

season pending amendments to the chapter which the Department intends to publish after the close of the 2023 camp season.

By the authority vested in him pursuant to N.J.S.A. 52:14B-5.1.d(1), Governor Phillip D. Murphy, on May 25, 2023, directed that the expiration date be extended for N.J.A.C. 8:25, for a period of 12 months, from June 9, 2023, to June 9, 2024.

HUMAN SERVICES

(a)

DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

Rehabilitative Services for Children

Readoption with Amendments: N.J.A.C. 10:77

Proposed: January 17, 2023, at 55 N.J.R. 87(a).

Adopted: May 22, 2023, by Sarah Adelman, Commissioner, Department of Human Services.

Filed: May 23, 2023, as R.2023 d.078, **without change**.

Authority: N.J.S.A. 30:4D-1 et seq., and 30:4J-8 et seq.

Agency Control Number: 22-A-03.

Effective Dates: May 23, 2023, Readoption;
June 19, 2023, Amendments.

Expiration Date: May 23, 2030.

Summary of Public Comment and Agency Response:
No comments were received.

Federal Standards Statement

Sections 1902(a)(10) and 1905(a)(13) of the Social Security Act (the Act), 42 U.S.C. §§ 1396a(a)(10) and 1396d(a)(13), respectively, allow a state Medicaid program to offer other diagnostic, screening, prevention, and rehabilitation services, including any services recommended by a physician or other licensed practitioner of the healing arts within the scope of their practice under state law, for the maximum reduction of physical or mental disability and restoration of an individual to the best possible level of functioning.

Title XXI of the Social Security Act contains broad guidelines to allow a state to provide coverage of a variety of health services under a state-operated children's health insurance program (known in New Jersey as NJ FamilyCare) for targeted, low-income children and expects the state to adopt regulations in order to assure the quality of services. Section 2101 of the Act (42 U.S.C. § 1397aa) provides funds to a state to administer the program in an effective and efficient manner. Sections 2103 and 2110 of the Social Security Act (42 U.S.C. §§ 1397cc and 1397jj, respectively) define the scope of coverage to be provided and provides definitions of allowable services, including rehabilitative and mental health services.

The Federal regulations at 42 CFR 440.130 define rehabilitative services as any medical or remedial services recommended by a physician or other licensed practitioner of the healing arts, within the scope of his or her practice pursuant to state law, for maximum reduction of physical or mental disability and restoration of a patient to his or her best possible functional level.

Federal regulations at 45 CFR 162.402 through 162.414 require the use of standard unique health identifiers for healthcare providers.

The Department has reviewed the Federal statutory and regulatory requirements and has determined the rules readopted with amendments does not exceed Federal standards. Therefore, a Federal standards analysis is not required.

Full text of the readopted rules can be found in the New Jersey Administrative Code at N.J.A.C. 10:77.

Full text of the adopted amendments follows:

SUBCHAPTER 1. GENERAL PROVISIONS

10:77-1.1 Purpose and scope

(a) This chapter is concerned with the provision of, and reimbursement for, medically necessary Medicaid/NJ FamilyCare fee-for-service covered rehabilitative services, specifically, environmental lead inspection and hazard assessment services and mental health rehabilitation services for children, youth, and young adults, in accordance with the New Jersey Medicaid/NJ FamilyCare fee-for-service program rules, including those mental health rehabilitation services provided under the auspices of the Department of Children and Families' (DCF) Children's System of Care (CSOC).

(b) Medically necessary services shall meet all applicable State and Federal Medicaid and State Children's Health Insurance Program (SCHIP) laws, and all applicable rules as specified in the appropriate provider services manual of the New Jersey Medicaid/NJ FamilyCare program. The SCHIP program in New Jersey is known as NJ FamilyCare.

(c) The chapter is divided into seven subchapters and an appendix, as follows:

1. (No change.)

2. N.J.A.C. 10:77-2 contains definitions, provisions for provider participation, basis for reimbursement, policies and procedures, and recordkeeping requirements pertaining to the specific Medicaid/NJ FamilyCare-Plan A-covered rehabilitative service: environmental lead inspection service;

3.-5. (No change.)

