

assessed social and activities needs and preferences of each facility resident.

8:43-17.9 Individualized visitation plan

(a) A facility shall develop and implement policies and procedures to ensure that upon the request of a resident or a resident's family member or guardian, appropriate facility staff must develop an individualized visitation plan for the resident. The individualized visitation plan shall:

1. Identify the assessed needs and visitation preferences of the resident;
2. Identify the visitation preferences specified by the resident's family members, if any;
3. Address the need for a visitation schedule and establish a visitation schedule, if deemed to be appropriate;
4. Describe the location and modalities to be used in visitation; and
5. Describe the respective responsibilities of staff, visitors, and the resident when engaging in visitation pursuant to the individualized visitation plan.

8:43-17.10 Funding

Information on the process for facilities seeking to request funding for communicative technologies and accessories necessary to comply with this subchapter from civil monetary penalty (CMP) funds, as approved by the Federal Centers for Medicare and Medicaid Services, is available on the Department's website at: <https://www.nj.gov/health/healthfacilities/cmp>.

(a)

**PUBLIC HEALTH SERVICES BRANCH
DIVISION OF EPIDEMIOLOGY, ENVIRONMENTAL
AND OCCUPATIONAL HEALTH
CONSUMER, ENVIRONMENTAL AND
OCCUPATIONAL HEALTH SERVICE**

**Notice of Readoption
Worker and Community Right to Know Act Rules
Readoption: N.J.A.C. 8:59**

Authorized By: Kaitlan Baston, MD, MSc, DFASAM,
Commissioner, Department of Health.

Authority: N.J.S.A. 34:5A-1 et seq., specifically 34:5A-30.

Effective Date: January 15, 2025.

New Expiration Date: January 15, 2032.

Take notice that, pursuant to N.J.S.A. 52:14B-5.1, the Commissioner of the Department of Health (Department) hereby readopts N.J.A.C. 8:59, Worker and Community Right to Know Act Rules, which was scheduled to expire on February 20, 2025.

The Worker and Community Right to Know Act, P.L. 1983, c. 315 (approved August 29, 1983, and effective August 29, 1984), codified at N.J.S.A. 34:5A-1 through 33 (Act), states "it is in the public interest to establish a comprehensive program for the disclosure of information about hazardous substances in the workplace and the community, and to provide a procedure whereby residents of this State may gain access to this information." N.J.S.A. 34:5A-2. The Act imbues the Departments of Health, Environmental Protection, and Labor and Workforce Development, with distinct responsibilities, respectively, to establish the program and the procedure. N.J.A.C. 8:59 establishes rules by which the Department implements its responsibilities pursuant to the Act.

N.J.A.C. 8:59-1 establishes general information. N.J.A.C. 8:59-2 establishes standards applicable to public employers for the creation and submission to the Department of Right to Know Surveys addressing hazardous substances at their facilities. N.J.A.C. 8:59-3 establishes standards for trade secret claims. N.J.A.C. 8:59-4 establishes standards applicable to public employers for the preparation, maintenance, and distribution of hazardous substance fact sheets and material safety data sheets. N.J.A.C. 8:59-5 establishes standards for container labeling. N.J.A.C. 8:59-6 establishes standards applicable to public employers for education and training of their employees. N.J.A.C. 8:59-7 establishes

standards applicable to public employers addressing public access to Right to Know information. N.J.A.C. 8:59-8 establishes standards for the Department's enforcement of the Act and the chapter, and the available sanctions and penalties for noncompliance. N.J.A.C. 8:59-9 establishes standards for, and incorporates by reference, at N.J.A.C. 8:59 Appendix A, the Right to Know Hazardous Substance List. N.J.A.C. 8:59-10 establishes standards for, and incorporates by reference, at N.J.A.C. 8:59 Appendix B, the Special Health Hazard Substance List. N.J.A.C. 8:59-11 establishes standards applicable to private employers to implement the provisions of the Act that address community members' right to know of hazardous substances used by private employers in their communities.

The Department is reviewing existing N.J.A.C. 8:59, in consultation with the Departments of Environmental Protection and Labor and Workforce Development, and in consideration of comments and recommendations that the Department receives in its ongoing communications with stakeholders, the Department is developing a rulemaking to revise and update existing N.J.A.C. 8:59. The Department will propose this rulemaking in the ordinary course. However, the review and attendant rulemaking activity described above would not be concluded prior to the expiration of existing N.J.A.C. 8:59. The Department has reviewed existing N.J.A.C. 8:59 and determined that, pending the conclusion of the anticipated rulemaking process described above, the existing chapter remains necessary, proper, reasonable, efficient, understandable, and responsive to the purposes for which the Department originally promulgated it, as amended and supplemented over time, and should be readopted. Therefore, pursuant to N.J.S.A. 52:14B-5.1.c(1), N.J.A.C. 8:59 is readopted and shall continue in effect for seven years.

