

Birth Defects Registry**Early Identification and Monitoring Program**

Special Child Health [and Early Intervention] Services
[Early Identification and Monitoring/Birth Defects Registry]

Division of Family Health Services**Department of Health**

PO Box 364

Trenton, [New Jersey] NJ 08625-0364

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

(l) Any agency designated by the Commissioner to receive reports pursuant to this subchapter shall provide to Special Child Health [and Early Intervention] Services any updated diagnostic and/or demographic information.

8:20-1.3 Reporting requirements for hearing loss

Physicians and audiologists shall complete and file a Special Health Services Registration form for any child from birth through 21 years of age diagnosed with any permanent hearing loss, as required [by] **pursuant to N.J.A.C. 8:19[-1.11]**.

SUBCHAPTER 2. AUTISM

8:20-2.2 Definitions

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

“Asperger Syndrome” means a disorder defined by **the DSM** [criteria (criteria 299.80) and] **that is** marked by clinically significant impairments in social interaction and the presence of restricted, repetitive, and stereotyped patterns of behavior, interests, and activities. There are no clinically significant delays in the development of language, cognition, self-help skills, or adaptive behavior. These criteria are not met for another specific pervasive developmental disorder.

“Autism” means a developmental disability as defined by [DSM criteria, and diagnosed according to standard] **and diagnosed according to the DSM** [criteria], which is marked by significant impairments in social interaction and communication and the presence of unusual behaviors and interests. Autism includes the following diagnoses commonly known as the Autism Spectrum Disorders: Asperger Syndrome; Autistic Disorder; and Pervasive Developmental Disorder Not otherwise Specified; and the Pervasive Developmental Disorders, including Rett Syndrome and Childhood Disintegrative Disorder, the causes of which are currently not known.

“Autistic disorder” means a disorder **as defined by the DSM** [criteria (criteria 299.00) and] **that is** marked by qualitative impairments in social interaction and communication and the presence of repetitive and stereotyped patterns of behavior with onset prior to three years of age [and that], **which** is not better accounted for by Rett Syndrome or Childhood Disintegrative Disorder.

“Childhood Disintegrative Disorder” means a disorder as defined by **the DSM** [criteria (criteria 299.10) and] that appears after at least two years of normal development after birth and results in the clinically significant loss of previously acquired skills in at least two areas of functioning (language, social skills, adaptive behavior, bowel/bladder control, play, or motor skills) before age 10. There are abnormalities of functioning in social interaction, communication, and the presence of restricted and stereotyped patterns of behavior [and], **which** is not better accounted for by another pervasive developmental disorder or by schizophrenia.

“DSM [criteria]” means the professional standard behavioral criteria for autism (**criterion F84**), published in the [American Psychiatric Association:] Diagnostic and Statistical Manual of Mental Disorders, [Fourth] **Fifth Edition, Text Revision** [(DSM-IV] **DSM-5-TR**[®]) [(criteria 299.0 - 299.90)] (**2022**), [Washington, DC.] **of the American Psychiatric Association**, [2000.] which is incorporated herein by reference, **and amended and supplemented**[. Copies of DSM-IV may be obtained], **and available** from [the] American Psychiatric Association **Publishing**, [1400 K Street, N.W.] **800 Maine Avenue, SW, Suite 900**, Washington, [D.C., 20005] **DC 20024**.

“Pervasive Developmental Disorder Not Otherwise Specified” means a disorder **as defined by the DSM** [criteria (criteria 299.80) and] **that is** marked by severe and pervasive impairment in the development of social interaction or verbal and non-verbal communication or when stereotyped behavior, interests, and activities are present, but the criteria are not met for a specific pervasive developmental disorder. This category includes “atypical autism.”

“Rett Syndrome” means a disorder **as defined by the DSM** [criteria (criteria 299.80) and] that appears after apparently normal prenatal and perinatal development, [and] which results in severe impairment in expressive and receptive language, loss of social engagement, retardation of psychomotor development, loss of previously acquired purposeful hand skills, and the development of stereotyped hand movements.

8:20-2.3 Reporting requirements

(a) (No change.)

