

3. If applicable, an estimate of the amount of money that the eligible consumer is required to pay toward personal assistance services.

(c) (No change.)

10:140-3.8 Transfer of services to another county

(a) (No change.)

(b) In order to effect a transfer of personal assistance services, the eligible consumer shall notify the county of origin and the destination county of his or her intention to move. Notification shall be, in writing, or, where appropriate, verbally or through alternative communication methods. It is the consumer's responsibility to provide a recent copy of their current cash management plan.

10:140-3.11 Hearings and appeals

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

(f) If the applicant or eligible consumer objects to the final decision made in accordance with (e) above, an appeal may be sought pursuant to the New Jersey Court Rules.

SUBCHAPTER 4. INDIVIDUAL BUDGETS AND FEES

10:140-4.3 Consumer cost share obligation fees and requirements

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

(c) The Consumer Cost Share Obligation Table (set forth in the table at (j) below) indicates income ranges and associated percentages of the total cost of the service to be paid by a consumer whose income falls within those ranges and shall be applied to eligible consumers. For the purposes of assessing consumer fees pursuant to the Consumer Cost Share Obligation Table set forth at (j) below, the county designated agency shall calculate family size and the consumer's individual annual gross income pursuant to the FPL at 350 percent.

(d) (No change.)

(e) Each consumer shall provide verification of annual gross income for determination of applicable cost share obligation fees upon application to the Personal Assistance Services Program and every 12 months thereafter. The determination of the cost share obligation fees shall be made by the county designated agency and redetermined every 12 months at a minimum.

1. Acceptable verification includes, but is not limited to, pay stubs, W-2 forms or copies of the actual 1040 form filed with the Internal Revenue Service, business records, pension statements, and/or correspondence from employers or agencies (for example, Social Security Administration, State employment agencies).

2. (No change.)

(f)-(j) (No change.)

SUBCHAPTER 6. CONSUMER INFORMATION AND PERSONAL ASSISTANT TRAINING

10:140-6.1 Training requirements

(a) Newly eligible consumers for the Personal Assistance Services Program shall complete one mandatory training course entitled Orientation to PASP to be offered by the designated training agency, under contract with the Division. Consumers who have been previously trained may attend a refresher course as they deem it to be necessary.

1. (No change.)

(b) (No change.)

(c) Training as set forth at (a) above shall be mandatory and no waivers of the requirement shall be considered. Consumers who fail to complete the required course shall have their personal assistance services suspended and/or terminated, pursuant to N.J.A.C. 10:140-3.9.

(d)-(h) (No change.)

10:140-6.2 (Reserved)

SUBCHAPTER 7. COMPLIANCE WITH LAWS

10:140-7.1 Requirements of fiscal intermediary service organization

(a) (No change.)

(b) At the consumer's discretion, they may choose to have the fiscal intermediary service organization conduct a background check on a

prospective employee. The cost of the background check shall be reflected on the CMP and be deducted from the consumer's cash allotment.

(c) (No change.)

10:140-7.2 Duties of county designated agency

(a) Under the direction of the designated State agency, the county designated agency serves in the role of a coordinator providing primary front-line support and guidance to consumers, and shall perform the following duties:

1.-18. (No change.)

10:140-7.3 (Reserved)

(a)

COMMISSIONER'S OFFICE

Notice of Readoption

Pediatric Medical Day Care Services

Readoption and Recodification with Technical

Changes: N.J.A.C. 10:166 as 10:60A

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

Authorized By: Sarah Adelman, Commissioner, Department of Human Services.

Effective Dates: January 24, 2024, Readoption;
February 20, 2024, Recodification and
Technical Changes.

New Expiration Date: January 24, 2031.

Take notice that pursuant to N.J.S.A. 52:14B-5.1, the rules at N.J.A.C. 10:166 were scheduled to expire on April 12, 2024. This chapter sets forth the rules of the Department of Human Services (Department) regarding Pediatric Medical Day Care (PMDC) Services. PMDC provides medically necessary services in an ambulatory care setting to children who reside in the community and who, because they are technology-dependent and/or have medically complex needs, require the continuous rather than part-time or intermittent care of a registered professional nurse in a developmentally appropriate environment and whose needs cannot be met in a regular day care or pre-school program for handicapped persons. PMDC is a service for primarily technology-dependent and medically fragile children that provides alternatives to private-duty nursing, prolonged hospitalization, and institutional long-term care.

