

[N.J.A.C. 10:46](#)

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 56 No. 3, February 5, 2024

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Title 10, Chapter 46 -- Chapter Notes

Statutory Authority

CHAPTER AUTHORITY:

[N.J.S.A. 30:1-12](#), 30:4-25.2, and 30:6D-23 et seq.

History

CHAPTER SOURCE AND EFFECTIVE DATE:

R.2021 d.122, effective September 24, 2021.

See: [52 N.J.R. 390\(a\)](#), [53 N.J.R. 1839\(a\)](#).

CHAPTER HISTORICAL NOTE:

Chapter 46, Application and Admission to Functional Services, was adopted and became effective prior to September 1, 1969.

Chapter 46, Application and Admission to Functional Services, was repealed and Chapter 46, Determination of Eligibility, was adopted as new rules by R.1990 d.409, effective September 17, 1990. See: 21 N.J.R. 3712(a), 22 N.J.R. 3030(a).

Pursuant to Executive Order No. 66(1978), Chapter 46, Determination of Eligibility, was readopted as R.1995 d.511, effective August 17, 1995. See: 27 N.J.R. 2157(a), [27 N.J.R. 3606\(a\)](#).

Chapter 46, Determination of Eligibility, was renamed Determination of Eligibility and Contribution to Care and Maintenance Requirements; and Subchapter 5, Offers by the Division, Subchapter 6, Termination and Subchapter 7, Appeals Process, were adopted as new rules by R.1998 d.468, effective September 8, 1998. See: [30 N.J.R. 1737\(a\)](#), [30 N.J.R. 3271\(a\)](#).

Pursuant to Executive Order No. 66(1978), Chapter 46, Determination of Eligibility and Contribution to Care and Maintenance Requirements, was readopted as R.2000 d.361, effective August 4, 2000. See: [32 N.J.R. 2020\(a\)](#), [32 N.J.R. 3326\(a\)](#).

Chapter 46, Determination of Eligibility and Contribution to Care and Maintenance Requirements, was readopted as R.2005 d.391, effective October 18, 2005. See: [37 N.J.R. 2326\(a\)](#), [37 N.J.R. 4443\(b\)](#).

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Chapter 46, Determination of Eligibility and Contribution to Care and Maintenance Requirements, was renamed Determination of Eligibility by R.2007 d.307, effective October 1, 2007. See: [39 N.J.R. 1387\(a\)](#), [39 N.J.R. 4122\(a\)](#).

Chapter 46, Determination of Eligibility, was readopted as R.2011 d.120, effective March 24, 2011. See: [42 N.J.R. 2889\(a\)](#), [43 N.J.R. 1014\(b\)](#).

In accordance with N.J.S.A. 52:14B-5.1b, Chapter 46, Determination of Eligibility, was scheduled to expire on March 24, 2018. See: [43 N.J.R. 1203\(a\)](#).

Chapter 46, Determination of Eligibility, was repealed and Chapter 46, Determination of Eligibility, was adopted as new rules by R.2013 d.013, effective January 22, 2013. See: [44 N.J.R. 2269\(b\)](#), [45 N.J.R. 118\(a\)](#).

Chapter 46, Determination of Eligibility, was readopted with amendments by R.2021 d.122, effective September 24, 2021. See: Source and Effective Date. See, also, section annotations.

Annotations

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Research References & Practice Aids

CHAPTER EXPIRATION DATE:

Chapter 46, Determination of Eligibility, expires on September 24, 2028.

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§ 10:46-1.1 Purpose; authority

(a) Pursuant to [N.J.S.A. 30:1-12](#), 30:4-25.2, 30:4-25.3, 30:4-25.9, 30:4-25.11, 30:6D-1 et seq. (P.L. 1985, c. 145), and 30:4-60 et seq. (P.L. 1995, c. 155), the Division of Developmental Disabilities, Department of Human Services (Division), intends this chapter to establish guidelines and criteria for determination of eligibility for services to individuals with developmental disabilities.

(b) Pursuant to [N.J.S.A. 30:4-25.9](#), the applicant shall apply for and maintain all current and future benefits for which he or she may be eligible, including, but not limited to, Medicare, Medicaid, any other State or Federal benefits, and any third-party support pursuant to statute, rule, court order, or contract. The Division offers services funded through Medicaid and Medicaid waivers. In order for the Division to provide waiver services to an individual, the individual must be eligible for the waiver, the service provided must be a waiver service, and the setting in which the service is provided must meet waiver requirements. The individual, guardian, or representative-payee, as applicable, must apply for the appropriate waiver and comply with all the requirements of eligibility for these benefits. The individual, guardian, or representative-payee is also responsible for maintaining eligibility for those benefits. Medicaid eligibility is determined by and through the appropriate eligibility agency.