(b) The health care professional shall send the report required by (a) above to the Department [on] **using** the [SCH-0] **SCH-1** form available on the [Registry] **Department** website at [<http://www.state.nj.us/health/fhs/sch/schr.shtml>] <https://www.nj.gov/health/forms>, either electronically, as described on the **Registry** website at <https://www.nj.gov/health/fhs/bdr/moreinfo.shtml#register>, by **secure telefacsimile** at (609) 292-8235, or by mail to the following address:

Early Identification and Monitoring Program

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(c) (No change.)

(d) The report shall be, in writing, on the [SCH-O] **SCH-1** form and shall include the name, age, race/ethnicity, and address of the person with the diagnosis of autism, registration type, insurance information, child’s birth information, diagnosis information, diagnostician’s information, and contact information for the person submitting the form.

(e)-(f) (No change.)

(g) Any agency designated by the Commissioner to receive autism reports shall send to the Department, in the manner prescribed [in] **at** (b) above, any updated diagnostic and/or demographic information, in writing, on the [SCH-O] **SCH-1** form.

(h)-(l) (No change.)

(m) In accordance with N.J.S.A. 26:2-188b, a [physician, psychologist or] health care professional providing information to the Department shall not be deemed to be, or held liable for, divulging confidential information.

(n) (No change.)

HUMAN SERVICES**(a)****DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES****Notice of Redooption****AFDC-Related Medicaid****Redooption: N.J.A.C. 10:69**

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: July 15, 2024.

New Expiration Date: July 15, 2031.

Take notice that pursuant to N.J.S.A. 52:14B-5.1, N.J.A.C. 10:69, the AFDC-Related Medicaid chapter, was scheduled to expire on October 31, 2024. Aid to Families with Dependent Children (AFDC)-related Medicaid is a State program with Federal participation designed to make payments

to providers for medical care and services on behalf of certain individuals whose income is determined to be inadequate to enable them to secure quality medical care at their own expense. The chapter regulates the procedures and standards applied in the administration of the AFDC-related Medicaid program in New Jersey.

N.J.A.C. 10:69 is organized into the following 12 subchapters:

Subchapter 1, AFDC-Related Medicaid in New Jersey, sets forth the background, purpose, and scope of the chapter, the administrative organization of the Division of Medical Assistance and Health Services (Division), the segments of the AFDC-related Medicaid program, and definitions of terms that are used throughout the chapter.

Subchapter 2, Application Process, sets forth requirements related to the role of the client, the county welfare agency (CWA), and the Division in the submission and processing of applications, and general eligibility factors.

Subchapter 3, Establishing Program Eligibility in AFDC-related Medicaid, explains the procedures for establishing eligibility for AFDC-related Medicaid, including documentation and recording of program eligibility requirements. It also sets forth requirements concerning income, the components of an eligible unit, citizenship, identity, age, parental support, absent parents, residency, and temporary absence from the State, family members in institutions, and legally responsible relatives. Requirements concerning the liquidation of all debts, claims, interests, settlements, trust funds, and repayment are also included, as well as actions to be taken by the CWA regarding voluntary liquidation.

Subchapter 4, Medicaid Special, sets forth general provisions regarding the program, determination of eligibility, and eligibility of college students related to Medicaid Special, which extends eligibility to an individual under the age of 21, who would not have qualified as a dependent child for AFDC-related Medicaid, whether or not he or she lives with his or her parent(s).

Subchapter 5, Continuing Eligibility in AFDC-Related Medicaid, sets forth criteria to be met to continue eligibility in the program. This subchapter sets forth requirements regarding periodic redetermination, competency and institutional status, deprivation of parental support, marriage or remarriage, special conditions relating to parent(s), and a legally responsible relative's capacity to support the applicant. Requirements for recording and recommendation for changes in AFDC-related Medicaid eligibility are provided. Requirements regarding notice of agency decision, periodic notice to the beneficiary, extension of Medicaid benefits, and change in the eligible unit are also provided at Subchapter 5.

Subchapter 6, Complaints, Hearings, and Administrative Reviews, includes definitions, provisions regarding the right to a fair hearing and administrative review, and the responsibilities of the CWA and the Division. The subchapter also addresses the responsibilities of the Office of Administrative Law upon transmittal of a contested case from the Division, administrative hearings and administrative reviews, complaint and adjustment procedures, time limitations on entitlement to fair hearings, eligibility for continued Medicaid coverage, and access to discovery of information in contested cases. Additional rules include representation at hearings, adjournments, hearings involving medical issues, and decisions by the Director of the Division of Medical Assistance and Health Services.

