# N.J.A.C. 10:141

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 56 No. 4, February 20, 2024

***NJ - New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 141. TRAUMATIC BRAIN INJURY FUND***

## Title 10, Chapter 141 -- Chapter Notes

## Statutory Authority

**CHAPTER AUTHORITY:**

N.J.S.A. 30:6F-5 et seq., specifically 30:6F-8.

## History

**CHAPTER SOURCE AND EFFECTIVE DATE:**

R.2017 d.127, effective May 25, 2017.

See: 49 N.J.R. 240(a), 49 N.J.R. 1683(a).

**CHAPTER HISTORICAL NOTE:**

Chapter 141, Charity Racing Days for the Developmentally Disabled, was adopted as R.1984 d.28, effective February 21, 1984. See: 15 N.J.R. 1826(a), 16 N.J.R. 375(b).

Pursuant to Executive Order No. 66(1978), Chapter 141, Charity Racing Days for the Developmentally Disabled, was readopted as R.1989 d.132, effective February 7, 1989. See: 21 N.J.R. 8(a), 21 N.J.R. 636(a). Pursuant to Executive Order No. 66(1978), Chapter 141 expired on February 7, 1994.

Chapter 141, Traumatic Brain Injury Fund, was adopted as new rules by R.2004 d.245, effective July 6, 2004. See: 35 N.J.R. 5342(a), 36 N.J.R. 3280(a). Chapter 141, Traumatic Brain Injury Fund, expired on July 6, 2009.

Chapter 141, Traumatic Brain Injury Fund, was adopted as new rules by R.2009 d.375, effective December 21, 2009. See: 41 N.J.R. 3191(a), 41 N.J.R. 4816(a).

In accordance with N.J.S.A. 52:14B-5.1b, Chapter 141, Traumatic Brain Injury Fund, was scheduled to expire on December 21, 2016. See: 43 N.J.R. 1203(a).

Chapter 141, Traumatic Brain Injury Fund, was readopted as R.2017 d.127, effective May 25, 2017. See: Source and Effective Date.

Annotations

## Notes

*Chapter Notes*

## Research References & Practice Aids

**CHAPTER EXPIRATION DATE:**

Chapter 141, Traumatic Brain Injury Fund, expires on May 25, 2024.



**End of Document**

# N.J.A.C. 10:141-1.1

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 56 No. 4, February 20, 2024

***NJ - New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 141. TRAUMATIC BRAIN INJURY FUND > SUBCHAPTER 1. GENERAL PROVISIONS; REQUIREMENTS***

## § 10:141-1.1 Purpose and scope

The purpose of this chapter is to provide information about the operation of the Traumatic Brain Injury Fund, establish criteria for eligibility, and establish a standard methodology for determining the amount and type of supports and services to be allocated to individuals in the State of New Jersey who have survived a traumatic brain injury. The Fund provides financial assistance to New Jersey residents who have survived neurotrauma with a traumatic brain injury. As a payer of last resort, the Fund will provide support and financial assistance to assist with the costs of post-acute care, services, and supports to foster independence for its beneficiaries. The act establishing the Fund, *N.J.S.A. 30:6F-5* et seq., also requires the Brain Injury Association of New Jersey to coordinate public information and prevention education related to the Fund and to traumatic brain injury.

## History

**HISTORY:**

Amended by R.2006 d.422, effective December 4, 2006.

See: *38 N.J.R. 2015(a)*, *38 N.J.R. 5158(a)*.

Substituted "supports and services" for "financial assistance".

Amended by R.2017 d.127, effective June 19, 2017.

See: *49 N.J.R. 240(a)*, *49 N.J.R. 1683(a)*.

Rewrote the section.

Annotations

## Notes

*Chapter Notes*



**End of Document**

# N.J.A.C. 10:141-1.2

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 56 No. 4, February 20, 2024



## § 10:141-1.2 Definitions

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

"Applicant" means a person who is seeking service(s) from the Fund.

"Beneficiary" means a person receiving service(s) from the Fund.

"Case management" means the administrative responsibility for oversight of the Fund beneficiary's service plan. Case management is a mandatory service component for initial applicants and recipients of Fund service(s).

"Council" means the New Jersey Advisory Council on Traumatic Brain Injury.

"Department" means the New Jersey Department of Human Services.

"Division" means the New Jersey Division of Disability Services.

"Eligible supports and services" means those goods and services that are reimbursable under the Fund. Eligible supports and services shall be directly related to the functional limitations and symptoms associated with the brain injury, or medical treatment related to the brain injury. A beneficiary may, within the financial limits of the program, receive multiple supports simultaneously.

"Excluded assets" are assets that are excluded from consideration for Fund service(s). Excluded assets include the home occupied by the individual as his or her principal residence, one automobile necessary for the transportation of the applicant/beneficiary, personal effects, and household goods. Financial instruments recognized by the United States Internal Revenue Service for the purpose of retirement shall be considered excluded assets. These include 401k Plans, IRAs, and similar such instruments.

"Fund" means the Traumatic Brain Injury Fund.

"Funding year" is defined as the continuous 12-month period that begins the day after the Committee renders a decision on an applicant's/beneficiary's support plan.

"Immediate family" is defined as:

**1.** Biological or adoptive parent(s) or other persons who have been legally determined to be financially responsible for an applicant/beneficiary who is under the age of 18; or

**2.** Persons who have been legally determined to be financially responsible for an applicant/beneficiary who is over the age of 18, including a legally recognized partner.

"Liquid assets" are assets that are convertible to cash within 30 days. Liquid assets include checking and savings accounts, stocks, bonds, treasury notes and similar instruments.

"Order of selection" is defined as the criteria utilized by the Traumatic Brain Injury Fund Review Committee to establish priority for applicants to receive services in the event that the financial resources of the Fund are limited.

"Practitioner" is an individual who is trained and or credentialed to render a service for payment. The person must also hold a credential by a recognized regulatory body or hold membership in good standing in a professional organization related to the service for which the professional is to be paid.

"Review cycle" means the schedule for the consideration and review of a batch of eligible applications by the TBI Fund Review Committee.

"Service coordination" means clinical responsibility for identifying, developing, and organizing services for a beneficiary. Service coordination is a service option available to Fund beneficiaries, the cost of which shall be applied to the beneficiary's annual and lifetime expenditure caps.

"Support plan" means a document that describes the nature, frequency and cost of services, supports, equipment or items that have been considered for payment.

"TBI Fund Review Committee (Committee)" means the group appointed by the Director of the Division of Disability Services to review service plans, render decisions, hear appeals, and review policies associated with the operation of the Fund.

"Time limited" means a period of up to 12 months, after which services and supports of the Fund may end. In circumstances where continued clinical need can be demonstrated, an individual may request a waiver to extend services for up to an additional 12 months.

"Traumatic brain injury" means an injury to the brain caused by a blow or jolt to the head or a penetrating head injury/neuro-trauma that disrupts the normal brain function, where continued impairment can be demonstrated. This term does not include brain dysfunction caused by congenital or degenerative disorders, birth trauma or injuries caused by other circumstances.