The chapter is comprised of six subchapters, which are summarized below.

Subchapter 1, General Provisions, provides the purpose and scope of the chapter, as well as the definitions of the words and terms that are used throughout the chapter.

Subchapter 2, Provider Participation in Medicaid and Provider Sanctions and Remedies, provides the provider participation standards, the Department's evaluation and quality assurance requirements regarding the services provided by Pediatric Medical Daycares, non-compliance sanctions and remedies, as well as PMDC facilities' options for a fair hearing or informed dispute resolution when seeking to contest decisions made by the Department.

Subchapter 3, Procedures for Determining Clinical Eligibility for PMDC, addresses functional assessments of Medicaid/NJ Family Care beneficiaries, as well as clinical eligibility for Medicaid/NJ FamilyCare beneficiaries receiving private-duty nursing and beneficiaries being released from neonatal intensive care units. The subchapter also provides procedures for referrals to and authorizations of PMDC and fair hearing procedures for Medicaid/NJ FamilyCare beneficiaries who are denied PMDC services.

Subchapter 4, Basis of Payment, provides the reimbursement rates and billing codes for PMDC services.

Subchapter 5, PMDC Services, addresses the units of service a PMDC beneficiary will receive, as well as the staffing ratio requirements, and provides that the beneficiary must receive the services included in the interdisciplinary plan of care in accordance with the written orders of the PMDC beneficiary's primary care provider.

Subchapter 6, Financial Reporting, addresses cost report preparation and submission requirements, financial statements, as well as protocols for Department audits of PMDC facilities.

While the Department is readopting these rules with technical changes, it recognizes that further rulemaking may be necessary to update these rules to reflect current practices. Thus, the Department will continue to review the rules and may consider making substantive amendments prior to the next scheduled expiration.

The Department has reviewed the rules and has determined them to be necessary, reasonable, and proper for the purpose for which they were originally promulgated. Therefore, pursuant to N.J.S.A. 52:14B-5.1.c(1), these rules are readopted and shall continue in effect for a seven-year period, with the following summary of the technical changes.

The Department is transferring the chapter interdepartmentally from the Division of Aging Services to the Division of Medical Assistance and Health Services (Medicaid) and recodifying the chapter as N.J.A.C. 10:60A. References to N.J.A.C. 10:166 are updated to N.J.A.C. 10:60A to reflect the new codification for the chapter (all references below refer to the new codification).

References to the term “Medicaid” are being updated to “Medicaid/NJ FamilyCare” throughout the chapter, including the appendices, to be consistent with the current program terminology.

At N.J.A.C. 10:60A-1.2, the definition of “Division” is being replaced to remove references to the Division of Aging Services and add the Division of Medical Assistance and Health Services, which is the Division within the Department of Human Services that administers the Medicaid/NJ FamilyCare program.

N.J.A.C. 10:60A-2.1(a)2ii is updated to change the reference to the Medicaid fiscal agent from the predecessor entity “Molina” to the current entity “Gainwell Technologies” and update the corresponding telephone number.

N.J.A.C. 10:60A-2.3 is updated to include N.J.A.C. 10:49 as the cross-reference for the Medicaid Administration Manual.

N.J.A.C. 10:60A-4.1(a)3 has an update to correct a typo, the word “adjust” should be “adjustment.”

At N.J.A.C. 10:60A-6.1(a)1, the Division reference and address have been updated to reflect the Division of Medical Assistance and Health Services.

Full text of the recodified rules with technical changes follows (additions indicated in boldface **thus**; deletions indicated in brackets [thus]):

SUBCHAPTER 1. GENERAL PROVISIONS

[10:166]**10:60A-1.1** Purpose and scope

(a) The purpose of this chapter is to provide standards for [Medicaid] **Medicaid/NJ FamilyCare** reimbursement and [Medicaid] **Medicaid/NJ FamilyCare** clinical eligibility for pediatric medical day care (PMDC) services.

1. (No change.)

(b) This chapter applies to children who are [Medicaid] **Medicaid/NJ FamilyCare** beneficiaries applying for authorization or reauthorization to participate in PMDC.

