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.

i. These symbols and/or letters shall not be ignored because they reflect requirements, in addition to the narrative which accompanies the CPT/HCPCS procedure code as written in the [CPT-4] **CPT**, for which the provider is liable. These additional requirements shall be fulfilled before reimbursement is requested.

ii. (No change.)

. . .

DESCRIPTION = Code narrative:
Narratives for Level I codes are found in [CPT-4] **the CPT**.
Narratives for Level II [and III] codes are found at N.J.A.C. 10:64-3.2 [and 3.3]

. . .

(d) Listed below are general policies of the New Jersey Medicaid/NJ FamilyCare program that pertain to HCPCS. Specific information concerning the responsibilities of a hearing aid service when rendering Medicaid/NJ FamilyCare-covered services and requesting reimbursement are located at N.J.A.C. 10:64-1 and 2.

1. General requirements are as follows:

i. (No change.)

ii. When billing, the provider shall enter on the claim form a CPT/HCPCS procedure code as listed in this subchapter (N.J.A.C. 10:64-3.2 [and 3.3]).

iii.-iv. (No change.)

10:64-3.2 HCPCS Procedure codes and maximum fee allowance schedule for Level II codes and narratives

IND	HCPCS Code	Mod	Description	Maximum Fee Allowance $
N	**V5014**		**Hearing aid repair, laboratory invoice cost**	**B.R.**
N	**V5014**	**52**	**Hearing aid repair, dispenser service fee**	**B.R.**
. . .				
	V5265		**Earmold, laboratory invoice cost**	**35.00**
	V5265	**52**	**Earmold, dispenser's service fee**	**10.00**
	V5266		**Battery for hearing aids (per battery)**	**0.80**
	V5267		**Hearing aid or assistive listening device, supplies, and/or accessories not otherwise specified**	**B.R.**
. . .				

10:64-3.3 (Reserved)

10:64-3.4 HCPCS Procedure codes with qualifiers for hearing aid services

(a) The following is a list of HCPCS procedure codes with associated qualifiers. Providers shall recognize the requirements inherent in billing each of the HCPCS.

V5014 The repair charges are broken down into the laboratory costs and the dispenser's service fees. This code will also serve for minor in-office repair**s**

V5014 52

(a)

DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

Community Support Services for Adults with Mental Illnesses

Proposed Amendments: N.J.A.C. 10:79B-1.1, 2.2, and 2.4

Authorized By: Stephen Cha, MD, MHSR, Commissioner, Department of Human Services.

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

Calendar Reference: See Summary below for explanation of exception to calendar requirement.

Proposal Number: PRN 2026-037.

Submit comments by September 18, 2026, to:

Margaret M. Rose Attn: N.J.A.C. 10:79B
Division of Medical Assistance and Health Services
PO Box 712
Mail Code #26
Trenton, NJ 08625-0712
Fax: (609) 588-7343
Email: Margaret.Rose@dhs.nj.gov
Delivery: 6 Quakerbridge Plaza
Mercerville, NJ 08619

The agency proposal follows:

Summary

The Department of Human Services ("DHS" or "Department") is proposing amendments to N.J.A.C. 10:79B, Community Support Services for Adults with Mental Illnesses. Community support services (CSS) are mental health rehabilitation services and supports designed to assist an individual with mental illness to achieve and maintain a level of functioning that allows the individual to achieve community integration, and to remain in an independent living setting that they choose.

CSS for adults with mental illnesses are provided by Medicaid/NJ FamilyCare-enrolled providers who are also under contract with the Division of Mental Health and Addiction Services ("DMHAS" or "Division"). The Division of Mental Health and Addiction Services, also within the Department of Human Services, administers the program.

The proposed amendments clarify that an individual receiving programs of assertive community treatment (PACT) services, adult mental health rehabilitation (AMHR) services, or targeted case management (integrated case management services (ICMS)), or services from the project for assistance in transition from homelessness (PATH), cannot receive CSS simultaneously with those services, and codifies the Federal requirement that providers obtain and use a National Provider Identifier (NPI) and applicable taxonomy code when submitting claims.