## History

**HISTORY:**

Amended by R.2006 d.422, effective December 4, 2006.

See: *38 N.J.R. 2015(a)*, *38 N.J.R. 5158(a)*.

In definition "Case management", substituted "initial applicants and" for "ongoing"; rewrote definitions "Eligible supports and services", "Excluded assets" and "Service coordination"; added definition "Funding year"; in definition "Support plan", substituted "considered" for "approved"; in definition "TBI Fund Review Committee", deleted "and approve applications," preceding "service plans", inserted "render decisions, hear", and inserted "review" preceding "policies"; and in definition "Traumatic brain injury", inserted "where continued impairment can be demonstrated".

Amended by R.2010 d.064, effective May 3, 2010.

See: *41 N.J.R. 4657(a)*, *42 N.J.R. 844(a)*.

Added definitions "Practitioner" and "Time Limited"; and rewrote definition "Traumatic brain injury".

Amended by R.2017 d.127, effective June 19, 2017.

See: *49 N.J.R. 240(a)*, *49 N.J.R. 1683(a)*.

In definitions "Excluded assets" and "Funding year", substituted "that" for "which"; in definition "Excluded assets", inserted a comma following "effects"; in definitions "Funding year" and "Order of selection", deleted the second sentence; in paragraph 2 of definition "Immediate family", substituted "legally recognized partner" for "lawful spouse"; and rewrote definition "TBI Fund Review Committee" as "TBI Fund Review Committee (Committee)".

Annotations

## Notes

*Chapter Notes*

## Case Notes

*Initial Decision (2006 N.J. AGEN LEXIS 1044*) adopted, which concluded that an auto mechanic failed to present competent medical or neuropsychological corroboration sufficient to carry his burden that he suffered from a traumatic brain injury while working as mechanic in an auto repair pit area when another employee drove a car off a lift and it struck claimant on the top and back of his head as it fell, resulting in an immediate headache, although claimant continued working, and claimant did not see a doctor until 19 days after his accident; while claimant asserted that he was sensitive to lights, sounds, and smells and these sensations could cause episodes of disorientation and involuntary muscle movement, it is more likely than not that claimant's symptoms were caused by a psychiatric disorder and not by traumatic brain injury. R.R. v. Div. of Disability Services Traumatic Brain Injury Fund, OAL Dkt. No. HDS 8543-05, Final Decision (March 14, 2007).



End of Document

# *N.J.A.C. 10:141-1.3*

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 56 No. 4, February 20, 2024

***NJ - New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 141. TRAUMATIC BRAIN INJURY FUND > SUBCHAPTER 1. GENERAL PROVISIONS; REQUIREMENTS***

## § 10:141-1.3 Administration of the Fund

**(a)** The following procedures and methods will be used for the administration of the Fund:

**1.** The Division of Disability Services shall administer the Fund for the Department.

**2.** A committee known as the TBI Fund Review Committee shall be established within the Division of Disability Services, Department of Human Services, to implement the provisions of the Fund. Responsibilities of the Committee shall be:

**i.** Reviewing requests for services and supports under the Fund;

**ii.** Rendering decisions on support plans;

**iii.** Hearing initial reconsiderations for services and supports, which were previously denied by the Review Committee;

**iv.** Developing policies and procedures; and

**v.** Identifying problems associated with the administration of the Fund.

**3.** The Committee shall periodically report to the New Jersey Advisory Council on Traumatic Brain Injury on the status of applications, problems, and other issues related to the Fund.

**4.** The Committee shall be comprised of seven members, to be nominated by their respective bodies or interest groups and appointed by the Commissioner of Human Services or designee, as follows:

**i.** Two TBI Advisory Council members;

**ii.** A family member of an individual with a traumatic brain injury;

**iii.** A survivor of traumatic brain injury;

**iv.** A representative of the Brain Injury Alliance of New Jersey;

**v.** A professional clinician in the field of traumatic brain injury; and

**vi.** The Director of the Division or designee.

**5.** The Committee shall elect a chair from its members. The chair shall direct the activity of a Committee meeting.

**6.** Committee members may serve for two-year terms, and may be eligible for reappointment.

**7.** Committee members may be replaced as necessary in the event that they are no longer able to serve.

**8.** Committee members must recuse themselves from any decisions related to a conflict of interest with any applicant, beneficiary or provider.

**9.** Committee members will not be compensated for service to the Committee, but will be reimbursed for travel and other reasonable expenses connected with performing the work of the Committee.

**10.** The Committee shall meet at least quarterly to review applications, and to conduct business.

**11.** The Division shall contract with case management companies/agencies to initially assess the applicant's appropriateness for the Fund, and to prepare a support plan in conjunction with the applicant and their family. The Division will make payments to contracted agencies/organizations based on individually negotiated rates.

**12.** The cost of case management will be considered as an administrative expense of the Fund, and will not to be applied against the benefits provided to a beneficiary.

## History

**HISTORY:**

*The following annotation applies to N.J.A.C. 10:141-1.3 prior to its repeal by R.2017 d.127:*

Amended by R.2006 d.422, effective December 4, 2006.

See: *38 N.J.R. 2015(a)*, *38 N.J.R. 5158(a)*.

In (a), substituted "supports" for "financial assistance".

*The following annotation applies to N.J.A.C. 10:141-1.3 subsequent to its recodification from N.J.A.C. 10:141-1.4 by R.2017 d.127:*

Amended by R.2006 d.422, effective December 4, 2006.

See: *38 N.J.R. 2015(a)*, *38 N.J.R. 5158(a)*.

Rewrote (a)2i through (a)2v and (a)11; in (a)5, added the last sentence; and in (a)12, inserted "of the Fund".

Amended by R.2010 d.064, effective May 3, 2010.

See: *41 N.J.R. 4657(a)*, *42 N.J.R. 844(a)*.

In (a)2iii, substituted "reconsiderations for services and supports, which were previously denied by the Review Committee" for "appeals".

Recodified from *N.J.A.C. 10:141-1.4* and amended by R.2017 d.127, effective June 19, 2017.

See: *49 N.J.R. 240(a)*, *49 N.J.R. 1683(a)*.

In (a)2i, substituted "Reviewing" for "Review of"; in (a)2iii, deleted "of" following "Hearing"; in (a)2iv, substituted "Developing" for "Development of"; in (a)2v, substituted "Identifying" for "Identification of"; and in (a)4iv, substituted "Alliance" for "Association". Former *N.J.A.C. 10:141-1.3*, General requirements, repealed.

Annotations

## Notes

*Chapter Notes*

End of Document

# N.J.A.C. 10:141-1.4

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 56 No. 4, February 20, 2024

***NJ - New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 141. TRAUMATIC BRAIN INJURY FUND > SUBCHAPTER 1. GENERAL PROVISIONS; REQUIREMENTS***

## § 10:141-1.4 Expenditure caps and limitations

**(a)** Services provided to an individual by the Fund will not exceed a lifetime total of $ 100,000.

**(b)** Expenditures for an individual shall not exceed $ 15,000 to be expended in any 12-month period, known as a funding year.