(c) This chapter applies to PMDC facilities that seek to participate in, and receive reimbursement for, providing PMDC services and to maintain their active [Medicaid] **Medicaid/NJ FamilyCare** provider status.

[10:166]**10:60A-1.2** Definitions

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

...
 “CMS” means the Centers for Medicare and Medicaid Services, a United States Federal agency within the Department of Health and Human Services, which administers Medicare, [Medicaid] **Medicaid/NJ FamilyCare**, and the State Children’s Health Insurance Program.

“Cost report” means a document that contains PMDC facility information, such as facility characteristics, utilization data, cost, and charges by cost center (in total and for Medicaid) and financial statement data prepared in accordance with N.J.A.C. [10:166]**10:60A-6.1**.

...

...
 [“Division” means the Office of Community Choice Options in the Division of Aging Services of the Department, for which the contact information is as follows: Office of Community Choice Options, Division of Aging Services, NJ Department of Human Services, PO Box 807, Trenton, NJ 08625-0807, telefacsimile: (609) 984-3897.]

...
“Division” means the Office of the Medical Director of the Division of Medical Assistance and Health Services, for which the contact information is as follows: Office of the Medical Director of the Division of Medical Assistance and Health Services, NJ Department of Human Services, PO Box 712, Trenton, NJ 08625-0712.

...
 “Financial statement” means a formal statement of the financial status and net worth of a PMDC facility, setting forth and classifying assets, liabilities, revenue, expenses, sources and uses of funds, statement of changes in fund balance or net worth, and notes as of a specified date prepared in accordance with N.J.A.C. [10:166]**10:60A-6.2**.

...
 “Functional assessment” means an evaluation of a [Medicaid] **Medicaid/NJ FamilyCare** beneficiary’s health status performed by professional staff designated by the Department in accordance with N.J.A.C. [10:166]**10:60A-3.1**.

...
 “Interdisciplinary team” means “interdisciplinary team” [pursuant to] **as defined at N.J.A.C. 8:43J-1.2.**

...
 “[Medicaid] **Medicaid/NJ FamilyCare**” means medical assistance provided [under] **pursuant to** a State plan approved [under] **pursuant to** Title XIX of the Social Security Act or otherwise authorized [under] **pursuant to** Title XIX or Title XXI of the Social Security Act, including Medicaid Waiver programs authorized [under] **pursuant to** sections 1115 and/or 1915 of the Social Security Act.

...
 “[Medicaid] **Medicaid/NJ FamilyCare** beneficiary” means a child whom the county board of social services has determined to be financially eligible to participate in [Medicaid] **Medicaid/NJ FamilyCare**.

...
 “Pediatric medical day care facility” or “PMDC facility” means a facility licensed by the Department in accordance with the Standards for Licensure of Pediatric Medical Day Care Facilities, N.J.A.C. 8:43J, and that possesses a valid and current [Medicaid] **Medicaid/NJ FamilyCare** provider agreement with the Department.

...
 “PMDC beneficiary” means a child who is a [Medicaid] **Medicaid/NJ FamilyCare** beneficiary and meets clinical eligibility criteria for PMDC pursuant to N.J.A.C. [10:166]**10:60A-3.1** and has obtained prior authorization to receive PMDC services pursuant to N.J.A.C. [10:166]**10:60A-3.4**.

...
 “Prescribed therapies” mean PMDC facility services as described at N.J.A.C. [10:166]**10:60A-5.1**.

...
 “Prior authorization” means the process set forth at N.J.A.C. [10:166]**10:60A-3** by which professional staff designated by the Department determine whether a [Medicaid] **Medicaid/NJ FamilyCare** beneficiary is clinically eligible to receive PMDC services.

