

ADOPTIONS

A.	Licenses for possession and use of byproduct material, source material, or special nuclear material for civil defense activities.	[2,110] 2,160
9.-13.	(Reserved.)	
14.	Decommissioning/Reclamation	
A.	Byproduct, source, or special nuclear material licenses and other approvals authorizing decommissioning, decontamination, reclamation, or site restoration activities pursuant to N.J.A.C. 7:28-51, 58, and 60.	Full Cost
B.	Site-specific decommissioning activities associated with unlicensed sites, whether or not the sites have been previously licensed.	Full Cost
15.	(Reserved.)	
16.	Reciprocity	
	Reciprocal recognition of an out-of-State license for a period of less than 180 days.	50 percent of annual fee of applicable category, rounded to the nearest \$ 5.00.
17.-18.	(Reserved.)	

Table 2

Schedule of Radioactive Materials Annual Fees

<u>FEE CATEGORY</u>	<u>LICENSE TYPE</u>	<u>ANNUAL FEE (\$)</u>
1.	Water Treatment Facilities as defined at N.J.A.C. 7:10-3.6	
A.	Very Small Community	[395] 405
B.	Water Systems	
	Small Community Water Systems	[1,135] 1,160
C.	Medium Community	
	Water Systems	[1,630] 1,670
D.	Large Community Water Systems	[3,265] 3,345
E.	Non-Transient Non-Community Water Systems treating 1,000 gallons per day or less, with accumulated activity of radium greater than or equal to 10 µCi.	[265] 270
F.	Non-Transient Non-Community Water Systems treating more than 1,000 gallons per day, with accumulated activity of radium greater than or equal to 10 µCi.	[655] 670
2.	Amendments	
A.	Request to amend a license requiring no license review including, but not limited to, facility name change or removal of a previously authorized user.	0

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B.	Request to amend a license requiring review including, but not limited to, addition of isotopes, procedure changes, new authorized users, or a new radiation safety officer.	260
C.	Request to amend a license requiring technical review whether or not a site visit is also required. This includes, but is not limited to, a facility move or the addition of a process.	505
	Inspections	
A.	Routine	0
B.	Non-routine Reinspection	Full Cost
C.	Pre-licensing	[505] 515
D.	Reciprocity	[505] 515
E.	Inspection as a result of an incident	Full Cost
4.	Additional Use Sites (Non-contiguous)	
A.	Non-profit educational institutions	25 percent of appropriate fee
B.	Medical Private Practices	50 percent of appropriate fee
5.	Devices under a General License Requiring Registration	[460] 470
6.	General License Registration for Community or Non-Community Water Treatment Systems	[265] 270
7.	Diffuse NARM License	[3,265] 3,345
8.	X-ray fluorescence devices	
A.	A government body, department, agency, authority, or any other unit of any state, Federal, county, or local government using an X-ray fluorescence device	[265] 270
B.	All others	[1,325] 1,355

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(a)

DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

Administration Manual

Electronic Records and Electronic Signature Requirements

Adopted New Rule: N.J.A.C. 10:49-9.9

Proposed: November 4, 2024, at 56 N.J.R. 2120(a).

Adopted: July 10, 2025, by Sarah Adelman, Commissioner, Department of Human Services.

Filed: August 14, 2025, as R.2025 d.107, **without change**.

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

Effective Date: September 15, 2025.

Expiration Date: December 5, 2029.

Summary of Public Comment and Agency Response:**No comments were received.****Federal Standards Statement**

Section 1902(a)(5) of the Social Security Act, 42 U.S.C. § 1396a, in accordance with 42 CFR 431.10, designates the Division of Medical Assistance and Health Services (DMAHS), within the New Jersey Department of Human Services, as the single State agency responsible for the administration of the New Jersey Medicaid and NJ FamilyCare programs.

Section 1903(t)(3) of the Social Security Act, 42 U.S.C. § 1396b(t), allows for payments for the development and use of certified electronic health record technology. The term “certified electronic health record technology” means a qualified electronic health record as defined at Section 3000(13) of the Public Health Service Act.

Title XXI of the Social Security Act allows states to establish a State Children’s Health Insurance Program (CHIP) for targeted low-income children. New Jersey elected this option through implementation of the NJ FamilyCare program. Section 2103 of the Social Security Act, 42 U.S.C. § 1937cc, provides broad coverage requirements for this program.

