-iii. (No change.)

iv. Circumstances involving individuals who are not the birth parents, but who have voluntarily assumed responsibility for the care of a child or who have legal custody of a child and for whom child care services are needed. In these situations, one or more of the following conditions shall be met:

(1) The applicant(s) requesting subsidized child care on behalf of the child has voluntarily assumed responsibility for the care of a child or has legal custody and control of a child and has elected not to receive the [DYFS] CP&P foster care benefits for that dependent child or deemed not eligible for the same;

(2) Failure to obtain subsidized child care services will cause undue hardship to the family and the [DYFS] CP&P intervention and provision of a [DYFS] CP&P out-of-home maintenance payments may be required/requested for that dependent child;

(3)-(5) (No change.)

4. For foster parents requesting subsidized child care services or service for their birth children, the foster children shall not be counted in the family size nor shall the maintenance payments made by the [DYFS] CP&P be considered part of the foster parents' income.

10:15-6.9 Order of admissions

(a) For Priority 1 children, the appropriate [DYFS] CP&P Area Office shall determine the order of admission. This shall include the transfer of a Priority 1 child, who is receiving child care subsidy assistance through a voucher payment processed by the CCR&R, to a vacant contracted space.

(b) (No change.)

10:15-6.10 Waiting lists

(a)-(b) (No change.)

(c) Whenever an opening exists in a contracted space, a child may be admitted ahead of others already on the waiting list only in the following situations:

1. A Priority 1 child receiving child care subsidy assistance through the certificate voucher payment program administered by the CCR&R

shall be transferred immediately from any non-contracted space into the first available contracted space. Unless the [DYFS] CP&P Area Office determines a change in the order of Priority 1 placements, priority placement consideration shall be by the date service was first initiated and made payable through the certificate voucher program; or

2. (No change.)

10:15-6.11 Responsibilities of the child care provider agency in relation to the [DYFS] CP&P Area Office regarding notification of vacancies, referral and placement procedures

(a) The child care provider agency shall give as much advance notice as possible to the [DYFS] CP&P CCL at the appropriate [DYFS] CP&P Area Office by telephone, FAX, or e-mail of an anticipated vacancy in a contracted space. If prior notification cannot be given, the [DYFS] CP&P CCL shall be notified within 24 hours after the agency becomes aware of a vacant contracted space.

(b) If the [DYFS] CP&P Area Office indicates that it has no current need for the contracted space for a CPS Priority 1 child, as defined at N.J.A.C. 10:15-6.10(c)1, the child care agency shall proceed to fill the vacancy with a Priority 2 or 3 child defined at N.J.A.C. 10:15-6.3.

10:15-6.12 Memorandum of understanding (MOU) for CPS Priority 1 children

(a) Each contracted child care provider agency shall establish separate MOU with appropriate [DYFS] CP&P Area Office(s) located within the catchment area of the child care agency.

(b) The purpose of each MOU is to maintain and enhance a cooperative working relationship with and between the child care agency and the [DYFS] CP&P Area Office in order to:

1.-2. (No change.)

(c) The MOU with the [DYFS] CP&P Area Office shall specifically identify the procedures, including responsible persons, actions to be taken, and time frames for each agency concerning the application, referral and placement process for all clients who are under the [DYFS] CP&P/CPS supervision and for whom child care services are identified as part of an approved case plan, as well as procedures for problem resolution.

(d) (No change.)

10:15-6.13 Non-attendance by Priority 1 children

(a) Other than absences due to illness, the child care agency shall immediately notify the appropriate [DYFS] CP&P case manager by telephone, facsimile or e-mail of any unexcused/unexplained absences of a Priority 1 child exceeding three consecutive days.

(b) Copies of supporting or other correspondence between the contracted agency and the [DYFS] CP&P/CCL regarding the non-attendance of a Priority 1 child and, if applicable, problem resolution resulting in any change in child care service status, shall be maintained in the child care agency's files for program monitoring and compliance purposes.

10:15-6.15 Denial, reduction or suspension of subsidized child care services

(a) Each contracted child care center shall establish a written policy concerning denial, reduction, suspension, and termination of service, which includes time frames. The contracted child care center shall implement the policy in a uniform and consistent manner. Such action shall be well documented. In addition to specific policies, such policy, at a minimum, shall include the following provisions:

1. Priority 1 children shall not have their subsidized services terminated until the referring [DYFS] CP&P Area Office has been notified, alternate child care arrangements have been made, and the termination has been approved by the [DYFS] CP&P case manager in writing to the DFD contracted child care center.

2.-4. (No change.)

(b)-(d) (No change.)

SUBCHAPTER 9. CO-PAYMENTS

10:15-9.1 Co-payment

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

(e) A family shall be excluded from the co-payment requirement in the CCDBG/CPS program when the child is identified as a CPS Priority 1 child in a [DYFS] CP&P paid out of home placement. Such cases involve children in foster care and adoption services, including children in pre-adoptive homes, children under the guardianship of the [DYFS] CP&P, and children voluntarily surrendered to the [DYFS] CP&P. The [DYFS] CP&P board payment shall not be considered income; therefore, the payment amount shall be \$0.00.

