

i. The funeral allowance for an adult, which shall apply to decedents two years of age and older, is the total amount charged or \$3,056, whichever is less;

ii. The funeral allowance for a stillborn birth up to six days old is the total amount charged or \$1,933, whichever is less; and

iii. The funeral allowance for a one-week through 23-month-old child is the total amount charged or \$2,494, whichever is less.

2. The allowance for cemetery costs, exclusive of funeral services are, as follows:

i. The cemetery allowance for an adult, which shall apply to decedents two years of age and older, is the sum of all cemetery charges or \$714.00, whichever is less;

ii. The cemetery allowance for a stillborn birth up to six days old is the sum of all cemetery charges or \$452.00, whichever is less; and

iii. The cemetery allowance for a one-week through 23-month-old child is the sum of all cemetery charges or \$583.00, whichever is less.

3. If the decedent is cremated, then purchase of an urn is a permissible expense and charged to the funeral allowance. When a ground burial is made of the decedent's remains, the cemetery allowance also applies. Crematory charges and burial of the urn are permissible expenses and charged to the cemetery allowance.

4. If the eligible decedent has chosen to donate their body for medical education and research, then payments may be authorized for transportation costs which shall not exceed the total maximum allowances, as listed at (a)1 and 2 above.

(b) The payment to be made shall not exceed the maximum allowable rate for funerals and cemetery costs, as delineated at (a) above. The value of any prepaid funeral contract on record shall reduce, dollar for dollar, the funeral and burial allowance. Contributions from next of kin and interested parties up to \$785.00 for a stillborn to six days old, \$1,178 for one week through 23 months old, and \$1,570 for two years old to adult shall be excluded. Amounts exceeding those listed shall be counted in determining the amount to be paid by the agency. The contributor shall designate the contribution, up to the maximum allowed, as the contributor allocates, either to defray the funeral expenses or cemetery costs.

1. (No change.)

(c) (No change.)

SUBCHAPTER 20. THE FAMILY VIOLENCE OPTION INITIATIVE

10:90-20.4 WFNJ TANF/GA program requirements that may be waived

(a) WFNJ/TANF applicants/recipients may request a WFNJ FVO Waiver of the following WFNJ/TANF program requirements, pursuant to the WFNJ FVO Initiative:

1.-3. (No change.)

Recodify existing 5.-7. as 4.-6. (No change in text.)

(b) (No change.)

(a)

DIVISION OF DISABILITY SERVICES

Notice of Readoption

Traumatic Brain Injury Fund

Readoption: N.J.A.C. 10:141

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

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

Effective Date: February 27, 2024.

Expiration Date: February 27, 2031.

Take notice that pursuant to N.J.S.A. 52:14B-5.1.c, the rules at N.J.A.C. 10:141, Traumatic Brain Injury (TBI) Fund, were scheduled to expire on May 25, 2024. The chapter sets forth general and specific information about the administration and operations of the TBI Fund (Fund) administered by the Division of Disability Services (Division). This includes, but is not limited to, information about beneficiary

eligibility, covered and non-covered services, appeals and fair hearing procedures, and various program controls.

The chapter includes one subchapter with 14 sections, described as follows:

N.J.A.C. 10:141-1.1, Purpose and scope, provides an overview of the TBI Fund, as set forth in the statute.

N.J.A.C. 10:141-1.2, Definitions, lists the various terms used in the chapter, related to the Fund.

N.J.A.C. 10:141-1.3, Administration of the Fund, sets forth the procedures and methods to administer the Fund, including the establishment of a Review Committee and its responsibilities.

N.J.A.C. 10:141-1.4, Expenditure caps and limitations, describes the statutory maximum funding that can be provided to an individual per year and over an individual's lifetime, as well as provides the process to request a waiver of the cap.

