

HUMAN SERVICES

DIVISION OF DISABILITY SERVICES

Traumatic Brain Injury Fund

Proposed Readoption with Amendments: N.J.A.C. 10:141

Proposed New Rule: N.J.A.C. 10:141-1.12

Proposed Repeal: N.J.A.C. 10:141-1.3

Authorized By: Elizabeth Connolly, Acting Commissioner, Department of Human Services.

Authority: N.J.S.A. 30:6F-5 et seq., specifically 30:6F-8.

Calendar Reference: See Summary below for explanation of exception to calendar requirement.

Proposal Number: PRN 2017-019.

Submit written comments by April 7, 2017, to:

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The agency proposal follows:

Summary

Pursuant to N.J.S.A. 52:14B-5.1, N.J.A.C. 10:141 was scheduled to expire on December 21, 2016. As the agency submitted this notice of proposal to the Office of Administrative Law prior to that date, the expiration date is extended 180 days to June 19, 2017, pursuant to N.J.S.A.

52:14B-5.1.c(2). The Division of Disability Services (Division) has reviewed N.J.A.C. 10:141 and has determined the rules to be necessary, reasonable, and adequate for the purposes for which they were originally promulgated. The Department of Human Services (Department) is proposing to readopt the chapter with amendments.

N.J.A.C. 10:141 sets forth the rules governing the administration of the Traumatic Brain Injury Fund (Fund). Pursuant to N.J.S.A. 30:6F-6, the Department of Human Services is responsible for distributing the moneys from the Fund to New Jersey residents of any age who have survived a neurotrauma with a traumatic brain injury (TBI). Distributions from the Fund support purchases, supports, and services to foster independence and maximize quality of life when insurance, personal resources, and/or public programs are unavailable to meet those needs. A portion of the Fund also is used to support public education, outreach, and prevention activities related to TBI. The Division of Disability Services in the Department of Human Services is responsible for administering the Fund.

The Department is proposing changes throughout the chapter to remove outdated language and update grammar and syntax.

N.J.A.C. 10:141-1 sets forth the purpose and scope of the chapter. The Department is proposing to amend N.J.A.C. 10:141-1.1 to clarify that the Fund is the payor of last resort and to include a description of the types of services that are eligible.

N.J.A.C. 10:141-1.2 contains the definitions used in the chapter. The proposed amendments amend the terms “funding year,” “immediate family,” “order of selection,” and “TBI Fund Review Committee.” The definition of “funding year” has been amended to remove a reference and citation to expenditure caps as the language was redundant. The definition of “immediate family” is updated to change the words lawful spouse to legally recognized spouse.

The definition of “order of selection” has been amended to remove the citation to the rule text as it has been removed from the rule. The definition of “TBI Fund Review Committee” is amended to remove the words “a Committee” as it is redundant.

N.J.A.C. 10:141-1.3 describes the general requirements of the chapter. The Department is proposing to repeal N.J.A.C. 10:141-1.3 as it is repetitive of N.J.A.C. 10:141-1.1.

Recodified N.J.A.C. 10:141-1.3 describes how the Fund will be administered.

Recodified N.J.A.C. 10:141-1.4 describes the funding limitations applicable to the Fund. The Department is proposing to relocate recodified N.J.A.C. 10:141-1.4(e) to recodified N.J.A.C. 10:141-1.5(a)3i, because New Jersey residency is an eligibility requirement and is more appropriately placed in that subparagraph.

Recodified N.J.A.C. 10:141-1.5 states the eligibility requirements for the Fund. The Department is proposing to delete recodified N.J.A.C. 10:141-1.5(a)1ii and iii because the rules are outdated and are no longer applicable.

Recodified N.J.A.C. 10:141-1.6 describes the application process for Fund supports and services. The Department is proposing to amend subsection (a) to specify a toll-free contact telephone number for the Division.

Recodified N.J.A.C. 10:141-1.7 explains the process for approving or denying application for supports and services from the Fund.

Recodified N.J.A.C. 10:141-1.8 describes the conditions under which service coordination will be required.

Recodified N.J.A.C. 10:141-1.9 describes the responsibilities of a case manager.

Recodified N.J.A.C. 10:141-1.10 describes how the Fund will make payments for supports and services. The Department is proposing to amend subsection (a) to state that the Fund is the

payer of last resort. The Department is also proposing amendments to clarify the Fund's documentation requirements.