SUBCHAPTER 2. PROVIDER PARTICIPATION IN [MEDICAID] **MEDICAID/NJ FAMILYCARE** AND PROVIDER SANCTIONS AND REMEDIES

[10:166]**10:60A-2.1** Standards for provider participation in [Medicaid] **Medicaid/NJ FamilyCare**

(a) A PMDC facility shall meet the following requirements for [Medicaid] **Medicaid/NJ FamilyCare** provider participation:

1. Licensure and approval by the Department in accordance with the Standards for Licensure of Pediatric Medical Day Care Facilities [at], N.J.A.C. 8:43J.

i. Participation as a provider is contingent upon continued licensure of the PMDC facility pursuant to, and in compliance with, N.J.A.C. 8:43J and in compliance with any applicable Federal or State laws of the

[Medicaid] **Medicaid/NJ FamilyCare** program respecting provider participation in [Medicaid] **Medicaid/NJ FamilyCare**;

2. Conformance with the requirements for provider participation as set forth in the Medicaid Administration Manual.

i. (No change.)

ii. Additional information respecting provider enrollment may also be obtained [on the Worldwide Web] at www.njmmis.com or by telephoning [Molina] **Gainwell Technologies**, the **Medicaid/NJ FamilyCare** fiscal agent [for PMDC], at [(609) 588-6036] **1-800-776-6334**;

3.-4. (No change.)

5. Preparation and submission of a cost report pursuant to N.J.A.C. [10:166]10:60A-6.1;

6. Submission of a financial statement pursuant to N.J.A.C. [10:166]10:60A-6.2;

7. (No change.)

8. Retention, as part of each PMDC beneficiary's permanent record, of the signed acknowledgement of the PMDC beneficiary's parent that a determination of a [Medicaid] **Medicaid/NJ FamilyCare** beneficiary's clinical eligibility to receive services is not permanent and that redeterminations of clinical eligibility will be made on the basis of subsequent functional assessments pursuant to N.J.A.C. [10:166]10:60A-3.1 and prior authorization of service pursuant to N.J.A.C. [10:166]10:60A-3.4.

[10:166]10:60A-2.2 Evaluation of provider and quality assurance

(a) The Department shall conduct an evaluation of the quality and effectiveness of the services a PMDC facility provides to a PMDC beneficiary at the time professional staff designated by the Department conduct a review for reauthorization of service on-site at the PMDC facility pursuant to N.J.A.C. [10:166]10:60A-3.4(c).

(b) As part of the process of reauthorization of service for a PMDC beneficiary, professional staff designated by the Department shall review:

1. (No change.)

2. The services being provided to the PMDC beneficiary and their conformity with a PMDC beneficiary's interdisciplinary plan of care and N.J.A.C. [10:166]10:60A-5;

3.-4. (No change.)

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

[10:166]10:60A-2.3 Sanctions and remedies

Non-compliance with N.J.A.C. 8:43J or [10:166] 10:60A may result in sanctions and remedies being imposed as provided in the Medicaid Administration Manual, N.J.A.C. 10:49, 8:43E, and/or any other applicable law or regulation.

[10:166]10:60A-2.4 PMDC facility fair hearings and informed dispute resolution

A PMDC facility wishing to contest decisions made by the Department pursuant to [N.J.A.C. 10:166-2 or 5] **this subchapter or N.J.A.C. 10:60A-5** may request a fair hearing by submitting a request therefor, pursuant to the Medicaid Administration Manual, N.J.A.C. 10:49, and the Uniform Administrative Procedure Rules, N.J.A.C. 1:1.

SUBCHAPTER 3. PROCEDURES FOR DETERMINING CLINICAL ELIGIBILITY FOR PMDC SERVICES

[10:166]10:60A-3.1 Functional assessment of [Medicaid] **Medicaid/NJ FamilyCare** beneficiaries

(a) PMDC admission and [Medicaid] **Medicaid/NJ FamilyCare** reimbursement for PMDC shall be contingent upon a [Medicaid] **Medicaid/NJ FamilyCare** beneficiary's receipt of authorization from the Department pursuant to N.J.A.C. [10:166]10:60A-3.4 and the performance of an initial functional assessment of the [Medicaid] **Medicaid/NJ FamilyCare** beneficiary by professional staff designated by the Department that results in a determination that the [Medicaid] **Medicaid/NJ FamilyCare** beneficiary is a medically complex and/or technology-dependent child who requires PMDC facility services pursuant to N.J.A.C. [10:166]10:60A-5.