(c) When an individual receives residential services from the Division funded through contract reimbursement, he or she is required to contribute to the cost of care and maintenance. The requirements and financial ability of the individual and that of his or her legally responsible relatives to contribute to the cost of care and maintenance are set forth at [N.J.A.C. 10:46D](#), Contributions for Care and Maintenance Requirements. Pursuant to [N.J.S.A. 30:4-25.9](#), the obligation to make payments is a condition of eligibility.

(d) The availability of services shall be limited to the Division's funding in a given fiscal year.

(e) If an individual fails to obtain and maintain Medicaid eligibility as determined by the appropriate Medicaid eligibility agency, the individual remains responsible for the full cost of care and the Division reserves the right to charge the individual for any expense that the Division incurs while providing services without Federal assistance.

(f) To the extent practicable, Division applications, publications, and other written materials shall be provided in the individual's primary language and in alternate formats as needed.

History

HISTORY:

Amended by R.2021 d.122, effective November 1, 2021.

See: [52 N.J.R. 390\(a\)](#), [53 N.J.R. 1839\(a\)](#).

In (a), updated the N.J.S.A. references and inserted a comma preceding the first occurrence of "and"; and in (c), inserted "funded through contract reimbursement" and substituted "at" for "in".

Annotations

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§ 10:46-1.2 Scope

The provisions of this chapter shall apply to all individuals applying to the Division for eligibility under [N.J.S.A. 30:4-25.1](#) et seq., and [30:4-165.1](#) et seq. Individuals under the age of 21, individuals who do not meet functional eligibility criteria, and individuals who are not Medicaid eligible, are not eligible to receive Division services, except for transitional planning as provided for at [N.J.A.C. 10:46-2.1\(h\)](#).

History

HISTORY:

Amended by R.2021 d.122, effective November 1, 2021.

See: [52 N.J.R. 390\(a\)](#), [53 N.J.R. 1839\(a\)](#).

Inserted a comma preceding the first occurrence of "and", substituted "at" for "in", and updated the N.J.A.C. reference.

Annotations

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§ 10:46-1.3 Definitions

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

"Application" means the form available at Division offices or on the Division website at: www.state.nj.us/humanservices/ddd/services/apply/index.html (see [N.J.A.C. 10:46-3.2\(a\)](#)). The term includes any supporting documentation deemed necessary by the Division to make an informed determination with regard to applicant eligibility, including medical information. Supporting documentation may include, but is not limited to, educational, psychiatric, psychological, vocational, rehabilitation, medical, and social service records.

"Assistant Commissioner" means the Assistant Commissioner of the Division of Developmental Disabilities.

"Benefits" means all current and future sources of cash and health assistance from Federal, State, or private entities including, but not limited to, Social Security, SSI, Medicare, Medicaid, State, and Federal funds and any third-party support pursuant to State rule, order, or by contract.

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

"Developmental disability" means a severe, chronic disability of an individual, which:

1. Is attributable to a mental or physical impairment or combination of mental or physical impairments;
2. Is manifest before age 22;
3. Is likely to continue indefinitely;
4. Results in substantial functional limitations in three or more of the following areas of major activities of daily living:
 - i. Self-care;
 - ii. Receptive and expressive language;
 - iii. Learning;
 - iv. Mobility;
 - v. Self-direction;
 - vi. Capacity for independent living; and
 - vii. Economic self-sufficiency; and
5. Reflects the need for a combination and sequence of special interdisciplinary or generic care, treatment, or other services, which are of lifelong or extended duration and are individually planned and coordinated.

§ 10:46-1.3 Definitions

Developmental disability includes, but is not limited to, severe disabilities attributable to intellectual disability, autism, cerebral palsy, epilepsy, spina bifida, and other neurological impairments where the above criteria are met.

"Division" means the Division of Developmental Disabilities.

"Guardian" means a person or agency appointed by a court of competent jurisdiction to make decisions on behalf of an individual determined by the court to lack decision-making capacity in certain areas as set forth at [N.J.S.A. 3B:12-24.1](#).