HUMAN SERVICES

(b)

**DIVISION OF MEDICAL ASSISTANCE AND HEALTH
SERVICES**

**Notice of Readoption
Hospital Services Manual
Readoption: N.J.A.C. 10:52**

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 Date: January 23, 2025.

New Expiration Date: January 23, 2032.

Take notice that pursuant to N.J.S.A. 52:14B-5.1, N.J.A.C. 10:52, Hospital Services Manual, was scheduled to expire on April 16, 2025. N.J.A.C. 10:52 provides requirements related to the provision of inpatient and outpatient hospital services pursuant to the New Jersey Medicaid/NJ FamilyCare fee-for-service program. The rules also identify covered and non-covered inpatient and outpatient hospital services.

The chapter sets forth 14 subchapters and two appendices, described below.

Subchapter 1, General Provisions, includes the purpose and scope of the chapter, definitions used, the criteria for participation for hospital outpatient services, the use of the PA-1C form for applying for benefits, eligibility, covered and non-covered services, offset of disproportionate share hospital payments, administrative days, prior authorization, pre-admission screening for nursing facility placement, recordkeeping, second opinion program provisions, Social Necessity Days requirements, utilization control for general inpatient, as well as for psychiatric inpatient and outpatient services, and advanced directives.

Subchapter 2, Policies and Procedures Related to Specific Services, covers ambulatory surgical centers, blood and blood products, dental services, Early Periodic Screening Diagnosis and Testing (EPSDT) services, family planning services, hospital-based home health agencies, hospital affiliated medical day care centers, free-standing narcotic and drug abuse centers, organ procurement and transplantation, partial

hospitalization and prevocational psychiatric services, rehabilitation services provided by hospital outpatient departments, renal dialysis for end-stage renal disease, sterilization, hysterectomy, termination of pregnancy, and hospital-based transportation services.

Subchapter 3, HealthStart Maternity and Pediatric Care Services, includes sections on the purpose and scope of services, provider participation criteria, standards for and termination of HealthStart certificates, access to services, plan of care, maternity medical care services, health support services, professional staff requirements for maternity and pediatric providers, documentation requirements, pediatric preventive care services, reimbursement for HealthStart providers, and maternity care billing code requirements.

Subchapter 4, Basis of Payment for Hospital Services, specifies the basis of payment for acute general hospitals, special hospitals for inpatient and outpatient psychiatric services, capital project adjustments, out-of-State services, third-party claims, Medicare/Medicaid and Medicare/NJ FamilyCare claims, personal contribution to care for NJ FamilyCare-Plan C enrollees, and Medicaid/NJ FamilyCare fee-for-service settlement provisions.

Subchapter 5, Procedural and Methodological Regulations, sets forth the procedural and methodological requirements for reimbursement, including sections on derivation of preliminary cost base, uniform reporting for current costs, costs per case, development of standards, current cost base, financial elements reporting/audit adjustments, and identification of direct and indirect costs related to Medicaid and NJ FamilyCare patient care. Additional provisions include patient care cost findings, direct costs per case, reasonable cost of services related to patient care, standard costs per case, reasonable direct cost per case, net income from other sources, update factors, capital facilities, Division adjustments and approvals, derivation from preliminary cost base, and the effective date of the schedule of rates.

Subchapter 6, Financial Reporting Principles and Concepts, sets forth the financial reporting requirements for hospitals, including financial elements and cost centers.

Subchapter 7, Diagnosis Related Groups (DRGs), sets forth an explanation of the DRGs, calculation of the payment rates, and a list of DRGs.

Subchapter 8, Graduate Medical Education (GME) and Indirect Medical Education (IME), sets forth the calculation of GME and IME reimbursement to be distributed, hospital fee-for-service GME reimbursement, and distribution of GME reimbursement on or after July 6, 1998.

Subchapter 9, Review and Appeal of Rates, provides the requirements for the review and appeal of rates.

