SUBCHAPTER 1. GENERAL PROVISIONS

10:77A-1.2 Definitions

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

. . .

"National Plan and Provider Enumerations System (NPPES)" means the system that assigns a provider a National Provider Identifier (NPI), 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.

10:77A-1.3 Provider participation

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

(c) Providers shall submit the documents listed at (b) above to:

Gainwell Technologies
Provider Enrollment
PO Box 4804
Trenton, New Jersey 08650

(d) (No change.)

(e) In order to participate in the New Jersey Medicaid/NJ FamilyCare Program, all providers 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.

Recodify existing (e)-(g) as (f)-(h) (No change in text.)

SUBCHAPTER 2. PROGRAM OPERATIONS

10:77A-2.2 Levels of care

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

(d) (No change in text.)

10:77A-2.5 Basis of reimbursement

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

(d) Providers shall be reimbursed for quarter-hour units of service for rendering services at those Level B programs that are supervised apartments. A quarter-hour unit of service is defined as 15-consecutive minutes of service.

1.-3. (No change.)

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

SUBCHAPTER 3. HEALTHCARE COMMON PROCEDURE CODING SYSTEM (HCPCS)

10:77A-3.1 Introduction

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

(d) Alphabetic and numeric symbols under "IND" and "MOD": These symbols, when listed under the "IND" and "MOD" columns, are elements of the HCPCS coding system used as qualifiers or indicators ("IND" column) and as modifiers ("MOD" column). They assist the provider in determining the appropriate procedure codes to be used, the area to be covered, the minimum requirements needed, and any additional parameters required for reimbursement purposes.

1. Providers shall consider these symbols and letters when billing because the symbols/letters reflect requirements, in addition to the narrative that accompanies the CPT/HCPCS procedure code, for which the provider is liable. These additional requirements shall be fulfilled before reimbursement is requested.

i. (No change.)

ii. "U1" means Level A+ level of care as defined at N.J.A.C. 10:77A-2.2(a).

iii. "U2" means Level A level of care as defined at N.J.A.C. 10:77A-2.2(b).

iv. "U3" means Level B level of care as defined at N.J.A.C. 10:77A-2.2(c).

(e) (No change.)

10:77A-3.2 HCPCS codes and maximum fee allowance schedule for adult mental health rehabilitation services provided in/by community residence programs

HCPCS Code	MOD	Definition	Maximum Fee Allowance
H0019	U1	Adult MH Rehab. Svcs. Level A+ Group Home (per diem)	$164.00
H0019	52 U1	Adult MH Rehab. Svcs. Level A+ Supervised Apartment (per diem)	$164.00
H0019	U2	Adult MH Rehab. Svcs. Level A Group Home (per diem)	$131.00
H0019	52 U2	Adult MH Rehab. Svcs. Level A Supervised Apartment (per diem)	$66.00
H0019	U3	Adult MH Rehab. Svcs. Level B Group Home (per diem)	$102.00
H0019	52 U3	Adult MH Rehab. Svcs. Level B Supervised Apartment (per 15 minutes)	$3.75 ($15.00/hour)
[H3005] ***H0019**	**U5***	Adult MH Rehab. Svcs. Level D (per diem)	$40.00

(a)

DIVISION OF FAMILY DEVELOPMENT

Work First New Jersey/Child Support Program

Work First New Jersey: Financial Eligibility—Income, Resources, Benefits

Child Support Program: CWA as Payee

Adopted Amendments: N.J.A.C. 10:90-3.8 and 10:110-6.2

Proposed: July 15, 2024, at 56 N.J.R. 1226(a).
Adopted: October 7, 2024, by Sarah Adelman, Commissioner, Department of Human Services.
Filed: October 21, 2024, as R.2024 d.112, **without change**.

Authority: N.J.S.A. 30:1-12 and 44:10-49.

Effective Date: November 18, 2024.
Expiration Dates: October 4, 2028, N.J.A.C. 10:90;
January 18, 2030, N.J.A.C. 10:110.

Summary of Public Comment and Agency Response:

The official comment period ended September 13, 2024. **The Division of Family Development (DFD) received no comments.**

Federal Standards Statement

The adopted amendments include standards that do not exceed those included at 45 CFR 260, Temporary Assistance for Needy Families (TANF), nor any Federal regulations promulgated pursuant to Title IV-D of the Social Security Act, which require uniform application of child support guidelines throughout the State. Therefore, a Federal standards analysis is not required.

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