Subchapter 7, Case Records and Files, explains the purpose of case records, what documents belong in the case record, how documentation of verification of eligibility requirements must be recorded in the case record, and how the case records are to be maintained, moved, transferred, retained, and destroyed. Also included are the agency controls for other operational procedures, disclosure of records or information for formal proceedings, and the release of information for statistical purposes.

Subchapter 8, Other Governmental Programs, sets forth information about retirement, survivors, and disability insurance (RSDI). The subchapter explains the procedures for securing information from the Social Security Administration (SSA) and the release of information from the CWA to the SSA. Also included is information about the potential entitlement of RSDI to a child born of unmarried parents. Finally, functions of the U.S. Department of Veteran's Affairs, the Department of Labor and Workforce Development, and the availability of Work First New Jersey benefits are included.

Subchapter 9, Other Agency Responsibilities, describes other responsibilities of the CWA. These responsibilities include adhering to all applicable laws, rules, and regulations, issuance and maintenance of the eligibility manual, reporting requirements, issuance of program identification cards, separation of income maintenance and social services, payment of funeral and burial expenses, reporting child abuse and neglect, confidentiality of information, release of records or information, distribution of material to applicants or clients, non-discrimination, extent of prohibited discriminatory practices, payments to vendors, policies concerning fraud and abuse, and reporting of criminal offenses to law enforcement authorities. The rights of individuals under investigation are included, as well as the basis for recovery of incorrectly paid benefits for purposes other than fraud or third-party liability.

Subchapter 10, Income, describes the financial eligibility standards, the standard of need (effective July 1, 1992), total gross income limits, and "eligible unit" for all AFDC-related Medicaid programs. The subchapter also discusses eligible persons temporarily in an institution, eligible AFDC children or parents regularly attending school or in vocational training at a residential Job Corps center, school attendance, general provisions regarding income, and the definition of earned income. The subchapter explains earned income from self-employment including provision of personal care services, what types of earned income that will be disregarded for AFDC-related Medicaid, the disregard of certain allowances and payments in the AFDC-related Medicaid program (all segments) for participation in Job Training Partnership Act (JTPA) programs, and the earned income that will be disregarded of a child who is a full or part-time student. Income from family day care is discussed, as well as the Division of Child Protection and Permanency payments for foster care, unearned income, income from roomer-boarders and table boarders, income from apartments, rooms, or housekeeping units in the eligible unit's home, contributions of support, and exempt income. Also explained in this subchapter are nonrecurring earned or unearned lump sum income, child support received by the eligible unit, prospective budgeting, eligibility, income from eligible and non-eligible individuals in the household, penalty of ineligibility for Child Support and Paternity (CSP) program sanction, needs of certain children temporarily in the home, initial eligibility, and application of disregards and procedures for determining initial eligibility for AFDC-C- and AFDC-F-related Medicaid. In addition, the AFDC-C procedures for stepparents and companion cases are described. The calculation of contract earning income is discussed, as well as calculation of earnings as a lump sum payment. Requirements for evaluating legally responsible relatives' (LRRs') capacity to support, acceptable forms of support from legally responsible relatives, and eligibility of sponsored aliens are provided, as are requirements for deeming a sponsor's income to a sponsored alien, and deeming income of parents to adolescent parents.

Subchapter 11, Resources, explains the treatment of resources to determine AFDC-related Medicaid eligibility.

Subchapter 12, Presumptive Eligibility for AFDC-Related Medicaid Children, discusses the scope of the subchapter, the period of presumptive eligibility, the requirements for presumptive eligibility determination entities, the responsibility of the entity processing the application, the responsibility of the applicant, the rights of the applicant with regard to notification and fair hearings, the scope of services offered, and the limitations on the number of presumptive eligibility periods.

While the Department is readopting these rules, it recognizes that further rulemaking may be necessary to update these rules to reflect current program eligibility requirements and any applicable Federal rules. 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. 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.