

Pursuant to N.J.S.A. 52:14B-5.1.c(1), N.J.A.C. 8:70 is readopted and shall continue in effect for a seven-year period.

3. The gross income level for each household size as shown [in] at (a)1 and 2 above has been adjusted to reflect changes in Federal poverty guidelines as stated [in] at (a) above.
(b)-(k) (No change.)

HIGHER EDUCATION

(a)

**NEW JERSEY HIGHER EDUCATION
EDUCATIONAL OPPORTUNITY FUND
Notice of Administrative Changes
Administrative Policies and Procedures
Undergraduate EOF Financial Eligibility
Financial Eligibility for Initial Article III Student
Grants**

N.J.A.C. 9A:11-2.3

Effective Date: June 15, 2023.

Take notice that, in accordance with N.J.A.C. 9A:11-2.3(a), the Educational Opportunity Fund (EOF) Board of Directors announces an updated EOF Income Eligibility Scale. The EOF Income Eligibility scale is based on 200 percent of the annual Federal Poverty Guidelines (that is, doubled) as published annually in the Federal Register.

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

SUBCHAPTER 2. UNDERGRADUATE EOF ACADEMIC AND FINANCIAL ELIGIBILITY

9A:11-2.3 Financial eligibility for initial Article III student grants

(a) The EOF Income Eligibility Scale is based on 200 percent of the annual Federal poverty guideline (that is, doubled) as published annually by the United States Department of Health and Human Services in the Federal Register. This benchmark was established to reflect an eligible target population consistent with the intent of the original legislation. The EOF Executive Director shall inform institutions of annual adjustments to the EOF Income Eligibility Scale each summer, and the gross income limits set forth in this subsection shall be updated through a notice of administrative change published in the New Jersey Register.

1. Except as provided at (d), (e), (g), (h), and (i) below, dependent and independent students are financially eligible for an initial Article III student grant if their gross household income does not exceed the applicable amounts set forth in the EOF Income Eligibility Scale, as follows:

Academic Year [2023-2024] 2024-2025	
Applicants with a Household size of	Gross Income Not to Exceed
1	\$[27,180] 29,160
2	[36,620] 39,440
3	[46,060] 49,720
4	[55,500] 60,000
5	[64,940] 70,280
6	[74,380] 80,560
7	[83,820] 90,840
8	[93,260] 101,120

2. For each additional member of the household, an allowance of \$[9,440] **10,280** shall be added to this amount in order to determine EOF eligibility for the [2023-2024] **2024-2025** academic year.

HUMAN SERVICES

(b)

DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

Programs of Assertive Community Treatment (PACT) Services

Readoption with Amendments: N.J.A.C. 10:76

Proposed: January 17, 2023, at 55 N.J.R. 85(a).

Adopted: May 30, 2023, by Sarah Adelman, Commissioner, Department of Human Services.

Filed: May 31, 2023, as R.2023 d.082, **with non-substantial changes** not requiring additional public notice and comment (see N.J.A.C. 1:30-6.3).

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

Agency Control Number: 22-A-02.

Effective Dates: May 31, 2023, Readoption;
July 3, 2023, Amendments.

Expiration Date: May 31, 2030.

Summary of Public Comments and Agency Responses:

Comments were received from: Debra Wentz, Ph.D., President and CEO of the New Jersey Association of Mental Health and Addiction Agencies, Inc.

COMMENT: N.J.A.C. 10:76-2.1(b) and (d). The commenter suggested amending the wording in each of these subsections to read “may include” in the sentences that precede the list of services available since all PACT services are individualized and the wording “shall include” implies that every client would be required to receive every service listed instead of having every service on the list available to them only if it was needed.

RESPONSE: The Department of Human Services (Department) agrees with the commenter that the services offered by the PACT teams should be individualized to meet the specific needs of the client and will make the suggested change upon adoption in each subsection.

COMMENT: N.J.A.C. 10:76-2.2(e). The commenter suggested amending the requirement that a psychiatrist complete the psychiatric evaluation for all new PACT beneficiaries and review and sign all initial, comprehensive, and revised service plans to allow those functions to be performed by a “PACT team prescriber.”

RESPONSE: The Department will not be making the suggested change. The PACT program is administered by the Division of Mental Health and Addiction Services (DMHAS). These rules enable PACT agencies to seek reimbursement from the Medicaid/NJ FamilyCare program when providing PACT services to eligible Medicaid/NJ FamilyCare beneficiaries. N.J.A.C. 10:76-2.1(a) requires that “All PACT services meet the requirements of N.J.A.C. 10:37J, Programs of Assertive Community Treatment.” N.J.A.C. 10:37J-2.5(d)1i requires a PACT team psychiatrist to “assess each consumer’s stated concerns, mental illness symptoms, and behavior and prescribe appropriate medication.” While the Department is not making this change at this time, it will consider this comment for future rulemaking, if it deems it necessary in the future.