(b) The initial functional assessment shall consist of:

1. An interview with the [Medicaid] **Medicaid/NJ FamilyCare** beneficiary's parent(s);

2. Observation of the [Medicaid] **Medicaid/NJ FamilyCare** beneficiary;

3. A review of the [Medicaid] **Medicaid/NJ FamilyCare** beneficiary's medical status in the past six months with attention to changes in symptoms, feeding, medications, or activity and [to] intervening events, such as hospitalization or acute illness;

4. A detailed review of the skilled nursing needs of the [Medicaid] **Medicaid/NJ FamilyCare** beneficiary during a typical 24-hour period, including, but not limited to:

i.-viii (No change.)

5. A detailed review of all other elements of the [Medicaid] **Medicaid/NJ FamilyCare** beneficiary's care needs during a typical 24-hour period, including a review of:

i.-iv. (No change.)

6. An evaluation and consideration of information about the [Medicaid] **Medicaid/NJ FamilyCare** beneficiary's medical, rehabilitative, developmental, and psychosocial needs received from the nursing director, the child's primary health care provider, and/or other healthcare professionals who have current and relevant knowledge of the [Medicaid] **Medicaid/NJ FamilyCare** beneficiary; and

7. A review of the family composition, ages of any siblings residing with the [Medicaid] **Medicaid/NJ FamilyCare** beneficiary, and the available community support.

(c) Based on the results of the functional assessment performed pursuant to (b) above, professional staff designated by the Department shall make a determination whether the [Medicaid] **Medicaid/NJ FamilyCare** beneficiary is a technology-dependent child and/or a medically complex child and, therefore, is clinically eligible to receive PMDC services.

(d) Professional staff designated by the Department performing the functional assessment shall document, in writing, the results of the functional assessment, which writing shall contain, at a minimum, the following:

1. [Medicaid] **Medicaid/NJ FamilyCare** beneficiary identification information, including name, date of birth, sex, address, telephone number, and [Medicaid] **Medicaid/NJ FamilyCare** identification number;

2. A narrative of the [Medicaid] **Medicaid/NJ FamilyCare** beneficiary's current medical status, past medical history, and any additional considerations;

3. A determination that the [Medicaid] **Medicaid/NJ FamilyCare** beneficiary is or is not a technology-dependent child and/or a medically complex child and a written summary of findings supporting that determination; and

4. (No change.)

(e) Professional staff designated by the Department shall perform a functional assessment:

1. Prior to initial provision of services to a [Medicaid] **Medicaid/NJ FamilyCare** beneficiary;

2.-3. (No change)

[10:166]10:60A-3.2 PMDC clinical eligibility for [Medicaid] **Medicaid/NJ FamilyCare** beneficiaries receiving private-duty nursing

(a) A [Medicaid] **Medicaid/NJ FamilyCare** beneficiary who receives private-duty nursing authorized by the New Jersey Department of Human Services pursuant to N.J.A.C. 10:60 may elect to receive PMDC services instead of, but not in addition to, the authorized daytime hours of private-duty nursing, if professional staff designated by the Department determine that the [Medicaid] **Medicaid/NJ FamilyCare** beneficiary is a medically complex child and/or a technology-dependent child pursuant to N.J.A.C. [10:166]10:60A-3.1.

1. (No change.)

2. A [Medicaid] **Medicaid/NJ FamilyCare** beneficiary may elect to replace some or all of the authorized private-duty nursing hours for PMDC hours, but not concurrently; that is, a [Medicaid] **Medicaid/NJ FamilyCare** beneficiary shall not receive authorized private-duty nursing during the same hours the beneficiary receives replacement PMDC.

[10:166]10:60A-3.3 PMDC clinical eligibility for [Medicaid]

Medicaid/NJ FamilyCare beneficiaries being discharged from a neonatal intensive care unit

(a) The Department shall waive the requirement at N.J.A.C. [10:166]10:60A-3.4(a) that professional staff designated by the Department perform a functional assessment prior to admission to a PMDC facility for a [Medicaid] **Medicaid/NJ FamilyCare** beneficiary being discharged from a NICU if:

1. (No change.)

2. Based on the PMDC nursing director's determination, the PMDC facility administrator notifies the Division, in writing, of the facility's intention to admit the [Medicaid] **Medicaid/NJ FamilyCare** beneficiary by following the requirements for notification contained in, and submitting, the documentation required at N.J.A.C. [10:166]10:60A-3.4(b)1i and provides a copy of the PMDC nursing director's written assessment; and

3. Within 20 business days following the [Medicaid] **Medicaid/NJ FamilyCare** beneficiary's admission to the PMDC facility, the facility administrator transmits, by regular mail, a copy of the [Medicaid] **Medicaid/NJ FamilyCare** beneficiary's discharge summary from the NICU to the Division.