Pursuant to the authority at N.J.S.A. 30:4D-1 et seq., the Department of Human Services’ Division of Medical Assistance and Health Services (DMAHS) is authorized to administer the Medicaid program. In accordance with N.J.S.A. 30:4J-8 et seq., DMAHS is also authorized to administer the NJ FamilyCare program.

The Department has determined that the adopted new rule does not exceed Federal standards. Therefore, a Federal standards analysis is not required.

Full text of the adoption follows:

**SUBCHAPTER 9. PROVIDER AND BENEFICIARY'S RIGHTS
AND RESPONSIBILITIES; ADMINISTRATIVE
PROCESS**

10:49-9.9 Electronic records and electronic signature requirements

(a) The following words and terms, when used in this section, shall have the following meanings, unless the context clearly indicates otherwise:

1. “Electronic record” shall mean information that is stored in an electronic or other medium and is retrievable in an easily understandable format and shall include both electronically produced records and printed, typewritten, or tangible records that have been scanned or otherwise reproduced in electronic format and electronically signed.

2. “Electronic signature” means data in electronic form, which is logically associated with other data in electronic form, and which is used by the signatory to attach a signature by electronic means to documents. For Medicaid/NJ FamilyCare providers that other data includes, but is not limited to, communications between the provider and the Medicaid/NJ FamilyCare program and elements of the beneficiary’s medical record.

i. For an institution, the information technology department or similarly named department that oversees the institution’s technology-related tasks and maintains the institution’s electronic network, shall be responsible for the administration of such electronic record systems and must include protections against modification and administrative safeguards that comply with all applicable State and Federal standards and laws, including the requirements at (f) below.

ii. For an individual provider, the provider shall use electronic signature software that complies with State and Federal standards and laws and contains, at a minimum, the features listed at (f) below.

(b) The electronic record shall be considered the original record for the purpose of maintaining the information required to fully disclose the kind and extent of services provided, as well as the medical necessity for those services. The electronic format shall conform to the requirements of all applicable Federal and State laws and regulations.

1. If the original electronic record is altered, the record shall show the original and altered versions, including the dates and author of the original and altered versions.

(c) Confidentiality requirements mandated by the Federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) and other applicable State and Federal statutes shall be applicable to electronic records.

(d) The content of the record shall meet all applicable requirements of the New Jersey Medicaid/NJ FamilyCare program to support the claim for payment. This shall include all requirements in this chapter and the applicable provider manual.

(e) The electronic record shall be accessible to the Department or the Department’s authorized agent and must be able to be reproduced in paper form at the provider’s expense. The Department or the Department’s authorized agent may require a certification that the paper reproduction is an exact copy of the electronic record.

(f) The electronic signature method used by the provider shall, at a minimum, contain all of the following features:

1. Approved electronic signature methods require the use of encryption technology and must be password protected at the time the signature is generated.

2. Documents with electronic signature must maintain integrity through password-protected access of electronic signature on the user’s computer. Group or shared passwords shall be prohibited.

3. Each specific user shall have password-protected access, therefore, the identity of the user signature on documents shall be sufficient to prove message integrity and prevent a third party from successfully denying the origin, submission, or delivery of the message and the integrity of its contents.

4. Verification of user signature shall be available upon request.

5. Transporting of data shall be accomplished in electronically protected format from the user to a third party. This maintains the integrity of the document and signature, to the extent fraudulent tampering does not occur.

(g) Acceptable electronic signatures shall contain date and timestamps and shall include printed statements indicating that the document has been electronically signed, followed by the practitioner’s name and professional designation. The responsibility and authorship related to the signature should be clearly defined in the record. Example of an acceptable electronic signature: “Electronically Signed By: John Doe, M.D. 01/01/2024 @ 8:00 AM.”

(h) Practitioners authorized to use electronic signatures shall be required to sign a statement acknowledging their responsibility and accountability for the use of their e-signature and confirming that they are the only individual who has access to, and who will use, their specific signature code. These statements shall be maintained by the organization and be made available to the Department or the Department’s authorized agent upon request.

(i) Organizational policy shall define appropriate disciplinary actions for inappropriate actions, including, but not limited to, the use or sharing of unique identifiers or e-signatures.

(j) Organizational policy shall also address system access and monitoring, changes to records, and system support.

(k) Documents signed electronically shall be retained in conformity with the organization’s definition of the legal health record and retention policy.

(l) A copy of an organization’s policy and procedures related to the use of electronic records and/or the use of electronic signatures including, but not limited to, the requirements at (h), (i), (j), and (k) above, shall be provided to the Department or the Department’s authorized agent upon request.