

HIGHER EDUCATION

(a)

OFFICE OF THE SECRETARY OF HIGHER EDUCATION

Educational Opportunity Fund (EOF) Program Part-Time Students

Adopted Amendment: N.J.A.C. 9A:11-2.9

Proposed: June 17, 2024, at 56 N.J.R. 1066(a).

Adopted: October 18, 2024, by Educational Opportunity Fund Board of Directors, Dr. Hasani Carter, EOF Executive Director.

Filed: October 18, 2024, as R.2024 d.109, **without change**.

Authority: N.J.S.A. 18A:71-28 et seq., and 18A:71-33 through 36.

Effective Date: November 18, 2024.

Expiration Date: October 20, 2030.

Summary of Public Comment and Agency Response:

COMMENT: Jean Publicee shared their belief that the Educational Opportunity Fund (EOF) program places a massive burden on every citizen of New Jersey. This financial burden is believed to be due to the program's alleged support of non-U.S. citizens and the State's commitment to helping those from economically disadvantaged backgrounds gain access and afford to attend one of New Jersey's participating colleges or universities.

RESPONSE: Jean Publicee was thanked for their comments. Jean was also informed that since 1968, EOF has continued to provide access, opportunity, and support to thousands of New Jersey residents who would otherwise not have been able to attend college. The proposed amendment was developed with the support of EOF's 71 campus programs and is intended to expand EOF eligibility consideration for New Jersey residents and to provide greater flexibility for support for program participants who find the need to enroll part-time at one of our participating institutions.

Federal Standards Statement

The adopted amendment does not require a Federal standards analysis pursuant to N.J.S.A. 52:14B-22 et seq., because the EOF was established by New Jersey legislation, is wholly supported by State appropriations, and is not subject to any Federal requirements or standards.

Full text of the adoption follows:

SUBCHAPTER 2. UNDERGRADUATE EOF ACADEMIC AND FINANCIAL ELIGIBILITY

9A:11-2.9 Part-time students

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

(c) Eligible students shall be advised by institutional EOF staff to pursue part-time enrollment and shall enroll for at least six credits, matriculate in a certificate or degree program, and maintain minimum standards of academic progress as determined by the institution in the context of the provisions at N.J.A.C. 9A:11-2.13.

(d)-(f) (No change.)

HUMAN SERVICES

(b)

DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

Adult Mental Health Rehabilitation Services Provided in/by Community Residence Programs

Adopted Amendments: N.J.A.C. 10:77A-1.2, 1.3, 2.2, 2.5, 3.1, and 3.2

Proposed: April 15, 2024, at 56 N.J.R. 541(a).

Adopted: October 3, 2024, by Sarah Adelman, Commissioner, Department of Human Services.

Filed: October 21, 2024, as R.2024 d.111, **with a non-substantial change** 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.

Effective Date: November 18, 2024.

Expiration Date: August 14, 2030.

Summary of Public Comment and Agency Response:

No comments were received.

Summary of Agency-Initiated Changes:

At N.J.A.C. 10:77A-3.2, the Healthcare Common Procedure Coding System (HCPCS) procedure code H3005 is being changed to H0019 U5 upon adoption. The HCPCS procedure code H3005 for Level D adult mental health rehabilitation services is an incorrect code and was inadvertently proposed in error to replace Z7337 for Level D adult mental health rehabilitation services. The code is being changed upon adoption to the correct code for this level of service, H0019 U5, with no change to the description of the code. The regulated community has been notified of the correct code through the provider newsletter. This change does not require additional public notice and comment because the change does not enlarge or curtail the scope of the rule and its burden, enlarge or curtail who or what will be affected by the rule, or change what is being prescribed, proscribed, or mandated pursuant to the rule (see N.J.A.C. 1:30-6.3(f)3).

Federal Standards Statement

Section 1902(a)(10) of the Social Security Act, 42 U.S.C. § 1396a(a)(10), regulates program eligibility including the amount, duration, and scope of benefits, Section 1905(a)(13) of the Social Security Act, 42 U.S.C. § 1396d(a)(13), allows a state Medicaid program to offer diagnostic, screening, prevention, and rehabilitation services, including medical or remedial services recommended by a physician or other licensed practitioner 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 functional level. Federal regulations at 42 CFR 440.60(a) provide that remedial services rendered to a beneficiary by a licensed practitioner, practicing within the scope defined by state law, are reimbursable.

Mental health rehabilitation services provided in/by a community residence program to provide services to mentally ill adults are an example of this category of service. These services are provided to individuals who require assistance to live independently in the community, and include, but are not limited to, assessment, development, and implementation of a comprehensive service plan through individual services coordination, training in daily living skills, and supportive counseling. The adopted amendments are consistent with these laws.

The use of a standard and unique health identifier for health care providers is required pursuant to 45 CFR 162 Subpart D. The standard unique health identifier for health care providers is the National Provider Identifier (NPI). Title 42 Chapter IV Subchapter C Part 455 Subpart E § 455.440 mandates that the State Medicaid agency require all claims for payment for items and services that were ordered or referred to contain the National Provider Identifier (NPI) of the physician or other professional who ordered or referred such items or services.

