

Form, CMS-1500, only for services provided to a PMDC beneficiary for whom the medical director is a designated primary health care provider.

1. A medical director shall not bill the New Jersey [Medicaid] Medicaid/NJ FamilyCare Program separately for any service performed for any PMDC beneficiary in a PMDC facility while serving solely in the role of a medical director.

(d) (No change.)

(e) All prescribed therapies identified in the PMDC beneficiary's initial and/or interdisciplinary plan of care are included in the per diem reimbursement rate and neither the PMDC facility nor the individuals providing the prescribed therapies shall bill the New Jersey [Medicaid] Medicaid/NJ FamilyCare Program separately for these therapies.

(f) The PMDC facility administrator shall make inquiry of the child's parent respecting the existence of any private health insurance plan that provides a payment benefit for PMDC on behalf of the child and shall ensure that the PMDC facility bills any such private health insurance plan for covered services provided to the child prior to the facility submitting claims for [Medicaid] Medicaid/NJ FamilyCare reimbursement to the fiscal agent.

(g) The PMDC facility administrator shall verify each child's [Medicaid] Medicaid/NJ FamilyCare financial eligibility, prior to submitting a prior authorization request form, and monthly thereafter, using the Recipient Eligibility Verification System pursuant to N.J.A.C. 10:49-2.11.

(h) (No change.)

[10:166]10:60A-4.2 Billing codes

(a) The New Jersey [Medicaid] Medicaid/NJ FamilyCare Program uses the CMS Healthcare Common Procedure Coding System (HCPCS).

1. (No change.)

SUBCHAPTER 5. PMDC SERVICES

[10:166]10:60A-5.1 General provisions

(a) A PMDC beneficiary attending a PMDC facility shall receive one unit of service per day, excluding transportation time, not to exceed five units of service per week, in accordance with a primary health care provider's written order and authorization by professional staff designated by the Department pursuant to N.J.A.C. [10:166]10:60A-3.4.

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

[10:166]10:60A-5.2 PMDC facility services

(a) To receive [Medicaid] Medicaid/NJ FamilyCare reimbursement for PMDC, a PMDC facility shall provide services pursuant to N.J.A.C. 8:43J.

(b) In addition to the services PMDC facilities must provide pursuant to (a) above, to receive [Medicaid] Medicaid/NJ FamilyCare reimbursement for PMDC, PMDC facilities shall provide, on-site, medical equipment and supplies in accordance with N.J.A.C. 8:43J-8.5, provided that [Medicaid] Medicaid/NJ FamilyCare per diem reimbursement for PMDC excludes durable medical equipment and medical supplies that are provided to the PMDC beneficiary as specified in the [Medicaid] Medical Supplier Manual at N.J.A.C. 10:59.

SUBCHAPTER 6. FINANCIAL REPORTING

[10:166]10:60A-6.1 Cost report preparation and timing of submission

(a) PMDC facility staff shall submit a completed cost report in the form at chapter Appendix B, incorporated herein by reference, covering a period of one calendar year, commencing January 1 and ending December 31, to the Department on or before March 31 of the year next succeeding the calendar year for which the cost report is prepared.

1. The form of cost report is available for download from the [Department's forms page at www.state.nj.us/humanservices/does/home/forms.html] DMAHS fiscal agent's website: www.njmmis.com and is available on request [to the following:] by calling the Provider Services Hotline at 1-800-776-6334.

[Division of Aging Services
NJ Department of Human Services
PO Box 807
Trenton, NJ 08625-0807]

2. (No change.)

(b)-(d) (No change.)

(e) The PMDC facility administrator or corporate officer of the PMDC facility shall certify that all financial information contained in a PMDC facility's cost report is reconciled with the PMDC facility's audited financial statements, submitted by the PMDC facility in accordance with N.J.A.C. [10:166]10:60A-6.2.

Recodify existing 10:166-6.2 and 6.3 as 10:60A-6.2 and 6.3 (No change in text.)

(a)

DIVISION OF FAMILY DEVELOPMENT

Notice of Administrative Change

Standard of Need

N.J.A.C. 10:84-1.6

Effective Date: January 12, 2024.

Take notice that, in accordance with P.L. 1997, c. 13, the Department of Human Services announces an updated standard of need for 2024. The standard of need is calculated based on the methodology described at N.J.A.C. 10:84-1.6.

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

SUBCHAPTER 1. EFFICIENCY AND EFFECTIVENESS OF PROGRAM OPERATIONS

10:84-1.6 Standard of need

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

(d) The standard of need is set forth in the table below. Each year, the Department of Human Services will provide, through a notice of administrative change published in the New Jersey Register, an updated standard of need.

	Standard of Need	
Number in Family		Monthly Standard
1		[\$2,707] \$3,047
2		[\$3,075] \$3,434
3		[\$3,781] \$4,176
4		[\$4,766] \$5,283
5		[\$5,134] \$5,671
6		[\$5,807] \$6,480
7		[\$6,175] \$6,868
8		[\$6,544] \$7,256
more than 8	add	[\$368] \$388 each person

LAW AND PUBLIC SAFETY

(b)

DIVISION OF CONSUMER AFFAIRS

Property Condition Disclosure Form

Adopted Amendment: N.J.A.C. 13:45A-29.1

Proposed: April 3, 2023, at 55 N.J.R. 590(a).

Adopted: January 16, 2024, by Cari Fais, Acting Director, Division of Consumer Affairs.

Filed: January 25, 2024, as R.2024 d.012, without change.

Authority: N.J.S.A. 56:8-1 et seq., specifically 59:8-19.1.

Effective Date: February 20, 2024.

Expiration Date: January 16, 2026.