"Intake team" means at least two professionals, one of whom is the intake worker and one who is a psychologist, who are responsible for determining whether the eligibility criteria contained in this chapter have been met.

"Intake worker" means a professional employee of the Division or a contracted entity who completes an appropriate program of training as determined by the Division. The program of training, at a minimum, includes an orientation and instruction in the identification of developmental disabilities, the use of evaluation tools, and interaction techniques.

"Medical information" means reports that have been provided by licensed practitioners that demonstrate the existence of a developmental disability, as well as the individual's current physical condition and significant medical history.

"Mental illness" means a current substantial disturbance of thought, mood, perception, or orientation that significantly impairs judgment, behavior, or capacity to recognize reality but does not include simple alcohol intoxication, transitory reaction to drug ingestion, organic brain syndrome, or developmental disability. [N.J.S.A. 30:4-27.2](#) (P.L. 1987, c. 116.)

"Mental impairment" means impairment in cognitive, neurological, sensory, or cerebral functioning resulting from other than mental illness.

"Neurological Impairment (NI)" means a severe disorder of the central nervous system:

1. Evidenced by a medical diagnosis that is listed in the International Classification of Diseases, 10th revision, Clinical Modification (ICD-10-CM), incorporated herein by reference, as amended and supplemented. The ICD-10-CM is available by contacting the Center for Disease Control and Prevention, National Center for Health Services, 3311 Toledo Road, Hyattsville, MD, 20782, or at www.cdc.gov; and
2. Documented by the results from valid medical or neuropsychological testing.

"Physical impairment" means impairment in physical functioning that is substantial and results from neurological impairment, such as, but not limited to, cerebral palsy, spina bifida, spinal atrophies, and spinal cord injuries.

"Primary residence" means the dwelling where the individual usually lives. Second homes or privately made residential placements are not a primary residence.

"Resident" means a person who is a domiciliary of New Jersey for other than a temporary purpose and whose primary residence is in New Jersey.

"Transitional planning" means information and training provided to individuals between the ages of 16 and 21 to prepare for the transition from an individual's educational entitlement to adult life, with an emphasis on preparation for employment.

"Waiver" means a Medicaid waiver authorized by the Federal Centers for Medicare and Medicaid Services (CMS), pursuant to a program in which states request permission from CMS to provide a broad array of services, excluding room and board, that are not otherwise covered under the Medicaid program. These services are designed to support an individual in the individual's home and community, thereby preserving the individual's independence and bonds to family and friends, at a cost that is not higher than institutional care.

"Waiver services" means the services available in the authorized Medicaid waiver program in which an individual is enrolled.

History

HISTORY:

Amended by R.2021 d.122, effective November 1, 2021.

See: [52 N.J.R. 390\(a\)](#), [53 N.J.R. 1839\(a\)](#).

In definition "Application", updated the website; rewrote definition "Guardian"; deleted definitions "Intermediate Care Facility for Individuals with Intellectual or Developmental Disabilities (ICF/ID-DD)" and "Personal care"; in definition "Mental illness", substituted "that" for "which" and inserted "[N.J.S.A. 30:4-27.2](#)"; and in definition "Neurological Impairment (NI)", paragraph 1, substituted "10th" for "9th" and "ICD-10-CM" for "ICD-9-CM" twice.

Annotations

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Case Notes

As [N.J.S.A. 30:6D-3](#) and [30:6D-25](#) do not require an applicant for services to have developed substantial functional limitations in three major life areas before age 22, the New Jersey Division of Developmental Disabilities' contrary interpretation, codified in [N.J.A.C. 10:46-1.3](#), exceeded its authority and was invalid. [T.H. v. DIVISION OF DEVELOPMENTAL DISABILITES, 189 N.J. 478, 916 A.2d 1025, 2007 N.J. LEXIS 191 \(2007\)](#).

Agency adopted and approved an Initial Decision of an ALJ finding that an applicant for services from the Division of Developmental Disabilities was entitled to services. It was shown that the applicant had been diagnosed with Asperger's and that his limitations, which included economic self-sufficiency, self-direction and capacity for independent living, were attributable to his Asperger's, not to his concurrent mental illness. [P.M. v. Div. of Developmental Disabilities, OAL DKT. NO. HDD 8034-16, 2017 N.J. AGEN LEXIS 1156](#), Final Agency Determination (November 2, 2017).

