

SUBCHAPTER 8. MARTIN LUTHER KING PHYSICIAN-DENTIST SCHOLARSHIP PROGRAM

9A:11-8.1 Student eligibility

(a) To be eligible for a Martin Luther King Physician-Dentist Scholarship (King Scholarship), a student shall demonstrate that they:

1. Are or has been a legal resident of the State of New Jersey for at least one year immediately before receiving the scholarship;
2. (No change.)
3. Are or will be a full-time student enrolled for an initial M.D., D.O., or D.M.D. degree at Rutgers-Robert Wood Johnson Medical School, Rutgers-New Jersey Medical School, Rutgers-School of Dental Medicine, Cooper Medical School of Rowan University, or Rowan School of Osteopathic Medicine.

(b) (No change.)

9A:11-8.2 Grant amounts

(a) The maximum and minimum award ranges for a King Scholarship shall be annually established by the Board, but shall not exceed the maximum amount of tuition charged at Rutgers-Robert Wood Johnson Medical School, Rutgers-New Jersey Medical School, Rutgers-School of Dental Medicine, Cooper Medical School of Rowan University, or Rowan School of Osteopathic Medicine.

(b) (No change.)

HUMAN SERVICES

(a)

BUREAU OF GUARDIANSHIP SERVICES

Notice of Readoption

Decision-Making for the Terminally Ill

Readoption: N.J.A.C. 10:48B

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

Authority: N.J.S.A. 30:1-12, 30:4-165.1, and 30:4-165.4 et seq., specifically 30:4-165.16.

Effective Date: October 16, 2023.

New Expiration Date: October 16, 2030.

Take notice that pursuant to N.J.S.A. 52:14B-5.1, the rules at N.J.A.C. 10:48B were scheduled to expire on November 29, 2023. The chapter sets forth specific guidelines for the Bureau of Guardianship Services (BGS) when making complex end-of-life decisions on behalf of persons served. Further, the chapter provides specific ethical considerations related to decisions to continue or discontinue medical treatment for a terminally ill person with intellectual/developmental disabilities.

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

Subchapter 1, General Principles, addresses specific ethical concerns for the population served, provides information regarding access to palliative care, and provides knowledge-based requirements of recognized ethics committee members.

Subchapter 2, Definitions, defines the words and terms used throughout the chapter.

Subchapter 3, Ethics Committee, explains that ethics committees are independent of the Division of Developmental Disabilities and are required to be available for consultation to BGS when end-of-life decisions are considered. The subchapter describes the make-up of ethics committees, including the membership requirements.

Subchapter 4, Decision-Making Capacity, outlines the process of determining whether a terminally ill person has the capacity to make end-of-life decisions. The subchapter provides guidance on the how determinations are made regarding withholding or withdrawing life-sustaining treatment including, but not limited to, Do Not Resuscitate Orders for terminally ill individuals who do not have the capacity to make decisions on their own.

Subchapter 5, Individuals With Capacity to Make Medical Decisions, provides clarification that a person with capacity can independently make end-of-life decisions.

Subchapter 6, Individuals Without Capacity to Make Medical Treatment Decisions for Whom BGS is Not Providing Guardianship Services, provides guidelines for end-of-life decision-making when a surrogate decision-maker, other than BGS, is in place or is required.

Subchapter 7, Individuals Without Capacity to Make Medical Treatment Decisions for Whom BGS is Providing Guardianship Services, includes guidance regarding the role and function of ethics committees, withholding or withdrawing life-sustaining medical treatment for individuals for whom BGS is providing guardianship services, procedures for rendering decisions, and Do Not Resuscitate Orders for BGS consumers.

Subchapter 8, Palliative Care, describes how palliative and hospice care services can be rendered to an individual with a terminal or life-threatening illness.

While the Department of Human Services (Department) is readopting these rules, it recognizes that further rulemaking is necessary to update this chapter to reflect current practices. Thus, the Department will be proposing substantial amendments in an upcoming rulemaking.

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, as required pursuant to Executive Order No. 66 (1978). 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.