6. N.J.A.C. 10:77-6 contains the definitions, provisions for provider participation, basis for reimbursement, policies and procedures, and recordkeeping requirements pertaining to the specific Medicaid/NJ FamilyCare-Plan A-covered mobile response and stabilization management services for children; available to children, youth, or young adults who are Medicaid/NJ FamilyCare beneficiaries or children, youth, or young adults who are ineligible for Medicaid/NJ FamilyCare but are receiving mental health rehabilitation services under DCF/CSOC.

7.-8. (No change.)

10:77-1.2 General definitions

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

...

"Joint Commission" means the organization that evaluates and accredits health care organizations and programs in the United States. Information about the Joint Commission can be obtained from: Joint Committee on Accreditation of Healthcare Organizations, One Renaissance Blvd., Oakbrook Terrace, IL 60181; telephone (630) 792-5800; and on the web at <https://www.jointcommission.org/>.

"National Plan and Provider Enumerations System (NPPES)" means the system that assigns a provider a National Provider Identifier (NPI) number, maintains and updates information about health care providers with NPIs, and disseminates the NPI Registry and NPPES downloadable file. The NPI Registry is an online query system that allows users to search for a health care provider's information.

"National Provider Identifier (NPI)" means a unique 10-digit identification number issued to health care providers by the Centers for Medicare and Medicaid Services (CMS).

...

"Taxonomy code" means a code that describes the provider or organization's type, classification, and the area of specialization.

...

SUBCHAPTER 2. ENVIRONMENTAL LEAD INTERVENTION SERVICES

10:77-2.1 Scope of services

This subchapter describes the New Jersey Medicaid/NJ FamilyCare program's provisions specifically pertaining to environmental lead inspection/hazard assessment services.

10:77-2.2 Environmental lead intervention service definitions

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

“Certified lead inspector/risk assessor” means one who is hired or contracted by the local board of health and who has completed a lead inspector/risk assessor training course approved by the New Jersey Department of Health and holds a valid inspector/risk assessor permit to perform inspections and conduct risk assessments as defined at N.J.A.C. 8:62-2.1.

“Environmental intervention” means the same as that term is defined at N.J.A.C. 8:51-1.4.

“Environmental lead inspection service or hazard assessment” means conducting a comprehensive assessment of “hazard assessment,” pursuant to N.J.A.C. 8:51-1.4, by a certified lead inspector/risk assessor in order to identify lead hazards in the primary residence of a child who is a Medicaid/NJ FamilyCare beneficiary and who is determined to have an EBL.

“Lead hazard” means any condition that allows access or exposure to lead, in any form, to the extent that adverse human health effects are possible (N.J.A.C. 8:51-1.4)

“Local board or local board of health” means any local board of health, as established pursuant to N.J.S.A. 26:1A-1, and as defined at N.J.A.C. 8:51-1.4 and 8:62-2.1.

“Screening” means the taking of a blood sample from an asymptomatic child, and its analysis by a medical laboratory licensed in accordance with N.J.A.C. 8:44, to determine if the child has elevated blood lead level, as defined at N.J.A.C. 8:51A-1.4.

10:77-2.3 Provider participation requirements

(a) Requirements for a provider to participate in environmental lead inspection or hazard assessment services shall be as follows:

1. An applicant shall be a local board of health;
2. Each local board of health shall enroll and be approved by the New Jersey Medicaid/NJ FamilyCare programs specifically for reimbursement for this service, including local boards of health previously approved as Medicaid/NJ FamilyCare independent clinic providers;
3. A local board of health not previously approved as a Medicaid/NJ FamilyCare independent clinic provider but wishing to enroll as a Medicaid/NJ FamilyCare-participating provider for environmental lead intervention services shall complete and submit a provider application packet pursuant to N.J.A.C. 10:49-3.2.
 - i. The completed application packet shall be submitted to:
Gainwell Technologies
Provider Enrollment
PO Box 4804
Trenton, New Jersey 08650;
 - ii. A provider application can be requested by calling 1-800-776-6334 or downloaded at www.njmms.com; and
 - iii. (No change in text.)
4. A local board of health previously approved as a Medicaid/NJ FamilyCare independent clinic provider or a local board of health previously issued a provider number but requiring reactivation of its provider number, wishing to perform environmental lead inspection or hazard assessment services needs only to submit a request on local board of health letterhead to:

Division of Medical Assistance and Health Services
Office of Provider Enrollment
Mail Code #9
PO Box 712
Trenton, New Jersey 08625-0712;

5. Upon approval as a Medicaid/NJ FamilyCare provider, the local board of health shall conform to applicable State and Federal laws, rules and regulations, including, but not limited to, N.J.A.C. 10:49 and this chapter; and

6. In order to participate in the New Jersey Medicaid/NJ FamilyCare Program, a local board of health provider shall:

- i. Have a valid National Provider Identifier (NPI) number obtained from the National Plan and Provider Enumeration System (NPPES);
- ii. Have a valid taxonomy code obtained from the NPPES; and
- iii. Remain a provider in good standing by successfully completing provider revalidation, when requested by DMAHS.

10:77-2.4 Environmental lead intervention services

(a) All Medicaid/NJ FamilyCare-Plan A beneficiaries up to 72 months of age and older children who are considered as “high risk” for lead poisoning, shall be screened for such through venous or capillary blood tests.

1. Pursuant to N.J.A.C. 8:44-2.11, clinical laboratories are required to report to the New Jersey Department of Health (DOH) the results of all lead screenings;

2. The DOH, in turn, will notify the appropriate local board of health of the need to conduct an environmental lead inspection service or hazard assessment of the child’s primary residence;

3. The local board of health shall have a certified lead inspector/risk assessor conduct an environmental lead inspection service or hazard assessment of the Medicaid/NJ FamilyCare-Plan A beneficiary’s primary residence in order to locate existing lead hazards.

(b) When the initial environmental lead inspection service or hazard assessment of the child’s primary residence results in a recommendation for abatement, as defined at N.J.A.C. 8:51-1.4, a reinspection to determine if the lead hazard has been eliminated may be reimbursed.

1.-2. (No change.)

10:77-2.5 Basis for reimbursement

(a) The reimbursement for rehabilitative service-environmental lead inspection or hazard assessment service shall be based on the provider’s usual and customary charge or the maximum fee allowance at N.J.A.C. 10:77-7.2(a), whichever is less.

(b) To be reimbursable as a rehabilitative service, the local board of health’s environmental lead inspection or hazard assessment service shall meet the following conditions:

1. The service shall be provided by the local boards of health and performed by a DOH certified lead inspector/risk assessor;
2. The service shall be provided in the primary residences of Medicaid/NJ FamilyCare-Plan A beneficiaries who are children identified as having EBLs. The purpose of the environmental lead inspection or hazard inspection is to identify the source(s) of lead contamination; and
3. The environmental lead inspection or hazard inspection shall include tests performed by the certified lead inspector/risk assessor designed to locate lead hazards.

i. Laboratory testing and analysis of substances, such as water and paint, shall not be included as reimbursable environmental lead inspection or hazard assessment services.

(c) Only claims for Medicaid/NJ FamilyCare-Plan A-eligible individuals referred through the Department of Health to the local boards of health can be considered for reimbursement by the Medicaid/NJ FamilyCare program.

1. The provider shall request the beneficiary’s Medicaid/NJ FamilyCare-Plan A Health Benefits Identification (HBID) Card and verify Medicaid/NJ FamilyCare-Plan A eligibility for the date of service before submitting a claim to the Medicaid/NJ FamilyCare program. For additional information regarding verification of beneficiary eligibility, refer to N.J.A.C. 10:49-2.11.

(d) A claim for environmental lead inspection shall be submitted on a CMS 1500 claim form to Gainwell Technologies, the Medicaid/NJ FamilyCare fiscal agent at the following address:

Gainwell Technologies
PO Box 4808
Trenton, New Jersey 08650-4808

1. (No change.)

2. Upon receipt of the CMS 1500 claim form, the Medicaid/NJ FamilyCare fiscal agent will process the claim and reimburse the local board of health the Federal share (50 percent for Medicaid and 65 percent for certain NJ FamilyCare-Plan A beneficiaries) of the amount approved by Medicaid/NJ FamilyCare (N.J.A.C. 10:77-7), the remaining cost of this mandated service, as specified at N.J.A.C. 8:51, shall be the responsibility of the local board of health.

10:77-2.6 Recordkeeping

(a) All local boards of health shall keep such legible records as are necessary to fully disclose the specific services provided; as well as the necessity for such services; and the place, date, and time the services were provided; and all documentation required pursuant to N.J.A.C. 8:51.