Agency determination that a 34 year old man who was diagnosed, as a child, with Asperger's, obsessive compulsive disorder and other syndromes did not demonstrate that he suffered from "substantial functional limitations" in three or more major life activities was rejected by an ALJ because the evidence was persuasive that the applicant was limited in "self-direction," "capacity for independent living" and "economic self-sufficiency" and thus met the criteria for services. [P.M. v. Div. of Dev. Disabilities, OAL DKT. NO. HDD 8034-16, 2017 N.J. AGEN LEXIS 589](#), Initial Decision (August 4, 2017).

Division of Developmental Disabilities (DDD) erred in determining that an applicant was ineligible for services on the ground, inter alia, that he did not demonstrate that he is substantially limited in his functionality in the manner contemplated by the statute and regulation. The applicant had been diagnosed as autistic and had related psychiatric disorders. The applicant had proven, by a preponderance of credible evidence, that he suffered from a severe, chronic disability that was attributable to a mental impairment, that was manifest before age 22, and that was likely to continue indefinitely. [M.L. v. Div. of Developmental Disabilities, OAL DKT. NO. HDD 01916-15, 2016 N.J. AGEN LEXIS 1265](#), Initial Decision (December 20, 2016).

Twenty-one year old woman met the regulatory criteria for eligibility for services from the Division of Developmental Disabilities because even though she evidenced some psychiatric illness, the primary cause of her

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substantial limitation in all major life activities was that she suffered from an autism spectrum disorder that was severe and chronic, had manifested itself prior to age 22, and was not primarily attributable to mental illness. Specifically, she was limited in the areas of self-care and direction, communication, and learning, and expert testimony established that she would never be able to live independently or be economically self-sufficient. [K.S. v. Div. of Developmental Disabilities, OAL DKT. NO. HDD 05396-16, 2016 N.J. AGEN LEXIS 1255](#), Initial Decision (December 15, 2016).

Evidence adduced in connection with a parent's challenge to a determination by the New Jersey Department of Human Services, Division of Developmental Disabilities (DDD) that her minor son was not eligible for services because he did not have a "developmental disability" within the meaning of [N.J.S.A. 30:6D-25\(b\)](#) and [N.J.A.C. 10:46-1.3](#) did not establish that her son was substantially functionally limited in three of seven major life areas. Specifically, though the minor was diagnosed with ADHD with sensory integration dysfunction and had shown some symptoms that were consistent with an Autistic Spectrum Disorder (ASD), he was not properly diagnosed with ASD as defined by authorities such as the DSM-IV. Moreover, the weight of the evidence tended to show that the minor did not exhibit oppositional hyperactivity in school even when not medicated; that the minor showed oppositional hyperactivity behavior primarily when home with his parents, where he received no consequences for such behavior; and that the minor's adaptive functioning assessment did not show substantial functional limitations. [D.N. v. Division of Developmental Disabilities, OAL Dkt. No. HDD 01996-10, 2013 N.J. AGEN LEXIS 179](#), Initial Decision (July 3, 2013).

Determination by an administrative law judge finding that a client was eligible for services from the Division of Developmental Disabilities (DDD) was rejected because the client did not meet the requirements for a chronic disability when the only IQ test administered to the client before he turned age 22 showed a full score of 86, and the testimony of the client's parents did not support the assertion that the client was mentally disabled with an IQ under 70 prior to the age of 22 as required to receive DDD services. The evidence also showed that before the client reached the age of 22 he had shown abilities that were not consistent with a person who was mentally disabled such as taking and passing a driver's test, driving, attending school, and holding jobs. Further if the client's mental illness contributed to his subsequent low IQ test scores, he was not eligible for DDD services because mental illness was specifically excluded by law. [E.B. v Div. of Developmental Disabilities, OAL Dkt. No. HDD2993-06, 2008 N.J. AGEN LEXIS 1535](#), Final Decision (January 31, 2008).

Division of Developmental Disabilities accepted an administrative law judge's (ALJ's) decision that an applicant was not eligible for services because he was not substantially functionally limited in three of six major life areas as the result of his disability. The ALJ considered independent living or economic self-sufficiency as one category of major life activity pursuant to the Division's properly promulgated regulations at [N.J.A.C. 10:46-1.3](#). To the extent that the applicant was challenging the validity of that regulation, the appropriate forum for that challenge was the Appellate Division. Even if successful, a challenge to the regulation would not change the result in this case because the applicant failed to prove substantial function limitations in any of the domains. [M.R. v. Div. of Developmental Disabilities, OAL Dkt. No. HDD04483-2006S, 2007 N.J. AGEN LEXIS 1289](#), Final Decision (November 5, 2007).