Title XXI of the Social Security Act allows states to establish a children's health insurance program for targeted low-income children. New Jersey elected this option through implementation of the NJ FamilyCare Children's Program. Section 2103, 42 U.S.C. § 1397cc, provides broad coverage guidelines for the program.

The Department of Human Services has reviewed the applicable Federal laws and regulations and that review indicates that the adopted amendments do not exceed Federal standards. Therefore, a Federal standards analysis is not required.

Full text of the adoption follows (addition to proposal indicated in boldface with asterisks ***thus***; deletion from proposal indicated in brackets with asterisks *[thus]*):

SUBCHAPTER 1. GENERAL PROVISIONS

10:77A-1.2 Definitions

The following words and terms, when 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), 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.

10:77A-1.3 Provider participation

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

(c) Providers shall submit the documents listed at (b) above to:

- Gainwell Technologies
- Provider Enrollment
- PO Box 4804
- Trenton, New Jersey 08650

(d) (No change.)

(e) In order to participate in the New Jersey Medicaid/NJ FamilyCare Program, all providers 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.

Recodify existing (e)-(g) as (f)-(h) (No change in text.)

SUBCHAPTER 2. PROGRAM OPERATIONS

10:77A-2.2 Levels of care

(a)-(c) (No change.)

(d) (No change in text.)

10:77A-2.5 Basis of reimbursement

(a)-(c) (No change.)

(d) Providers shall be reimbursed for quarter-hour units of service for rendering services at those Level B programs that are supervised apartments. A quarter-hour unit of service is defined as 15-consecutive minutes of service.

1.-3. (No change.)

(e)-(g) (No change.)

SUBCHAPTER 3. HEALTHCARE COMMON PROCEDURE CODING SYSTEM (HCPCS)

10:77A-3.1 Introduction

(a)-(c) (No change.)

(d) Alphabetic and numeric symbols under “IND” and “MOD”: These symbols, when listed under the “IND” and “MOD” columns, are elements of the HCPCS coding system used as qualifiers or indicators (“IND” column) and as modifiers (“MOD” column). They assist the provider in determining the appropriate procedure codes to be used, the area to be covered, the minimum requirements needed, and any additional parameters required for reimbursement purposes.

1. Providers shall consider these symbols and letters when billing because the symbols/letters reflect requirements, in addition to the narrative that accompanies the CPT/HCPCS procedure code, for which the provider is liable. These additional requirements shall be fulfilled before reimbursement is requested.

i. (No change.)

ii. “U1” means Level A+ level of care as defined at N.J.A.C. 10:77A-2.2(a).

iii. “U2” means Level A level of care as defined at N.J.A.C. 10:77A-2.2(b).

iv. “U3” means Level B level of care as defined at N.J.A.C. 10:77A-2.2(c).

(e) (No change.)

10:77A-3.2 HCPCS codes and maximum fee allowance schedule for adult mental health rehabilitation services provided in/by community residence programs

HCPCS Code	MOD	Definition	Maximum Fee Allowance
H0019	U1	Adult MH Rehab. Svcs. Level A+ Group Home (per diem)	\$164.00
H0019	52 U1	Adult MH Rehab. Svcs. Level A+ Supervised Apartment (per diem)	\$164.00
H0019	U2	Adult MH Rehab. Svcs. Level A Group Home (per diem)	\$131.00
H0019	52 U2	Adult MH Rehab. Svcs. Level A Supervised Apartment (per diem)	\$66.00
H0019	U3	Adult MH Rehab. Svcs. Level B Group Home (per diem)	\$102.00
H0019	52 U3	Adult MH Rehab. Svcs. Level B Supervised Apartment (per 15 minutes)	\$3.75 (\$15.00/hour)
[H3005] *H0019	U5*	Adult MH Rehab. Svcs. Level D (per diem)	\$40.00

(a)

**DIVISION OF FAMILY DEVELOPMENT
Work First New Jersey/Child Support Program
Work First New Jersey: Financial Eligibility—
Income, Resources, Benefits
Child Support Program: CWA as Payee
Adopted Amendments: N.J.A.C. 10:90-3.8 and
10:110-6.2**

Proposed: July 15, 2024, at 56 N.J.R. 1226(a).

Adopted: October 7, 2024, by Sarah Adelman, Commissioner, Department of Human Services.

Filed: October 21, 2024, as R.2024 d.112, **without change**.

Authority: N.J.S.A. 30:1-12 and 44:10-49.

Effective Date: November 18, 2024.

Expiration Dates: October 4, 2028, N.J.A.C. 10:90;
January 18, 2030, N.J.A.C. 10:110.

Summary of Public Comment and Agency Response:

The official comment period ended September 13, 2024. **The Division of Family Development (DFD) received no comments.**

Federal Standards Statement

The adopted amendments include standards that do not exceed those included at 45 CFR 260, Temporary Assistance for Needy Families (TANF), nor any Federal regulations promulgated pursuant to Title IV-D of the Social Security Act, which require uniform application of child support guidelines throughout the State. Therefore, a Federal standards analysis is not required.