(b) (No change in text.)

SUBCHAPTER 3. RESIDENTIAL MENTAL HEALTH REHABILITATION SERVICES

10:77-3.2 Definitions

The following words and terms, as used in this subchapter, shall have the following meanings, unless the context clearly indicates otherwise:

“Children’s group homes” means facilities licensed by the Department of Children and Families and that meet the requirements at N.J.A.C. 3A:56, and provide mental health rehabilitation services.

“Contract pricing” means each facility shall have an individual rate based on the rate in the contract negotiated by either the Division of Mental Health and Addiction Services within the Department of Human Services or the Division of Children’s System of Care within the Department of Children and Families.

“Psychiatric community residences for youth” means facilities licensed by the Department of Children and Families in accordance with N.J.A.C. 3A:56 that provide mental health rehabilitation services.

“Residential child care facilities” means facilities licensed by the Department of Children and Families in accordance with N.J.A.C. 3A:56 that provide mental health rehabilitation services.

10:77-3.3 Provider participation requirements

(a) Requirements for participation as a mental health rehabilitation provider shall be as follows:

1. An applicant shall be licensed by the Department of Children and Families in accordance with N.J.A.C. 3A:55 or 3A:56 and shall provide mental health rehabilitation services.

2. A psychiatric community residence for youth or any other provider that is not enrolled as a provider of mental health personal care services by the Department of Children and Families in accordance with N.J.A.C. 3A:55 or 3A:56, shall enroll as a mental health rehabilitation provider.

3.-4. (No change.)

5. In order to participate in the New Jersey Medicaid/NJ FamilyCare Program, a provider shall:

- i. Have a valid National Provider Identifier (NPI) number obtained from the National Plan and Provider Enumeration System (NPPES);
- ii. Have a valid taxonomy code obtained from the NPPES; and
- iii. Remain a provider in good standing by successfully completing provider revalidation, when requested by DMAHS.

10:77-3.5 Mental health rehabilitation services for youth

(a) Mental health rehabilitation services for youth shall include the psychiatric and psychological services, including emotional and/or behavioral treatment, drug and alcohol dependency treatment, psychiatric treatment, psychotherapy, and related nursing services, provided by the mental health rehabilitation provider.

1. All services shall meet the requirements specific to provider type as defined at N.J.A.C. 3A:55, Manual of Requirements for Residential Childcare Facilities, and 3A:56, Manual of Requirements for Children’s Group Homes.

2.-4. (No change.)

10:77-3.7 Temporary absences from the facility

(a) Temporary absence for the purpose of therapeutic or hospital leave shall be approved by the child, youth, or young adult’s treatment team and included in the plan of care developed by the facility in accordance with N.J.A.C. 3A:55, Manual of Requirements for Residential Childcare Facilities, and 3A:56, Manual of Requirements for Children’s Group Homes, this chapter, and any applicable rules of the Department of Children and Families.

(b)-(c) (No change.)

10:77-3.10 Collaboration with mobile response agencies

(a) As part of an individual crisis stabilization plan (see N.J.A.C. 10:77-6) a mobile response agency may contact a non-Joint Commission accredited psychiatric community residence for youth, group home, or residential childcare facility to place a child, youth, or young adult

receiving mobile response and/or stabilization management services for a period of up to seven days.

(b)-(c) (No change.)

SUBCHAPTER 4. BEHAVIORAL ASSISTANCE SERVICES

10:77-4.3 Provider participation

(a) Providers of behavioral assistance services shall be providers that are licensed in New Jersey to provide medical/mental health services, a medical/mental health practice, or other service provider that includes the appropriate licensed practitioners who can provide, or supervise the provision of, services. Examples of provider agencies include, but are not limited to, acute care or psychiatric hospitals, Joint Commission-accredited residential treatment centers, licensed group homes, or child care residential providers, psychiatric community residences for youth, home health agencies, mental health clinics, or any other licensed clinic, Federally Qualified Health Centers, or other entities licensed by a New Jersey government agency to provide physical or mental/behavioral health services in New Jersey.

(b) Individual group practices or other individual service provider entities rendering behavioral assistance services shall employ at least one of the following licensed practitioners who can provide the services directly or supervise the provision of services:

1.-4. (No change.)