Recodified N.J.A.C. 10:141-1.11 contains a list of eligible supports and services. The Department is proposing amendments to recodify the list of ineligible supports and services from subsection (b) to proposed new N.J.A.C. 10:141-1.12. The term "authorized" was changed to "certified" in the rule text for clarity as the vendors in question must maintain various appropriate certifications for the services provided to the Fund.

N.J.A.C. 10:141-1.13 describes how supports and services may be granted on an emergency basis.

N.J.A.C. 10:141-1.14 contains the annual reporting requirements for the Fund.

As the Department has provided a 60-day comment period on this notice of proposal, this notice is excepted from the rulemaking calendar requirements, pursuant to N.J.A.C. 1:30-3.3(a)5.

Social Impact

The Division of Disability Services anticipates no adverse social impact in New Jersey as a result of the rules proposed for readoption with amendments, a repeal, and a new rule. According to the Centers for Disease Control and Prevention (2016), 1.7 million Americans sustain a traumatic brain injury every year. Each year, 80,000 Americans experience the onset of long-term disability following a TBI with more than 50,000 fatalities. It is estimated that there are 160,000 people residing in New Jersey that have experienced a severe TBI.

In congruence with the missions of both the Department of Human Services and the Division of Disability Services, the TBI Fund will have its greatest social impact by providing Fund beneficiaries with the needed financial resources to meet their unique care and support needs, and achieve a greater functional independence. The Division believes that an increased

level of independence will serve as a catalyst to maximize rehabilitation and expedite reintegration into society for people with brain injuries. This program also has the potential to improve quality of life for the survivors of brain injury as well as their families.

Economic Impact

The Division of Disability Services anticipates no adverse economic impact in New Jersey as a result of the rules proposed for readoption with amendments, a repeal, and a new rule. In accordance with statute, funding for the Traumatic Brain Injury Fund is provided by the imposition of a \$ 0.50 fee on all motor vehicle registrations, as well as contributors from any other funding sources approved by the Department or the Council. It is estimated that there are approximately 6.8 million registrations per year, so the Fund will receive approximately \$3.4 million each fiscal year.

Money provided to serve an eligible individual by the Fund will not exceed a lifetime total of \$100,000 with no more than \$15,000 to be expended in any 12-month period. An applicant may apply to the Division for a waiver of the expenditure limits with documentation to explain the necessity for increased funding.

The Fund shall be self-sustaining, using collected revenue and interest on collected revenue to meet all expenses and operational costs.

In cases where the Fund provides funding for services, the Fund shall have first claim to any future monies that result from a settlement or payment in connection with the traumatic brain injury. The Fund will seek reimbursement of monies for services provided prior to the settlement or payment.

Services from the Fund will only be rendered where it can be shown that comparable resources are unavailable, have been exhausted, cannot be delivered in a timely manner and can be rendered to show a need and a link to the habituation of the traumatic brain injury.

The rules proposed for readoption with amendments, a repeal, and a new rule will have a positive economic impact in that funding will be available to purchase services and supports from agencies and businesses, thus, further stimulating the economy in the State.

Federal Standards Statement

A Federal standards analysis is not required because the rules proposed for readoption with amendments, a repeal, and a new rule are not subject to any Federal requirements or standards. However, both the rules proposed for readoption with amendments, a repeal, and a new rule and program operations are in compliance with the Americans with Disabilities Act of 1990.

Jobs Impact

The Division of Disability Services anticipates no adverse impact on employment in New Jersey as a result of the rules proposed for readoption with amendments, a repeal, and a new rule. The Fund will employ a full-time program manager along with support staff within the Division. Although the Fund is not specifically designed to promote employment among those individuals receiving services, it is believed that through the benefit of Fund services, some program beneficiaries may overcome the barriers that hinder their entry or reentry into the workforce.

Agriculture Industry Impact

The Division of Disability Services anticipates no impact on the agriculture industry in New Jersey as a result of the rules proposed for readoption with amendments, a repeal, and a new rule.

Regulatory Flexibility Analysis

The rules proposed for readoption with amendments and a new rule apply to agencies being retained by the Division to serve as case management providers, some of which may be considered small businesses as defined by the Regulatory Flexibility Act, N.J.S.A. 52:14B-16 et seq. The rules proposed for readoption with amendments and a new rule do not impose any additional reporting, recordkeeping, or compliance requirements that are not presently associated with the agency's normal business activity. Reimbursement for administrative costs will be included in the compensation agreed upon between the Division and the vendor. Accordingly, no additional professional services should be necessary for the case management agencies to meet the regulatory requirements. There are no capital costs associated with the rules. Thus, compliance costs are minimal, and there should be no adverse economic impact on small businesses.

