

contained within any of the shark groups specified in this section by **administrative** notice, in order to maintain and/or to come into compliance with any fishery management plan approved by the Atlantic States Marine Fisheries Commission pursuant to 16 U.S.C. § 5104(b) or to maintain consistency with any Mid-Atlantic Fishery Management Council, New England Fishery Management Council, or South Atlantic Fishery Management Council plan adopted by the National Marine Fisheries Service or any plan implemented by the National Marine Fisheries Service. Additionally, where fishing seasons, size limits, possession limits, or the list of shark species contained within any of the shark groups specified in this section have been developed in accordance with (p)1 below and differ from those specified in a fishery management plan and have been approved by the Atlantic States Marine Fisheries Commission, Mid-Atlantic Fishery Management Council, New England Fishery Management Council, South Atlantic Fishery Management Council, and/or the National Marine Fisheries Service through the conservation equivalency process as being estimated to achieve the same quantified level of conservation for the fishery governed by that plan, such fishing seasons, size limits, possession limits, or the list of shark species contained within any of the shark groups specified in this section may be modified by **administrative** notice. The Department shall provide notice of any such modification in the New Jersey Marine Digest, the New Jersey Register, on the Department’s website, through email, when provided, to commercial license holders, and in the Division’s commercial regulation publication. All such **administrative** notices shall be effective when the Department files the notice with the Office of Administrative Law, or as specified otherwise in the notice.

- 1. (No change.)
- (q)-(r) (No change.)

## HUMAN SERVICES

### (a)

#### DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

#### Home and Community Based Services Provided in Assisted Living Residences, Comprehensive Personal Care Homes, and Assisted Living Programs

#### Proposed New Rules: N.J.A.C. 10:53

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

Authority: N.J.S.A. 30:1-12 and 30:4D-7 et seq.

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

Agency Control Number: 22-P-01.

Proposal Number: PRN 2022-096.

Submit comments by September 30, 2022, to:

Margaret M. Rose—Attn: 22-P-01  
 Division of Medical Assistance and Health Services  
 Office of Legal and Regulatory Affairs  
 Mail Code #26  
 PO Box 712  
 Trenton, NJ 08625-0712  
 Fax: (609) 588-7343  
 Email: [Margaret.Rose@dhs.nj.gov](mailto:Margaret.Rose@dhs.nj.gov)  
 Delivery: 6 Quakerbridge Plaza  
 Mercerville, NJ 08619

The agency proposal follows:

#### Summary

The Department of Human Services (Department) is proposing a new chapter, N.J.A.C. 10:53, Home and Community Based Services (HCBS) Provided in Assisted Living Residences, Comprehensive Personal Care Homes, and Assisted Living Programs. The purpose of these new rules is

to implement the Medicaid/NJ FamilyCare waiver for HCBS for Medicaid/NJ FamilyCare Managed Long-Term Services and Supports beneficiaries in assisted living residences, comprehensive personal care homes, and assisted living programs licensed by the Department of Health pursuant to N.J.A.C. 8:36. These programs remain bound by the Department of Health’s licensing rules, but must also follow the rules in this chapter to the extent they are serving Medicaid/NJ FamilyCare beneficiaries. The chapter seeks to ensure that the service providers fulfill the HCBS waiver requirements at 42 CFR 441, in addition to the other CMS guidelines at 42 CFR Parts 430, 431, 435, 438, 440, and 447.

The proposed new rules will impact approximately 202 assisted living residences, comprehensive personal care homes, and assisted living programs that accept Medicaid/NJ FamilyCare residents into their programs. Some of the HCBS waiver provisions are already included in the Department of Health’s licensing rules for assisted living residences, comprehensive personal care homes, and assisted living programs at N.J.A.C. 8:36. This chapter is proposed as a Medicaid/NJ FamilyCare supplement to the licensing rules to ensure all HCBS waiver provisions are codified, as required by the Center for Medicare and Medicaid Services, for the safety and welfare of beneficiaries, as well as for Medicaid/NJ FamilyCare provider enrollment and reimbursement.

The proposed new rules will be organized into three subchapters, which are described below.

N.J.A.C. 10:53-1, General Provisions, will have three sections, as described below.

N.J.A.C. 10:53-1.1, Scope, delineates the scope of the chapter and explains that the rules shall apply to all assisted living residences, comprehensive personal care homes, and assisted living programs providing HCBS to Medicaid/NJ FamilyCare beneficiaries.

N.J.A.C. 10:53-1.2, Purpose, describes the purpose of this chapter as implementing the HCBS waiver for Medicaid/NJ FamilyCare beneficiaries who are receiving services in assisted living residences, comprehensive personal care homes, and assisted living programs.

N.J.A.C. 10:53-1.3, Definitions, contains definitions of the following terms, as used in the chapter: “assisted living programs,” “assisted living residence,” “comprehensive personal care home,” “home and community-based services (HCBS),” and “person-centered service plans.”

N.J.A.C. 10:53-2, Residential Setting Requirements, will have three sections, as described below.

N.J.A.C. 10:53-2.1, Person-centered service plans, sets forth the purpose of the service plans requirements to be met by the assisted living residences, comprehensive personal care homes, and assisted living programs. For purposes of this chapter, the person-centered service plans include the general service and health service plans described at N.J.A.C. 8:36-7. N.J.A.C. 10:53-2.1(a) advises providers that the service plan requirements at N.J.A.C. 8:36-7 and, when applicable, any Managed Care Organization service plan requirements, must be met for HCBS waiver compliance. Paragraph (a)1 is proposed to advise service providers to ensure that beneficiaries take a leading role in the development of their person-centered service plans. Beneficiaries must also have the option to include a representative (family, friend, etc.) and, when necessary, include the beneficiary’s appointed guardian. N.J.A.C. 10:53-2.1(b) requires that any modifications to the person-centered service plans must be documented, supported, and justified through a collaborative review of the services. N.J.A.C. 10:53-2.1(c) requires the planning process to offer informed choices to beneficiaries regarding the services and supports they receive.

N.J.A.C. 10:53-2.2, General integrated residential setting, is as follows. N.J.A.C. 10:53-2.2(a) requires the beneficiary’s setting to be integrated in, and supportive of, the beneficiary’s full access to the greater community to the same degree as an individual not receiving Medicaid/NJ FamilyCare. N.J.A.C. 10:53-2.2(b) requires the beneficiary to be able to select their residence from various options and the options given must be documented in their person-centered service plans. N.J.A.C. 10:53-2.2(c) requires the residential setting to ensure the beneficiary’s rights of privacy, dignity, and respect, as well as freedom from coercion and restraint, in addition to the requirements at N.J.A.C. 8:36-4.1. N.J.A.C. 10:53-2.2(d) requires the residential setting to optimize individual initiative, autonomy, and independence in making life choices. N.J.A.C.

10:53-2.2(e) requires the residential setting to facilitate individual choice regarding services and supports, as well as who provides them.

N.J.A.C. 10:53-2.3, Facility settings, is as follows. N.J.A.C. 10:53-2.3(a) sets forth specific criteria that assisted living residences and comprehensive personal care homes must meet for HCBS Medicaid/NJ FamilyCare reimbursement. N.J.A.C. 10:53-2.3(b) provides that any exceptions to the requirements at N.J.A.C. 10:53-2.3(a) must be approved through a person-centered planning process and documented in the beneficiary's person-centered plan.

N.J.A.C. 10:53-3, Required Notices, is as follows.

N.J.A.C. 10:53-3.1, Licenses, describes the notice requirements for making licenses and survey reports available to beneficiaries and the public. N.J.A.C. 10:53-3.1(a) requires assisted living residences and comprehensive personal care homes to post their licenses from New Jersey Department of Health in a conspicuous location near the main entrance of the facility, in addition to the notice requirements at N.J.A.C. 8:36. N.J.A.C. 10:53-3.1(b) requires the assisted living program service provider to post a notice that their license is available to beneficiaries and the public in their main office and at each program site.

N.J.A.C. 10:53-3.2, Inspection and survey reports, sets forth the requirements for inspection and survey reports. N.J.A.C. 10:53-3.2(a) requires the assisted living residences and comprehensive personal care homes to post inspections reports in a specific location and provide copies upon request. N.J.A.C. 10:53-3.2(b) requires the assisted living residences and comprehensive personal care homes to inform beneficiaries of their ability to review a copy of the survey reports and any listed deficiencies. N.J.A.C. 10:53-3.2(c) provides notice posting requirements that advise beneficiaries in an assisted living program that a copy of the last annual licensure inspection survey report, as well as the list of any deficiencies from any complaints are available for their review.

N.J.A.C. 10:53-3.3, Required contact information, requires posting certain contact information in assisted living residences, comprehensive personal care homes, and assisted living programs.

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 proposed new rules seek to implement the HCBS waiver requirements in order for enrolled assisted living residences, comprehensive personal care homes, and assisted living programs to be eligible for reimbursement for providing services to Medicaid/NJ FamilyCare beneficiaries. There are approximately 202 assisted living residences, comprehensive personal care homes, and assisted living programs that could provide services to approximately 2,500 Medicaid beneficiaries. The Department anticipates a positive social impact for beneficiaries, providers, and the State as these rules will allow Medicaid/NJ FamilyCare beneficiaries to receive services in assisted living residences, comprehensive personal care homes, and assisted living programs.

#### **Economic Impact**

The proposed new rules concern assisted living residences, comprehensive personal care homes, and assisted living programs that provide home and community-based services; therefore, the Department does not anticipate a significant economic impact other than funding already identified for these services in the budgets of the Department of Health and the Department of Human Services. Providers may be responsible for some expenses to comply with the proposed new rules, but the amounts will be minimal and will not create a significant burden. The beneficiaries will experience a positive impact in that they will have access to services that they may otherwise not be able to afford.

#### **Federal Standards Statement**

Sections 1902(a)(10) and 1905(a) of the Social Security Act, 42 U.S.C. §§ 1396a(a)(10) and 1396d(a), respectively, specify who may receive services through a Title XIX Medicaid program and which services may be provided pursuant to the program, including home health services.

Section 1915(c) of the Social Security Act, 42 U.S.C. § 1396n, and 42 CFR 440, 441, and 484 allow a state Medicaid program to provide in-home community-based waiver services.

Title XXI of the Social Security Act allows a state, at its option, to provide a State Child Health Insurance Plan (SCHIP). New Jersey has elected this option with the development of the NJ FamilyCare Program. Sections 2103 and 2110 of the Social Security Act, 42 U.S.C. §§ 1397cc and 1397jj, respectively, describe services that a state may provide to targeted, low-income children.

The Department has reviewed the applicable Federal laws and regulations. The proposed new rules do not exceed the Federal standards for the Medicaid Home and Community Based Services waiver at 42 CFR 411 or the other CMS guidance at 42 CFR Parts 430, 431, 435, 438, 440, and 447. Therefore, a Federal standards analysis is not required.

#### **Jobs Impact**

As the proposed new rules concern assisted living residences, comprehensive personal care homes, and assisted living programs that provide HCBS, the Department does not anticipate the creation or loss of jobs in the State of New Jersey.

#### **Agriculture Industry Impact**

As the proposed new rules concern assisted living residences, comprehensive personal care homes, and assisted living programs that provide HCBS, the Department does not anticipate any impact on the agriculture industry in the State of New Jersey.

#### **Regulatory Flexibility Analysis**

There are approximately 202 assisted living residences, comprehensive personal care homes, and assisted living programs that accept Medicaid/NJ FamilyCare beneficiaries in New Jersey and are affected by the proposed new rules, some of which may be considered small businesses within the meaning of the New Jersey Regulatory Flexibility Act, N.J.S.A. 52:14B-16 et seq., because they employ fewer than 100 full-time employees.

Medicaid/NJ FamilyCare providers are currently required by law to maintain records necessary to fully document the name of the recipient to whom the service(s) was rendered, the date of the service(s) rendered, the nature and extent of each service rendered, as well as any additional information that the Department may require by rule. See N.J.S.A. 30:4D-12. The Department anticipates a minimal increase in the existing reporting and recordkeeping requirements for facilities that provide home and community-based services, in accordance with the HCBS waiver provisions at 42 CFR 441.

The Department has determined that there should be no differentiation based on business size in this chapter, in light of the need to protect residents and ensure consistent quality of care and standards in all assisted living residences, comprehensive personal care programs, and assisted living programs throughout the State.

#### **Housing Affordability Impact Analysis**

As the proposed new rules concern assisted living residences, comprehensive personal care programs, and assisted living programs that provide HCBS, the Department anticipates that the proposed rulemaking will have no impact on the affordability of housing, nor will it have an impact on average costs associated with housing in the State of New Jersey.

#### **Smart Growth Development Impact Analysis**

As the proposed new rules concern program requirements of assisted living residences, comprehensive personal care programs, and assisted living programs that provide HCBS but do not address the construction of new facilities, the Department anticipates that the proposed rulemaking will have no impact on housing production within Planning Areas 1 and 2, or within designated centers, under the State Development and Redevelopment Plan and will have no impact on smart growth.

#### **Racial and Ethnic Community Criminal Justice and Public Safety Impact**

As the proposed new rules concern facilities that provide HCBS, the Department anticipates that the proposed rulemaking will have no impact on pretrial detention, sentencing, probation, or parole policies concerning adults and juveniles in the State. Accordingly, no further analysis is required.

**Full text** of the rules proposed new rules follows:

## CHAPTER 53

## HOME AND COMMUNITY BASED SERVICES PROVIDED IN ASSISTED LIVING RESIDENCES, COMPREHENSIVE PERSONAL CARE HOMES, AND ASSISTED LIVING PROGRAMS

## SUBCHAPTER 1. GENERAL PROVISIONS

## 10:53-1.1 Scope

The rules in this chapter shall apply to assisted living residences, comprehensive personal care homes, and assisted living programs licensed by the Department of Health, in accordance with N.J.A.C. 8:36 that are also enrolled Medicaid/NJ FamilyCare providers, providing services through the Home and Community Based Services (HCBS) waiver to Medicaid/NJ FamilyCare beneficiaries.

## 10:53-1.2 Purpose

The purpose of this chapter is to implement HCBS waiver provisions for services provided by assisted living residences, comprehensive personal care homes, and assisted living programs to Medicaid/NJ FamilyCare beneficiaries, which supplement the licensing requirements included at N.J.A.C. 8:36.

## 10:53-1.3 Definitions

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

“Assisted living program” means a program, licensed by the New Jersey Department of Health, in accordance with N.J.A.C. 8:36, that offers assisted living services to the tenants/residents of certain publicly subsidized housing buildings by a provider capable of providing or arranging for assistance with personal care, and of nursing, pharmaceutical, dietary, and social work services to meet the individual needs of each resident. Individuals receiving services from an assisted living program reside in their own independent apartments and are responsible for their own rent and utility payments, as defined in a lease agreement with the landlord.

“Assisted living residence” means a facility that is licensed by the Department of Health, in accordance with N.J.A.C. 8:36, to provide apartment-style housing and congregate dining and to ensure that assisted living services are available, when needed, for four or more adults unrelated to the proprietor. Apartment units offer, at a minimum, one unfurnished room, a private bathroom, a kitchenette, and a lockable door on the unit entrance.

“Comprehensive personal care home” means a facility that is licensed by the New Jersey Department of Health, in accordance with N.J.A.C. 8:36, to provide room and board and to assure that assisted living services are available, when needed, to four or more adults unrelated to the proprietor. Residential units in comprehensive personal care homes house no more than two residents and have a lockable door on the unit entrance.

“Home and community based services (HCBS)” means the provision of services for Medicaid/NJ FamilyCare beneficiaries integrated into the community in homes and residences as an alternative to institutionalized care and services.

“Person-centered service plans” means the general service and health service plans at N.J.A.C. 8:36-7, Resident Assessments and Care Plans, that address an individual’s long-term care needs and reflect the services and supports important to the individual to meet his or her needs, as identified through an assessment of functional need.

## SUBCHAPTER 2. RESIDENTIAL SETTING REQUIREMENTS

## 10:53-2.1 Person-centered service plans

(a) In order for service providers to receive Medicaid/NJ FamilyCare reimbursement for HCBS, beneficiaries in assisted living residences, comprehensive personal care homes, and assisted living programs must have person-centered service plans that meet the requirements for general service and health service plans found at N.J.A.C. 8:36-7 and follow any applicable Managed Care Organization service plan requirements.

1. The beneficiary must have a leading role in creating the service plans, whenever possible, along with the participation of their representative, as needed, and defined by the beneficiary, or, where appointed, the beneficiary’s guardian.

(b) To justify modifications to person-centered service plans, the following must be documented in the beneficiary’s general service and/or health service plans:

1. The specific and individualized assessed need;
2. The positive interventions and supports used prior to any modifications to the person-centered service plans;
3. The less intrusive methods of meeting the need that have been tried, but did not work;
4. A clear description of the condition that is directly proportionate to the specific assessed need;
5. A regular collection and review of data to measure the ongoing effectiveness of the modification;
6. Established time limits for periodic reviews to determine if the modification is still necessary or can be terminated;
7. The informed consent of the beneficiary; and
8. Assurance that interventions and supports will cause no harm to the beneficiary.

(c) The person-centered planning process must offer informed choices to the beneficiary regarding the services and supports he or she receives and from whom.

## 10:53-2.2 General integrated residential setting

(a) In order to be eligible to receive Medicaid/NJ FamilyCare reimbursement for the provision of HCBS to Medicaid/NJ FamilyCare beneficiaries in assisted living residences, assisted living programs, and comprehensive personal care homes, these beneficiaries must be integrated in, and have support to engage in, the greater community. This shall include, but not be limited to, providing the beneficiary with opportunities to seek employment, work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community to the same degree of access as persons not receiving Medicaid/NJ FamilyCare.

(b) The beneficiary must have the ability to select their community residence from options including, but not limited to, assisted living residences and comprehensive personal care homes. Beneficiaries in publicly subsidized housing, where the housing authority has contracted with a licensed assisted living program provider, shall have the option to consider assisted living programs. The setting options must be identified and documented in the beneficiary’s person-centered service plans and based on the person’s needs, preferences, and resources available for room and board.

(c) The assisted living residences, comprehensive personal care homes, and assisted living programs must ensure the beneficiary’s rights of privacy, dignity, respect, as well as freedom from coercion and restraint. This shall include, at a minimum, the requirements at N.J.A.C. 8:36-4.1(a).

(d) The assisted living residences, comprehensive personal care homes, and assisted living programs must optimize, but not regiment, individual initiative, autonomy, and independence in making life choices. This includes, but is not limited to, daily activities, physical environment, and personal interactions.

(e) The assisted living residences, comprehensive personal care homes, and assisted living programs must facilitate individual choice regarding services and supports, and who provides them.

## 10:53-2.3 Facility setting

(a) In addition to the requirements at N.J.A.C. 8:36, assisted living residences and comprehensive personal care homes must meet the following criteria for HCBS Medicaid/NJ Family Care reimbursement:

1. The unit or dwelling must be a specific physical place that can be rented or occupied pursuant to a legally enforceable lease agreement by the beneficiary that, at a minimum, must provide protections that address eviction processes and appeals comparable to those provided pursuant to applicable landlord/tenant law. If a residential lease is not utilized, the facility must enter into a residency agreement or other written agreement with the beneficiary and such agreement must have the same responsibilities and protections from eviction that tenants have pursuant to State, county, and municipal landlord/tenant laws.

2. The beneficiary must have privacy in his or her sleeping or living unit.

- i. The unit must have entrance door(s) lockable by the beneficiary, with only appropriate staff having keys to doors;
  - ii. Beneficiaries sharing units must have a choice of roommates in that residence;
  - iii. The beneficiary must have the freedom to furnish and decorate his or her sleeping or living unit within the lease or other agreement;
3. The beneficiary must have the freedom and support to control his or her own schedules and activities;
  4. The beneficiary must have access to food at any time;
  5. The beneficiary must be able to have visitors of his or her choosing at any time;
  6. The residence must be physically accessible to the beneficiary; and
  7. The residential setting must not have the qualities of an institution and must have the qualities of a home and community-based setting.
- (b) If any of the above requirements cannot be met, any limitations must be approved through a person-centered planning process and documented in the beneficiary's person-centered plan.

### SUBCHAPTER 3. REQUIRED NOTICES

#### 10:53-3.1 Licenses

- (a) In addition to the notice requirements at N.J.A.C. 8:36, the assisted living residence or comprehensive personal care home must post its license from the Department of Health in a conspicuous location near the main entrance or office of the facility.
- (b) The assisted living program must conspicuously post a notice that its license is available to beneficiaries and the public at the program site and at the assisted living program provider's main office, in accordance with N.J.A.C. 8:36-23.6.

#### 10:53-3.2 Inspection and survey reports

- (a) The assisted living residence or comprehensive personal care home must conspicuously post the most recent inspection report from the Department of Health in the entry or another equally prominent location in the building and, upon request, shall provide a copy of the report to each beneficiary or their legal guardian.
- (b) The assisted living residence or comprehensive personal care home shall inform each beneficiary that he or she may review a copy of the survey report and a list of deficiencies, if applicable, from the last annual licensure inspection from the Department of Health and from any valid complaint investigation during the past 12 months.
- (c) The assisted living program provider and each program site must conspicuously post notice that a copy of the last annual licensure inspection survey report and the list of deficiencies from any valid complaint investigation during the past 12 months is available for review.

#### 10:53-3.3 Required contact information

- (a) Assisted living residences and comprehensive personal care homes must post the following contact information in a conspicuous location in the facility:
1. "911" for the police department and the fire department that serve the municipality in which the facility is located;
  2. The complaint hotline of the New Jersey Department of Health (1-800-792-9770); and
  3. The toll-free number for the office of the New Jersey Long-Term Care Ombudsman (1-877-582-6995).
- (b) The assisted living program provider and each program site shall conspicuously post a notice that the information listed at (a) above is available to residents and the public at the program site and at the assisted living program provider's main office.

## CORRECTIONS

(a)

### THE COMMISSIONER

#### Health Services Rules

#### Proposed Amendments: N.J.A.C. 10A:16-6.4 and 6.5

Authorized By: Victoria L. Kuhn, Esq., Commissioner, Department of Corrections.

Authority: N.J.S.A. 30:1B-6, 30:1B-10, and 30:4-123.55b et seq.

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

Proposal Number: PRN 2022-101.

Submit written comments by September 30, 2022, to:

Kathleen Cullen  
 Administrative Rules Unit  
 Office of the Commissioner  
 New Jersey Department of Corrections  
 PO Box 863  
 Trenton, New Jersey 08625-0863  
 or email to [ARU@doc.nj.gov](mailto:ARU@doc.nj.gov)

The agency proposal follows:

#### Summary

The proposed amendments replace all instances of the word "father" with "non-gestational parent" at N.J.A.C. 10A:16-6.5 with more inclusive and gender neutral language. The Department of Corrections (Department) also proposes a gender neutral word replacement of "his" with "the" at N.J.A.C. 10A:16-6.5(a). In addition, at N.J.A.C. 10A:16-6.4, the Department proposes to replace "Edna Mahan Correctional Facility for Women" with a more general name of "Correctional Facility for Women" as the Department anticipates changes at that particular facility.

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

#### Social Impact

The proposed amendments incorporate gender-neutral terminology into the referenced administrative rules of the Department and generalizes reference to a particular correctional facility that will undergo significant changes in the near term. The Department anticipates a positive social impact on the general public and incarcerated population resulting from the proposed amendments.

#### Economic Impact

The cost of meeting and maintaining the requirements of the proposed amendments will be accommodated within the existing budget.

#### Federal Standards Statement

The proposed amendments are promulgated under the authority of the rulemaking requirements of the Department, as established at N.J.S.A. 30:1B-6 and 30:1B-10. The proposed amendments are not subject to any Federal laws or standards; therefore, a Federal standards analysis is not required.

#### Jobs Impact

The proposed amendments will have no impact on jobs in the State of New Jersey.

#### Agriculture Industry Impact

The proposed amendments will have no impact on the agriculture industry in the State of New Jersey.

#### Regulatory Flexibility Statement

A regulatory flexibility analysis is not required because the proposed amendments do not impose reporting, recordkeeping, or other compliance requirements on small businesses, as defined in the Regulatory Flexibility Act, N.J.S.A. 52:14B-16 et seq. The proposed amendments only impose reporting, recordkeeping, and other compliance requirements on the New Jersey Department of Corrections.