5. A professional licensed in accordance with the Board of Marriage and Family Therapy Examiners (N.J.A.C. 13:34) including, but not limited to:

i.-iii. (No change.)

iv. A Rehabilitation Counselor (N.J.A.C. 13:34-21).

(c)-(j) (No change.)

(k) In order to participate in the New Jersey Medicaid/NJ FamilyCare Program, a provider shall:

1. Have a valid National Provider Identifier (NPI) number obtained from the National Plan and Provider Enumeration System (NPPES);
2. Have a valid taxonomy code obtained from the NPPES; and
3. Remain a provider in good standing by successfully completing provider revalidation, when requested by DMAHS.

10:77-4.6 Program description

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

(h) Behavioral assistance services shall be delivered in community-based, clinically appropriate settings that are convenient to the child or youth and his or her family. These services shall not be provided in an office setting, hospital, or Joint Commission-accredited residential treatment center.

1.-2. (No change.)

3. Behavioral assistance services shall not be provided to a child, youth, or young adult who is in a Joint Commission-accredited residential treatment center (see N.J.A.C. 10:75).

i. Behavioral assistance services shall only be rendered to a child, youth, or young adult who resides in a Joint Commission-accredited residential treatment center while the child is on an approved therapeutic leave from the facility. Behavioral assistance services shall not be provided on-site in a Joint Commission-accredited residential treatment center.

4. Behavioral assistance services should not, and are not normally, provided to children, youth, or young adults in other residential mental health rehabilitation facilities, including, but not limited to, group homes, psychiatric community residences for youth, and residential child care centers (see N.J.A.C. 10:77-3) if the residential reimbursement includes these services. However, there may be exceptional circumstances in which these services are clinically required to help support the facility to admit the child into their program. These services are intended to be short-term and shall be clinically justified by the provider or the care management entity and prior authorized by the contracted system administrator.

i. (No change.)

10:77-4.9 Staffing requirements

(a)-(c) (No change.)

(d) The agency, group practice, or other service provider entity must ensure that the evaluation of identified behavior(s) that includes

recommendations for specific interventions with definable outcomes and strategies is provided in accordance with the requirements at N.J.A.C. 10:77-4.7.

(e)-(g) (No change.)

(h) Agencies, group practices, and other service providers providing behavioral assistance services shall adopt a policy requiring that any changes to an employee's driving or clinical license status be reported by the employee to the provider immediately.

10:77-4.11 Reimbursement

(a)-(c) (No change.)

(d) A unit of service shall be defined as 15 consecutive minutes of face-to-face services provided to an individual. Non-consecutive shorter time periods may not be added together to total 15 minutes.

1. Time spent providing behavioral assistance services to a beneficiary while being transported shall be included in the units of service if a staff member is not the driver, but provides the therapeutic service while in the vehicle.

2.-4. (No change.)

(e)-(h) (No change.)

10:77-4.12 Required records for each beneficiary

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

(c) Providers shall maintain any information required by the Department of Human Services, Children and Families, the designee of either Department, the contracted system administrator, or the care management organization for services rendered to a child receiving DCF services, including, but not limited to, the outcome measures listed at N.J.A.C. 10:77-4.10.

(d)-(g) (No change.)

SUBCHAPTER 5. INTENSIVE IN-COMMUNITY MENTAL HEALTH REHABILITATION SERVICES

10:77-5.3 Provider participation requirements

(a) Providers of intensive in-community mental health rehabilitation services shall be providers that are licensed in New Jersey to provide medical/mental health services or a medical/mental health practice or other agency that includes the appropriate licensed practitioners who can provide, or supervise the provision of, services. Examples of appropriate provider agencies, include, but are not limited to:

1. (No change.)

2. Joint Commission-accredited residential treatment centers (see N.J.A.C. 10:77-5.6(f));

3.-8. (No change.)

(b) Provider entities rendering intensive in-community mental health rehabilitation services shall employ at least one of the following practitioners licensed in accordance with the following specified rules:

1.-4. (No change.)

5. A professional licensed in accordance with the Board of Marriage and Family Therapy Examiners (N.J.A.C. 13:34) including, but not limited to:

i.-iii. (No change.)

iv. A rehabilitation counselor (N.J.A.C. 13:34-21).

