

“Registered family child care provider” means a family child care provider registered pursuant to the Family [Child] Day Care Provider Registration Act rules (N.J.A.C. [10:126] **3A:54**).

“Work First New Jersey/TANF Program” means the single New Jersey welfare reform program established pursuant to P.L. 1997, [c.13] c. 13 (N.J.S.A. 44:10-34 et seq.), [c.14] c. 14 (N.J.S.A. 44:10-44 et seq.), [c.37] c. 37 (N.J.S.A. 44:10-71 et seq.), and [c.38] c. 38 (N.J.S.A. 44:10-55 et seq.), which provides assistance to families with dependent children through the TANF Program.

SUBCHAPTER 2. ADMINISTRATIVE RESPONSIBILITIES

10:15-2.4 Responsibilities and obligations of the CCR&R

(a) Each CCR&R shall:

1. (No change.)
2. Respond to all requests for child care services within the period of time specified in the provider contract with the [Department] DHS;
- 3.-9. (No change.)
10. Conduct home evaluations of providers of home based care who are not registered pursuant to the Family [Child] Day Care Provider Registration Act (N.J.S.A. 30:5B-16 et seq., and N.J.A.C. [10:126] **3A:54**) using the “Self-Arranged Care Inspection and Interview Checklist” provided by the Division, and, pursuant to N.J.S.A. 30:5B-32, request a child abuse record information background check for each prospective approved home provider and all household members of the home 14 years of age and older, conducted by the Department of Children and Families (see N.J.A.C. 10:15-10.2(b)1). This Checklist requires information concerning: provider and participant identification; a home inspection checklist, including aspects of the physical environment, fire safety, general health, safety and sanitation, the program, rest and sleep, and food and nutrition; interview specifics concerning home residents; and observations of the evaluator;
- 11.-38. (No change.)

SUBCHAPTER 7. FAMILY CHILD CARE (FCC) REGISTRATION PROGRAM

10:15-7.1 Overview

Through the State’s voluntary FCC Registration Program, individuals shall be registered as family child care providers pursuant to [the] N.J.A.C. [10:126] **3A:54**. As the sponsoring organization, the CCR&R shall comply with the rules governing sponsoring organizations [that are contained in] at N.J.A.C. [10:126] **3A:54**.

10:15-7.2 Responsibilities of the CCR&R

The CCR&R shall be responsible for both the regulatory and support aspects of the Family Child Care Registration program, as specified [in] at N.J.A.C. [10:126] **3A:54**.

10:15-7.3 Responsibilities of the family child care provider

In order to qualify for payment for child care services as specified at N.J.A.C. 10:15-10.2(a)4, family child care providers shall be registered through the State’s voluntary FCC Registration Program pursuant to the Manual of Requirements for Family Child Care Registration (N.J.A.C. [10:126] **3A:54**) and shall comply with the rules governing provider registration and operation procedures [that are contained in] at N.J.A.C. [10:126] **3A:54**.

SUBCHAPTER 10. PAYMENT POLICIES AND MAXIMUM REIMBURSEMENT RATES

10:15-10.2 Provider requirements

(a) To qualify for child care payments, a child care center or program shall meet the following requirements (see also N.J.A.C. 10:90-5.2 and 5.3):

- 1.-3. (No change.)
4. All family providers who serve three or more non-sibling children shall be registered pursuant to the Manual of Requirements for Family [Child] Day Care Registration (see N.J.A.C. [10:126 and 10:126A] **3A:54**) in order to qualify for payment of child care services through these programs.

i. Providers who serve one or two children must either be registered pursuant to N.J.A.C. [10:126] **3A:54** or be approved by the Department of Human Services as specified [in] at (b) below.

ii. Payment shall be made to the provider who has secured a Certificate of Registration or a temporary registration certificate, as defined by rules promulgated under the Family [Child] Day Care Provider Registration Act (see N.J.A.C. [10:126] **3A:54**).

iii. (No change.)

(b)-(e) (No change.)

(a)

DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

Notice of Readoption

Pharmaceutical Services Manual

Readoption: N.J.A.C. 10:51

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

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

Agency Control Number: 23-NA-02.

Effective Date: July 24, 2023.

New Expiration Date: July 24, 2030.

