

SUBCHAPTER 9. SOCIAL WORK SERVICES

8:42-9.3 Social work entries in the medical/health record

(a) The social worker shall document in the patient's medical/health record:

1. (No change.)
2. Clinical notes.

SUBCHAPTER 10. DIETARY COUNSELING SERVICES

8:42-10.3 Dietary entries in the medical/health record

(a) The dietitian shall document in the patient's medical/health record:

1. (No change.)
2. Clinical notes.

SUBCHAPTER 11. MEDICAL/HEALTH RECORDS

8:42-11.2 Medical/health records policies and procedures

(a) An agency shall have written policies and procedures for medical/health records that are reviewed annually, revised as needed, and implemented, and that include at least:

- 1.-4. (No change.)
5. Release and/or provision of copies of the patient's medical/health record to the patient and/or the patient's authorized representative, including, but not limited to, the following:
 - i. Establishment of a fee schedule for obtaining copies of the patient's medical/health record; and
 - ii. Availability of the patient's medical/health record to the patient's authorized representative if it is medically contraindicated (as documented by a physician in the patient's medical/health record) for the patient to have access to or obtain copies of the record.

(b) (No change.)

(c) A medical/health record shall be initiated for each patient upon admission and shall include at least the following:

- 1.-5. (No change.)
6. All verbal or telephone orders, which must be countersigned by a physician, advanced practice nurse, or physician assistant within 30 days;
7. (No change.)
- Recodify existing 9. through 16. as 8. through 15. (No change in text.)
16. A comprehensive discharge or transfer summary with narrative information from each service as follows:

i. A complete discharge summary that is sent to the primary care physician or other health care professional who will be responsible for providing care and services to the patient after discharge from the CHHA (if any) within five business days of the patient's discharge;

ii. A completed transfer summary that is sent within two business days of a planned transfer, if the patient's care will be immediately continued in a health care facility; or

iii. A completed transfer summary that is sent within two business days of becoming aware of an unplanned transfer, if the patient is still receiving care in a health care facility at the time when the CHHA becomes aware of the transfer.

(d) If the patient is transferred to another health care facility, the agency shall maintain a transfer record reflecting the patient's immediate needs and send a copy of this record to the receiving facility at the time of transfer. The Universal Transfer Form, that is required pursuant to N.J.A.C. 8:43E-13, and can be located on the Department's website at <https://www.nj.gov/health/forms/hfel-7.pdf>.

(e)-(h) (No change.)

SUBCHAPTER 12. INFECTION PREVENTION AND CONTROL

8:42-12.2 Infection control policies and procedures

(a) (No change.)

(b) The designated committee, along with the person designated by the administrator pursuant to N.J.A.C. 8:42-12.1(b), shall develop, implement, and review, at least annually, written policies and procedures regarding infection prevention and control, including, but not limited to, policies and procedures regarding the following:

1. Infection control and isolation, including Universal Precautions, in accordance with the Centers for Disease Control and Occupational Safety and Health Administration publication, "Enforcement Procedures for the

Occupational Exposure to Bloodborne Pathogens," OSHA Instruction CPL 02-02-069, November 27, 2001, incorporated herein by reference, as amended and supplemented, which can be found on the OSHA website at <https://www.osha.gov/enforcement/directives/cpl-02-02-069-0>;

2.-7. (No change.)

8:42-12.3 Infection control measures

(a) The agency shall follow all Category I recommendations in the current editions of the following CDC publications, which are incorporated herein by reference, as amended and supplemented:

1. (No change.)

2. Guidelines for the Prevention of Intravascular Catheter-Related Infections, 2011, which can be found on the CDC website at <https://www.cdc.gov/infectioncontrol/guidelines/bsi/index.html>;

3. Guideline for Prevention of Surgical Site Infection, 2017, which can be found on the CDC website at <https://www.cdc.gov/infectioncontrol/guidelines/ssi/index.html>; and

4. (No change.)