**(c)** An applicant may apply to the Fund for a waiver of these expenditure limits where the applicant can demonstrate extraordinary hardship to the satisfaction of the Committee. Hardship circumstances to be considered may include, but are not limited to, loss of income, extreme medical need, and potential functional decline of the applicant. Waivers will be at the discretion of the Committee, and will be considered only in emergent circumstances or cases of extreme hardship.

**(d)** Funding awarded to a beneficiary that has not been utilized at the end of a funding year shall be returned to the Fund, and shall not be counted against the beneficiary's annual and lifetime caps.

**(e)** During periods where the Fund has insufficient financial resources to meet its obligations, the Division may, at its discretion, lower the annual cap per Fund beneficiary found in (b) above for a period not to exceed 12 months.

## History

**HISTORY:**

Amended by R.2006 d.422, effective December 4, 2006.

See: *38 N.J.R. 2015(a)*, *38 N.J.R. 5158(a)*.

In (b), inserted ", known as a funding year"; in (c), added the last sentence; and added (d) and (e).

Amended by R.2010 d.064, effective May 3, 2010.

See: *41 N.J.R. 4657(a)*, *42 N.J.R. 844(a)*.

Added (f).

Recodified from *N.J.A.C. 10:141-1.5* and amended by R.2017 d.127, effective June 19, 2017.

See: *49 N.J.R. 240(a)*, *49 N.J.R. 1683(a)*.

Deleted former (e), and recodified (f) as (e). Former *N.J.A.C. 10:141-1.4*, Administration of the Fund, recodified to *N.J.A.C. 10:141-1.3*.

Annotations

## Notes

*Chapter Notes*



**End of Document**

# *N.J.A.C. 10:141-1.5*

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***NJ - New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 141. TRAUMATIC BRAIN INJURY FUND > SUBCHAPTER 1. GENERAL PROVISIONS; REQUIREMENTS***

## § 10:141-1.5 Eligibility for services and supports

**(a)** Applicants to the Fund must meet the following eligibility requirements. Responsibility for adherence to the criteria shall be vested with the Division Director, and shall remain an administrative function of the Division:

**1.** Clinical requirements:

**i.** The applicant has survived a traumatic brain injury as defined in this chapter;

**ii.** The applicant requires, and is requesting, post acute care services/support directly related to the traumatic brain injury;

**iii.** It has been established, by clinical opinion, that the provision of the requested service/support will restore, enhance or maintain function; and

**iv.** Clinical documentation of need shall be provided by a practitioner other than the practitioner rendering the care or service;

**2.** Financial requirements:

**i.** The requested expenditure shall not exceed established program caps as set forth at *N.J.A.C. 10:141-1.4*;

**ii.** The applicant demonstrates the inability to pay for the requested services or supports from income or assets;

**iii.** The applicant or his or her immediate family's liquid assets do not exceed $ 100,000, and that those assets are otherwise committed, or not available to fund the requested services;

**iv.** There are no trust funds, settlements, gifts or donations for which the applicant is eligible, and which are available on a timely basis, to meet the applicant's needs;

**v.** There are no other funds, insurance coverage, or public or private programs for which the applicant is eligible, to provide the requested care, services, or supports for the applicant, in a timely manner;

**vi.** Payment for services/supports rendered prior to the receipt of formal Committee approval, shall be ineligible for reimbursement;

**vii.** To the extent of funds provided to the individual, the Fund shall have first claim to any future monies received by the person with a traumatic brain injury as a result of a settlement or other payment made in connection with the traumatic brain injury; and

**viii.** The Fund may place a financial lien on any appreciable property purchased using Fund resources. The lien shall be no more than the amount issued by the Fund at the time of purchase, and shall be executed where:

**(1)** The property is being sold by the beneficiary;

**(2)** The beneficiary enters a long-term care facility; or

**(3)** The ownership of the property is transferred to an individual other than the original beneficiary; and

**3.** Residency requirements:

**i.** The applicant shall be a citizen or permanent resident of the United States, as defined by the Immigration and Nationality Act, Pub. L. 82-414, living in New Jersey, and shall be a resident of New Jersey at least three consecutive months prior to the date of application. Applicants shall maintain legal residence in New Jersey during the period in which supports and services are being provided under the Fund to remain eligible;

**ii.** The residence of a minor child shall be determined to be that of the parent(s) or legal guardian;

**iii.** The responsibility to furnish proof of residence shall be that of the applicant or the parent or guardian of a minor child;

**iv.** Absence from the State of New Jersey for a period of 12 months or more is prima facie evidence of abandonment of domicile;

**v.** Seasonal residents of New Jersey are excluded from eligibility. Seasonal or temporary residents of the State of whatever duration shall not constitute domicile. Migrant workers who can demonstrate a history of residence in New Jersey shall be eligible for consideration; and

**vi.** The Fund shall suspend the application for, or the provision of supports and services to, an individual who is or becomes incarcerated or committed to an institution as defined by *42 CFR 435.1008* and *435.1009*, incorporated herein by reference, as amended and supplemented. Applications or awards may be reinstated upon release or discharge if eligibility and need continue.

**(b)** In the event that the Fund is unable to provide funding for all eligible individuals, persons will be given priority according to the following criteria and these criteria will be applied in descending order, and in combination, by the Committee to the eligible applicants in the current review cycle. The Committee will record the basis for its decisions. The criteria to be utilized to determine the order of selection will be:

**1.** Provision of the service/support to protect or maintain health and safety;

**2.** Provision of services will prevent institutionalization or facilitate discharge to the community from an institution;

**3.** Income/resources of the individual shall be considered. Individuals with lowest income or resources shall be served first. In circumstances where the applicant/beneficiary is a minor, the income and revenue of the child's parent or guardian shall be considered;

**4.** Situations where Fund services will be utilized as an alternative to enrollment in the Managed Long-Term Supports and Services (MLTSS) Program;

**5.** Applicants who have never received previously requested support and service from the Fund; and

**6.** Applicants who have previously received supports from the Fund and are making an additional request.

**(c)** The Fund makes no guarantee of continued supports and services to any beneficiary beyond the expiration of the current award. Each decision is rendered based on the financial status of the Fund and the specific circumstances of the beneficiary at the time of a request.

**(d)** All awards for services and supports under the Fund become void upon the death of the beneficiary.

**(e)** The Fund may at its discretion suspend payment for previously awarded services under any of the following circumstances:

**1.** Continued provision of services demonstrates a risk to the health and safety to the applicant, family member or service provider;

**2.** The service is not being utilized for its intended purpose;

**3.** The service is not yielding a documented clinical benefit; or

**4.** Continued provision of services is no longer in the financial best interest of the Fund.

**(f)** Authority to suspend services shall rest with the Division Director or designee. He or she shall report any suspensions to the TBI Fund Review Committee at its next meeting.