(f) In the event that protective child care services are deemed necessary as part of a case plan for a CPS Priority 1 child who is residing in his or her own home with his own parent(s) or who resides with a related or unrelated para care provider, the amount of the family's co-payment is determined on the basis of the family's annual gross income, family size, number of children receiving care (up to two per family), and the number of hours of service (that is, full-time and/or part-time care) provided to the children. Gross annual income and family size shall be calculated based upon the criteria in N.J.A.C. 10:15-9.2(a). The [DYFS] CP&P case manager shall have the authority to decrease or waive the co-pay on a case by case basis.

(g) For families receiving child care services for their own children and who also provide foster care for [DYFS] CP&P:

1. (No change.)

2. The family's size shall exclude any foster children in the [DYFS] CP&P -paid placement.

(h)-(j) (No change.)

(k) Once assessed, the total co-payment is deducted from the amount to be paid by the CCR&R to the provider(s) rendering services to the family (N.J.A.C. 10:15-9.3). This assessed co-payment for child care services is then paid directly by the parent/applicant to the provider of care. In NJCK and TCC, any remaining balance of the cost of care, up to the maximum rates established by the DHS is paid by the CCR&R. The child care co-payment policy and procedures are applicable for all types of care arrangements available through the child care service programs including:

1.-3. (No change.)

4. Summer camps which are approved by the Department of Health [and Senior Services] (see N.J.A.C. 8:25).

(l)-(m) (No change.)

10:15-9.3 Termination resulting from non-compliance of co-payment requirements

(a) (No change.)

(b) Child care services for child protective services children, including foster care children identified by the [DYFS] CP&P, shall not be terminated until the referring [DYFS] CP&P Area Office or Adoption Resource Center has been notified whenever possible and an alternate plan identified.

(c)-(k) (No change.)

SUBCHAPTER 10. PAYMENT POLICIES AND MAXIMUM REIMBURSEMENT RATES

10:15-10.1 Payment policies

(a)-(b) (No change.)

(c) The maximum child care payment rates are set forth in the Table below for the ARCC, CCDBG, WFNJ, and TCC programs and contracted centers. Providers are eligible for increased payments if they verify receipt of a national accreditation for child care by providing a copy of their accreditation certificate to the CCR&R and whose rates reflect this higher reimbursement rate. For contracted centers, verification of accreditation shall also be provided to the DFD Contract Administrators. The maximum child care payment rates utilized in the DHS child care service programs are set forth below. Copies are available through a written request to the New Jersey Department of Human Services, Division of Family Development, [P.O.] PO Box 716, Trenton, NJ 08625, the local [DYFS] CP&P Area Office, a CCR&R or through the DHS/DFD child care web site. The Maximum Child Care Payment Rates Table includes the maximum payment rates allowable through the WFNJ, the TCC support services programs and the NJCK Child Care Voucher Program for licensed child care centers, school-age programs, summer day camps, registered family child care provider

homes and for approved homes. The table also includes the maximum reimbursement rates allowable through the WFNJ, the TCC support services programs and the NJCK Child Care Voucher Program for accredited licensed child care centers, school age programs, summer day camps and registered family child care homes. The 2009 Maximum Child Care Program Rates table follows:

(No change in table.)

(d)-(f) (No change.)

10:15-10.2 Provider requirements

(a) To qualify for child care payments, a child care center or program shall meet the following requirements (see also N.J.A.C. 10:90-5.2 and 5.3):

1.-2. (No change.)

3. Summer camps shall be approved by the New Jersey Department of Health [and Senior Services] pursuant to N.J.S.A. 26:12-1 et seq., and N.J.A.C. 8:25.

4. (No change.)

(b) Providers who are not registered under (a) above shall be approved by the DHS in order to qualify for payment through any child care service program. Unregulated relatives, friends or neighbors shall be eligible for approved home status.

1. The minimum requirements for approval of the home are an inspection of the home using the Self-Arranged Care Inspection and Interview Checklist (see N.J.A.C. 10:15-2.4(a)10), an interview with the provider and family members, and a child abuse record information check completed for all prospective approved home providers and all household members of the home 14 years of age and older conducted by the Department of Children and Families as follows:

i.-vi. (No change.)

vii. The CCR&R shall also give notice in writing, by certified or registered mail, to the individual with a substantiated incident. The notice shall afford the individual with a substantiated incident the opportunity to be heard, if they have not previously done so, through a referral to the [DYFS] CP&P Regional Administrative Review Officer, as appropriate, to appeal the results of the CARI background check within 20 days of receiving the notice.

viii. If the individual with a substantiated incident is not satisfied with the decision of the [DYFS] CP&P Regional Administrative Review Officer, the individual with a substantiated incident may appeal the decision to the Office of Administrative Law (OAL) for an administrative hearing. The hearing shall be conducted in accordance with the "Administrative Procedure Act," P.L. 1968, [c.410] c. 410 (N.J.S.A. 52:14B-1 et seq.) and the Uniform Administrative Procedure Rules, N.J.A.C. 1:1.

ix.-x. (No change.)

2. (No change.)

(c) Providers of in-home care for non-CPS children, that is, care of a child in the child's own home, shall be evaluated using the Self-Arranged Care Inspection and Interview Checklist and a child abuse record information check completed for all prospective in-home providers and all household members of the home 14 years of age and older conducted by the Department of Children and Families, as specified in (b)1 above, in order to qualify for payment through the child care service programs. Providers of in-home care for CPS children shall be approved by [DYFS] CP&P.

(d)-(e) (No change.)