

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

SUBCHAPTER 2. PARTIAL CARE SERVICES

10:37F-2.1 Admission criteria

- (a) (No change.)
- (b) Inclusionary criteria: In order to be considered eligible for partial care services, an individual must:
 - 1.-4. (No change.)
 - 5. At the time of referral or as a result of psychiatric evaluation provided or arranged for by the PA, have at least one of the following primary DSM [IV] diagnoses [on Axis I]:
 - i.-vi. (No change.)
 - 6. Have a covered psychiatric disorder diagnosis consistent with codes[, Axis I-V,] of the [Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR), incorporated herein by reference as amended and supplemented] DSM, including some 301.XX [Axis II] codes if the personality disorder is considered in the severe range and the individuals are at high risk of psychiatric hospitalization as a result; and
 - 7. At the time of referral, meet one or more of the following criteria:
 - i. (No change.)
 - ii. A Global Assessment of Functioning Scale score of between 11 and 70, as found in the [Diagnostic and Statistical Manual of Mental Disorders] DSM[, page 32].
- (d) (No change.)

10:37F-2.3 Assessment

- (a) PA staff shall complete a written comprehensive assessment for each consumer prior to development of the individualized recovery plan. The comprehensive assessment provides the PA and consumer with an initial profile of the strengths and barriers related to community integration, achievement of chosen valued roles, and which issues or problems must be addressed in what priority.
 - 1.-5. (No change.)
 - 6. The written comprehensive assessment shall include a documented psychiatric evaluation completed within two weeks of admission which shall reflect consideration of the following:
 - i. Diagnosis [(Axis I-V)] in conformance with the [Diagnostic and Statistical Manual of Mental Disorders IV (DSM-IV (available from the American Psychiatric Association, 1400 K St., NW, Washington, DC 20005), incorporated herein by reference, as amended and supplemented] DSM;
 - ii.-x. (No change.)
 - 7.-8. (No change.)

(a)

DIVISION OF DEVELOPMENTAL DISABILITIES
Notice of Readoption
Mechanical Restraints and Safeguarding Equipment
Readoption: N.J.A.C. 10:42

Authority: N.J.S.A. 30:1-12 et seq., 30:4-6 et seq., and 30:6D-5.
 Authorized By: Sarah Adelman, Acting Commissioner, Department of Human Services.
 Effective Date: September 24, 2021.
 New Expiration Date: September 24, 2028.

Take notice that pursuant to N.J.S.A. 52:14B-5.1, the rules at N.J.A.C. 10:42 were scheduled to expire on October 8, 2021. Pursuant to Executive Order Nos. 127 (2020) and 244 (2021) and P.L. 2021, c. 103, any chapter of the New Jersey Administrative Code that would otherwise have expired during the Public Health Emergency originally declared in Executive Order No. 103 (2020) is extended through January 1, 2022. Therefore, this chapter has not yet expired and the 30-day filing date pursuant to N.J.S.A. 52:14B-5.1.c has not yet occurred, therefore, pursuant to Executive Order

No. 244 (2021), and P.L. 2021, c. 103, this notice of readoption is timely filed.

N.J.A.C. 10:42 details the policies and procedures for the use of safeguarding equipment and mechanical restraints for individuals served by the Division of Developmental Disabilities (Division). The rules are designed to foster the reduction or elimination of the use of mechanical restraints and safeguarding equipment in favor of less restrictive practices. The rules direct that a concerted effort should be made to provide individuals with appropriate behavioral supports designed to meet his or her specific needs. The rules also require that mechanical restraints and safeguarding equipment be used only to address significant safety concerns related to preventing behaviors that affect the health and well-being of the individual or others.

The Division has reviewed the rules and determined that they are necessary and proper for the purpose for which they were originally promulgated. The Division intends to continue to collaborate with stakeholders, including individuals, agencies, trade organizations, advocates, and interested parties to initiate any new standards for the use of mechanical restraints, as necessary.

Therefore, pursuant to N.J.S.A. 52:14B-5.1.c(1), N.J.A.C. 10:42 is readopted and shall continue in effect for seven years.

(b)

DIVISION OF DEVELOPMENTAL DISABILITIES
Notice of Readoption
Appeal Procedure

Readoption: N.J.A.C. 10:48

Authority: N.J.S.A. 30:1-12 et seq., and 30:4-6 et seq.
 Authorized By: Sarah Adelman, Acting Commissioner, Department of Human Services.
 Effective Date: September 24, 2021.
 New Expiration Date: September 24, 2028.