8:42-12.4 Use, care, and sterilization of sterilizers and patient care items

Equipment and supplies used for sterilization, disinfection, and decontamination purposes shall be maintained according to the policy and procedure manual, which is referenced at N.J.A.C. 8:42-3.5, and according to the manufacturer's directions for use.

8:42-12.5 (No change in text.)

8:42-12.6 Communicable disease alert

(a) An agency shall comply with CDC guidelines and N.J.S.A. 26:6-8.2, when identifying and handling dead bodies.

(b) (No change.)

8:42-12.7 (No change in text.)

SUBCHAPTER 13. PATIENT RIGHTS

8:42-13.1 Policies and procedures

(a) The agency shall establish and implement written policies and procedures regarding the rights of patients and the implementation of these rights.

1. (No change.)

2. An agency shall make a reasonable response to a patient's request for services, including the services of an interpreter in a language other than English, if 10 percent or more of the population in the agency's service area speaks that language.

SUBCHAPTER 14. QUALITY ASSURANCE

8:42-14.2 Quality assurance policies and procedures

(a)-(d) (No change.)

(e) The results of the quality assurance program shall be submitted to the governing authority at least annually, and shall include at least deficiencies found and recommendations for corrections or improvements.

1. The administrator, with the approval of the governing authority, shall implement measures to ensure that corrections or improvements are made.

HUMAN SERVICES

(a)

DIVISION OF FAMILY DEVELOPMENT

New Jersey Supplemental Nutrition Assistance Program

Establishment of the State SNAP Minimum Benefit Program

Adopted New Rules: N.J.A.C. 10:87-13

Proposed: August 7, 2023, at 55 N.J.R. 1614(a).

Adopted: November 13, 2023, by Sarah Adelman, Commissioner, Department of Human Services.

Filed: November 14, 2023, as R.2023 d.140, **without change**.

Authority: N.J.S.A. 30:1-12; and P.L. 2023, c. 13.

Effective Date: December 18, 2023.

Expiration Date: November 16, 2029.

Summary of Public Comment and Agency Response:

The official comment period ended October 6, 2023. **No comments were received.**

Federal Standards Statement

New N.J.A.C. 10:87-13 was adopted pursuant to the authority at N.J.S.A. 44:10-111, which refers to the Federal SNAP program (Food and Nutrition Act of 2008, 7 U.S.C. §§ 2011 et seq.). The adopted new subchapter establishes a State-funded State SNAP benefit equal to the difference between a Federal SNAP household's monthly Federal SNAP benefit and \$95.00. The State SNAP Minimum Benefit Program is subject to the same standards and rules as Federal SNAP to the extent practicable. This benefit is provided by statute, therefore, the Department does not have the authority to make any independent policy determinations to exceed the standards imposed by Federal law, and similarly did not undertake a cost-benefit analysis to support a determination. The additional SNAP standard is achievable under current technology, and the Commissioner certifies that the analysis permits the public to understand accurately and plainly the purposes and expected consequences of the adopted new rules.

Full text of the adopted new rules follows:

SUBCHAPTER 13. STATE SNAP MINIMUM BENEFIT PROGRAM

10:87-13.1 Authority and purpose

(a) The State SNAP Minimum Benefit Program is established in the New Jersey Department of Human Services, Division of Family Development, as authorized pursuant to N.J.S.A. 44:10-111.

(b) The purpose of the State SNAP Minimum Benefit Program is to reduce hunger and improve nutrition among NJ SNAP recipients by increasing their ability to purchase food and meet their nutritional needs.

10:87-13.2 Eligibility and benefit amount

(a) NJ SNAP households whose monthly Federally funded SNAP benefit is less than \$95.00 shall receive a monthly State SNAP supplement equal to the difference between the household's Federally funded monthly benefit and \$95.00. The State SNAP supplement shall be provided in addition to the Federal SNAP benefit.

1. If Federal SNAP funds become available to pay NJ SNAP households a comparable SNAP supplement, Federal SNAP funds shall be used first, before any State funds are spent.

(b) To be eligible for the State SNAP Minimum Benefit Program, a household must meet all eligibility requirements of the NJ SNAP.