Housing Affordability Impact Analysis

The rules proposed for readoption with amendments, a repeal, and a new rule will not have any impact on affordability of housing in New Jersey. It is extremely unlikely that the rules proposed for readoption with amendments, a repeal, and a new rule would evoke a change in the average costs associated with housing because the rules proposed for readoption with amendments, a repeal, and a new rule pertain only to the Traumatic Brain Injury Fund, which has no effect on housing.

Smart Growth Development Impact Analysis

The rules proposed for readoption with amendments, a repeal, and a new rule will not have any impact on smart growth. It is extremely unlikely that the rules proposed for readoption with amendments, a repeal, and a new rule would evoke a change in housing

production in Planning Areas 1 or 2, or within designated centers, under the State Development and Redevelopment Plan in New Jersey because the rules proposed for readoption with amendments, a repeal, and a new rule pertain only to the TBI Fund, which has no effect on smart growth or development.

Full text of the rules proposed for readoption may be found in the New Jersey Administrative Code at N.J.A.C. 10:141.

Full text of the proposed amendments, repeal, and new rule follows (additions indicated in boldface **thus**; deletions indicated in brackets [thus]):

SUBCHAPTER 1. GENERAL PROVISIONS; REQUIREMENTS

10:141-1.1 Purpose and scope

The purpose of this chapter is to **provide information about the operation of the Traumatic Brain Injury Fund**, establish criteria for eligibility, and [to] establish a standard methodology for determining the amount and type of supports and services to be allocated to individuals in the State of New Jersey who have survived a traumatic brain injury. **The Fund provides financial assistance to New Jersey residents who have survived neurotrauma with a traumatic brain injury. As a payer of last resort, the Fund will provide support and financial assistance to assist with the costs of post-acute care, services, and supports to foster independence for its beneficiaries. The act establishing the Fund, N.J.S.A. 30:6F-5 et seq., also requires the Brain Injury Association of New Jersey to coordinate public information and prevention education related to the Fund and to traumatic brain injury.**

10:141-1.2 Definitions

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

...

"Excluded assets" are assets [which] **that** are excluded from consideration for Fund service(s). Excluded assets include the home occupied by the individual as his or her principal residence, one automobile necessary for the transportation of the applicant/beneficiary, personal effects, and

household goods. Financial instruments recognized by the United States Internal Revenue Service for the purpose of retirement shall be considered excluded assets. These include 401k Plans, IRAs, and similar such instruments.

...

"Funding year" is defined as the continuous 12-month period [which] **that** begins the day after the Committee renders a decision on an applicant's/beneficiary's support plan. [Expenditures in a funding year on behalf of an applicant/beneficiary shall not exceed the caps defined at N.J.A.C. 10:141-1.5(b).]

"Immediate family" is defined as:

1. (No change.)
2. Persons who have been legally determined to be financially responsible for an applicant/beneficiary who is over the age of 18, including a [lawful spouse] **legally recognized partner.**

...

"Order of selection" is defined as the criteria utilized by the Traumatic Brain Injury Fund Review Committee to establish priority for applicants to receive services in the event that the financial resources of the Fund are limited. [See N.J.A.C. 10:141-1.6(b).]

...

"TBI Fund Review Committee (**Committee**)" means [a Committee] **the group** appointed by **the Director** of the Division of Disability Services to review service plans, render decisions, hear appeals, and review policies associated with the operation of the Fund. [The Committee may also be utilized to propose solutions to problems associated with the operation of the Fund.]

...

[10:141-1.3 General requirements

(a) The Traumatic Brain Injury Fund shall pay as a last resort for the cost of post acute care, services, and supports to New Jersey residents who have survived neurotrauma with a traumatic brain injury. The Fund will provide support to foster independence for its beneficiaries. The act establishing the Fund, N.J.S.A. 30:6F-5 et seq., also requires the Brain Injury Association of New Jersey to coordinate public information and prevention education related to the Fund and to traumatic brain injury.

(b) Funding and payment for services must remain within the designated disbursement caps as set forth in N.J.A.C. 10:141-1.5.]