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[N.J.A.C. 10:46-2.1](#)

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§ 10:46-2.1 General eligibility

- (a) An individual must be determined eligible for services under this chapter before the Division can provide services, not including transitional planning to individuals under the age of 21.
- (b) An individual must have a developmental disability in order to be determined eligible for services.
1. Neurological impairment is not a diagnosis itself. Diagnoses related to neurological impairments that establish developmental disability may include, but are not limited to: spina bifida, epilepsy, traumatic brain injury, and acquired brain injury.
 2. Conditions that do not independently meet the criteria set forth in the definition of developmental disability include, but are not limited to:
 - i. An education classification of neurological impairment;
 - ii. Attention deficit hyperactivity disorder (ADHD);
 - iii. Learning disorder;
 - iv. Oppositional defiant disorder; and
 - v. Conduct disorder.
- (c) An otherwise eligible individual who is not eligible for Medicaid shall receive time-limited services from the Division, not to exceed 30 days, when the following are met:
1. The services are necessary to address an immediate threat to life or safety;
 2. The individual or his or her guardian complies with all requirements as determined by the Division, including, but not limited to, completing all necessary paperwork in an expedited manner and acknowledging, in writing, that the services are time-limited and will be terminated within 30 days unless the individual becomes eligible for Medicaid within that timeframe; and
 3. The written authorization of the Assistant Commissioner has been obtained.
- (d) An otherwise eligible individual receiving services from the Division, who was previously eligible for Medicaid and loses Medicaid eligibility, shall receive time-limited services not to exceed 60 days from the time of Medicaid ineligibility, provided that:
1. The individual or his or her guardian complies with all requirements as determined by the Division, including, but not limited to, completing all necessary paperwork in an expedited manner and acknowledging, in writing, that the services are time-limited for a period of 60 days unless the individual becomes eligible for Medicaid within that timeframe; and
 2. The written authorization of the Assistant Commissioner has been obtained.
- (e) An individual receiving services under (d) above shall receive services for an additional time-limited period not to exceed 30 days, provided the conditions in (c)1, 2, and 3 above are met.

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(f) In order to receive waiver services, an individual or his or her guardian is responsible to apply, and become eligible for, the applicable Medicaid waiver. Individuals are also responsible to apply for and maintain all current and future benefits for which the applicant may be eligible, including, but not limited to, any applicable waiver, Social Security, SSI, Medicare, Medicaid, any other State or Federal benefits and any third-party support pursuant to statute, rule, court order, or contract. The individual is also required to comply with all of the requirements of the programs for which she or he is eligible in order to maintain eligibility for services.

(g) When an individual receives residential services from the Division funded through contract reimbursement, he or she is also required to contribute to the cost of care and maintenance. The requirements and financial ability of the individual and that of their legally responsible relatives to contribute to the cost of care and maintenance are set forth at [N.J.A.C. 10:46D](#), Contributions for Care and Maintenance Requirements.

(h) At age 16, individuals may seek transitional planning from the Division. At age 18, individuals may apply for eligibility from the Division. The Division will not provide services to individuals, other than transitional planning, until the individual reaches 21 years of age.

1. Individuals who were determined eligible for services prior to January 22, 2013, shall be presumed eligible to receive Division services when they reach 21 years of age, except any individual born on or after January 1, 1997. Individuals born on or after January 1, 1997 shall be required to reapply to the Division for eligibility after they reach 18 years of age.

(i) The Division may, in its discretion, reevaluate an individual's eligibility at any time. A referral for reevaluation shall cite specific concerns regarding eligibility.

(j) It is the Division's policy to fund services in the State of New Jersey, except where the conditions stipulated at [N.J.S.A. 30:6D-21.1](#) through 21.3 (P.L. 2015, c. 192) exist.

History

HISTORY:

Amended by R.2021 d.122, effective November 1, 2021.

See: [52 N.J.R. 390\(a\)](#), [53 N.J.R. 1839\(a\)](#).