At N.J.A.C. 10:79B-1.1, Definitions, the following terms are proposed to be defined: "National Plan and Provider Enumeration System (NPPES)," "National Provider Identifier (NPI)," and "taxonomy code."

Proposed new N.J.A.C. 10:79B-2.2(c) requires that all providers, as a requirement of being enrolled as Medicaid/NJ FamilyCare providers, shall have a valid NPI and taxonomy code obtained from the NPPES and

that the provider shall complete a provider revalidation when requested by the Division of Medical Assistance and Health Services.

Proposed new N.J.A.C. 10:79B-2.4(g)1 expressly states that PACT teams, AMHR programs, and PATH programs shall not bill for services that are provided to individuals who are receiving CSS. Proposed new N.J.A.C. 10:79B-2.4(g)2 expressly states that case management providers may not render services on or after an individual enrolls in the CSS program because case management services are included in the array of services provided by the CSS agency.

The Department has determined that the comment period for this notice of proposal will be 60 days; therefore, pursuant to N.J.A.C. 1:30-3.3(a)5, this notice is excepted from the rulemaking calendar requirement.

Social Impact

During calendar year 2024, CSS were provided fee-for-service to 4,334 individuals Statewide.

The proposed amendments—stating that providers may not bill for individuals who are receiving CSS while also receiving AMHR, PACT, PATH, or ICMS—will have no impact on Medicaid/NJ FamilyCare fee-for-service beneficiaries who require case management services. The prohibition of billing for AMHR, PACT, PATH, or ICMS services does not deny case management services to the individual because case management services are provided as part of CSS.

The proposed amendments will have only a minor impact on the providers of CSS. The use of an NPI and taxonomy code as identification on claims is a Federal requirement for all medical claims, not just for Medicaid programs, so many, if not all, providers are already familiar with these requirements. All enrolled Medicaid/NJ FamilyCare providers were notified of the Federal requirement to obtain an NPI and taxonomy code through DMAHS Newsletter Volume 16, Number 18, in December 2006.

Economic Impact

During calendar year 2024, the Medicaid/NJ FamilyCare program paid $22,451,972 (State and Federal share combined) for CSS provided on a fee-for-service basis to beneficiaries.

The proposed amendments will have no economic impact on Medicaid/NJ FamilyCare fee-for-service beneficiaries because there is no cost to those beneficiaries for services offered as CSS other than any previously established copayments or premiums of the Medicaid/NJ FamilyCare program; these proposed amendments do not change those requirements.

The proposed amendments will have no economic impact on the providers of CSS because the proposed amendments do not change reimbursement amounts for provision of services or require the providers to expend funds. There may be an economic impact on providers of AMHR, PACT, PATH, or ICMS because individuals cannot receive AMHR, PACT, PATH, or ICMS and CSS simultaneously. The exact impact will be dependent upon the billing activity of individual providers and the number of their clients who discontinue AMHR, PACT, PATH, or ICMS in favor of receiving CSS.

Federal Standards Statement

Section 1902(a)(10) of the Social Security Act, 42 U.S.C. § 1396a(a)(10), regulates program eligibility, including the amount, duration, and scope of benefits, section 1905(a)(13) of the Social Security Act, 42 U.S.C. § 1396d(a)(13), allows a state Medicaid program to offer diagnostic, screening, prevention, and rehabilitation services, including medical or remedial services recommended by a physician or other licensed practitioner within the scope of their practice pursuant to state law, for the maximum reduction of physical or mental disability and restoration of an individual to the best possible functional level. Federal regulations, at 42 CFR 440.60(a), provide that remedial services rendered to a beneficiary by a licensed practitioner—practicing within the scope defined by state law—are reimbursable.

The mental health rehabilitation services and supports included within CSS are examples of this category of services. These services are designed to assist individuals with mental illness achieve and maintain a level of functioning that allows them to achieve community integration and to remain in an independent living setting of their choice. The proposed amendments are consistent with these laws.

The use of a standard and unique health identifier for health care providers is required by 45 CFR 162 Subpart D. The standard unique health identifier for health care providers is the NPI. Title 42 Chapter IV Subchapter C Part 455 Subpart E 455.440 mandates that the State Medicaid agency requires all claims for payment for items and services that were ordered or referred to include the National Provider Identifier (NPI) of the physician or other professional who ordered or referred such items or services.