N.J.A.C. 10:141-1.5, Eligibility for services and supports, sets forth the criteria for applicants requesting services be paid for by the Fund. This includes clinical requirements regarding the traumatic brain injury, as well as financial requirements regarding asset limits and the lack of coverage from other funds and insurance benefit programs. This section also provides that the TBI Fund shall recover its expenditures from any litigation arising from the traumatic brain injury. Additionally, residency requirements limiting services to citizens or permanent residents living in New Jersey, including determinations regarding residency of minor children, are included in this section. Lastly, the order of criteria used to determine priority if the Fund is unable to provide funding to all individuals is set forth.

N.J.A.C. 10:141-1.6, Application process for the services/supports of the Fund, sets forth the criteria, factors, and documentation to be provided, so as to determine eligibility, including listing actions to be taken if there is insufficient medical documentation regarding the traumatic brain injury.

N.J.A.C. 10:141-1.7, Approval and denial of supports/services from the Fund, describes the procedure and method for being approved or denied for services from the Fund. It sets forth how the applicant is notified of the decision including the appeal process.

N.J.A.C. 10:141-1.8, Service coordination under the Fund, sets forth the parameters of service coordination and when it can be provided.

N.J.A.C. 10:141-1.9, Responsibilities of the case manager, enumerates how the case management benefit will be provided to beneficiaries including visits, completing the support plan, and assisting with the provision of services.

N.J.A.C. 10:141-1.10, Payments for supports/services, sets forth how the Fund, as payer of last resort, will make payment to providers of approved services or supports who are appropriately licensed and can perform the service or support as defined in this chapter.

N.J.A.C. 10:141-1.11, Eligible supports and services, describes the services and supports that may be requested for approval by the Fund. Each individual service and support is defined as to scope of service, any limitation, and who may provide the service and support.

N.J.A.C. 10:141-1.12, Ineligible supports and services, provides a list of ineligible goods, services, and other items that will not be considered for payment by the Fund.

N.J.A.C. 10:141-1.13, Emergency services, establishes the definitions and procedures for reviewing requests for certain types of services that constitute an emergency and cannot be reviewed in the normal process.

N.J.A.C. 10:141-1.14, Revenue and reporting of expenditures, describes the statutory requirements for reporting on the status of the Fund.

While the Department of Human Services (Department) is readopting these rules, it has identified areas of the chapter that need to be amended and intends to publish one or more proposed rulemakings with amendments at N.J.A.C. 10:141 that will update existing rules, delete obsolete rules, and/or propose new rules prior to the next scheduled expiration.

The Department has reviewed the rules and has determined them to be necessary, reasonable, and proper for the purpose for which they were originally promulgated. In accordance with N.J.S.A. 52:14B-5.1.c(1),

these rules are readopted and shall continue in effect for a seven-year period.

originally promulgated. Therefore, pursuant to N.J.S.A. 52:14B-5.1.c(1), N.J.A.C. 10:164B is readopted and shall continue in effect for seven years.

(a)

**DIVISION OF AGING SERVICES
Notice of Readoption
Statewide Respite Care Program
Readoption: N.J.A.C. 10:164B**

Authority: N.J.S.A. 30:4F-7 et seq., particularly 30:4F-12; and P.L. 2012, c. 17, P.L. 2014, c. 29, and P.L. 2015, c. 289.

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

Effective Date: March 5, 2024.

New Expiration Date: March 5, 2031.

Take notice that pursuant to N.J.S.A. 52:14B-5.1.c, the rules at N.J.A.C. 10:164B were scheduled to expire on April 26, 2024. N.J.A.C. 10:164B establishes the rules governing the Statewide Respite Care Program (SCRP).

The following is a summary of the subchapters within N.J.A.C. 10:164B:

Subchapter 1, General Provisions, sets forth the purpose and intent of the chapter, the scope of service, the target population, and provides the definitions of terms used in the chapter, as they pertain to the SCRCP.

Subchapter 2, Administrative Organization, addresses the designation of the Department of Human Services (the Department) as the controlling administrative unit over its governance and requires each county, through the Advisory Council of the Area Agency on Aging, to select a sponsor agency to process applications for services.