Take notice that pursuant to N.J.S.A. 52:14B-5.1, the rules at N.J.A.C. 10:48 were scheduled to expire on October 23, 2021. Pursuant to Executive Order Nos. 127 (2020) and 244 (2021) and P.L. 2021, c. 103, any chapter of the New Jersey Administrative Code that would otherwise have expired during the Public Health Emergency originally declared in Executive Order No. 103 (2020) is extended through January 1, 2022. Therefore, this chapter has not yet expired and the 30-day filing date pursuant to N.J.S.A. 52:14B-5.1.c has not yet occurred, therefore, pursuant to Executive Order No. 244 (2021), and P.L. 2021, c. 103, this notice of readoption is timely filed.

N.J.A.C. 10:48 establishes the steps an individual served by the Division may take when disagreements arise between the individual and the Division. The purpose of the chapter is to encourage and permit the early resolution of disputes and, where that is not possible, to identify the steps to secure review by the proper authority.

The Division has reviewed the rules and determined that they are necessary and proper for the purpose for which they were originally promulgated. Therefore, pursuant to N.J.S.A. 52:14B-5.1.c(1), N.J.A.C. 10:48 is readopted and shall continue in effect for seven years.

(c)

DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

Notice of Readoption
Nurse Midwifery Services

Readoption With Technical Changes: N.J.A.C. 10:58

Authority: N.J.S.A. 30:4D-1 et seq., and 30:4J-8 et seq.
 Authorized By: Sarah Adelman, Acting Commissioner, Department of Human Services.

Agency Control Number: 21-A-07.

Effective Dates: September 28, 2021, Readoption;
November 1, 2021, Technical Changes.

New Expiration Date: September 28, 2028.

Take notice that pursuant to N.J.S.A. 52:14B-5.1, the rules at N.J.A.C. 10:58, Nurse Midwifery Services, were scheduled to expire on July 19, 2020. Pursuant to Executive Order Nos. 127 (2020) and 244 (2021) and P.L. 2021, c. 103, any chapter of the New Jersey Administrative Code that would otherwise have expired during the Public Health Emergency originally declared in Executive Order No. 103 (2020) is extended through January 1, 2022. Therefore, this chapter has not yet expired and the 30-day filing date pursuant to N.J.S.A. 52:14B-5.1.c has not yet occurred, therefore, pursuant to Executive Order No. 244 (2021), and P.L. 2021, c. 103, this notice of readoption is timely filed.

The rules provide standards for approval of certified nurse midwives (CNMs) as independent providers, within their licensed scope of practice and, in accordance with, the requirements of N.J.A.C. 13:35-2A, the New Jersey State Board of Medical Examiners' rules for the licensure of midwives. The Department of Human Services (Department) will be making additional changes to this chapter as specified in a recent advance notice of rulemaking. To that end, the Department is preparing a notice of proposal with substantive amendments to this chapter to be published following this notice of readoption to prevent the chapter from expiring.

In addition to readopting the existing rules, the Department is proposing technical changes throughout N.J.A.C. 10:58. The technical changes include: correcting all references to the "Department of Health and Senior Services" to "Department of Health" to reflect the current name of that Department pursuant to P.L. 2012, c. 17; changing all references to "Medicaid or NJ FamilyCare" or "Medicaid and NJ FamilyCare" to "Medicaid/NJ FamilyCare" to reflect the preferred nomenclature of the program; changing references to "Health Maintenance Organization" to "Managed Care Organization"; correcting contact information for the DMAHS fiscal agent; and changing references to "Health Care Financing Administration" to "Centers for Medicare and Medicaid Services" to reflect the current name of the Federal agency.

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. Therefore, pursuant to N.J.S.A. 30:4D-1 et seq., and 30:4J-8 et seq., and, 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.

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

SUBCHAPTER 1. GENERAL PROVISIONS

10:58-1.2 Scope

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

(c) The rules in this chapter govern the provision of fee-for-service nurse midwifery services provided to [Medicaid and NJ FamilyCare-Plan] **Medicaid/NJ FamilyCare-Plan** A fee-for-service beneficiaries. Nurse midwifery services provided to beneficiaries who are enrolled in [HMOs] **a managed care organization (MCO)** shall be governed by the individual [HMO] **MCO** contract.

10:58-1.3 Definitions

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

"Birth center" means a health care facility or distinct part of a health care facility, licensed as such by the New Jersey State Department of Health [and Senior Services], which provides routine prenatal and intrapartur care to low-risk, uncomplicated maternity patients who are expected to deliver neonates of a weight greater than 2,499 grams, and of at least 36 weeks gestational age, and who require a stay of less than 24 hours after birth.