(b)

DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

Notice of Readoption

NJ FamilyCare-Children's Program

Readoption: N.J.A.C. 10:79

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: October 16, 2023.

New Expiration Date: October 16, 2030.

Take notice that pursuant to N.J.S.A. 52:14B-5.1, the rules at N.J.A.C. 10:79, the NJ FamilyCare-Children's Program chapter, were scheduled to expire on December 13, 2023. N.J.A.C. 10:79 regulates the NJ FamilyCare-Children's Program, which provides healthcare benefits to certain children. The Department of Human Services (Department) has reviewed the chapter and finds that it should be readopted because the rules are necessary, reasonable, adequate, efficient, understandable, and responsive to the purposes for which they were originally promulgated.

The chapter contains eight subchapters, as follows:

N.J.A.C. 10:79-1, Introduction, includes the purpose, scope, and definitions of the NJ FamilyCare-Children's Program.

N.J.A.C. 10:79-2, Case Processing, describes case processing, including application submission, reviewing agency responsibilities, interview, application processing, date of initial eligibility, retroactive eligibility for Plan A, redetermination of eligibility, and case transfers.

N.J.A.C. 10:79-3, Non-financial Eligibility Factors, delineates the non-financial factors required to establish program eligibility. Following a section on general provisions are rules regarding citizenship, State residency, eligible children, household unit, third-party liability, health insurance coverage rules, persons sanctioned pursuant to the Temporary Assistance for Needy Families (TANF) or Aid to Families with Dependent Children (AFDC) rules, and inmates of public institutions.

N.J.A.C. 10:79-4, Financial Eligibility, includes income eligibility factors, prospective budgeting of income, countable income standards, and resource eligibility.

N.J.A.C. 10:79-5, Administration, includes rules regarding eligibility determination agencies, administrative principles, confidentiality of

information, materials distributed to applicants or eligible persons, nondiscrimination, and case records.

N.J.A.C. 10:79-6, Beneficiary Rights and Responsibilities, explains notice of eligibility decisions, fair hearing procedures, post-application client responsibilities, grievances and appeals, right to a grievance review, premiums, personal contribution to care, limitations on cost-sharing, and co-payments.

N.J.A.C. 10:79-7, NJ Family Care-Children's Program Beneficiary Fraud and Abuse Policies, explains beneficiary fraud and abuse policies, including when termination of eligibility may take place, application for readmission, how the rules of the chapter apply to the specific NJ FamilyCare plans, as well as the applicability to this chapter of Medicaid provisions relating to fraud and abuse, third-party liability, and administrative and judicial remedies.

N.J.A.C. 10:79-8, explains presumptive eligibility, including the scope of services provided, the period of presumptive eligibility, the presumptive eligibility determination entities, presumptive eligibility processing performed by the entities, responsibilities of the Division of Medical Assistance and Health Services (Division), as well as the county welfare agencies and the Statewide eligibility determination agency, responsibilities of the applicant, the applicable notice and fair hearing rights, the scope of services during the presumptive eligibility period, and the limitation on the number of presumptive eligibility periods.

The Department is issuing this notice of readoption in order to avoid expiration of the chapter. This will ensure that the rules will not expire while the Division works on updating the chapter, which may include deleting any obsolete rules, proposing new rules, clarifying existing policy, and/or memorializing compliance with Federal requirements.

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.

(a)

DIVISION OF MENTAL HEALTH AND ADDICTION SERVICES

Notice of Readoption Standards for Licensure of Outpatient Substance Use Disorder Treatment Facilities

Readoption with Technical Changes: N.J.A.C. 10:161B

Authority: N.J.S.A. 26:2B-7 et seq., in particular 26:2B-14; 26:2BB-5 through 6; 26:2G-1 et seq.; and 30:1-12; and Reorganization Plan 001-2018.

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

Effective Dates: October 16, 2023, Readoption;
November 20, 2023, Technical Changes.

New Expiration Date: October 16, 2030.