10:141-[1.4]**1.3** Administration of the Fund

(a) The following procedures and methods will be used for the administration of the Fund:

1. (No change.)

2. A committee known as the TBI Fund Review Committee shall be established within the Division of Disability Services, Department of Human Services, to implement the provisions of the Fund. Responsibilities of the Committee shall be:

i. [Review of] **Reviewing** requests for services and supports under the Fund;

ii. (No change.)

iii. Hearing [of] initial reconsiderations for services and supports, which were previously denied by the Review Committee;

iv. [Development of] **Developing** policies and procedures; and

v. [Identification of] **Identifying** problems associated with the administration of the Fund.

3. – 12. (No change.)

10:141-[1.5]**1.4** Expenditure caps and limitations

(a) – (d) (No change.)

[(e) A beneficiary must be a resident of the State of New Jersey during the period in which supports and services are being provided under the Fund.]

[(f)] **(e)** (No change in text.)

10:141-[1.6] **1.5** Eligibility for services and supports

(a) [The following criteria shall be used to determine eligibility for the Fund.] **Applicants to the Fund must meet the following eligibility requirements.** Responsibility for adherence to the criteria shall be vested with the Division Director, and shall remain an administrative function of the Division:

1. Clinical requirements:

i. (No change.)

[ii. Applicants/beneficiaries who have qualified for the Fund under a previous definition of traumatic brain injury, but no longer meet the definition as defined by the chapter shall become ineligible for the Fund as follows:

(1) The Division shall evaluate applications received on or after May 3, 2010, under the definition of traumatic brain injury in this chapter, regardless of when the application was requested;

(2) Beneficiaries, who have service plans that were approved prior to May 3, 2010, and who will lose eligibility because of the change in definition of traumatic brain injury,

shall remain eligible for services until the end of his or her current funding year. He or she will then be ineligible for additional service and supports;

(3) Beneficiaries who do not have service plans that were approved prior to May 3, 2010, and who will lose eligibility because of the change in definition of traumatic brain injury, shall become ineligible for the Fund on May 3, 2010;

(4) New applicants who do not meet the new definition of traumatic brain injury, but who applied to the Fund and were determined to be eligible prior to May 3, 2010, shall remain eligible for a period not to exceed 12 months before becoming ineligible; and

(5) The Division shall honor any support plans that are being processed on May 3, 2010 for a period of 12 months before declaring the individual to be ineligible for continued services under the Fund;

iii. All outstanding unused awards shall become void when an applicant becomes ineligible for benefits under the Fund;]

Recodify existing iv.-vi. as **ii.-iv.** (No change in text.)

2. Financial requirements:

i. The requested expenditure shall not exceed established program caps **as set forth at N.J.A.C. 10:141-1.4;**

ii. – viii. (No change.)

3. Residency requirements:

i. The applicant shall be a citizen or permanent resident of the United States, as defined by the Immigration and Nationality Act, Pub. L. 82-414, living in New Jersey, and shall be a resident **of New Jersey** at least three consecutive months prior to the date of application. Applicants shall maintain legal residence [in accordance with N.J.A.C. 10:141-1.5(e) to remain eli-

gible] in New Jersey during the period in which supports and services are being provided under the Fund to remain eligible;

ii. – vi. (No change.)

(b) – (g) (No change.)

10:141-[1.7]**1.6** Application process for the services/supports of the Fund

(a) The following process shall be used to apply for assistance under the Fund:

1. An individual shall contact [the Division] **888-285-3060** for an application to the Fund.

i. – iv. (No change.)

2. – 3. (No change.)

4. Once [the] **a complete** application is received [and reviewed for completeness] by **the** Division [staff], it shall be referred for assessment and [follow up] **follow-up** to a case management provider under contract to the Division. The case manager shall:

i. Meet with the applicant and make a recommendation [for approval] **to the Division to approve** or [disapproval of] **disapprove** the application [to the Division];

ii. (No change.)

iii. Assist the applicant [in revising] **to revise** the application and [in the development of a] **to develop a** support plan.

5. – 6. (No change.)

(b) (No change.)

10:141-[1.8]**1.7** Approval and denial of supports/services from the Fund

(a) The following shall be the procedure and method for approval and denial for services [under the Fund]:

1. The Committee shall review completed support plans [submitted for its Cycle Review meetings,] and may take the following actions on each support plan for services:

i. – iv. (No change.)