Take notice that pursuant to N.J.S.A. 52:14B-5.1, the rules at N.J.A.C. 10:51, Pharmaceutical Services Manual, were scheduled to expire on November 17, 2023. The Pharmaceutical Services Manual regulates the provision of pharmaceutical services under the New Jersey Medicaid/NJ FamilyCare fee-for-service (FFS) pharmacy benefit programs and reimbursement for services under those programs.

N.J.A.C. 10:51-1, Pharmaceutical Services, provides the policies related to the provision of pharmaceutical services to New Jersey Medicaid/NJ FamilyCare beneficiaries. This subchapter includes an introduction to pharmaceutical services, describes participation of eligible providers and conditions for participation, as well as program restrictions that would affect payment. Details are provided on the basis of payment, discounts, dispensing fees, compounded and generic prescriptions, and the providers’ usual and customary or advertised charge. The subchapter lists the covered and non-covered pharmaceutical services, prior authorization requirements, quantity, dosage and direction for medication, and personal contribution to care requirements for NJ FamilyCare-Plan C and copayment requirements for NJ FamilyCare-Plan D. Requirements related to prescriptions, including telephone-rendered prescriptions, original prescriptions, changes or additions to the original prescription, and refills are provided. Also described in this subchapter is the Prescription Drug Price and Quality Stabilization Act, Drug Efficacy Study Implementation (DESI)/Identical Related Similar (IRS) drugs, drug manufacturers rebate agreement, and rules for bundled drug service. The last sections provide the rules for claim submission, the point-of-sale (POS) claims adjudication system, prospective drug utilization review, and the medical exception process.

N.J.A.C. 10:51-2, Pharmaceutical Services to Medicaid/NJ FamilyCare Fee-For-Services Beneficiaries in a Nursing Facility, sets forth the rules related to the provision of pharmaceutical services to beneficiaries in a nursing facility, participation of eligible providers, and conditions for participation, as well as program restrictions. The subchapter also covers the rules for basis of payment, compounded prescriptions, generic prescriptions, discounts, and dispensing fees. The subchapter also sets forth rules related to the covered and non-covered pharmaceutical services, quantity of medications dispensed, dosages and directions, prescriptions and medication orders rendered by telephone or technological devices, and changes or additions to the original prescriptions and refills. Also described in this subchapter are rules related to the Prescription Drug Price and Quality Stabilization Act, the Drug Efficacy Study Implementation (DESI), drug manufacturers rebate agreement, and bundled drug service. The last sections provide the rules

for claim submission, Point-of-sale (POS) claims adjudication system, and the Prospective Drug Utilization Review (PDUR) program.

N.J.A.C. 10:51-3, Consultant Pharmacist Services, details the services provided by a consultant pharmacist, the definition of a consultant pharmacist, as well as the qualifications required to fulfill the responsibilities of a pharmacist. Finally, the responsibilities of a pharmacist acting as a consultant are described.

N.J.A.C. 10:51 Appendix A, Drug Efficacy Study Implementation (DESI), sets forth the drugs designated for withdrawal from the market by the United States Food and Drug Administration.

N.J.A.C. 10:51 Appendix B, Upper Payment Limits for Maximum Allowable Cost (MAC) Drugs, sets forth the multiple source drugs designated by the Centers for Medicare and Medicaid Services (CMS).

N.J.A.C. 10:51 Appendix C is Form FD-70, the Pharmacy Provider Certification Statement.

N.J.A.C. 10:51 Appendix D, the Fiscal Agent Billing Supplement, sets forth billing instructions for providers.

N.J.A.C. 10:51 Appendix E, Electronic Media Claims (EMC) Manual, sets forth instructions to providers regarding the submission of claims through electronic media.

N.J.A.C. 10:51 Appendix F, Medicaid Rebate Program, is a list of drug manufacturers who have a rebate agreement established in accordance with Federal law.

N.J.A.C. 10:51 Appendix G, Notification of Pharmaceutical Services in Nursing Facilities, is an agreement form to be completed by pharmacies servicing nursing facilities in accordance with the requirements at N.J.A.C. 10:51-2.7.

The Department of Human Services has identified the need to update N.J.A.C. 10:51, Pharmaceutical Services Manual, to reflect current State and Federal requirements and to address the findings of an audit conducted by the New Jersey Office of Legislative Services (OLS) and will, in the near future, publish a separate proposed rulemaking containing significant amendments to N.J.A.C. 10:51 that will reorganize the chapter, update the existing rules, delete obsolete rules, and propose new rules to introduce new policy and/or memorialize compliance with Federal requirements.