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10:58-1.4 Application for provider status; certified nurse midwife

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

(c) An applicant shall complete a Medicaid Provider Application (FD-20; see N.J.A.C. 10:49, Appendix, Form #8) and a Medicaid Provider Agreement (FD-62; see N.J.A.C. 10:49, Appendix, Form #9). The forms may be obtained from, and shall be submitted to:

[Unisys Corporation] **Gainwell Technologies**
Provider Enrollment
PO Box 4804
Trenton, NJ 08650-4804

(d) (No change.)

(e) The applicant will receive notification of approval or disapproval from the Medicaid/NJ FamilyCare fiscal agent [(Unisys)] **Gainwell Technologies**. If approved, the CNM shall be furnished with a provider manual and assigned a Medicaid/NJ FamilyCare provider identification number. The CNM shall use the assigned provider identification number in all communication with the Medicaid/NJ FamilyCare programs and/or the fiscal agent.

10:58-1.5 Application for provider status; HealthStart

(a) (No change.)

(b) In order to participate as a provider of HealthStart services, the CNM practicing independently or as part of a group shall be a Medicaid/NJ FamilyCare provider and shall meet the HealthStart requirements specified at N.J.A.C. 10:66-3 and in this chapter. A HealthStart provider shall have a valid HealthStart Provider Certificate.

1. An application for a HealthStart Provider Certificate is available from **the Medicaid/NJ FamilyCare fiscal agent:**

[New Jersey Department of Health and Senior Services
Division of Family Health Services
50 East State Street
PO Box 364
Trenton, N.J. 08625-0364]

Gainwell Technologies
Provider Enrollment
Mail Code #9
PO Box 4804
Trenton, NJ 08650-4804

10:58-1.6 Application for provider status; birth centers

(a) (No change.)

(b) The birth center shall be licensed by the Department of Health [and Senior Services] in accordance with the provisions [of] **at** N.J.A.C. 8:43A-28.

(c)-(d) (No change.)

(e) The birth center shall complete the Medicaid/NJ FamilyCare Provider Application (FD-20), the Provider Agreement (FD-62), and the Ownership and Control Interest and Disclosure Statement (CMS-1513).

1. The birth center shall include with the application a copy of its license, a list of all the CNMs employed by the center, together with their CNM Medicaid/NJ FamilyCare provider numbers, and copies of the CNMs' licenses. The application and all attachments shall be submitted to:

Gainwell Technologies
Provider Enrollment
[Unisys Corporation]
Mail Code #9
PO Box 4804
Trenton, NJ 08650-4804

2. (No change.)

(f)-(h) (No change.)

10:58-1.7 Basis of reimbursement

(a) (No change.)

(b) A certified nurse midwife who is approved as a provider of services by the New Jersey Medicaid or the NJ FamilyCare programs, and who practices independently and not as part of a physician group or other organized medical care entity, may be directly reimbursed by the New Jersey [Medicaid or NJ FamilyCare-Plan] **Medicaid/NJ FamilyCare-Plan** A fee-for-service programs, in accordance with the provisions of this chapter.

(c) (No change.)

(d) A certified nurse midwife who is salaried and whose services are reimbursed as part of the hospital's cost shall not bill fee-for-service to the New Jersey [Medicaid or NJ FamilyCare-Plan] **Medicaid/NJ FamilyCare-Plan A** fee-for-service program. A certified nurse midwife who is practicing in a hospital outpatient department and whose reimbursement is not part of the hospital's cost may bill fee-for-service to the New Jersey [Medicaid or NJ FamilyCare-Plan] **Medicaid/NJ FamilyCare-Plan A** fee-for-service program, independent of the hospital charges, if the arrangement with the hospital permits it.

(e)-(h) (No change.)

SUBCHAPTER 2. PROVISIONS FOR SPECIFIC SERVICES

10:58-2.9 Clinical laboratory services; general

(a) Clinical laboratory services shall be furnished by clinical laboratories and by provider office laboratories (POLs) that meet the [Health Care Financing Administration] **Centers for Medicare and Medicaid Services (CMS)** regulations pertaining to clinical laboratory services (Section 1902(a)9 of the Social Security Act; 42 U.S.C. § 1396(a)9; 42 [C.F.R.] **CFR** 440.30 and 493) defined in the Clinical Laboratory Improvement Amendments (CLIA) of 1988 (P.L. 100-518), and as indicated at N.J.A.C. 10:61-2.1, the Medicaid/NJ FamilyCare programs' Independent Clinical Laboratory Services Manual (N.J.A.C. 10:61) and N.J.A.C. 8:44 and 8:45.

(b) (No change.)