(b) Upon the Division's receipt of the notice required [by] at (a)2 above and the discharge summary required [by] at (a)3 above, the Department shall transmit a written notice to the PMDC facility administrator that the Department has approved [Medicaid] **the Medicaid/NJ FamilyCare** beneficiary's receipt of PMDC and shall mail a copy of the written notice to the [Medicaid] **Medicaid/NJ FamilyCare** beneficiary's parent and to the fiscal agent.

(c) The written approval the Department issues pursuant to (b) above shall be effective for 90 days following the date of the [Medicaid] **Medicaid/NJ FamilyCare** beneficiary's admission to the PMDC facility.

(d) Reauthorization of PMDC services for a PMDC beneficiary who was discharged from a NICU and admitted to a PMDC facility in accordance with (a) above shall be in accordance with N.J.A.C. [10:166]10:60A-3.4(c).

[10:166]10:60A-3.4 Procedure for referral to and authorization of PMDC

(a) [Medicaid] **Medicaid/NJ FamilyCare** reimbursement for PMDC is contingent upon the Department's issuance of authorization of PMDC to a [Medicaid] **Medicaid/NJ FamilyCare** beneficiary.

(b) To request initial authorization, a PMDC administrator shall submit the following to the Division by regular mail:

1. A completed prior authorization request form, which requires provision of information identifying the [Medicaid] **Medicaid/NJ FamilyCare** beneficiary, the primary health care provider's report on the [Medicaid] **Medicaid/NJ FamilyCare** beneficiary, and a statement of the PMDC facility's reasons for requesting approval, which form may be obtained by telephoning the [Fiscal Agent] **fiscal agent** at (800) 776-6334; and

2. A completed report of the [Medicaid] **Medicaid/NJ FamilyCare** beneficiary's primary health care provider in the form at chapter Appendix A, incorporated herein by reference.

(c) Upon receipt of the fully completed documentation required pursuant to (b) above, professional staff designated by the Department shall:

1. (No change.)

2. Schedule a visit with the child's parent at the [Medicaid] **Medicaid/NJ FamilyCare** beneficiary's home or at an alternate location at which the [Medicaid] **Medicaid/NJ FamilyCare** beneficiary is present;

3. Conduct an initial functional assessment pursuant to N.J.A.C. [10:166]10:60A-3.1;

4. Prepare a written evaluation and make a determination, documented in writing, that the [Medicaid] **Medicaid/NJ FamilyCare** beneficiary is either clinically eligible or clinically ineligible to receive PMDC based on the results of the functional assessment; and

5. If, as a result of the functional assessment, professional staff designated by the Department determine that the [Medicaid] **Medicaid/NJ FamilyCare** beneficiary is:

i. Clinically eligible for PMDC, the Division shall issue a written notice of authorization to receive PMDC to the Administrator, with a notification to the [Medicaid] **Medicaid/NJ FamilyCare** beneficiary's parent and the fiscal agent, which authorization shall be valid for a period not to exceed 180 days from the date of the initial authorization approval; or

ii. Clinically ineligible for PMDC, the Division shall mail, to the Administrator and the [Medicaid] **Medicaid/NJ FamilyCare** beneficiary's parent, a written notice of denial of authorization for PMDC that contains a summary of the procedures at N.J.A.C. [10:166]10:60A-3.5 to which the [Medicaid] **Medicaid/NJ FamilyCare** beneficiary's parent must adhere to appeal the determination.

(d) Continuation of [Medicaid] **Medicaid/NJ FamilyCare** reimbursement for PMDC is contingent upon the Division's reauthorization of PMDC in accordance with the following procedures:

1.-2. (No change.)

3. If professional staff designated by the Department determine that the PMDC beneficiary is:

i. Clinically eligible for PMDC, the Division shall issue a written notice of authorization to receive PMDC to the Administrator, with a notification to the [Medicaid] **Medicaid/NJ FamilyCare** beneficiary's parent and the fiscal agent, which authorization shall be valid for a period not to exceed 180 days; or

ii. Clinically ineligible for PMDC, the Division shall mail, to the Administrator and the [Medicaid] **Medicaid/NJ FamilyCare** beneficiary's parent, a written notice of denial of authorization for PMDC that contains a summary of the procedures at N.J.A.C. [10:166]10:60A-3.5 to which the [Medicaid] **Medicaid/NJ FamilyCare** beneficiary's parent must adhere to appeal the determination.

4. The reauthorization procedures of this subsection shall not apply to PMDC beneficiaries enrolled in a [Medicaid] **Medicaid/NJ FamilyCare** managed care organization (MCO), for whom reauthorization shall be conducted according to the MCO's contract with the Department and the requirements of the Medicaid State Plan or applicable waiver.

[10:166]10:60A-3.5 Fair hearing for [Medicaid] **Medicaid/NJ FamilyCare** beneficiaries who are denied PMDC

(a) A [Medicaid] **Medicaid/NJ FamilyCare** beneficiary may appeal a determination of clinical ineligibility made by the Division pursuant to N.J.A.C. [10:166]10:60A-3.4.

(b) To initiate an appeal, the [Medicaid] **Medicaid/NJ FamilyCare** beneficiary must submit a request for a fair hearing pursuant to N.J.A.C. 10:49-10 and the Uniform Administrative Procedure Rules, N.J.A.C. 1:1.

(c) (No change.)

(d) At the administrative hearing, the burden is upon the [Medicaid] **Medicaid/NJ FamilyCare** beneficiary to demonstrate clinical eligibility for PMDC.

SUBCHAPTER 4. BASIS OF PAYMENT

[10:166]10:60A-4.1 Reimbursement rate

(a) In accordance with P.L. 2016, c. 10, the per diem reimbursement rate for PMDC for fiscal year 2017 is \$330.81 (base reimbursement rate), as amended and supplemented by subsequent State appropriations acts.

1.-2. (No change.)

3. The Department shall develop the inflation [adjust] **adjustment** factor upon consideration of:

i.-ii. (No change.)

iii. Other standards imposed by law or regulation governing rate-setting methodology in [Medicaid] **Medicaid/NJ FamilyCare** programs.

4.-5. (No change.)

(b) Pursuant to the Medicaid Administration Manual at N.J.A.C. 10:49-9.8(b)6, a PMDC facility shall accept the [Medicaid] **Medicaid/NJ FamilyCare** reimbursement rates the Department establishes, and shall accept payments the Department makes on behalf of PMDC beneficiaries to PMDC facilities as payment in full for services so provided, subject to any applicable deductible, coinsurance, or co-payment for which a [Medicaid] **Medicaid/NJ FamilyCare** beneficiary may be responsible.

(c) A medical director may bill the New Jersey [Medicaid] **Medicaid/NJ FamilyCare** Program using the Health Insurance Claim

Form, CMS-1500, only for services provided to a PMDC beneficiary for whom the medical director is a designated primary health care provider.

1. A medical director shall not bill the New Jersey [Medicaid] Medicaid/NJ FamilyCare Program separately for any service performed for any PMDC beneficiary in a PMDC facility while serving solely in the role of a medical director.

(d) (No change.)

(e) All prescribed therapies identified in the PMDC beneficiary's initial and/or interdisciplinary plan of care are included in the per diem reimbursement rate and neither the PMDC facility nor the individuals providing the prescribed therapies shall bill the New Jersey [Medicaid] Medicaid/NJ FamilyCare Program separately for these therapies.

(f) The PMDC facility administrator shall make inquiry of the child's parent respecting the existence of any private health insurance plan that provides a payment benefit for PMDC on behalf of the child and shall ensure that the PMDC facility bills any such private health insurance plan for covered services provided to the child prior to the facility submitting claims for [Medicaid] Medicaid/NJ FamilyCare reimbursement to the fiscal agent.

(g) The PMDC facility administrator shall verify each child's [Medicaid] Medicaid/NJ FamilyCare financial eligibility, prior to submitting a prior authorization request form, and monthly thereafter, using the Recipient Eligibility Verification System pursuant to N.J.A.C. 10:49-2.11.

(h) (No change.)

[10:166]10:60A-4.2 Billing codes

(a) The New Jersey [Medicaid] Medicaid/NJ FamilyCare Program uses the CMS Healthcare Common Procedure Coding System (HCPCS).

1. (No change.)

SUBCHAPTER 5. PMDC SERVICES

[10:166]10:60A-5.1 General provisions

(a) A PMDC beneficiary attending a PMDC facility shall receive one unit of service per day, excluding transportation time, not to exceed five units of service per week, in accordance with a primary health care provider's written order and authorization by professional staff designated by the Department pursuant to N.J.A.C. [10:166]10:60A-3.4.

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

[10:166]10:60A-5.2 PMDC facility services

(a) To receive [Medicaid] Medicaid/NJ FamilyCare reimbursement for PMDC, a PMDC facility shall provide services pursuant to N.J.A.C. 8:43J.

(b) In addition to the services PMDC facilities must provide pursuant to (a) above, to receive [Medicaid] Medicaid/NJ FamilyCare reimbursement for PMDC, PMDC facilities shall provide, on-site, medical equipment and supplies in accordance with N.J.A.C. 8:43J-8.5, provided that [Medicaid] Medicaid/NJ FamilyCare per diem reimbursement for PMDC excludes durable medical equipment and medical supplies that are provided to the PMDC beneficiary as specified in the [Medicaid] Medical Supplier Manual at N.J.A.C. 10:59.

SUBCHAPTER 6. FINANCIAL REPORTING

[10:166]10:60A-6.1 Cost report preparation and timing of submission

(a) PMDC facility staff shall submit a completed cost report in the form at chapter Appendix B, incorporated herein by reference, covering a period of one calendar year, commencing January 1 and ending December 31, to the Department on or before March 31 of the year next succeeding the calendar year for which the cost report is prepared.

1. The form of cost report is available for download from the [Department's forms page at www.state.nj.us/humanservices/does/home/forms.html] DMAHS fiscal agent's website: www.njmmis.com and is available on request [to the following:] by calling the Provider Services Hotline at 1-800-776-6334.

[Division of Aging Services
NJ Department of Human Services
PO Box 807
Trenton, NJ 08625-0807]

2. (No change.)

(b)-(d) (No change.)

(e) The PMDC facility administrator or corporate officer of the PMDC facility shall certify that all financial information contained in a PMDC facility's cost report is reconciled with the PMDC facility's audited financial statements, submitted by the PMDC facility in accordance with N.J.A.C. [10:166]10:60A-6.2.

Recodify existing 10:166-6.2 and 6.3 as 10:60A-6.2 and 6.3 (No change in text.)

(a)

DIVISION OF FAMILY DEVELOPMENT

Notice of Administrative Change

Standard of Need

N.J.A.C. 10:84-1.6

Effective Date: January 12, 2024.

Take notice that, in accordance with P.L. 1997, c. 13, the Department of Human Services announces an updated standard of need for 2024. The standard of need is calculated based on the methodology described at N.J.A.C. 10:84-1.6.

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

SUBCHAPTER 1. EFFICIENCY AND EFFECTIVENESS OF PROGRAM OPERATIONS

10:84-1.6 Standard of need

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

(d) The standard of need is set forth in the table below. Each year, the Department of Human Services will provide, through a notice of administrative change published in the New Jersey Register, an updated standard of need.

	Standard of Need	
Number in Family		Monthly Standard
1		[\$2,707] \$3,047
2		[\$3,075] \$3,434
3		[\$3,781] \$4,176
4		[\$4,766] \$5,283
5		[\$5,134] \$5,671
6		[\$5,807] \$6,480
7		[\$6,175] \$6,868
8		[\$6,544] \$7,256
more than 8	add	[\$368] \$388 each person

LAW AND PUBLIC SAFETY

(b)

DIVISION OF CONSUMER AFFAIRS

Property Condition Disclosure Form

Adopted Amendment: N.J.A.C. 13:45A-29.1

Proposed: April 3, 2023, at 55 N.J.R. 590(a).

Adopted: January 16, 2024, by Cari Fais, Acting Director, Division of Consumer Affairs.

Filed: January 25, 2024, as R.2024 d.012, without change.

Authority: N.J.S.A. 56:8-1 et seq., specifically 59:8-19.1.

Effective Date: February 20, 2024.

Expiration Date: January 16, 2026.