(c)-(m) (No change.)

(n) In order to participate in the New Jersey Medicaid/NJ FamilyCare Program, a provider shall:

1. Have a valid National Provider Identifier (NPI) number obtained from the National Plan and Provider Enumeration System (NPPES);

2. Have a valid taxonomy code obtained from the NPPES; and

3. Remain a provider in good standing by successfully completing a provider revalidation, when requested by DMAHS.

10:77-5.6 General program description

(a)-(e) (No change.)

(f) Intensive in-community mental health rehabilitation services shall be delivered in community-based, clinically appropriate settings that are convenient to the child or youth and his or her family. Intensive in-community mental health rehabilitation services shall be available on a 24-hour basis, seven days per week. These outreach services shall not be

provided in an office setting, hospital, or Joint Commission-accredited residential treatment center, nor should they supplant existing services.

1.-2. (No change.)

3. Intensive in-community mental health rehabilitation services cannot be provided to a child, youth, or young adult who is in a Joint Commission-accredited residential treatment center (see N.J.A.C. 10:75).

i. Intensive in-community mental health rehabilitation services can be rendered to a child, youth, or young adult who resides in a Joint Commission-accredited residential treatment center only while the child is on an approved therapeutic leave from the facility; services cannot be provided on-site.

4. (No change.)

(g) (No change.)

10:77-5.9 Staff requirements

(a)-(f) (No change.)

(g) Agencies, group practices, and other service providers providing behavioral assistance services shall adopt a policy requiring that any changes to an employee's driving or clinical license status be reported by the employee to the provider immediately.

10:77-5.11 Reimbursement

(a)-(c) (No change.)

(d) A unit of service shall be defined as 15 minutes of face-to-face therapeutic services provided to an individual. Non-consecutive shorter time periods may not be added together to total 15 minutes.

1. Time spent providing intensive in-community services to a beneficiary while being transported shall be included in the units of service if a staff member is not the driver but provides the therapeutic service while in the vehicle. Travel time to and from the location of beneficiary contact shall not be included in the units of service.

2. (No change.)

(e)-(i) (No change.)

10:77-5.12 Recordkeeping; beneficiary information

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

(c) Providers shall make the records described at (a) and (b) above available to the Department of Human Services, the Division of Medical Assistance and Health Services, the Division of Mental Health and Addiction Services, the Department of Children and Families, the Children's System of Care, the contracted system administrator, or other authorized State agents, as requested.

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

10:77-5.14 General provider recordkeeping requirements

(a) (No change.)

(b) For licensed clinical staff members of the agency, the following information shall be maintained:

1. (No change.)

2. Updates or changes regarding all information required at (b)1 above. All such updates shall be forwarded to DHS and DCF by the provider within 10 days of receipt of the updated information. Updated information shall include, but not be limited to, additional continuing education units obtained, change of name and/or address, any action against licensure, and any criminal charges.

(c)-(d) (No change.)

SUBCHAPTER 6. MOBILE RESPONSE AND STABILIZATION MANAGEMENT SERVICES

10:77-6.3 Provider participation requirements

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

(h) In order to participate in the New Jersey Medicaid/NJ FamilyCare Program, a provider shall:

1. Have a valid National Provider Identifier (NPI) number obtained from the National Plan and Provider Enumeration System (NPPES);

2. Have a valid taxonomy code obtained from the NPPES; and

3. Remain a provider in good standing by successfully completing provider revalidation, when requested by DMAHS.

HUMAN SERVICES

ADOPTIONS

10:77-6.7 Mobile crisis response services; program description and agency responsibilities

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

(c) Mobile response services shall be available 24 hours a day, seven days a week, and shall be rendered by a mobile response team wherever the need presents, including, but not limited to, the child’s home, other living arrangement, or other location in the community.

1. Mobile response services shall not be eligible for reimbursement if provided in an acute care hospital, a Joint Commission-accredited inpatient psychiatric hospital, or other Joint Commission-accredited residential facility, although an initial referral to a mobile response agency may be made prior to the child’s discharge from the facility.

i. If the mobile response agency receives a referral for a child in an acute care hospital, a Joint Commission-accredited inpatient psychiatric hospital, or other Joint Commission-accredited residential facility, the 72-hour timetable shall begin upon referral. The first date of service on the claim shall be the date the child is discharged from the facility, with the last date indicating the end of the 72-hour period of service. Providers will receive reimbursement for one unit of service, which may cover less than 72 hours of service provided to the child outside the residential facility.