Deleted former (f); recodified former (g) through (k) as (f) through (j); in (g), inserted "funded through contract reimbursement" and substituted "at" for "in"; and in (j), inserted ", except where the conditions stipulated at [N.J.S.A. 30:6D-21.1](#) through 21.3 (P.L. 2015, c. 192) exist".

Annotations

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Case Notes

Determination by an administrative law judge finding that a client was eligible for services from the Division of Developmental Disabilities (DDD) was rejected because the client did not meet the requirements for a chronic disability when the only IQ test administered to the client before he turned age 22 showed a full score of 86, and the

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testimony of the client's parents did not support the assertion that the client was mentally disabled with an IQ under 70 prior to the age of 22 as required to receive DDD services. The evidence also showed that before the client reached the age of 22 he had shown abilities that were not consistent with a person who was mentally disabled such as taking and passing a driver's test, driving, attending school, and holding jobs. Further if the client's mental illness contributed to his subsequent low IQ test scores, he was not eligible for DDD services because mental illness was specifically excluded by law. [E.B. v Div. of Developmental Disabilities, OAL Dkt. No. HDD2993-06, 2008 N.J. AGEN LEXIS 1535](#), Final Decision (January 31, 2008).

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§ 10:46-2.2 Residency

(a) An individual must be a resident of New Jersey before the Division can provide services. It shall be the responsibility of the individual applying for eligibility, or his or her guardian, to establish residency in the State of New Jersey. Residency shall be determined in the following manner:

1. An individual applying for eligibility shall be deemed a resident of the State if he or she lives in the State as his or her primary residence at the time of application for eligibility, unless the individual meets the criteria outlined in (a)2 below. If an individual has a guardian, the guardian must also live in the State as his or her primary residence at the time of application for eligibility, unless the guardianship determination does not include residential decision-making by the guardian.
2. When an individual applying for eligibility is residing in an out-of-State residential placement at the time of application for eligibility and the conditions stipulated at [N.J.S.A. 30:6D-21.1](#) through 21.3 (P.L. 2015, c. 192) do not apply, she or he shall indicate on the application that it is their intention to return to New Jersey to receive in-State services no later than six months after eligibility has been established. If the individual does not return to New Jersey within six months of the determination of eligibility, the individual will not have met the residency requirement, and eligibility will be rescinded. If the individual is not yet 21 years of age, the individual will have no more than six months after their 21st birthday to return to New Jersey or the individual will not have met the residency requirement and eligibility will be rescinded.

(b) If an individual 21 years of age or older has already been determined functionally eligible for services and is residing in an out-of-State placement and the conditions stipulated at [N.J.S.A. 30:6D-21.1](#) through 21.3 (P.L. 2015, c. 192) do not apply, the individual shall return to New Jersey within six months of notification from the Division or the individual will no longer meet the residency requirement and eligibility will be rescinded. An individual whose eligibility is rescinded under this section may reapply at any time if she or he returns to New Jersey and is living in the State as his or her primary residence.

1. If the individual's out-of-State residential placement is being funded by the Division, the individual may choose to either return to his or her family home in New Jersey and receive in-home supports, or shall be offered an in-State residential placement.
2. If the individual's out-of-State residential placement is not being funded by the Division, but the individual meets the emergency criteria listed in [N.J.A.C. 10:46B](#), the individual shall be offered in-State emergency services.

(c) Exceptions to (a)2 and (b) above may be made with the authorization of the Assistant Commissioner in one of the following two circumstances only:

1. The Division has been unable to make an offer of placement within the six-month timeframe, and the individual and his or her guardian are fully cooperating and making substantial and documented good faith efforts to further the goal of locating in-State services. Substantial and documented good faith efforts include, but are not limited to: attending all transitional and planning meetings, participating in in-State program visits, completing all necessary waiver and other paperwork, and responding to all Division requests for information in a timely manner; or

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2. The individual's services are reimbursed by Medicaid under the Community Care Program (CCP) and health and safety can be assured despite the individual not residing in the State.
- (d) If an individual who has a guardian is admitted to services, and the guardian moves out-of-State, the individual may remain in Division services. Additionally, the guardian is free to request a discharge from services or an interstate transfer.
- (e) If any individual is receiving services funded totally or partially by a public or private agency in another state, that individual shall not be considered a resident of New Jersey.
- (f) For individuals applying for services whose guardian is in the U.S. military service, residency may be established when the guardian can produce permanent change of station orders to New Jersey.
- (g) For individuals applying for services who are not U.S. citizens, the following must be satisfied to establish residency:
1. The individual must be a permanent alien resident, or his or her guardian must be a U.S. citizen or a permanent alien resident;
 2. The individual or his or her guardian must be a resident of New Jersey; and
 3. The individual must be New Jersey Medicaid eligible.

