

Adopted: September 20, 2016, by Elizabeth Connolly, Acting Commissioner, Department of Human Services.
 Filed: October 25, 2016, as R.2016 d.161, **without change**.
 Authority: N.J.S.A. 30:4-177.43 et seq., specifically, 30:4-177.52.
 Effective Dates: October 25, 2016, Readoption;
 November 21, 2016, Amendments.
 Expiration Date: October 25, 2023.

Summary of Public Comment and Agency Response:
No comments were received from the public.

Federal Standards Statement

A Federal standards analysis is not required because the rules readopted with amendments are not subject to any Federal requirements or standards.

Full text of the readopted rules can be found in the New Jersey Administrative Code at N.J.A.C. 10:371.

Full text of the adopted amendments follows:

SUBCHAPTER 1. GENERAL PROVISIONS

10:371-1.1 Purpose; authority

(a) Pursuant to P.L. 1995, c. 314, The Division of Mental Health and Addiction Services of the Department of Human Services shall establish a program of family support services designed to strengthen and promote families who provide care in the community for a family member with a serious mental illness.

(b)-(h) (No change.)

10:371-1.3 Definitions

...
 "Division" means the Division of Mental Health and Addiction Services in the Department of Human Services.
 ...

SUBCHAPTER 3. FAMILY SUPPORT COORDINATOR

10:371-3.1 Role of the coordinator

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

(c) The Family Support Coordinator, in conjunction with the Statewide family advocacy organization and local family advocacy groups, shall work to expand and establish family support services throughout the State, in accordance with (c)1 through 3 below.

1. In conjunction with the three regional family working groups and the Statewide family working group, established pursuant to N.J.S.A. 30:4-177.48, the Family Support Coordinator shall adopt, review, and revise as needed, a State Family Support Services Plan for Families of Persons with a Serious Mental Illness. The Plan shall identify:

i.-iii. (No change.)

2.-3. (No change.)

SUBCHAPTER 5. INTENSIVE FAMILY SUPPORT SERVICES STANDARDS

10:371-5.3 Population priorities

(a) Services shall be offered to parents, spouses, siblings, and children of adults with a serious mental illness. Others who may use such services include relatives who are closely involved in and concerned about the daily functioning of the family member with a serious mental illness, or significant others and non-relatives who are the primary caregivers for the family member with a serious mental illness.

1. For the purposes of the IFSS program priorities, serious mental illness shall be defined, using the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), incorporated herein by reference, as amended and supplemented, incorporated herein by reference. Copies of the DSM may be obtained from the American Psychiatric Association, 1000 Wilson Boulevard, Suite 1825, Arlington, VA 22209-3901. Serious mental illness is a primary psychiatric diagnosis or exhibiting symptoms of:

i.-vi. (No change.)

2. (No change.)

(b)-(c) (No change.)

10:371-5.8 Assessment, service preferences, and record documentation

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

(d) The records shall contain all relevant information and shall be maintained to preserve confidentiality. At a minimum, the records shall contain the following:

1. (No change.)

2. IFSS assessments, which shall document in the record the following information as it occurs:

i.-v. (No change.)

3. IFSS service preferences, as follows:

i.-v. (No change.)

vi. Service preferences shall be reviewed with the family and revised whenever there is a significant change in the family's situation but minimally in conjunction with the administration of the family concerns survey, as delineated at (d)2i above;

4. Progress notes, as follows:

i.-iv. (No change.)

v. Progress notes shall reflect attempts to complete the family level of concern survey and the family preference form in compliance with the timeframes specified in (d)2i above if the documents referenced in this section are not completed, despite reasonable and diligent staff attempts;

vi.-viii. (No change.)

5. (No change.)

6. Documentation that summarizes the family's well-being when placed on inactive status and at the six-month follow-up contact required by N.J.A.C. 10:371-5.4(d);

7.-9. (No change.)

(a)

**DIVISION OF DEVELOPMENTAL DISABILITIES
 Contribution to Care and Maintenance Requirements
 Readoption with Amendments: N.J.A.C. 10:46D**

Proposed: June 6, 2016, at 48 N.J.R. 913(a).

Adopted: September 12, 2016, by Elizabeth Connolly, Acting Commissioner, Department of Human Services.

Filed: October 25, 2016, as R.2016 d.160, **without change**.

Authority: N.J.S.A. 30:1-12 et seq., 30:4-60 et seq., and 30:6D-5(b); and P.L. 2005, c. 55.

Effective Dates: October 25, 2016, Readoption;
 November 21, 2016, Amendments.

Expiration Date: October 25, 2023.

Summary of Public Comment and Agency Response:

The Department received one comment from the public. A summary of the comment and the Division's response follows:

COMMENT: The Alliance for the Betterment of Citizens with Disabilities, New Jersey (ABCD-NJ), Daniel Keating, Executive Director, indicated that it has no suggestions for edits to the proposal, as the Division made no substantive changes to the regulation. In addition, ABCD-NJ expressed strong agreement with the updates to terminology applied to individuals with intellectual disabilities.

RESPONSE: The Division thanks ABCD-NJ for its comment.

Federal Standards Statement

A Federal standards analysis is not required because the rules readopted with amendments are not subject to any Federal requirements or standards.

Full text of the readopted rules can be found in the New Jersey Administrative Code at N.J.A.C. 10:46D.

Full text of the adopted amendments follows:

SUBCHAPTER 1. GENERAL PROVISIONS

10:46D-1.2 Scope

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

(c) A determination of the ability to contribute is not required for individuals residing in supported living arrangements or in private intermediate care facilities for individuals with intellectual disabilities (ICF/IID) placements not funded by the Division. These individuals are required to apply and maintain eligibility for all benefits for which they may qualify and to directly use those benefits for expenses of daily living.