2. (No change.)

(d) (No change.)

10:77-6.12 General provider recordkeeping requirements

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

(e) Mobile response agencies shall adopt a policy requiring that any changes to an employee’s driving or clinical license status be reported by the employee to the provider immediately.

SUBCHAPTER 7. CENTERS FOR MEDICARE & MEDICAID SERVICES’ HEALTHCARE COMMON PROCEDURE CODING SYSTEM (HCPCS)

10:77-7.2 HCPCS procedure code numbers and maximum fee allowance schedule

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

(c) Behavioral Assistance Services Codes:

	HCPCS			Maximum Fee
<u>IND</u>	<u>Code</u>	<u>MOD</u>	<u>Procedure Code Definition</u>	<u>Allowance</u>
P	H2014	TJ	Individual behavioral assistance services. (15-minute unit of service)	\$18.19/unit
P	H2014	TJ UN	Group behavioral assistance services. Services are limited to those provided directly to, or in support of, two children/youth or young adults. (15-minute unit of service)	\$11.10/unit per child
P	H2014	TJ UP	Group behavioral assistance services. Services are limited to those provided directly to or in support of three children/youth or young adults. (15-minute unit of service)	\$30.83/unit per child

(d) Mobile response and stabilization management services codes:

	HCPCS			Maximum Fee
<u>IND</u>	<u>Code</u>	<u>MOD</u>	<u>Procedure Code Definition</u>	<u>Allowance</u>
P	S9485	TJ	Mobile Response—Initial (one unit of service per episode, not to exceed 72 hours, spanning up to four days)	\$1,320 per unit of service
P	H0032	TJ	Mobile Response—Care Coordination and Stabilization Plan (15 minute units of service, not to exceed a total of 64 units or 16 hours, up to eight weeks as authorized weekly)	\$8.40 per unit of service

(e) Intensive in-community mental health rehabilitation services:

	HCPCS			Maximum Fee
<u>IND</u>	<u>Code</u>	<u>MOD 1 & 2</u>	<u>Procedure Code Definition</u>	<u>Allowance</u>
...				
P	H0036	TJ U2	Professional service level (intensive in-community services delivered by, at a minimum, a master’s level direct care provider) Individual, 15-minute unit of service	\$28.74 per unit of service. (\$114.96 per hour)
...				
P	H0036	TJ U1	Clinical level services(intensive in-community services delivered by a licensed behavioral health care practitioner) Individual, 15-minute unit of service	\$30.83 per unit of service (\$123.32 per hour)
P	H0036	U1 UN	Clinical level services (intensive in-community services delivered by a licensed behavioral healthcare practitioner) Group services provided directly to, or in support of, two children, youth or young adults, 15-minute unit of service.	\$20.17/unit per child
P	H0036	U2 UN	Professional service level (intensive in-community services delivered by, at a minimum, a master's level direct care provider) Group services provided directly to, or in support of, two children, youth, or young adults, 15-minute unit of service	\$18.45/unit per child

	HCPCS MOD		Maximum Fee
<u>IND Code</u>	<u>1 & 2</u>	<u>Procedure Code Definition</u>	<u>Allowance</u>
P	H0036	U1 UP Clinical level services (intensive in-community services delivered by a licensed behavioral healthcare practitioner) Group services provided directly to, or in support of, three children, youth, or young adults, 15-minute unit of service.	\$17.45/unit per child
P	H0036	U2 UP Professional service level (intensive in-community services delivered by, at a minimum, a master's level direct care provider) Group services provided directly to, or in support of, three children, youth, or young adults, 15-minute unit of services	\$15.02/unit per child

APPENDIX

FISCAL AGENT BILLING SUPPLEMENT

AGENCY NOTE: The Fiscal Agent Billing Supplement is appended as a part of this chapter but is not reproduced in the New Jersey Administrative Code. The Fiscal Agent Billing Supplement can be downloaded free of charge from: www.njmms.com. When revisions are made to the Fiscal Agent Billing Supplement, a revised version will be posted on the njmms website and copies will be filed with the Office of Administrative Law.