2. If the support plan is approved, the Division shall notify the applicant. [of its decisions, advising of initiation and completion dates,] **Notice shall include start and end dates**, frequency, and cost of the approved services/supports.

3. [Denial of eligibility or modification of the support plan shall be documented in a letter from the Committee that outlines] **If an application is denied, the Committee shall notify the applicant, in writing, outlining** the reason(s) for the decision. Individuals [denied eligibility or assistance shall have the following recourse] **may appeal the denial as follows:**

i. [The] **Within 30 calendar days of receipt of the notice of denial,** the applicant may request reconsideration of the Committee's decision [within 30 calendar days of receiving written notification of denial from the Fund]. The request shall **be in writing and** include additional information to clarify or refute the Committee's decision.

ii. Upon receipt of the applicant's request for reconsideration, the Committee, at its next regularly scheduled Review Cycle meeting, will conduct an informal review of the previous decision[, requesting third party opinions]. **The Committee may seek input from third-parties**, if necessary. The Committee shall notify the applicant of its decision [on the reconsideration], **in writing**, within [a time period not to exceed] 60 days.

iii. If the denial is upheld, the applicant will be informed of the right to appeal to the Office of Administrative Law (OAL) in accordance with [established procedures set forth under] N.J.A.C. 10:6.

(b) If funds are limited, the Committee shall invoke the order of selection[, as defined in this chapter,] for the purpose of prioritizing applications for receipt of services/support from the Fund. Applicants with approved support plans not fully funded shall be considered for inclusion when funds are available, or at subsequent meetings of the Committee.

(c) (No change.)

10:141-[1.9]**1.8** (No change in text.)

10:141-[1.10]**1.9** Responsibilities of the case manager

(a) Beneficiaries meeting the requirement for case management shall receive it as a covered service of the Fund. A case manager shall:

1. – 3. (No change.)

4. Be responsible for educating **the** beneficiary/family on methods and options to maintain, enhance, or increase independence;

5. – 6. (No change.)

10:141-[1.11]**1.10** Payments for supports/services

(a) **The Fund is the payer of last resort.** Payment shall be made only for those supports where no other benefit, funding, insurance coverage, subsidy, or other source of payment is available **and when documentation can be rendered to show a need and a link to the habituation of the traumatic brain injury.**

(b) – (c) (No change.)

(d) Where specified under N.J.A.C. 10:141-[1.12(a)]**1.11(a)** and with prior approval of the case manager and the Division, payment may be made to the beneficiary as reimbursement for services rendered, with the submission of appropriate receipts.

(e) (No change.)

(f) All providers of service/support must be appropriately licensed, certified according to rules and regulations of their profession/service and the State of New Jersey, and/or comply with the provider requirements as specified under N.J.A.C. 10:141-[1.12(a)]**1.11(a)**.

(g) – (h) (No change.)

10:141-[1.12]**1.11** Eligible [and ineligible] supports and services

(a) The following is a list of eligible supports and services that will be considered for sponsorship under the Fund:

1. – 6. (No change.)

7. Substance abuse evaluation/treatment, defined as clinical intervention to resolve alcohol and/or drug problems experienced by the person with a traumatic brain injury. A certified alcohol and drug counselor [shall provide services] with experience treating brain injury or a licensed alcohol/drug program **shall provide services**;

8. - 12. (No change.)

13. Alternative therapy is defined as a heterogeneous set of practices or treatment modalities that are offered as an alternative or complementary adjunct to conventional medicine for the treatment of brain injury. Treatment modalities are time limited and must be approved by a national regulatory authority specifically for the treatment of brain injury. Evidence must be produced by the applicant/beneficiary of the efficacy and cost benefit of the particular therapy in treating brain injury. Providers of alternative therapy must be credentialed and recognized by an appropriate governing/regulatory body. Alternative therapy under the Fund shall be limited to:

i. – ii. (No change.)

iii. Chiropractic **therapy**, which is a therapy that emphasizes treatment of mechanical disorders of the musculoskeletal system, focusing on manual manipulation of joints, spine, and soft tissue;

iv. – v. (No change.)

14. – 15. (No change.)

16. Vocational services, defined as prevocational and extended vocational support to assist the beneficiary in obtaining and maintaining employment. A vocational professional [shall provide services] with experience working with brain injury **shall provide services**;

17. – 23. (No change.)

24. Companion care, defined as non-medical care, supervision, and socialization provided to the beneficiary to [insure] **ensure** safety and enhance quality of life. An individual experienced in working with brain injury may provide service, or a relative who is not a regular caregiver and does not reside in the residence of the applicant/beneficiary may provide services;

25. – 27. (No change.)

28. Transportation/vehicle modification, defined as payment for transportation services to provide access for the beneficiary to medical appointments, treatment facilities, or vocational programs. Activities under this service may include:

i. The modification of a vehicle specifically for the use/transport of the beneficiary if it is justified under the service plan as appropriate and cost effective. [Authorized] **Certified** licensed vendors must provide modifications to vehicles. If the vehicle is to be operated by the beneficiary, the beneficiary must have a valid driver's license, and demonstrate capacity to maintain insurance coverage. This benefit is limited to one vehicle per 12-month period;

ii. The purchase of services from a commercial transportation vendor including [authorized] **certified** transportation services, such as ambulances, mobility assistance vehicles, or taxis.

Payments may be made to the provider of the service or to the beneficiary/family upon presentation of the proof of purchase or service; and/or

iii. (No change.)

29. (No change.)

30. Durable medical equipment and assistive technology[, defined as]. **Durable** medical equipment includes any equipment necessary to the beneficiary's health, safety, and function. Assistive technology is defined as any technological device that improves the functional independence of the beneficiary. Equipment and technology must be justified under the service plan as necessary, cost effective, and directly related to clinical rehabilitation. Social interaction and normal usage activities cannot be considered to justify a purchase of equipment or technology. The Fund shall, with clinical documentation of need, consider replacement of equipment after a period of 36 months after the original purchase date. Age and functionality are insufficient reasons to request replacement of equipment. The Fund shall limit purchases to essential computer periphery. This benefit is limited to one hard drive per applicant. This definition excludes payment for routine repairs, upgrades, or service contracts. Such expenses shall remain the responsibility of the beneficiary. Suppliers must be [authorized] **certified** equipment providers. Payments may be made to the provider of service or to the beneficiary/family upon presentation of proof of purchase. A certified durable medical equipment provider or technology provider shall provide this service. Replacement or repair of lost or damaged equipment by the Fund is not guaranteed and shall be evaluated on a case-by-case basis.

10:141-1.12 Ineligible supports and services

[(b)] (a) The following list represents ineligible goods, services, and other items that will not be considered for assistance from the Fund:

1.-2. (No change.)

3. Recreational drugs, alcohol, or any illegal substances;

4.-5. (No change.)

6. Entertainment equipment, such as TVs, VCRs, and gaming systems;

7. (No change.)

8. Services provided by relatives, except as provided for under [(a) above] **N.J.A.C.**

10:141-1.11;

9. (No change.)

10. Furniture or home furnishings, except as provided for under [(a) above]

N.J.A.C.10:141-1.11;

11. (No change.)

12. Legal services other than those provided for under [(a) above] **N.J.A.C. 10:141-1.11;**

13. (No change.)

14. Items to be used as gifts, including cash;

15.-17. (No change.)

18. Payment for insurance coverage other [then] **than** medical or pharmaceutical insurance;

19.-24. (No change.)

25. Services requested because a provider does not accept insurance, including Medicare, Medicaid [and or], **and/or** other government health programs for which the applicant is otherwise entitled or eligible;

26.-27. (No change.)

28. Therapies and treatments, other than those set forth in [(a) above] **N.J.A.C. 10:141-1.11**;

29. -32. No change.)

33. Payment for desktop and laptop computers in circumstances other than defined [(a)30 above) **in N.J.A.C. 10:141-1.11(a)30**.

10:141-1.13 Emergency services

(a) The Fund shall utilize the following procedure where emergency services are requested under the Fund.

1. (No change.)

2. Emergency services shall be authorized at the discretion of the Division Director and shall be invoked when a delay in the provision of services would cause a direct threat to the health and safety of the applicant. Emergency services shall include, but not be limited to:

i. – ii. (No change.)

iii. [One time] **One-time** payment of housing security deposit, [one time] **one-time** payment of rent or mortgage in circumstances of unforeseen homelessness, to facilitate physical access or to facilitate institutional discharge. Beneficiaries must demonstrate **the** ability to maintain [self sufficiency] **self-sufficiency** after Fund assistance has been provided; and

iv. (No change.)

(b) – (c) (No change.)