**(g)** Suspension of services shall have no impact on applicant's/beneficiary's eligibility for the Fund as set forth in (a)1 through 3 above.

## History

**HISTORY:**

Amended by R.2006 d.422, effective December 4, 2006.

See: *38 N.J.R. 2015(a)*, *38 N.J.R. 5158(a)*.

Rewrote introductory paragraph of (a); in introductory paragraphs of (a)1 and (a)2, substituted "requirements" for "need"; in (a)1ii, inserted "directly"; in (a)2vi, deleted "and" from the end; added (a)2viii; rewrote (a)3i; in (a)3iv, deleted "and" from the end; in (a)3v, substituted "; and" for a period at the end; and added (a)3vi.

Amended by R.2010 d.064, effective May 3, 2010.

See: *41 N.J.R. 4657(a)*, *42 N.J.R. 844(a)*.

In the introductory paragraph of (a), substituted a colon for a semi-colon at the end; in the introductory paragraph of (a)1, substituted "Clinical" for "Medical"; added new (a)1ii and (a)1iii; recodified former (a)1ii and (a)1iii as (a)1iv and (a)1v; in (a)1iv, deleted "and" from the end; in (a)1v, inserted "and" at the end; added (a)1vi; in the introductory paragraph of (a)2viii and in (a)2viii(3), substituted "than" for "then"; rewrote (b)1 through (b)6; deleted (b)7 and (b)8; and added (c) through (g).

Recodified from *N.J.A.C. 10:141-1.6* and amended by R.2017 d.127, effective June 19, 2017.

See: *49 N.J.R. 240(a)*, *49 N.J.R. 1683(a)*.

Rewrote the introductory paragraph of (a), and (a)1, (a)3i, and (b)4; and in (a)2i, inserted "as set forth at *N.J.A.C. 10:141-1.4*". Former *N.J.A.C. 10:141-1.5*, Expenditure caps and limitations, recodified to *N.J.A.C. 10:141-1.4*.

Annotations

## Notes

*Chapter Notes*

## Case Notes

*Initial Decision (2006 N.J. AGEN LEXIS 1044*) adopted, which concluded that an auto mechanic failed to present competent medical or neuropsychological corroboration sufficient to carry his burden that he suffered from a traumatic brain injury while working as mechanic in an auto repair pit area when another employee drove a car off a lift and it struck claimant on the top and back of his head as it fell, resulting in an immediate headache, although claimant continued working, and claimant did not see a doctor until 19 days after his accident; while claimant

asserted that he was sensitive to lights, sounds, and smells and these sensations could cause episodes of disorientation and involuntary muscle movement, it is more likely than not that claimant's symptoms were caused by a psychiatric disorder and not by traumatic brain injury. R.R. v. Div. of Disability Services Traumatic Brain Injury Fund, OAL Dkt. No. HDS 8543-05, Final Decision (March 14, 2007).

# *N.J.A.C. 10:141-1.6*

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 56 No. 4, February 20, 2024

***NJ - New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 141. TRAUMATIC BRAIN INJURY FUND > SUBCHAPTER 1. GENERAL PROVISIONS; REQUIREMENTS***

## § 10:141-1.6 Application process for the services/supports of the Fund

**(a)** The following process shall be used to apply for assistance under the Fund:

**1.** An individual shall contact 888-285-3060 for an application to the Fund.

**i.** Following an initial screening to determine that the prospective applicant meets basic eligibility criteria for the Fund, Division staff will forward application forms to the applicant or designee.

**ii.** Division staff shall offer assistance to the applicant in completing the application if necessary.

**iii.** Applications shall be available in alternative formats, upon request.

**iv.** Requests for applications shall be taken in any commonly accepted form.

**2.** The applicant shall submit the application on forms provided by the Division. The application shall document identifying information, nature and date of the injury and treatments, corroboration of the injury from a medical doctor or neuropsychologist, request for assistance, including services/support and amount, financial information with supporting data and reasons why services/support cannot be provided by another resource.

**3.** The application shall be reviewed by Division staff. If the medical documentation does not substantiate that the applicant's disability results from a traumatic brain injury, the Division may take the following actions:

**i.** Request that the applicant undergo an examination performed by a licensed neurologist, neuropsychiatrist or neuropsychologist and submit a report of such examination to enable the Fund to make a clinical determination of the presence of a traumatic brain injury; and/or

**ii.** Request any other information or documentation required to determine eligibility. All expenses related to the requested examinations or provision of supporting documentation shall be the sole responsibility of the applicant or parent/guardian, unless financial hardship can be demonstrated. In such cases, the Fund may elect to pay the cost for the requested consultative examination or documentation.

**4.** Once a complete application is received by the Division, it shall be referred for assessment and follow-up to a case management provider under contract to the Division. The case manager shall:

**i.** Meet with the applicant and make a recommendation to the Division to approve or disapprove the application;

**ii.** Identify any other available resources to meet the needs of the applicant; and

**iii.** Assist the applicant to revise the application and to develop a support plan.

**5.** All applications, with case manager recommendations, shall be referred by Division staff to the Committee to be reviewed at the first scheduled Cycle Review meeting after the application is complete. The Division shall annually publish a schedule of application deadlines related to Cycle Review meetings.

**6.** The application shall specify a support plan approved by the applicant (or his or her representative) and the case manager. The support plan shall identify the nature, duration and cost of services/supports.

**(b)** Beneficiaries who have received supports in the past may reapply as their needs dictate within the financial limits of the Fund.

## History

**HISTORY:**

Amended by R.2006 d.422, effective December 4, 2006.

See: *38 N.J.R. 2015(a)*, *38 N.J.R. 5158(a)*.

In (a)3ii, inserted ", unless financial hardship can be demonstrated. In such cases, the Fund may elect to pay the cost for the requested consultative examination or documentation"; in (a)5, substituted "the first" for "its next", and inserted "after the application is complete"; and in (b), substituted "Fund" for "program".

Recodified from *N.J.A.C. 10:141-1.7* and amended by R.2017 d.127, effective June 19, 2017.

See: *49 N.J.R. 240(a)*, *49 N.J.R. 1683(a)*.

In the introductory paragraph of (a)1, substituted "888-285-3060" for "the Division"; and rewrote (a)4. Former *N.J.A.C. 10:141-1.6*, Eligibility for services and supports, recodified to *N.J.A.C. 10:141-1.5*.

Annotations

## Notes

*Chapter Notes*

# *N.J.A.C. 10:141-1.7*

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 56 No. 4, February 20, 2024

***NJ - New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 141. TRAUMATIC BRAIN INJURY FUND > SUBCHAPTER 1. GENERAL PROVISIONS; REQUIREMENTS***

## § 10:141-1.7 Approval and denial of supports/services from the Fund

**(a)** The following shall be the procedure and method for approval and denial for services:

**1.** The Committee shall review completed support plans and may take the following actions on each support plan for services:

**i.** Confirm eligibility and approve the support plan as presented;

**ii.** Confirm eligibility and modify the support plan;

**iii.** Confirm eligibility and hold the support plan, pending the receipt of further information; or

**iv.** Deny eligibility and/or the support plan as presented.

**2.** If the support plan is approved, the Division shall notify the applicant. Notice shall include start and end dates, frequency, and cost of the approved services/supports.