10:46D-1.3 Definitions

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

...
 "Assistant Commissioner" means the Assistant Commissioner of the Division.

...
 "Cost of care and maintenance" means the daily rate set by the Commissioner of the Department of Human Services for community care homes (except respite homes) regulated under N.J.A.C. 10:44B, multiplied by the number of days the individual is, or was, in the placement.

...
 "Medicaid DDD Community Care Waiver" means the Community Care Waiver, which is a Medicaid program that allows the State to waive certain Federal Medicaid eligibility criteria for individuals who meet eligibility for Division of Developmental Disabilities services and require an ICF/IID level of care.

...

SUBCHAPTER 2. FINANCIAL CRITERIA

10:46D-2.2 Determination of financial ability to pay

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

(d) The individual shall be assessed according to the formula of financial ability to pay at N.J.A.C. 10:46D-3.1 to determine the individual's or legally responsible relative's ability to pay for all or part of his or her cost of care and maintenance as fixed by the Commissioner.

(e)-(j) (No change.)

SUBCHAPTER 3. TREASURY FORMULA — DDD

10:46D-3.2 DDD Formula B-DDD(B) for individuals under age 18

(a) This section shall apply to the individual under age 18 being served, LRR(s) or any other person responsible for the estate of such individual and/or LRR(s). The family maintenance standard for a family of four, for calendar year 2016, is \$31,903, the medical cost standard (for a family of four is \$8,137) and the tuition deduction shall be revised annually, using the Consumer Price Index figures then applicable and the cost for in-State tuition at Rutgers, the State University, (\$11,217 for school year 2015-16). These revisions shall be published annually by the Department as public notices in the New Jersey Register. Additionally, the Department shall publish in the New Jersey Register, the cost of care and maintenance rates as established by the Commissioner.

(b)-(j) (No change.)

SUBCHAPTER 6. APPEALS PROCESS

10:46D-6.1 Appeals

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

(d) Any request for an appeal shall be made within 60 days from the date of the letter notifying the individual, legal guardian, or the LRR of the calculated amount, in accordance with the procedure set forth below:

1. (No change.)

2. Requests for an appeal shall also set forth all issues that the individual, legal guardian, or LRR(s) is raising on appeal and shall present all arguments on those issues that the individual, legal guardian, or LRR(s) wishes the Division to consider. The individual, legal guardian, or LRR(s) shall explain in detail why they disagree with the calculated amount.

i. (No change.)

ii. The request for an appeal shall be sent to:
 Administrative Practice Officer
 Division of Developmental Disabilities
 PO Box 726

Trenton, NJ 08625-0726

3. (No change.)

(e) (No change.)

(f) Where an appeal request appears to set forth disputed material facts, the Assistant Commissioner or designee shall request an informal meeting to administratively resolve this matter. The Assistant Commissioner shall appoint a designee to meet with the appellant. If the matter cannot be resolved, the Assistant Commissioner or designee shall transmit this matter to the Office of Administrative Law (OAL) for a hearing in accordance with the Administrative Procedure Act, N.J.S.A. 52:14B-1 et seq., and the Uniform Administrative Procedure Rules, N.J.A.C. 1:1.

(g)-(h) (No change.)

(i) Where there are no disputed material facts and an appeal sets forth one or more disputed legal issue(s) and presents arguments on these issues, the Assistant Commissioner may consider those legal issues and arguments in a paper review of the written record. There shall be no discovery, but the individual, legal guardian, or LRR(s) shall have the opportunity to submit written arguments. The Assistant Commissioner shall consider these arguments, if any, the materials presented at the pre-transmittal conference, if any, and all prior documents regarding the determination of fees. The Assistant Commissioner shall render a written determination that shall constitute the final agency decision in the matter.

INSURANCE

(a)

DEPARTMENT OF BANKING AND INSURANCE

OFFICE OF SOLVENCY REGULATION

Increase in Capital and Surplus Requirements for Health Organizations

Adopted New Rules: N.J.A.C. 11:2-39A

Adopted Amendments: N.J.A.C. 11:2-39.1, 39.2, 39.3, 39.4, 39.7, and 39.11

Proposed: April 4, 2016, at 48 N.J.R. 554(a).

Adopted: October 17, 2016, by Richard J. Badolato, Commissioner, Department of Banking and Insurance.

Filed: October 18, 2016, as R.2016 d.153, **without change**.

Authority: N.J.S.A. 17:1-8.1 and 17:1-15.e; and P.L. 2014, c. 81.

Effective Date: November 21, 2016.

Expiration Date: January 6, 2018.

Summary of Public Comment and Agency Response:

No comments were received.

Federal Standards Statement

A Federal standards analysis is not required because the adopted new rules and amendments are not subject to any Federal requirements or standards.

Full text of the adoption follows:

SUBCHAPTER 39. INCREASE IN CAPITAL AND SURPLUS REQUIREMENTS FOR INSURERS

11:2-39.1 Purpose and scope

(a) The purpose of this subchapter is to provide a framework for the establishment of uniform risk-based capital and surplus requirements for all insurers authorized, admitted, or eligible to transact business pursuant to Title 17 or Title 17B of the New Jersey Statutes, and to implement the provisions of N.J.S.A. 17:17-6 et seq., and 17B:18-67 et seq. (enacted August 9, 1993), which provide new minimum capital and surplus requirements and authorize the Commissioner to increase these requirements for individual insurers based upon the insurer's business risks.