(c) The household must be certified for a full month of participation in the Federal SNAP, with a full monthly benefit amount of at least one dollar, but less than \$95.00 per month, to be eligible for the State program. Households are eligible for the State supplement only in months where the household receives a full monthly Federal SNAP allotment. Prorated monthly allotments are not eligible for a State SNAP supplement.

(d) A household eligible for the State SNAP Minimum Benefit Program shall be automatically enrolled in the program. No separate application besides the standard NJ SNAP application is required.

(e) The State SNAP supplement is calculated before any allotment reduction for recoupment of overpayments. The amount of the State SNAP supplement is determined by subtracting the amount of the household's Federal SNAP monthly benefit, before any overpayment recoupments have been applied, from \$95.00.

(f) If a household becomes ineligible for Federal SNAP benefits, eligibility for the State SNAP supplement ends at the same time.

10:87-13.3 Benefit distribution and use

(a) The Families First Program rules at N.J.A.C. 10:88, including, but not limited to, those concerning the distribution, use, and expungement of

NJ SNAP benefits, shall apply to the State SNAP supplement to the greatest extent practicable.

(b) The State SNAP supplement shall be distributed to a household on their Families First EBT account.

10:87-13.4 Applicability of Federal SNAP rules

The State SNAP Minimum Benefit Program shall be subject to the State rules and procedures that implement the Federal SNAP to the greatest extent practicable. The State SNAP supplement must be used solely for the purchase of food, as defined by Federal SNAP law.

(a)

OFFICE OF PROGRAM INTEGRITY AND ACCOUNTABILITY

Notice of Readoption

Standards for Community Residences for Persons with Head Injuries

Readoption: N.J.A.C. 10:44C

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

Authority: N.J.S.A. 30:11B-1 et seq., specifically 30:11B-4.

Effective Date: November 14, 2023.

New Expiration Date: November 14, 2030.

Take notice that pursuant to N.J.S.A. 52:14B-5.1, the rules at N.J.A.C. 10:44C were scheduled to expire on January 10, 2024. These rules constitute the minimum administrative, physical plant, fire safety, as well as program and staffing requirements for community residences for persons with head injury, licensed by the Department of Human Services (Department) to serve persons who have sustained such injury. The purpose of the rules is to protect the health, safety, welfare, and human rights of the persons who reside in these facilities, and to allow such individuals to develop their fullest potential while residing in an environment which is normalized and supportive. The rules provide for individualized delivery of services to persons served, the establishment and maintenance of a safe environment, the provision to undertake dignified risk, and the delineation of personal rights to protect them and to assist them in maximizing their potential.

A summary of each subchapter follows:

Subchapter 1, General Provisions, includes a description of the purpose and scope of the rules, a statement of severability, definitions of words and terms used in the rules, as well as a description of the process for application, licensing, inspection, and renewal. The rules provide specific requirements for licensing agency responsibilities, procedure manuals, waivers or variances, search warrants, and complaints. The subchapter also addresses the suppression of illegal operations, voluntary closure, administrative hearings, as well as the denial, revocation, non-renewal, or suspension of a license.

Subchapter 2, Organization and Administration, addresses general organization and administration requirements; staff qualifications and personnel standards, including the training required and the minimum staffing levels; development of policy and procedure manuals; records and reporting requirements for incidents, general programming, and financial matters; as well as recordkeeping requirements for persons served.

Subchapter 3, Advocacy and Rights, specifies standards for notifying persons served regarding their right to advocacy services and an enumeration of rights of residents. The subchapter also provides rules for a residence, self-advocacy, informed consent, and guardianship, as well as the safeguards that must be in place whenever rights are restricted or modified.

Subchapter 4, Service Delivery/Rehabilitation/Habilitation, addresses service delivery and treatment including: pre-admission and admission requirements, changes in supports or services, discharges, or transfers from service, and Individual Treatment Plan (ITP) requirements.

Subchapter 5, Health and Safety, specifies general medical and health standards; requirements for the storage and administration of prescription,