**3.** If an application is denied, the Committee shall notify the applicant, in writing, outlining the reason(s) for the decision. Individuals may appeal the denial as follows:

**i.** Within 30 calendar days of receipt of the notice of denial, the applicant may request reconsideration of the Committee's decision. The request shall be in writing and include additional information to clarify or refute the Committee's decision.

**ii.** Upon receipt of the applicant's request for reconsideration, the Committee, at its next regularly scheduled Review Cycle meeting, will conduct an informal review of the previous decision. The Committee may seek input from third-parties, if necessary. The Committee shall notify the applicant of its decision, in writing, within 60 days.

**iii.** If the denial is upheld, the applicant will be informed of the right to appeal to the Office of Administrative Law (OAL) in accordance with *N.J.A.C. 10:6*.

**(b)** If funds are limited, the Committee shall invoke the order of selection for the purpose of prioritizing applications for receipt of services/support from the Fund. Applicants with approved support plans not fully funded shall be considered for inclusion when funds are available, or at subsequent meetings of the Committee.

**(c)** The Committee shall determine policy regarding how support plans shall be reviewed and the methods by which cases are approved in conformance with this chapter.

## History

**HISTORY:**

Amended by R.2010 d.064, effective May 3, 2010.

See: *41 N.J.R. 4657(a)*, *42 N.J.R. 844(a)*.

In the introductory paragraph of (a)1, substituted "completed support plans" for "all applications" and "support plan" for "application"; in (a)3i, substituted "request reconsideration of" for "appeal" and the second occurrence of "request" for "appeal", and inserted "of denial"; in (a)3ii, substituted "request for reconsideration" for "appeal", "third-party" for "third party" and the second occurrence of "reconsideration" for "appeal"; and added (c).

Recodified from *N.J.A.C. 10:141-1.8* and amended by R.2017 d.127, effective June 19, 2017.

See: *49 N.J.R. 240(a)*, *49 N.J.R. 1683(a)*.

Rewrote (a); and in (b), deleted ", as defined in this chapter," following "selection", and inserted a comma following "available". Former *N.J.A.C. 10:141-1.7*, Application process for the services/supports of the Fund, recodified to *N.J.A.C. 10:141-1.6*.

Annotations

## Notes

*Chapter Notes*

# N.J.A.C. 10:141-1.8

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 56 No. 4, February 20, 2024

***NJ - New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 141. TRAUMATIC BRAIN INJURY FUND > SUBCHAPTER 1. GENERAL PROVISIONS; REQUIREMENTS***

## § 10:141-1.8 Service coordination under the Fund

**(a)** Basic or simple services/supports shall not require the ongoing involvement of a service coordinator, and can be arranged directly by the beneficiary.

**(b)** Elaborate or complicated services/supports shall require a service coordinator be involved with the beneficiary to arrange, monitor and evaluate services.

**(c)** The service coordinator shall recommend any major changes to the support plan, service provider or expenditure limits, prior to implementation of any changes which shall require Division authorization.

## History

**HISTORY:**

Amended by R.2006 d.422, effective December 4, 2006.

See: *38 N.J.R. 2015(a)*, *38 N.J.R. 5158(a)*.

Section was "Support initiation/management under the Fund". Rewrote the section.

Recodified from *N.J.A.C. 10:141-1.9* by R.2017 d.127, effective June 19, 2017.

See: *49 N.J.R. 240(a)*, *49 N.J.R. 1683(a)*.

Former *N.J.A.C. 10:141-1.8*, Approval and denial of supports/services from the Fund, recodified to *N.J.A.C. 10:141-1.7*.

Annotations

## Notes

*Chapter Notes*

# *N.J.A.C. 10:141-1.9*

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 56 No. 4, February 20, 2024

***NJ - New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 141. TRAUMATIC BRAIN INJURY FUND > SUBCHAPTER 1. GENERAL PROVISIONS; REQUIREMENTS***

## § 10:141-1.9 Responsibilities of the case manager

**(a)** Beneficiaries meeting the requirement for case management shall receive it as a covered service of the Fund. A case manager shall:

**1.** Make an initial visit to the beneficiary to advise and assist the beneficiary in accessing supports and implementing a support plan;

**2.** Maintain telephone contact with the beneficiary and make subsequent visits on a mutually agreed basis, with Division authorization, to determine compliance with the support plan. The level of case management will depend on the complexity and cost of the support plan;

**3.** Contact the provider(s) of service to determine the progress of the beneficiary, and to obtain reports related thereto;

**4.** Be responsible for educating the beneficiary/family on methods and options to maintain, enhance, or increase independence;

**5.** Assist the beneficiary/provider in modifying the service plan as necessary, within the fiscal limits approved in the support plan; and

**6.** Make a final report to the Division on the outcome of supports and a recommendation if further support may be required. If additional service or support is desired/required, the beneficiary will be required to reapply to the Fund.

## History

**HISTORY:**

Recodified from *N.J.A.C. 10:141-1.10* and amended by R.2017 d.127, effective June 19, 2017.

See: *49 N.J.R. 240(a)*, *49 N.J.R. 1683(a)*.

In (a)4, inserted "the", and inserted a comma following "enhance". Former *N.J.A.C. 10:141-1.9*, Service coordination under the Fund, recodified to *N.J.A.C. 10:141-1.8*.

Annotations

## Notes

*Chapter Notes*

§ 10:141-1.9 Responsibilities of the case manager



End of Document

# N.J.A.C. 10:141-1.10

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 56 No. 4, February 20, 2024

***NJ - New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 141. TRAUMATIC BRAIN INJURY FUND > SUBCHAPTER 1. GENERAL PROVISIONS; REQUIREMENTS***

## § 10:141-1.10 Payments for supports/services

**(a)** The Fund is the payer of last resort. Payment shall be made only for those supports where no other benefit, funding, insurance coverage, subsidy, or other source of payment is available and when documentation can be rendered to show a need and a link to the habituation of the traumatic brain injury.

**(b)** Payment shall be made by the Division upon the completion or delivery of the service or support. In the case of continuing support, payment shall be made on a periodic basis.

**(c)** Unless otherwise specified, payments shall be made by the Division to the provider of service upon receipt of a bill for service/support rendered. If an individual provider is employed by or under contract to an agency or institution, payment shall be made to that agency or institution. Qualified private practitioners shall be reimbursed directly.

**(d)** Where specified under *N.J.A.C. 10:141-1.11(a)* and with prior approval of the case manager and the Division, payment may be made to the beneficiary as reimbursement for services rendered, with the submission of appropriate receipts.