Take notice that pursuant to N.J.S.A. 52:14B-5.1, the rules at N.J.A.C. 10:161B, Standards for Licensure of Outpatient Substance Use Disorder Treatment Facilities, were scheduled to expire on November 22, 2023. The purpose of this chapter is to protect the health and safety of clients by establishing minimum rules and standards of care with which an outpatient substance use disorder treatment facility must adhere to be licensed to operate in New Jersey.

The rules are comprised of 25 subchapters, as follows.

Subchapter 1, Definitions and Staff Qualifications and Responsibilities, outlines the scope and applicability, purpose, and definitions of all words and terms. The subchapter also describes the qualifications and responsibilities of the medical director, director of nursing services, pharmacists, administrator of the facility, director of

substance abuse counseling services, substance abuse counseling staff, and dietitians.

Subchapter 2, Licensure Procedures and Enforcement, describes the general application process, fees, and requirements; special requirements for newly constructed or expanded facilities; the review and approval of a license application; facility surveys; conditional licenses; periodic surveys following licensure; deficiency findings; informal dispute resolution; plans of correction; surrender of a license; waivers; enforcement remedies; notice of violations and enforcement actions; effective date of enforcement actions; enforcement actions; failure to pay a penalty; remedies; curtailment of admissions; provisional license; suspension of a license; revocation of a license; injunction; hearings; and settlement of enforcement actions.

Subchapter 3, General Requirements, describes the provision of services; compliance with laws and rules; ownership requirements; submission of documents and data; personnel; policy and procedure manual; requirements for employee health; reportable events; notices; reporting to professional licensing boards; transportation; and the prohibition on the use of tobacco products in facilities.

Subchapter 4, Governing Authority, describes the responsibility of the profit and/or non-profit governing authority of the facility.

Subchapter 5, Administration, describes the appointment of an administrator.

Subchapter 6, Client Care Policies and Services, delineates client care policies and procedures; standards for preadmission, admission, and retention of clients; involuntary discharge; use of restraints; calibration of instruments; and interpretation services.

Subchapter 7, Medical Services, describes the provision of medical services; designation of medical director; medical policies and medical staff bylaws; and physician responsibilities.

Subchapter 8, Nursing Services, describes the provision of nursing services; designation of director of nursing services; and responsibilities of licensed nursing personnel.

Subchapter 9, Client Assessment and Treatment Planning, describes the process of client assessment and client treatment planning.

Subchapter 10, Substance Abuse Counseling and Supportive Services, delineates the provision of substance abuse counseling; the requirement for a director of substance abuse counseling services; supportive services; and co-occurring services.

Subchapter 11, Opioid Treatment Services, describes the special requirements for facilities to be licensed to operate opioid treatment services, including authority; staffing; multidisciplinary team reviews and composition; policies and procedures; minimum standards for admission to an opioid treatment program; admissions and assessment; medical assessments; counseling services; drug screening; eligibility for take-home medication; labeling of take-home medication; take-home medication dosage schedule; extended take-home medications; take-home exceptions; clinic-based medical maintenance; office based opioid treatment; and emergency phone coverage requirements.

Subchapter 12, Detoxification Services, sets out the standards and requirements for facilities approved to provide outpatient detoxification services; staff qualifications; client eligibility for outpatient detoxification; required services; and policies and procedures.

Subchapter 13, Laboratory Services, describes provision of laboratory services that must be provided directly or ensured by licensed outpatient facilities.

Subchapter 14, Pharmaceutical Services, describes the required provision of pharmaceutical services; standards for drug administration; and standards for storage of medications.

Subchapter 15, Emergency Services and Procedures, delineates the emergency plans and procedures; drills, tests, and inspections; and emergency medical services that must be provided or arranged by a licensed facility.

Subchapter 16, Client Rights, delineates policies and procedures to ensure client rights; the rights of each client; and how complaints may be brought by clients or their families internally with the facility, or externally with outside oversight agencies.

Subchapter 17, Discharge Planning Services, describes required discharge/continuum of care planning; discharge/continuum of care planning policies and procedures; and client and family education.