Subchapter 3, Application Process, sets forth the process to apply for the SCRCP, including general provisions, the recognition of authorized agents, and the time frame for processing applications.

Subchapter 4, Eligibility, establishes eligibility standards, as well as the requirement to maintain the confidentiality and nondisclosure of all personally identifiable information regarding applicants, eligible persons, or caregivers.

Subchapter 5, Sponsors and Providers, sets forth the qualifications and requirements for the SCRCP sponsors and providers, specifically: the responsibilities of the sponsor agency in administering the SCRCP at the county level, including what data they are required to submit to the Department monthly, quarterly, and annually; the responsibilities and mandatory requirements of provider agencies, their employees, and subcontractors; as well as when the Department may terminate a contract with a provider agency.

Subchapter 6, Cost Limitations and Co-Payment Fee Scale, establishes the maximum cost of services an eligible person may receive annually; how a sponsor may request an exception to an eligible person's service level; limitations on an eligible person being placed in a facility; restrictions on duplicative services; the sliding co-payment fee scale; when a sponsor agency will bill for services; when a sponsor agency must suspend service and what notices must first be provided; as well as the requirements for requesting and receiving a reduction or waiver of co-payments.

Subchapter 7, Reimbursement and Payment, establishes the reimbursement rates for services, and establishes the program as the secondary payer when services are covered in whole or in part by another government program or private insurance.

Subchapter 8, Appeals, sets forth the appeal process when an applicant is determined to be ineligible for benefits.

While the Department is readopting these rules, it recognizes that further rulemaking may be necessary to update the chapter to reflect current practices. Thus, the Department will continue to review the rules and may consider making substantial amendments prior to the next scheduled expiration.

The Department has reviewed the rules and has determined them to be necessary, reasonable, and proper for the purposes for which they were

(b)

**DIVISION OF DEVELOPMENTAL DISABILITIES
Notice of Administrative Change
Contribution to Care and Maintenance
Requirements
Notice of Family Maintenance Standard, Medical
Cost Standard, Tuition Deduction, and the Cost
of Care and Maintenance Rates
N.J.A.C. 10:46D-3.2**

Effective Date: January 1, 2024.

Take notice that, in accordance with N.J.A.C. 10:46D-3.2, the Department of Human Services (Department) announces that the following family maintenance standard (N.J.A.C. 10:46D-3.2(a)), medical cost standard (N.J.A.C. 10:46D-3.2(a)), tuition deduction standard (N.J.A.C. 10:46D-3.2(a) and (f)), and the cost of care and maintenance rates that shall be utilized in the determination of eligibility and the contribution to care and maintenance of individuals residentially placed by the Division of Developmental Disabilities (Division) and their legally responsible relatives for the period beginning January 1, 2024. The approved calendar year 2024 patient payment per diem rate for State developmental centers is \$1,482. The approved calendar year 2024 patient payment per diem rate for residential functional services is \$378.00. These changes were effective January 1, 2024. This notice of administrative changes is published pursuant to N.J.A.C. 1:30-2.7.

Full text of the changed rule follows (additions indicated in boldface **thus**; deletions indicated in brackets [thus]):

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 [2023] **2024**, is [\$38,627] **\$39,996**, the medical cost standard for a family of four is [\$10,287] **\$9,896**, 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, ([\$12,900] **\$13,674** for school year [2022-23] **2023-24**). 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)-(e) (No change.)

(f) The deduction for college tuition shall be the actual college tuition cost paid, but shall not exceed the maximum of the annual in-State tuition expenses for Rutgers University. The deduction shall be the net of any scholarships, awards, or grants, and shall cover tuition paid, but shall not cover such items as room, board, books, and lab fees. The maximum college tuition deduction for school year [2022-2023] **2023-2024** is [\$12,900] **\$13,674**. This shall be revised annually as required at (a) above.

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