**(e)** With prior approval of the case manager and the Division, payments may be advanced to the beneficiary for service/supports if the beneficiary is unable to directly finance the service. Receipts will be required from the beneficiary to verify provision of service/support. No payments will be made for expenses incurred prior to the approval of the Support Plan.

**(f)** All providers of service/support must be appropriately licensed, certified according to rules and regulations of their profession/service and the State of New Jersey, and/or comply with the provider requirements as specified under *N.J.A.C. 10:141-1.11(a)*.

**(g)** The Division will make payments based on individually negotiated rates, or on the basis of reasonable and customary charges.

**(h)** Failure to comply with the provisions of these rules could result in recovery of funds or preclude future payment for support.

## History

**HISTORY:**

Recodified from *N.J.A.C. 10:141-1.11* and amended by R.2017 d.127, effective June 19, 2017.

See: *49 N.J.R. 240(a)*, *49 N.J.R. 1683(a)*.

Rewrote (a); in (d) and (f), updated the N.J.A.C. reference; and in (f), inserted a comma following "New Jersey". Former *N.J.A.C. 10:141-1.10*, Responsibilities of the case manager, recodified to *N.J.A.C. 10:141-1.9*.

Annotations

## Notes

*Chapter Notes*



**End of Document**

# N.J.A.C. 10:141-1.11

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***NJ - New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 141. TRAUMATIC BRAIN INJURY FUND > SUBCHAPTER 1. GENERAL PROVISIONS; REQUIREMENTS***

## § 10:141-1.11 Eligible supports and services

**(a)** The following is a list of eligible supports and services that will be considered for sponsorship under the Fund:

**1.** Service coordination, defined as intensive assistance with resource coordination and advocacy. Only a credentialed care manager with experience in brain injury, who is employed by an agency, shall provide services;

**2.** Nursing services, defined as assessment and intervention related to professional nursing practice. A registered nurse or licensed practical nurse shall provide nursing services;

**3.** Neuropsychiatric/neuropsychological evaluation, defined as assessment of the beneficiary's deficits and strengths with recommendations for a treatment plan if necessary. A licensed psychiatrist or psychologist with knowledge of and experience with brain injury shall provide services;

**4.** Medication management, defined as monitoring of prescription medication, drug interactions, and modifications related to the brain injury. A licensed physician, nurse practitioner or clinic with experience in treating brain injury shall provide services;

**5.** Prescription medication, defined as the provision of medications to treat/manage the traumatic brain injury, as prescribed by a physician. A licensed pharmacist/pharmacy shall provide service;

**6.** Behavior management, defined as a time-limited program designed to assess and treat maladaptive or aggressive behavior, which is potentially destructive to the beneficiary or others. A licensed psychologist or psychiatrist, with experience in brain injury, shall provide service;

**7.** Substance abuse evaluation/treatment, defined as clinical intervention to resolve alcohol and/or drug problems experienced by the person with a traumatic brain injury. A certified alcohol and drug counselor with experience treating brain injury or a licensed alcohol/drug program shall provide services;

**8.** Counseling services, defined as individual or group intervention to resolve adjustment problems resulting from the brain injury. A licensed psychiatrist, psychologist, social worker or counselor shall provide services;

**9.** Cognitive rehabilitation therapy, defined as a time-limited intervention to improve memory, orientation, reasoning, appropriate verbal and behavioral responses. A professional who meets the certification standards for cognitive rehabilitation therapy as established by the Society for Cognitive Rehabilitation shall provide services;

**10.** Physical therapy, defined as a time-limited intervention to improve or maintain physical function, including muscle tone, gait and mobility. A licensed physical therapist or physical therapy assistant under supervision of a physical therapist shall provide services;

**11.** Occupational therapy, defined as a time-limited intervention to improve or maintain fine motor coordination and dexterity related upper body functions. Services shall be provided by a registered occupational therapist or a certified occupational therapy assistant;

**12.** Speech-language therapy, defined as a time-limited intervention to improve vocal and verbal skills, comprehension and expression, compensatory strategies or other treatments related to swallowing. A licensed speech-language pathologist or licensed speech therapist shall provide services;

**13.** Alternative therapy is defined as a heterogeneous set of practices or treatment modalities that are offered as an alternative or complementary adjunct to conventional medicine for the treatment of brain injury. Treatment modalities are time limited and must be approved by a national regulatory authority specifically for the treatment of brain injury. Evidence must be produced by the applicant/beneficiary of the efficacy and cost benefit of the particular therapy in treating brain injury. Providers of alternative therapy must be credentialed and recognized by an appropriate governing/regulatory body. Alternative therapy under the Fund shall be limited to:

**i.** Aqua therapy, which is a treatment where the patient is submersed in water to strengthen and to stretch muscles, ligaments and tendons and to build physical endurance;

**ii.** Biofeedback/neurofeedback, which is a non-invasive procedure that involves attaching sensors to the body. The sensors measure physical and cerebral response to internal and external stimuli. The patient can be trained to detect the subtleties of the body signals and learn new physiological responses;

**iii.** Chiropractic therapy, which is a therapy that emphasizes treatment of mechanical disorders of the musculoskeletal system, focusing on manual manipulation of joints, spine, and soft tissue;

**iv.** Hippotherapy, which is a physical, occupational and speech therapy treatment strategy that utilizes equine movement; and

**v.** Acupuncture/accupressure, which are Eastern holistic techniques that utilize needle sticks or pressure to manipulate body energy to relieve pain;

**14.** Structured day program, defined as a professionally managed program of meaningful group or individual activities provided during the day, in or out of home, with the purpose of developing or maintaining function and independence. A licensed community residential service provider agency, Commission for the Accreditation of Rehabilitation Facilities (CARF) accredited brain injury day program, or licensed medical day care center may provide services;

**15.** Life skills training, defined as teaching specific instrumental activities of daily living to increase independence and function. A professional with expertise in treating brain injury shall provide services;

**16.** Vocational services, defined as prevocational and extended vocational support to assist the beneficiary in obtaining and maintaining employment. A vocational professional with experience working with brain injury shall provide services;

**17.** Educational service, defined as assistance to the beneficiary obtaining educational services, including support while attending school or college and other activities related to education. A beneficiary shall provide the Fund with documents verifying eligibility for the educational program and shall demonstrate appropriate progress to be eligible for consideration of ongoing support. A credentialed professional shall provide services. Services are the provision of tutorial support designed to compensate for cognitive deficits associated with traumatic brain injury;

**18.** Respite care, defined as intermittent, temporary or short-term care to provide relief to or replace an absent or incapacitated unpaid caregiver. Services shall be provided in-home by a licensed or accredited home care agency or out-of-home by a licensed nursing facility, assisted living facility or community residential services program;

**19.** Medical care, defined as sub-acute treatment directly related to the traumatic brain injury. A licensed practitioner shall provide services;

**20.** Vision care, defined as eye care directly related to the traumatic brain injury. A licensed ophthalmologist or optometrist with experience in treating individuals with traumatic brain injury shall provide services. Payment for glasses or contact lenses will be limited to once every 12 months;