If you do not have access to the Internet and require a copy of the Fiscal Agent Billing Supplement, write to:
 Gainwell Technologies
 PO Box 4801
 Trenton, New Jersey 08650-4801
 or contact:
 Office of Administrative Law
 Quakerbridge Plaza, Bldg. 9
 PO Box 049
 Trenton, New Jersey 08625-004

CORRECTIONS

(a)

THE COMMISSIONER

Notice of Extension of Chapter Expiration Date Residential Community Programs N.J.A.C. 10A:20

Take notice that the Commissioner of the New Jersey Department of Corrections ("Department") informed Governor Phillip D. Murphy that the rules entitled Residential Community Programs, N.J.A.C. 10A:20, were scheduled to expire on December 7, 2022, pursuant to N.J.S.A. 52:14B-5.1(b); were extended 180 days to the timely filing of a Notice of Proposed Readoption with Amendments pursuant to N.J.S.A. 52:14B-5.1(c)(2); and are currently set to expire on June 5, 2023.

The Department is presently undertaking a rulemaking published elsewhere in this issue of the New Jersey Register at 55 N.J.R. 1251(a) that will make several changes to N.J.A.C. 10A:20. These changes would expand program services to incarcerated persons, focus on increasing success and reintegration upon release, and improve opportunities to reduce recidivism. As these changes will not be adopted before the chapter expires, the Commissioner of the Department, in consultation with the

Office of Community Programs and Reintegration, has requested an extension to the chapter in order to continue the existing provisions pending the adoption of the updated chapter.

By the authority vested in him pursuant to N.J.S.A. 52:14B-5.1.d(1), Governor Phillip D. Murphy, on May 25, 2023, directed that the expiration date be extended for N.J.A.C. 10A:20, for a period of 12 months, from June 5, 2023, to June 5, 2024.

INSURANCE

(b)

**DEPARTMENT OF BANKING AND INSURANCE
 DIVISION OF INSURANCE**

Producer Licensing

Adopted Amendment: N.J.A.C. 11:17-3.6

Proposed: August 15, 2022, at 54 N.J.R. 1575(a).

Adopted: May 16, 2023, by Marlene Caride, Commissioner, Department of Banking and Insurance.

Filed: May 16, 2023, as R.2023 d.075, **without change**.

Authority: N.J.S.A. 17:1-8.1 and 17:1-15.e; and 17:22A-26 et seq.

Effective Date: June 19, 2023.

Expiration Date: September 21, 2023.

Summary of Public Comments and Agency Responses:

The Department of Banking and Insurance (Department) received a written comment from Professional Insurance Agents of New Jersey, Inc. and the New Jersey Land Title Association.

COMMENT: Both commenters expressed support of the proposed amendments at N.J.A.C. 11:17-3.6.

RESPONSE: The Department thanks the commenters for their support.

Federal Standards Statement

A Federal standards analysis is not required because the adopted amendments are not subject to any Federal requirements or standards.

Full text of the adoption follows:

SUBCHAPTER 3. PROFESSIONAL QUALIFICATIONS

11:17-3.6 Continuing education

(a) No resident individual insurance producer licensed with life, accident, and health or sickness, property, casualty, surplus lines, title, variable life and variable annuity, or personal lines authority shall be renewed unless the renewal applicant demonstrates that he or she has completed 24 credit hours of approved continuing education courses during the previous licensing term, including three credit hours related to professional ethics per licensing term, one credit hour of which may be substituted with a credit hour related to insurance fraud.

1.-3. (No change.)

4. Resident individual insurance producers who complete in excess of 24 credit hours during one licensing term may carry over up to 12 credits to the next renewal term. These credit hours may only be carried over once. Credit hours earned in ethics may not be carried over.

(b)-(f) (No change.)

(g) The insurance education director or authorized personnel for an approved insurance education provider shall report the names and producer or public adjuster license reference number, as applicable, of those persons completing each continuing education course within 15 days of course completion or certification of continuing education credits, whichever is later, either in hard copy or through electronic submission. The instructor teaching the course will receive twice the credit hours as received by the persons completing the course for the purpose of securing continuing education credit. Instructors may only receive credit once for teaching any one approved course once during each license cycle. The report shall be made to the Department, or its designee, in a format prescribed by the Department, and shall include the following information: