

RULE ADOPTIONS

CORRECTIONS

(a)

THE COMMISSIONER

Reports

Readoption with Amendments: N.J.A.C. 10A:21

Proposed: October 15, 2018, at 50 N.J.R. 2113(a).

Adopted: January 10, 2019, by Marcus O. Hicks Esq., Acting Commissioner, Department of Corrections.

Filed: January 16, 2019, as R.2019 d.018, **without change**.

Authority: N.J.S.A. 30:1B-6 and 30:1B-10.

Effective Dates: January 16, 2019, Readoption;
February 19, 2019, Amendments.

Expiration Date: January 16, 2026.

Summary of Public Comment and Agency Response:

No comments were received.

Federal Standards Statement

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

Full text of the readopted rules can be found in the New Jersey Administrative Code at N.J.A.C. 10A:21.

Full text of the adopted amendments follows:

SUBCHAPTER 5. REPORTS OF UNUSUAL INCIDENTS OR EVENTS

10A:21-5.1 Preliminary inquiry

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

(c) No one, including non-custody staff and custody staff, shall be permitted access to the secured area and nothing shall be touched, moved, or destroyed until the staff from the Special Investigations Division has completed the examination of the secured area, or has provided authorization for other staff to access the area.

10A:21-5.3 Telephone and written reports in the event of an escape

(a) Pursuant to N.J.S.A. 30:4-6.1, all inmate escapes from custody and returns to custody following an escape from a medium or maximum security correctional facility shall be reported immediately by telephone whenever possible, followed by written notification within 48 hours, by the DOC Administrator or designee of the correctional facility in which the inmate(s) is confined, to the prosecutor of the county from which the inmate was committed and the prosecutor of the county in which the facility is located.

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

10A:21-5.4 Correctional facility liaison to outside law enforcement agencies

(a) (No change.)

(b) The liaison shall have the general responsibility of effecting a cooperative relationship with outside law enforcement agencies during investigations conducted and/or associated with a correctional facility. These outside law enforcement agencies shall include, but are not limited to:

- 1.-3. (No change.)
4. The Federal Bureau of Investigation;
5. U.S. Marshals Service; and
6. (No change in text.)

10A:21-5.5 Telephone reports to outside law enforcement agencies; reportable unusual incidents and events

(a) The Special Investigations Division shall promptly report by telephone to the appropriate county prosecutor, the following unusual incidents or events:

1. (No change.)

(b) Upon request by the Administrator, the Special Investigations Division shall promptly report, by telephone, to the appropriate county prosecutor, the following unusual incidents or events:

Recodify existing 2.-5. as 1.-4. (No change in text.)

(c) For all incidents and events cited in (a) and (b) above, the Administrator or designee shall, when deemed appropriate, consult with the appropriate Assistant Commissioner or designee in order to obtain approval prior to contacting:

1.-3. (No change.)

(d) In the event that the unusual incident or event occurs after working hours, on a weekend or holiday, and the Assistant Commissioner or designee has determined that an outside law enforcement agency must be contacted, the Administrator or designee shall contact the Special Investigations Division who shall then contact the appropriate law enforcement agency. The Special Investigations Division staff member shall provide a contact telephone number at which the Special Investigations Division can be reached.

(e) (No change in text.)

10A:21-5.8 Written reports

(a) Within 24 hours following the occurrence of an unusual incident or event, the Departmental staff member, contract vendor personnel, or volunteer who witnessed or was involved in an unusual incident or event shall prepare and submit a written report to the Administrator or designee at the correctional facility or Office of Community Programs, or Office of Volunteer Services, as appropriate.

(b) Within 24 hours following the occurrence of an unusual incident or event, the Administrator or designee shall prepare and submit a written report to the Commissioner or designee, New Jersey Department of Corrections, with copies to:

1. The Assistant Commissioner, Division of Operations;
2. The Assistant Commissioner, Division of Programs; and
3. (No change in text.)

(c) (No change.)

SUBCHAPTER 8. REPORTING VIOLATIONS OF THE CRIMINAL STATUTES

10A:21-8.5 Special Investigations Division reporting procedures

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

(d) The Special Investigations Division shall be responsible to ensure that all investigative reports shall be made available upon request to the Commissioner or designee.

INSURANCE

(b)

DEPARTMENT OF BANKING AND INSURANCE DIVISION OF INSURANCE

Dental Services

Readoption with Amendments: N.J.A.C. 11:10

Proposed: September 4, 2018, at 50 N.J.R. 1926(a).

Adopted: January 24, 2019, by Marlene Caride, Commissioner, Department of Banking and Insurance.

Filed: January 25, 2019, as R. 2019 d.023, **without change**.

Authority: N.J.S.A. 17:1-8.1 and 15.e, 17:48C-18.1 et seq., 17:48D-1 et seq., 17B:26-44.4 et seq., and 17B:27-51.10a et seq.

Effective Date: January 25, 2019, Readoption;
February 19, 2019, Amendments.

Expiration Date: January 25, 2026.

Summary of Public Comment and Agency Response:

No comments were received.

Federal Standards Statement

State agencies that propose to adopt or amend State rules that exceed Federal standards regarding the same subject matter are required to include in the rulemaking document a Federal standards analysis. The rules readopted with amendments are subject to Federal requirements addressing certain standards for health insurance contracts pursuant to the Federal Patient Protection and Affordable Care Act (ACA), Pub. L. 111-148, as amended by the Health Care and Education Reconciliation Act, Pub. L. 111-152, and as set forth at 45 CFR 156.110(a)(10) (collectively, the Federal law). Specifically, the Federal law requires that health benefits plans offered to individuals and small groups include coverage for certain categories of services including pediatric dental services. These categories of services are referred to as Essential Health Benefits (EHB). Therefore, dental plan organizations (DPOs) offering stand-alone dental plans to be sold as pediatric dental plans and DPOs or dental service corporations (DSCs) offering employee dental plans as alternate coverage through an insurance contract to be sold as a pediatric dental plan must comply with the EHB requirements of the ACA. Because the United States Department of Health and Human Services (HHS) permitted states to establish the benefits for the EHB benchmark plan (within parameters), and the rules readopted with amendments are bringing the rules concerning DPOs and DSCs into compliance with the selected EHB benchmark requirements, the rules readopted with amendments do not exceed the Federal standards. Rather, the rules readopted with amendments are required to implement the provisions of the Federal law. Consequently, a Federal standards analysis is not required.

Full text of the readopted rules can be found in the New Jersey Administrative Code at N.J.A.C. 11:10.

Full text of the adopted amendments follows:

SUBCHAPTER 1. DENTAL PLAN ORGANIZATIONS

11:10-1.3 Definitions

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

...
“Evidence of coverage” means any certificate, agreement, or contract issued to an enrollee, setting out the dental services and supplies to which the enrollee and his or her dependents are entitled.

...

11:10-1.6 Evidence of coverage and group contracts

(a) The DPO shall prepare and issue the evidence of coverage to each enrollee within 60 days of the effective date of coverage or of a change in coverage. Covered groups may distribute the forms to covered persons on behalf of the DPO.

(b) The evidence of coverage must contain all the information required by N.J.S.A. 17:48D-9. A card containing only basic identifying information is not sufficient to meet these requirements.

(c) (No change.)

(d) All evidences of coverage shall clearly identify the name of the dental plan organization on its cover and in the text.

(e) All exclusions, exceptions, limitations, items not covered, and services not provided by the plan should be clearly identified in the evidence of coverage and group contract.

(f) Coordination of benefits provisions, which limit payment to 100 percent of allowable expenses when more than one dental plan covers a covered person, are permitted only if all of the following conditions are met:

1.-2. (No change.)

3. Both the group contract and evidence of coverage issued to group enrollees shall include the coordination of benefits provisions.

(g)-(j) (No change.)

(k) Any DPO offering a stand-alone dental plan that is intended to be sold as a pediatric dental plan to satisfy the Essential Health Benefits requirement of 45 CFR 156.110(a)(10) must satisfy the following requirements:

1. The evidence of coverage shall include identical policy form language for the coverage of pediatric dental benefits as set forth at N.J.A.C. 11:20 Exhibit A or, if alternative language is used, the DPO must provide a cross-walk document to demonstrate that each required pediatric dental service from Exhibit A is contained in the text of the DPO’s evidence of coverage;

2. The evidence of coverage shall indicate that pediatric dental benefits are provided for all covered persons through the end of the month in which the covered person turns age 19, regardless of the covered person’s enrollment status; and

3. The evidence of coverage may only include the frequency limits, limitations, and exclusions that appear in the dental benefits provision set forth at N.J.A.C. 11:20 Exhibit A and such coverage may not be denied on the basis of pre-existing conditions.

(l) (No change in text.)

**SUBCHAPTER 2. EMPLOYEE’S DENTAL BENEFIT PLANS;
ALTERNATE COVERAGE**

11:10-2.5 General rules

(a)-(d) (No change.)

(e) Any alternate coverage offered through an insurance contract that is intended to be sold as a pediatric dental plan to satisfy the Essential Health Benefits requirement of 45 CFR 156.110(a)(10) must provide pediatric dental coverage as set forth in N.J.A.C. 11:10-1.6(k).

(f) (No change in text.)

LAW AND PUBLIC SAFETY

(a)

DIVISION ON CIVIL RIGHTS

Housing for Older Persons

Adopted New Rules: N.J.A.C. 13:15

Proposed: June 4, 2018, at 50 N.J.R. 1337(a).

Adopted: December 24, 2018, by Rachel Wainer Apter, Director,
Division on Civil Rights.

Filed: January 22, 2019, as R.2019 d.019, **with non-substantial changes** not requiring additional public notice and comment (see N.J.A.C. 1:30-6.3).

Authority: N.J.S.A. 10:5-8, 10:5-12, and 10:5-18.

Effective Date: February 19, 2019.

Expiration Date: February 19, 2026.

Summary of Public Comment and Agency Response:

The official comment period ended on August 3, 2018. The Division on Civil Rights (DCR) received comments from the following individuals:

1. Linda Babecki and Alice Kwong, Co-Chief Counsels, Legal Services of New Jersey;
2. Steven Marsh, Realtor, Whiting;
3. Bruce S. Shapiro, Deputy Director of Regulatory Affairs, New Jersey Realtors;
4. Margaret Casey, Realtor Associate, Toms River;
5. Mindi Ridgway, Realtor, Surf City;
6. Eileen Matson, Realtor, Manahawkin;
7. Thomas Channing, Realtor, Toms River;
8. Jeffrey E. Gamble, Realtor, Barnegat;
9. Kim Hanadel, Realtor, Tuckerton;
10. Corinne Whitehead, Realtor, Tuckerton;