**21.** Dental care, defined as rehabilitative or restorative dentistry directly related to the treatment of dental injury related to the onset of, or care related to the traumatic brain injury. A licensed dentist shall provide services;

**22.** Protective legal services, defined as provision of guardianship services, preparation of a special needs trust and similar services related to the traumatic brain injury where these services are determined essential to the beneficiary's well being. Only attorneys who are members admitted to a state bar shall provide services;

**23.** Personal care, defined as assistance with eating, bathing, dressing, personal hygiene, activities of daily living, meal preparation and light housekeeping. A certified personal care assistant or home health aide shall provide services. Payments will be made only to licensed or accredited home care agencies, not individual contractors;

**24.** Companion care, defined as non-medical care, supervision, and socialization provided to the beneficiary to ensure safety and enhance quality of life. An individual experienced in working with brain injury may provide services, or a relative who is not a regular caregiver and does not reside in the residence of the applicant/beneficiary may provide services;

**25.** Parental support, defined as time-limited support required by a parent with a brain injury, when the parent is unable to perform with normal child rearing activities or defined as support for the parent when a child with a brain injury has behavioral and management problems. Only an adult with experience and training in brain injury and childcare shall provide this service. Support shall be centered on coaching and training the parent to perform parental care responsibilities independently. The parent must be present and involved in care when the service is rendered;

**26.** Household management, defined as support and assistance for a brain injured person in organizing the daily activities of managing a household, including shopping, meal preparation, housekeeping, bill paying and assistance with mail. This service may also include non-routine housekeeping required by the beneficiary to maintain a safe sanitary environment. An adult or provider agency with an understanding of brain injury shall provide services;

**27.** Financial management, defined as assistance with bill paying, banking and long-term financial planning when a knowledgeable family member or friend is not available. A financial professional or unrelated adult with experience and knowledge in financial management, depending on the complexity of the activity, shall provide services;

**28.** Transportation/vehicle modification, defined as payment for transportation services to provide access for the beneficiary to medical appointments, treatment facilities, or vocational programs. Activities under this service may include:

**i.** The modification of a vehicle specifically for the use/transport of the beneficiary if it is justified under the service plan as appropriate and cost effective. Certified licensed vendors must provide modifications to vehicles. If the vehicle is to be operated by the beneficiary, the beneficiary must have a valid driver's license, and demonstrate capacity to maintain insurance coverage. This benefit is limited to one vehicle per 12-month period;

**ii.** The purchase of services from a commercial transportation vendor including certified transportation services, such as ambulances, mobility assistance vehicles, or taxis. Payments may be made to the provider of the service or to the beneficiary/family upon presentation of the proof of purchase or service; and/or

**iii.** Reimbursement of the cost of travel for a beneficiary. The reimbursement shall not exceed the State's mileage rate as defined by the State Treasurer, the cost of any road tolls, and parking charges with valid receipts. This provision may be invoked by the Fund where beneficiaries demonstrate clear hardship in obtaining commercial transportation, or where individual travel reimbursement is in the best interest of the Fund;

**29.** Environmental modifications, defined as physical adaptation to the beneficiary's primary home necessary to ensure the health, welfare and safety of the beneficiary and/or to enable the beneficiary to function with greater independence. Modifications may include ramps and devices to assist with activities of daily living, room alterations or electrical and plumbing alterations to accommodate special equipment. This definition excludes adaptations or improvements to the home not directly related to the care of the beneficiary and excludes payment of expenses related to returning the environment to its original condition in accordance with Federal and State law. Services shall be provided by companies/businesses licensed to provide the intended modification. Three price quotations shall be required for any project with a cost over $ 1,500; and

**30.** Durable medical equipment and assistive technology. Durable medical equipment includes any equipment necessary to the beneficiary's health, safety, and function. Assistive technology is defined as any technological device that improves the functional independence of the beneficiary. Equipment and technology must be justified under the service plan as necessary, cost effective, and directly related to clinical rehabilitation. Social interaction and normal usage activities cannot be considered to justify a purchase of equipment or technology. The Fund shall, with clinical documentation of need, consider replacement of equipment after a period of 36 months after the original purchase date. Age and functionality are insufficient reasons to request replacement of equipment. The Fund shall limit purchases to essential computer periphery. This benefit is limited to one hard drive per applicant. This definition excludes payment for routine repairs, upgrades, or service contracts. Such expenses shall remain the responsibility of the beneficiary. Suppliers must be certified equipment providers. Payments may be made to the provider of service or to the beneficiary/family upon presentation of proof of purchase. A certified durable medical equipment provider or technology provider shall provide this service. Replacement or repair of lost or damaged equipment by the Fund is not guaranteed and shall be evaluated on a case-by-case basis.

## History

**HISTORY:**

*The following annotations apply to N.J.A.C. 10:141-1.12 prior to its recodification in part to N.J.A.C. 10:141-1.11 by R.2017 d.127:*

Amended by R.2006 d.422, effective December 4, 2006.

See: *38 N.J.R. 2015(a)*, *38 N.J.R. 5158(a)*.

In introductory paragraph of (a), substituted "sponsorship under" for "assistance from"; in (a)1, substituted "Only a" for "A"; in (a)17, inserted the second sentence; in (a)23, substituted "admitted to a state bar" for "of the New Jersey Bar"; in (a)27, substituted "Parental support" for "Child care assistance"; rewrote (a)31 through (a)34; in (b)4, inserted "or recreation"; in (b)5, inserted "or the treatment"; in (b)13, deleted "and" from the end; in (b)14, substituted a semicolon for a period at the end; and added (b)15 through (b)20.

Amended by R.2010 d.064, effective May 3, 2010.

See: *41 N.J.R. 4657(a)*, *42 N.J.R. 844(a)*.

In (a)9 through (a)12, inserted "a time limited"; in (a)10, inserted a comma following "function"; in (a)12, deleted a comma following "strategies" and inserted "or licensed speech therapist"; rewrote (a)13 and (a)17 through (a)21; deleted former (a)22, (a)26, (a)30 and (a)34; recodified former (a)23 through (a)25 as (a)22 through (a)24, (a)27 through (a)29 as (a)25 through (a)27 and (a)31 through (a)33 as (a)28 through (a)30; rewrote (a)22, (a)25, (a)26, (a)28, (a)29 and (a)30; in (a)27, substituted "Financial" for "Money" and deleted ", resource investment" following "banking"; rewrote (b)6; in (b)8 and (b)9, substituted "provided" for "furnished"; in (b)19, deleted "and" from the end; in (b)20, substituted a semicolon for a period at the end; and added (b)21 through (b)33.

*The following annotations apply to N.J.A.C. 10:141-1.11 subsequent to its recodification in part from N.J.A.C. 10:141-1.12 by R.2017 d.127:*

Recodified in part from *N.J.A.C. 10:141-1.12(a)* and amended by R.2017 d.127, effective June 19, 2017.

See: *49 N.J.R. 240(a)*, *49 N.J.R. 1683(a)*.