Federal Standards Statement

Sections 1902(a)(10) and 1905(a)(13), 42 U.S.C. §§ 1396a(a)(10) and 1396d(a), respectively, allow a state Medicaid program to offer other diagnostic, screening, prevention, and rehabilitation services, including any services recommended by a physician or other licensed practitioner of the healing arts within the scope of their practice pursuant to state law, for the maximum reduction of physical or mental disability and restoration of an individual to the best possible level of functioning. Section 1902(a)30 of the Act, 42 U.S.C. §1396a, requires that payments for

services shall be consistent with the efficiency, economy, and quality of care.

Title XXI of the Social Security Act contains broad guidelines to allow a state to provide coverage of a variety of health services pursuant to a state-operated children’s health insurance program (known in New Jersey as NJ FamilyCare) for targeted, low-income children and expects the state to adopt rules in order to assure the quality of services. Section 2101 of the Act (42 U.S.C. § 1397aa) provides funds to a state to administer the program in an effective and efficient manner. Sections 2103 and 2110 of the Social Security Act (42 U.S.C. §§ 1397cc and 1397jj, respectively) define the scope of coverage to be provided and provides definitions of allowable services, including rehabilitative and mental health services.

The Federal regulations at 42 CFR 440.130 define rehabilitative services as any medical or remedial services recommended by a physician or other licensed practitioner of the healing arts, within the scope of his or her practice pursuant to state law, for maximum reduction of physical or mental disability and restoration of a patient to his or her best possible functional level.

Federal regulations at 45 CFR 162.402 through 162.414 require the use of standard unique health identifiers for healthcare providers.

The Department has reviewed the Federal statutory and regulatory requirements and has determined the rules readopted with amendments do not exceed Federal standards. Therefore, a Federal standards analysis is not required.

Full text of the readopted rules can be found in the New Jersey Administrative Code at N.J.A.C. 10:76.

Full text of the adopted amendments follows (additions to proposal indicated in boldface with asterisks ***thus***; deletions from proposal indicated in brackets with asterisks ***[thus]***):

SUBCHAPTER 1. GENERAL PROVISIONS

10:76-1.2 Definitions

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

...
 “National Plan and Provider Enumerations System (NPPES)” means the system that assigns a provider a National Provider Identifier (NPI) number, maintains and updates information about health care providers with NPIs, and disseminates the NPI Registry and NPPES downloadable file. The NPI Registry is an online query system that allows users to search for a health care provider’s information.

“National Provider Identifier (NPI)” means a unique 10-digit identification number issued to health care providers by the Centers for Medicare and Medicaid Services (CMS).

...
 “Taxonomy code” means a code that describes the provider or organization’s type, classification, and the area of specialization.

10:76-1.3 Provider participation criteria

(a)-(f) (No change.)

(g) In order to participate in the New Jersey Medicaid/NJ FamilyCare Program, a PACT services provider shall:

1. Have a valid National Provider Identifier (NPI) number obtained from the National Plan and Provider Enumeration System (NPPES);
2. Have a valid taxonomy code obtained from the NPPES; and
3. Remain a provider in good standing by successfully completing provider revalidation, when requested by DMAHS.

SUBCHAPTER 2. PROGRAM OPERATIONS

10:76-2.1 PACT services

(a) (No change.)

(b) PACT services shall include mental health services and related supportive services, and shall be provided directly by one or more of the PACT team members. Such services ***[shall]* *may*** include, but are not limited to, the following:

1. (No change.)
2. Individual and/or group interventions for substance abuse when the need exists (see N.J.A.C. 10:37J-2.5(h));

3.-5. (No change.)

(c) (No change.)

(d) Examples of services provided by a PACT team ***[shall]* *may*** include, but are not limited to:

1.-4. (No change.)

5. Provision of support to the beneficiary’s family and other members of the beneficiary’s social network to deal with the mental illness; and

6. (No change.)

(e) (No change.)

10:76-2.5 Prior authorization

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

(c) For the provision of Partial Care/Partial Hospitalization (PC/PH) services to an eligible beneficiary enrolled in PACT, the provider shall obtain prior authorization as follows:

1.-2. (No change.)

3. The DMAHS Office of Customer Service will review the request and advise the Statewide PACT Coordinator of the approval or denial of the request.

i.-ii. (No change.)

iii. The providers will be notified by the Medicaid/NJ FamilyCare fiscal agent that services have been authorized. Such authorization should be received before providing services.

(d) (No change.)

SUBCHAPTER 3. PROCEDURE CODES FOR REIMBURSEMENT

10:76-3.1 Introduction

(a) (No change.)

(b) HCPCS is a two-level coding system:

1.-2. (No change.)

(c) (No change.)

APPENDIX

FISCAL AGENT BILLING SUPPLEMENT

AGENCY NOTE: The Fiscal Agent Billing Supplement is appended as a part of this chapter but is not reproduced in the New Jersey Administrative Code. The Fiscal Agent Billing Supplement can be downloaded free of charge from: www.njmmis.com. When revisions are made to the Fiscal Agent Billing Supplement, a revised version will be posted on the njmmis website and copies will be filed with the Office of Administrative Law.

If you do not have access to the Internet and require a copy of the Fiscal Agent Billing Supplement, write to:

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