The Department of Human Services 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. 52:14B-5.1.c(1), these rules are readopted and shall continue in effect for a seven-year period.

LABOR AND WORKFORCE DEVELOPMENT

(a)

DIVISION OF TEMPORARY DISABILITY INSURANCE

Family Leave Insurance Benefits

Readoption with Amendments: N.J.A.C. 12:21

Adopted Repeal and New Rule: N.J.A.C. 12:21-2.11

Proposed: March 6, 2023, at 55 N.J.R. 339(a).

Adopted: July 28, 2023, by Robert Asaro-Angelo, Commissioner, Department of Labor and Workforce Development.

Filed: July 28, 2023, as R.2023 d.098, **without change**.

Authority: N.J.S.A. 43:21-1 et seq., specifically 43:21-7.g, and 43:21-25 et seq., as amended at P.L. 2008, c. 17, specifically, 43:21-65.

Effective Dates: July 28, 2023, Readoption;
August 21, 2023, Amendments, Repeal, and New Rule.

Expiration Date: July 28, 2030.

Summary of Hearing Officer’s Recommendations and Agency’s Response:

The period for submission of written comments regarding the rules proposed for readoption with amendments, a repeal, and a new rule ended on May 5, 2023. The Department of Labor and Workforce Development (Department) received a single written comment. The hearing officer reviewed the single written comment and recommended that the Department proceed with the readoption with amendments, a repeal, and a new rule without change.

Summary of Public Comment and Agency Response:

A written comment was submitted by Stephanie L. Sikora, Esq., CPCU, Manager, Law and Regulation, NJM Insurance Group, Trenton, NJ.

COMMENT: The commenter asks the following:

“We have a question related specifically to N.J.A.C. 12:21-3.9, wherein employers would be required to furnish the Department of Labor with information regarding a claimant’s FLI Leave. Will the Department be providing a form through which employers will be able to provide this information or offering some other submission channel (for example, an online reporting system)?”

RESPONSE: The Family Leave Insurance Benefits statute, specifically, N.J.S.A. 43:21-39.1.f, as amended at P.L. 2018, c. 128, expressly states that the information listed at N.J.A.C. 12:21-3.9, which employers must furnish to its employees and to the Division of Temporary Disability Insurance no later than on the ninth day of the period of family temporary disability leave, or no later than on the ninth day after the employee notifies the employer of an anticipated period of family temporary disability leave, whichever comes first, shall be furnished through “printed notices on division forms.” In accordance with the statute, the Department will provide a form to employers through which it may furnish “printed notices” to its employees and to the Division of Temporary Disability Insurance.

Federal Standards Statement

The rules readopted with adopted amendments, a repeal, and a new rule, are governed by the Temporary Disability Benefits Law, N.J.S.A. 43:21-25 et seq., and are not subject to any Federal standards or requirements. 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. 12:21.

Full text of the adopted amendments and new rule follows:

SUBCHAPTER 1. GENERAL PROVISIONS

12:21-1.2 Definitions

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

“Act” means the Temporary Disability Benefits Law, N.J.S.A. 43:21-25 et seq., as amended by P.L. 2008, c. 17, which extends the temporary disability benefits program, so as to provide to covered individuals family leave benefits, a monetary benefit (not a leave entitlement), for one or more of the qualifying reasons as set forth at N.J.S.A. 43:21-27(o).

“Base year” with respect to a period of family leave means the first four of the last five completed calendar quarters immediately preceding the period of family leave, except that, if the individual does not have sufficient qualifying weeks or wages in the individual’s base year to qualify for benefits, the individual shall have the option of designating that the individual’s base year shall be the “alternate base year,” which means the last four completed calendar quarters immediately preceding the period of family leave; and except that if the individual also does not have sufficient qualifying weeks or wages in the last four completed calendar quarters immediately preceding the period of family leave, “alternate base year” means the last three completed calendar quarters immediately preceding the individual’s benefit year and, of the calendar quarter in which the period of disability commences, the portion of the quarter which occurs before the commencing of the period of family leave. “Disability” for the purpose of determining the base year with respect to a period of family leave for an individual who has a period of family leave immediately after the individual has a period of disability for