Title XXI of the Social Security Act allows states to establish a children's health insurance program for targeted, low-income children. New Jersey elected this option through implementation of the NJ FamilyCare Children's Program. Section 2103, 42 U.S.C. § 1397cc, provides broad coverage guidelines for the program. NJ FamilyCare covers beneficiaries up to age 19 and includes all services offered through the Medicaid (Title XIX) program in New Jersey, including mental health rehabilitation services.

The Department has reviewed the applicable Federal laws and regulations and has determined that the proposed amendments do not exceed Federal standards. Therefore, a Federal standards analysis is not required.

Jobs Impact

The Department does not anticipate that the proposed amendments will result in the creation or loss of jobs in the State of New Jersey.

Agriculture Industry Impact

As the proposed amendments concern the provision of fee-for-service CSS to eligible Medicaid/NJ FamilyCare beneficiaries, the Department does not anticipate that the proposed rulemaking will have any impact on the agriculture industry in the State of New Jersey.

Regulatory Flexibility Analysis

The proposed amendments will affect those providers who provide CSS on a fee-for-service basis to beneficiaries residing in the community. Most of these providers may be considered small businesses, as the term is defined by the Regulatory Flexibility Act at N.J.S.A. 52:14B-17, because they employ fewer than 100 full-time employees.

The proposed amendments impose no new reporting, recordkeeping, or compliance requirements on the providers. The existing rules require that providers must maintain, and make available upon request, supporting documentation regarding the services provided. The Department has attempted to minimize any adverse economic impact on small businesses by requiring only that amount of recordkeeping, compliance, and reporting requirements necessary to ensure the safety of the beneficiaries and to protect the Medicaid/NJ FamilyCare programs from fraud. Providers are already required to maintain records to fully disclose the name of the beneficiary who received the service, date of service, and any additional information as may be required pursuant to N.J.A.C. 10:49 and N.J.S.A. 30:4D-1 et seq.

The requirements in the proposed amendments must be equally applicable to all providers, regardless of business size, because all providers must utilize the same billing procedures. Providers cannot be excused from the requirements set forth in this chapter because a uniform quality of care must be provided to all beneficiaries, and because the Department must ensure that all reimbursements conform with all applicable New Jersey and Federal laws.

Proposed amendments require the providers to obtain a Federally required NPI and Taxonomy Code from the National Plan and Provider Enumeration System. The use of these nationally recognized identifying numbers will not increase the administrative burden on the providers because all health care providers, all health plans, and health care clearinghouses must use NPIs in their administrative and financial transactions. The NPI and the use of taxonomy codes were introduced as the national standard in 2004 and the providers are already accustomed to using them on claims.

Housing Affordability Impact Analysis

As the proposed amendments concern payment for CSS provided to Medicaid/NJ FamilyCare beneficiaries, the Department does not anticipate that the proposed amendments will have any impact on the affordability of housing in New Jersey, nor is there any likelihood that the

proposed amendments would evoke a change in the average costs associated with housing.

Smart Growth Development Impact Analysis

As the proposed amendments concern payment for community support services provided to Medicaid/NJ FamilyCare beneficiaries, the Department does not anticipate that the proposed amendments would evoke a change in housing production in Planning Areas 1 and 2, or within designated centers, pursuant to the State Development and Redevelopment Plan.

Racial and Ethnic Community Criminal Justice and Public Safety Impact

The Department has evaluated this proposed rulemaking and determined that it will not have an impact on pretrial detention, sentencing, probation, or parole policies concerning adults and juveniles in the State. Accordingly, no further analysis is required.

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

SUBCHAPTER 1. GENERAL PROVISIONS

10:79B-1.1 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 Enumeration System (NPPES)" means the system that assigns National Provider Identifiers (NPIs), 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. PROGRAM STANDARDS

10:79B-2.2 Program and licensure requirements

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

(c) All providers shall be enrolled in the Medicaid/NJ FamilyCare program in accordance with N.J.A.C. 10:49-3.