History

HISTORY:

Amended by R.2021 d.122, effective November 1, 2021.

See: [52 N.J.R. 390\(a\)](#), [53 N.J.R. 1839\(a\)](#).

In (a)2 and in the introductory paragraph of (b), inserted "and the conditions stipulated at [N.J.S.A. 30:6D-21.1](#) through 21.3 (P.L. 2015, c. 192) do not apply"; and in (c)2, substituted "Program (CCP)" for "Waiver (CCW)".

Annotations

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[N.J.A.C. 10:46-3.1](#)

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NJ - New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 46. DETERMINATION OF ELIGIBILITY > SUBCHAPTER 3. APPLICATION

§ 10:46-3.1 Who may apply

(a) Application for eligibility to receive Division services at the age of 21 under this chapter may be made by the following individuals:

1. An individual 18 years of age or older may apply on his or her own behalf;
2. The guardian of an individual 18 years of age or older; or
3. A court of competent jurisdiction may apply on behalf of an individual 18 years of age or older, who appears to have a developmental disability.

(b) Pursuant to [N.J.S.A. 30:4C-4.4](#) (P.L. 2012, c. 16, sec. 158), the Division may continue to provide services to certain individuals under age 21 whom it is serving on January 22, 2013.

(c) Eligibility for services from any other State agency, including but not limited to, the Department of Health, the Department of Children and Families, or a local education authority, does not create a presumption of eligibility for Division services.

History

HISTORY:

Amended by R.2021 d.122, effective November 1, 2021.

See: [52 N.J.R. 390\(a\)](#), [53 N.J.R. 1839\(a\)](#).

In (b), inserted "[N.J.S.A. 30:4C-4.4](#) (" and ")" after "158".

Annotations

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[N.J.A.C. 10:46-3.2](#)

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§ 10:46-3.2 How to apply

- (a) Application shall be made on forms supplied by the Division.
- (b) Documentation to substantiate a diagnosis of a developmental disability will be required.
- (c) Minimum information submitted shall include, but not be limited to:
 - 1. Social data, such as name, address, date of birth, telephone number, Social Security number, and present living arrangement;
 - 2. Medical information;
 - 3. Present program or employment type;
 - 4. Name, address, and telephone number of the contact person, if someone other than the person on whose behalf application is being made;
 - 5. Presenting request, such as the specific services(s) that may be desired, if known by the individual;
 - 6. Information for the individual's financial information sheet including basic information, such as Social Security number and the amount and type of benefits received, and those documents as required under [N.J.A.C. 10:46D](#), Contribution to Care and Maintenance Requirements;
 - 7. Documentation of residency; and
 - 8. Documentation establishing guardianship, if applicable.
- (d) Accommodations shall be made available by the Division for applicants who cannot complete the application by him- or herself. Applications may be taken at any site designated by the Division, which will facilitate the determination of eligibility.
- (e) It is the responsibility of the applicant to cooperate with the Division in obtaining required records by signing consent to release of information forms and identifying individuals or agencies known by the applicant to be in possession of the needed records.
- (f) An application shall be deemed complete when there is sufficient information to make a determination of eligibility. An applicant has one year from the date of the submission of the initial application to submit all supporting documentation to constitute a complete application or a new application will be required.

History

HISTORY:

Amended by R.2021 d.122, effective November 1, 2021.

See: [52 N.J.R. 390\(a\)](#), [53 N.J.R. 1839\(a\)](#).

In (f), deleted the former third sentence.

Annotations

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[N.J.A.C. 10:46-3.3](#)

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§ 10:46-3.3 Reapplication

- (a) An individual who has been found ineligible by the Division may apply for services again at any time if he or she has obtained a new evaluation(s), which supports that the eligibility criteria are met.
- (b) The individual shall provide a copy of the evaluation(s) for review by the Division. The Division shall review the evaluation and notify the individual within 30 working days whether a new application for services will be accepted.
- (c) As used in this section, "evaluation" means a formal assessment using standardized measures by a professional, such as a physician, psychologist, or other individual who can appropriately evaluate the individual's condition to determine whether the individual has a developmental disability.