Section was "Eligible and ineligible supports and services". In (a)7 and (a)16, deleted "shall provide services" preceding the second occurrence of "with", and inserted "shall provide services" at the end; in (a)13iii, inserted "therapy", and inserted a comma following "spine"; in (a)24, inserted a comma following "supervision" and following the first occurrence of "services", and substituted "ensure" for "insure"; in the introductory paragraph of (a)28, inserted a comma following "facilities"; in (a)28i, substituted "Certified" for "Authorized"; in (a)28ii, substituted "certified" for "authorized", and inserted a comma following "vehicles"; and in (a)30, substituted ". Durable" for ", defined as", and inserted a comma following "safety", following "effective", and following "upgrades", and substituted the first occurrence of "certified" for "authorized".

Former *N.J.A.C. 10:141-1.11*, Payments for supports/services, recodified to *N.J.A.C. 10:141-1.10*.

Annotations

## Notes

*Chapter Notes*

# *N.J.A.C. 10:141-1.12*

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***NJ - New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 141. TRAUMATIC BRAIN INJURY FUND > SUBCHAPTER 1. GENERAL PROVISIONS; REQUIREMENTS***

## § 10:141-1.12 Ineligible supports and services

**(a)** The following list represents ineligible goods, services, and other items that will not be considered for assistance from the Fund:

**1.** Acute medical care or emergency medical treatment;

**2.** Motor vehicles or automobiles;

**3.** Recreational drugs, alcohol, or any illegal substances;

**4.** Costs associated with vacations or other entertainment or recreation expenses;

**5.** Any item or service that is unrelated to the diagnosis or the treatment of brain injury;

**6.** Entertainment equipment, such as TVs, VCRs, and gaming systems;

**7.** Food and meals, except on an emergent basis;

**8.** Services provided by relatives, except as provided for under *N.J.A.C. 10:141-1.11*;

**9.** Services provided by individuals or agencies without appropriate licensure or certification;

**10.** Furniture or home furnishings, except as provided for under *N.J.A.C. 10:141-1.11*;

**11.** Child care services furnished outside the applicant/beneficiary's home;

**12.** Legal services other than those provided for under *N.J.A.C. 10:141-1.11*;

**13.** Any service or support available to the general public through a governmental program or agency, and for which there is no charge;

**14.** Items to be used as gifts, including cash;

**15.** Payment for normal expenses related to the operation or maintenance of a vehicle;

**16.** Payment for cable television and internet services;

**17.** Payment for services needed by a beneficiary's family;

**18.** Payment for insurance coverage other than medical or pharmaceutical insurance;

**19.** Veterinary care, except for credentialed service animals;

**20.** Consumable supplies associated with the use of a computer;

**21.** Co-pays and deductibles associated with insurance coverage;

**22.** Services requested to supplement other government or public programs;

**23.** Routine costs associated with moving or relocation;

**24.** Gym and health club memberships;

**25.** Services requested because a provider does not accept insurance, including Medicare, Medicaid, and/or other government health programs for which the applicant is otherwise entitled or eligible;

**26.** Hospice services or palliative care;

**27.** Massage therapy;

**28.** Therapies and treatments, other than those set forth in *N.J.A.C. 10:141-1.11*;

**29.** Treatments and services that are deemed to be experimental and/or have not been approved by the United States Food and Drug Administration or other recognized regulatory body;

**30.** Personal care services that are determined to be custodial in nature;

**31.** Payment to providers outside the State of New Jersey;

**32.** Payment of health insurance premiums; and

**33.** Payment for desktop and laptop computers in circumstances other than defined in *N.J.A.C. 10:141-1.11(a)*30.

## History

**HISTORY:**

New Rule, R.2017 d.127, effective June 19, 2017.

See: *49 N.J.R. 240(a)*, *49 N.J.R. 1683(a)*.

Recodified former *N.J.A.C. 10:141-1.12(b)* as new *N.J.A.C. 10:141-1.12(a)*; and rewrote (a). Former paragraphs (a) through (a)30 of *N.J.A.C. 10:141-1.12*, Eligible and ineligible supports and services, recodified to *N.J.A.C. 10:141-1.11*.

Annotations

## Notes

*Chapter Notes*

# *N.J.A.C. 10:141-1.13*

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***NJ - New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 141. TRAUMATIC BRAIN INJURY FUND > SUBCHAPTER 1. GENERAL PROVISIONS; REQUIREMENTS***

## § 10:141-1.13 Emergency services

**(a)** The Fund shall utilize the following procedure where emergency services are requested under the Fund:

**1.** Emergency services shall be considered in circumstances where there is a request to the Fund that cannot be heard according to the provisions of *N.J.A.C. 10:141-1.7*.

**2.** Emergency services shall be authorized at the discretion of the Division Director and shall be invoked when a delay in the provision of services would cause a direct threat to the health and safety of the applicant. Emergency services shall include but not be limited to:

**i.** Pharmaceuticals;

**ii.** Mental health services;

**iii.** One-time payment of housing security deposit, one-time payment of rent or mortgage in circumstances of unforeseen homelessness, to facilitate physical access or to facilitate institutional discharge. Beneficiaries must demonstrate the ability to maintain self-sufficiency after Fund assistance has been provided; and

**iv.** Respite or home health services on a time-limited basis.

**(b)** Medical emergencies shall be referred directly to local hospitals or health care facilities. In no instance will acute or emergency medical services be paid for by the Fund.

**(c)** The Fund staff shall report all emergency service activity to the Review Committee at each scheduled committee meeting.

## History

**HISTORY:**

Amended by R.2006 d.422, effective December 4, 2006.

See: *38 N.J.R. 2015(a)*, *38 N.J.R. 5158(a)*.

Rewrote (a); and added (c).

Amended by R.2010 d.064, effective May 3, 2010.

See: *41 N.J.R. 4657(a)*, *42 N.J.R. 844(a)*.

In the introductory paragraph of (a)2, inserted the last sentence; and added (a)2i through (a)2iv.

Amended by R.2017 d.127, effective June 19, 2017.

See: *49 N.J.R. 240(a)*, *49 N.J.R. 1683(a)*.

Rewrote (a)2iii.

Annotations

## Notes

*Chapter Notes*



End of Document

# N.J.A.C. 10:141-1.14

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## § 10:141-1.14 Revenue and reporting of expenditures

**(a)** In accordance with *N.J.S.A. 30:6F-7*, the Division of Disability Services in the Department of Human Services shall prepare an annual report on the status of the Fund. The report shall include the following information:

**1.** The number of beneficiaries;

**2.** The average expenditure per beneficiary; and

**3.** The average income and expenditures of persons or families who received financial assistance from the Fund.

**(b)** The Division, in consultation with the Council, shall prepare for the Department any suggested changes in the law or regulations governing the Fund.

**(c)** The Department shall submit the report with any suggested amendments to the Governor and to the Senate and General Assembly committees responsible for health and human services.

Annotations

## Notes

*Chapter Notes*