1. In order to be approved as a Medicaid/NJ FamilyCare-participating provider, the applicant shall have a valid National Provider Identifier obtained from the National Plan and Provider Enumeration System and a valid taxonomy code obtained from the NPPES.

2. Once approved as a Medicaid/NJ FamilyCare provider, the provider shall remain a provider in good standing by successfully completing provider revalidation when requested by DMAHS.

10:79B-2.4 Conditions on claims for reimbursement for services

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

(g) [Providers] **CSS provider agencies** may not bill for CSS that are provided while the individual is enrolled in programs of assertive community treatment (PACT), adult mental health rehabilitation (AMHR), or targeted case management (integrated case management services (ICMS) or project for assistance in transition from homelessness (PATH)).

1. PACT teams, AMHR programs, PATH programs, and ICMS agencies shall not bill for services provided to individuals who are receiving CSS.

2. When an agency providing case management services refers an individual to any other agency or program whose services include case management, including, but not limited to, a CSS provider agency, the referring agency shall not provide case management services on or after the date the receiving agency or program enrolls the individual.

(h)-(k) (No change.)

(a)

DIVISION OF FAMILY DEVELOPMENT

New Jersey Supplemental Nutrition Assistance Program (NJ SNAP)
Policy of Non-Discrimination
Proposed Amendment: N.J.A.C. 10:87-1.11

Authorized By: Stephen Cha, MD, MHSR, Commissioner, Department of Human Services.

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

Calendar Reference: See Summary below for explanation of exception to calendar requirement.

Proposal Number: PRN 2026-038.

Submit comments in writing by September 18, 2026, to:

Megan R. Mazzoni, Administrative Practice Officer
Division of Family Development
PO Box 716
Trenton, New Jersey 08625-0716
or email to: DFD-Regulations@dhs.nj.gov

The agency proposal follows:

Summary

N.J.A.C. 10:87 sets forth the rules of the Department of Human Services (Department), Division of Family Development (Division), governing the New Jersey Supplemental Nutrition Assistance Program (NJ SNAP).

The NJ SNAP Policy of Nondiscrimination, which is codified at N.J.A.C. 10:87-1.11, states that in the administration of NJ SNAP, county social services agencies (CSSAs) may not discriminate on the basis of age, race, color, sex, disability, religious creed, national origin, or political belief, and as otherwise prohibited by State and Federal law; however, the New Jersey Law Against Discrimination (NJLAD), N.J.S.A. 10:5-1 through 50, includes additional protected classes beyond those identified in the NJ SNAP Policy of Nondiscrimination. Pursuant to the NJLAD, it is unlawful to discriminate against anyone based on their actual or perceived race or color, religion or creed, national origin, nationality, ancestry, sex (including pregnancy), sexual or affectional orientation, gender identity or expression, disability, marital, domestic partnership, or civil union status, liability for military service, atypical hereditary cellular or blood trait, and genetic information.

The proposed amendment at N.J.A.C. 10:87-1.11 would remove the existing list of protected classes and instead provide a direct reference to the NJLAD, aligning with and fully incorporating the more comprehensive protections available pursuant to the statute.

As the Department of Human Services is providing a 60-day comment period for this notice of proposal, this notice is excepted from the rulemaking calendar requirement, pursuant to N.J.A.C. 1:30-3.3(a)5.

Social Impact

The proposed amendment at N.J.A.C. 10:87-1.11 will have a positive social impact. The proposed amendment will cross-reference the NJLAD and will, thereby, provide anti-discrimination protections to NJ SNAP participants in compliance with current and future State law.

Economic Impact

The proposed amendment at N.J.A.C. 10:87-1.11 will have no economic impact.

Federal Standards Analysis

The Department has reviewed the applicable Federal laws and regulations. The proposed amendment would include a standard that exceeds the standard at 7 CFR 272.6; therefore, a Federal standard analysis is required.

Federal SNAP regulations at 7 CFR 272.6 prohibit discrimination in the administration of the SNAP program for reasons of age, race, color, sex, disability, religious creed, national origin, or political beliefs. The NJLAD prohibits discrimination against each of those classes of people identified in the Federal regulation, as well as discrimination on the basis of ancestry, sexual or affectional orientation, gender identity or