Annotations

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[N.J.A.C. 10:46-4.1](#)

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§ 10:46-4.1 Determination

- (a) An intake worker shall begin a case file upon receipt of an application for determination of eligibility for services.
- (b) The intake worker shall assist in completion of the application upon request of the applicant.
- (c) Upon receipt of an application, including all necessary documentation, the intake team shall make a decision, in writing, based upon specific findings regarding eligibility pursuant to N.J.A.C. 10:46-2.
- (d) The intake team may make a decision concerning eligibility. If there is a question of eligibility, the intake team may:
 - 1. Conduct a face-to-face interview within 30 days, if additional information is needed; or
 - 2. Request peer consultation in reaching a final decision.
- (e) The decision of the intake team(s) shall be communicated, in writing, within 10 working days and shall be based upon specific findings.

Annotations

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[N.J.A.C. 10:46-4.2](#)

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NJ - New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 46. DETERMINATION OF ELIGIBILITY > SUBCHAPTER 4. DETERMINATION PROCESS

§ 10:46-4.2 Notice requirements

- (a) Division staff shall notify the applicant, in writing, of the status of the eligibility determination no more than 60 days from receipt of a complete application for determination of eligibility for services.
- (b) If the eligibility decision cannot be made within 60 days from receipt of a complete application for determination of eligibility for services, the applicant shall be advised, in writing, as to the specific reasons why a determination cannot be made, and shall be informed of the status of the application at least every 30 days. The written notice shall include the name and telephone number of a Division staff member for the person to contact regarding services.
- (c) If the applicant is determined eligible, Division staff shall notify the applicant, in writing, within 10 working days of the determination and such notice shall include information regarding the service(s) deemed most suitable by the intake worker or the intake team.
1. If the most appropriate service as determined by the intake worker or the intake team is not immediately available, the Division shall provide an alternate service.
 2. The Division may also place the eligible individual's name on the Community Care Program Waiting List in accordance with [N.J.A.C. 10:46C](#) and/or any other applicable waiting lists. Nothing in this paragraph entitles an individual determined eligible for services to immediate enrollment on the Community Care Program or any other service for which there may be a waiting list.
- (d) If the individual is determined ineligible, the Division shall notify the individual, in writing, within 10 working days of the determination.

History

HISTORY:

Amended by R.2021 d.122, effective November 1, 2021.

See: [52 N.J.R. 390\(a\)](#), [53 N.J.R. 1839\(a\)](#).

In (c)2, substituted "Program" for "Waiver" twice.

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§ 10:46-4.2 Notice requirements

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[N.J.A.C. 10:46-5.1](#)

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§ 10:46-5.1 Appeals

(a) If the individual is determined by the Division not to meet the criteria for eligibility, the Division shall notify the individual in writing within 10 working days of the determination.

1. The notice shall include specific criteria that were not met by the individual.
2. The notice shall include information regarding the individual's right to appeal the determination of ineligibility pursuant to [N.J.A.C. 10:48](#). Such appeals shall be deemed to be contested matters.
3. The individual shall bear the burden of proof and the burden of persuasion.

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Case Notes

Agency determination that a 34 year old man who was diagnosed, as a child, with Asperger's, obsessive compulsive disorder and other syndromes did not demonstrate that he suffered from "substantial functional limitations" in three or more major life activities was rejected by an ALJ because the evidence was persuasive that the applicant was limited in "self-direction," "capacity for independent living" and "economic self-sufficiency" and thus met the criteria for services. [P.M. v. Div. of Dev. Disabilities, OAL DKT. NO. HDD 8034-16, 2017 N.J. AGEN LEXIS 589](#), Initial Decision (August 4, 2017).

Division of Developmental Disabilities (DDD) erred in determining that an applicant was ineligible for services on the ground, inter alia, that he did not demonstrate that he is substantially limited in his functionality in the manner contemplated by the statute and regulation. The applicant had been diagnosed as autistic and had related psychiatric disorders. The applicant had proven, by a preponderance of credible evidence, that he suffered from a severe, chronic disability that was attributable to a mental impairment, that was manifest before age 22, and that was likely to continue indefinitely. [M.L. v. Div. of Developmental Disabilities, OAL DKT. NO. HDD 01916-15, 2016 N.J. AGEN LEXIS 1265](#), Initial Decision (December 20, 2016).

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