Subchapter 10, Centers for Medicare & Medicaid Services Common Procedure Coding System (HCPCS) for Hospital Outpatient Laboratory Services, includes an introduction, the HCPCS procedure codes and maximum fee allowance schedule for pathology and laboratory, HCPCS Code Numbers, procedure descriptions, and the maximum fee schedule. Also set forth in this subchapter are the Pathology and Laboratory HCPCS Code Qualifiers and Modifiers.

Subchapter 11, Charity Care, provides the requirements for charity care audit functions; sampling methodology; charity care write-off amount; differing documentation requirements when a patient is admitted through the emergency room; charity care screening and documentation requirements; the identification which applicants must supply, such as proof of New Jersey residency; income eligibility; and proof of income. The rules also provide criteria for eligibility based on assets, limits on accounts with alternative documentation, additional information to be supplied to the facility by charity care applicants, application and determination, collection procedures, prohibited actions, and adjustment methodology, as well as charity care applications of patients admitted through the emergency room.

Subchapter 12, Charity Care Component of the Disproportionate Share Hospital Subsidies, includes definitions, claims for the charity care component of the disproportionate share subsidies of the Health Care Subsidy Fund, and the basis of pricing for charity care claims.

Subchapter 13, Eligibility for and Basis of Payment for Disproportionate Share Hospitals, defines general eligibility for a hospital to qualify for disproportionate share hospital (DSH) payments; sets forth

provisions that specify the methodologies used to calculate the following DSH payment components: charity care, Hospital Relief Subsidy Fund, Hospital Relief Subsidy Fund for Mentally Ill and Developmentally Disabled Clients; and includes a methodology to redistribute a closed hospital's DSH payments.

Subchapter 14, Methodology for Establishing DRG Payment Rates for Inpatient Services at General Acute Care Hospitals, provides the effective date for the payment methodology; specific definitions applicable to the establishment of DRG rates; the method of calculation of the DRG weights; a list of the DRG weights; information relative to the Statewide base rate, including how the Statewide base rate is determined and the necessary criteria that must be met to qualify for add-on amounts to the Statewide base rate; the DRG daily rates; hospital-specific Medicaid cost-to-charge ratios; the standard DRG payment calculation; outlier payment calculations including the cost outlier payment calculation; the day outlier payment calculation for alternative level of care days; simultaneous cost outlier and day outlier payments; payment for transfers; payment for same day discharges; payment for readmission; and the appeal process of the hospital's Medicaid final rate.

N.J.A.C. 10:52 Appendix A sets forth information related to the Fiscal Agent Billing Supplement.

N.J.A.C. 10:52 Appendix B sets forth information related to the Electronic Media Claims (EMC) Manual.

While the Department is readopting these rules, it recognizes that further rulemaking may be necessary to update these rules to reflect current program requirements and any applicable Federal rules. Thus, the Department will continue to review the rules and may consider making substantial amendments prior to the next scheduled expiration.

An administrative review of the rules has been conducted, and a determination has been made that N.J.A.C. 10:52 should be readopted because the rules are necessary, reasonable, adequate, efficient, understandable, and responsive to the purposes for which they were originally promulgated. Therefore, pursuant to N.J.S.A. 30:4D-1 et seq., and 30:4J-8 et seq., and in accordance with N.J.S.A. 52:14B-5.1.c(1), these rules are readopted and shall continue in effect for a seven-year period.

CORRECTIONS

(a)

THE COMMISSIONER

Notice of Readoption Inmate Discipline

Readoption: N.J.A.C. 10A:4

Authority: N.J.S.A. 30:1B-6 and 30:1B-10.

Authorized By: Victoria L. Kuhn, Commissioner, Department of Corrections.

Effective Date: January 24, 2025.

New Expiration Date: January 24, 2032.

Take notice that, pursuant to N.J.S.A. 52:14B-5.1, N.J.A.C. 10A:4, Inmate Discipline, is readopted and shall continue in effect for a seven-year period. The rules were scheduled to expire April 3, 2025. The Department of Corrections has reviewed these rules and has determined that the rules should be readopted without change because they are necessary, reasonable, and proper for the purpose for which they were originally promulgated. In accordance with N.J.S.A. 52:14B-5.1.c(1), timely filing of this notice extends the expiration date of the chapter seven years from the date of filing.

The Inmate Discipline rules at N.J.A.C. 10A:4 set forth, for inmates and staff, a comprehensive code of offenses and sanctions consistent with the correctional objectives of the New Jersey Department of Corrections. In addition, these rules set forth administrative due process safeguards in the disciplinary process and guidelines for the enforcement of rules and the imposition of appropriate sanctions for infractions.