10:58-2.10 Clinical laboratory services provided by a CNM

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

(c) If the components of a profile are billed separately, reimbursement for the components of the profile (panel) shall not exceed the [Medicaid] **Medicaid/NJ FamilyCare** fee allowance for the profile itself.

10:58-2.12 Clinical laboratory services; CNM referral to independent laboratory

(a) When the CNM refers a laboratory test to an independent clinical reference laboratory:

1. (No change.)

2. The clinical laboratory shall be licensed by the New Jersey State Department of Health [and Senior Services] in accordance with N.J.A.C. 8:44 and 8:45, or comparable agency in the state in which the laboratory is located; and

3. (No change.)

(b) (No change.)

SUBCHAPTER 3. CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS) HEALTHCARE COMMON PROCEDURE CODING SYSTEM (HCPCS)

10:58-3.1 Introduction

(a) The New Jersey [Medicaid and NJ FamilyCare] **Medicaid/NJ FamilyCare** programs adopted the Centers for Medicare & Medicaid Services (CMS) Healthcare Common Procedure Coding System (HCPCS) codes for 2006, established and maintained by CMS in accordance with the Health Insurance Portability and Accountability Act of 1996, 42 U.S.C. [§1320d] § **1320d** et seq., and incorporated herein by reference, as amended and supplemented, and published by PMIC, 4727 Wilshire Blvd., Suite 300, Los Angeles, CA 90010. Revisions to the Healthcare Common Procedure Coding System made by CMS (code additions, code deletions, and replacement codes) will be reflected in this chapter through publication of a notice of administrative change in the New Jersey Register. Revisions to existing reimbursement amounts specified by the Department and specification of new reimbursement amounts for new codes will be made by rulemaking in accordance with the Administrative Procedure Act, N.J.S.A. 52:14B-1 et seq. The HCPCS Level I codes consist of the American Medical Association (AMA) Current Procedural Terminology (CPT) codes, which are assigned to specific procedures by the AMA. HCPCS Level II codes are assigned to specific procedures by CMS. An updated copy of the CPT codes may be obtained from the American Medical Association, P.O. Box 10950, Chicago, IL 60610, or by accessing www.ama-assn.org. An updated copy of the Level II codes may be obtained by accessing the HCPCS website at

www.cms.hhs.gov/medicare/hcpcs or by contacting PMIC, 4727 Wilshire Blvd., Suite 300, Los Angeles, CA 90010.

(b) (No change.)

APPENDIX A

DRUG EFFICACY STUDY IMPLEMENTATION (DESI)

(Update of drug products and known related drug products that lack substantial evidence of effectiveness)

Appendix A [in] at N.J.A.C. 10:51, incorporated herein by reference, is a list of drugs that the Food and Drug Administration (FDA) has proposed to withdraw from the market which is updated periodically by the Centers for Medicare & Medicaid Services (CMS) subsequent to published listing changes in the Federal Register.

AGENCY NOTE: Appendix A is filed as part of this chapter by reference but is not reproduced in the New Jersey Administrative Code. When revisions are made to Appendix A, replacement pages will be distributed to providers and copies will be filed with the Office of Administrative Law. For a copy of Appendix A, access www.njmmis.com or write to:

[Unisys Corporation] **Gainwell Technologies**

PO Box 4801

Trenton, NJ 08650-4801

or contact:

Office of Administrative Law

Quakerbridge Plaza, Building 9

PO Box 049

Trenton, NJ 08625-0049

APPENDIX B

FISCAL AGENT BILLING SUPPLEMENT

AGENCY NOTE: The Fiscal Agent Billing Supplement is appended as a part of this chapter/manual but is not reproduced in the New Jersey Administrative Code. When revisions are made to the Fiscal Agent Billing Supplement, replacement pages will be distributed to providers and copies will be filed with the Office of Administrative Law. For a copy of the Fiscal Agent Billing Supplement, access www.njmmis.com or write to:

[Unisys Corporation] **Gainwell Technologies**

PO Box 4801

Trenton, NJ 08650-4801

or contact:

Office of Administrative Law

Quakerbridge Plaza, Building 9

PO Box 049

Trenton, NJ 08625-0049

APPENDIX C

EMC MANUAL

AGENCY NOTE: The Electronic Media Claims (EMC) Manual is filed as an incorporated Appendix of this chapter/manual, but is not reproduced in the New Jersey Administrative Code. When revisions are made to the EMC Manual, replacement pages will be distributed to providers and copies will be filed with the Office of Administrative Law. For a copy of the EMC Manual, access www.njmmis.com or write to:

[Unisys] **Gainwell Technologies**

PO Box 4801

Trenton, NJ 08650-4801