

CHAPTER 46

DETERMINATION OF ELIGIBILITY

Authority

N.J.S.A. 30:4-23, 30:4-25.2 and 30:6D-23 et seq.

Source and Effective Date

R.2000 d.361, effective August 4, 2000.
See: 32 N.J.R. 2020(a), 32 N.J.R. 3326(a).

Executive Order No. 66(1978) Expiration Date

Chapter 46, Determination of Eligibility and Contribution to Care and Maintenance Requirements, expires on August 4, 2005.

Chapter Historical Note

Chapter 46, Application and Admission to Functional Services, was adopted and became effective prior to September 1, 1969.

Chapter 46, Application and Admission to Functional Services, was repealed and Chapter 46, Determination of Eligibility, was adopted as new rules by R.1990 d.409, effective September 17, 1990. See: 21 N.J.R. 3712(a), 22 N.J.R. 3030(a).

Pursuant to Executive Order No. 66(1978), Chapter 46, Determination of Eligibility, was readopted as R.1995 d.511, effective August 17, 1995. See: 27 N.J.R. 2157(a), 27 N.J.R. 3606(a).

Subchapter 5, Offers by the Division, Subchapter 6, Termination, and Subchapter 7, Appeals Process, were adopted as new rules by R.1998 d.468, effective September 8, 1998. See: 30 N.J.R. 1737(a), 30 N.J.R. 3271(a).

Pursuant to Executive Order No. 66(1978), Chapter 46, Determination of Eligibility and Contribution to Care and Maintenance Requirements, was readopted as R.2000 d.361, effective August 4, 2000. See: Source and Effective Date. See, also, section annotations.

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APPENDIX. NEW JERSEY DEPARTMENT OF HUMAN SERVICES CALENDAR YEAR 2003

SUBCHAPTER 1. GENERAL PROVISIONS

10:46-1.1 Purpose; authority

(a) Pursuant to N.J.S.A. 30:1-12, 30:4-27.2, 30:4-25.2, Application for determination of eligibility, N.J.S.A. 30:4-25.9, 30:6D-1 et seq. (P.L. 1985, c.145) and 30:4-60 et seq. (P.L. 1995, c.155), the Division of Developmental Disabilities, Department of Human Services (Division), intends this chapter to establish guidelines and criteria for determination of eligibility for services, to individuals with developmental disabilities. The applicant shall apply for all benefits for which he or she may be eligible. The Division shall not provide services when those services may be available through other sources. Before the Division offers services covered under the waiver, the individual and/or representative payee is responsible to apply through the Division for the Medicaid DDD Community Care Waiver and comply with all the requirements of eligibility for these benefits. The individual is also responsible to maintain eligibility for those benefits by ensuring they have no more than \$2,000 in cash assets. All other eligibility criteria in this chapter remain the same.

(b) When an individual receives residential services from the Division, they are required to contribute to the cost of care and maintenance. The requirements and financial ability of the individual and that of their legally responsible relatives to contribute to the cost of care and maintenance are set forth in N.J.A.C. 10:46D, Contributions for Care.

(c) The availability of services shall be limited to the Division's funding in a given fiscal year.

(d) When a person is determined eligible for services, he or she may receive those State-funded services that are available at that time.

(e) The eligible person shall be notified by the Division of the availability of waiver services. At that time, the Division will provide the application for the Medicaid DDD Community Care Waiver.

(f) Any person under the age of 18 who is determined by the Division to be eligible for ICF/MR services may be found eligible for the Medicaid DDD Community Care

Waiver without deeming of the family's income. The eligible person shall be notified by the Division of the availability of waiver services. At that time, the Division will provide the application for the Medicaid DDD Community Care Waiver. The individual shall meet all other eligibility requirements.

(g) To the extent practicable, written material shall be provided in the individual's primary language and in alternate formats as needed.

Amended by R.1998 d.468, effective September 8, 1998.
See: 30 N.J.R. 1737(a), 30 N.J.R. 3271(a).

Rewrote the section.

Amended by R.2003 d.476, effective December 15, 2003.
See: 35 N.J.R. 3015(a), 35 N.J.R. 3783(a), 35 N.J.R. 5556(a).

Rewrote the section.

10:46-1.2 Scope

The provisions of this chapter shall apply to all individuals making application to the Division for services under N.J.S.A. 30:4-165.1 et seq.

Amended by R.1998 d.468, effective September 8, 1998.
See: 30 N.J.R. 1737(a), 30 N.J.R. 3271(a).

Added the second and third sentences.

Amended by R.2000 d.361, effective September 5, 2000.
See: 32 N.J.R. 2020(a), 32 N.J.R. 3326(a).

Administrative change.

Amended by R.2003 d.476, effective December 15, 2003.
See: 35 N.J.R. 3015(a), 35 N.J.R. 3783(a), 35 N.J.R. 5556(a).

Deleted the last two sentences.

10:46-1.3 Definitions

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

"Application" means the form available at Division offices (see N.J.A.C. 10:46-3.2(a)). The term includes any supporting documentation necessary to the making of an informed determination with regard to applicant eligibility, including medical information. Supporting documentation may include, but is not limited to, educational, psychiatric, psychological, vocational, rehabilitation or social service records.

"Appropriate program of training" means that program of training which at a minimum includes orientation and instruction in identification of developmental disabilities, use of evaluation tools and interaction techniques.

"Assistive devices" mean supports provided to aid in moving and positioning an individual while personal care is given, or which aid in communication.

"Benefits" means all current and future sources of cash and health assistance from Federal, State or private entities including, but not limited to, Social Security, SSI, Medicare, Medicaid DDD Community Care Waiver, State and Federal funds and any third party support pursuant to State, rule order or by contract.

"Case management" means the linking and coordination of services across family, agency and professional lines to develop and attain goals and objectives embodied in the Individual Habilitation Plan. It involves monitoring of and advocating for the individual's needs with individual and family participation.

"Challenge grant" refers to a program in which the Division provides funds to an agency, which may be used in combination with other resources available to the individual, which will meet the individual's needs sufficiently to allow the individual to be removed from the waiting list.

"Child" means a person under 18 years of age.

"Commissioner" means the Commissioner of the State Department of Human Services.

"Counselling" means advice or guidance provided by a person knowledgeable about services to persons with developmental disabilities.

"Developmental disability" means a severe chronic disability of a person which:

1. Is attributable to a mental or physical impairment or combination of mental or physical impairments;
2. Is manifest before age 22;
3. Is likely to continue indefinitely;
4. Results in substantial functional limitations before the age of 22 in three or more of the following areas of major life activity, that is, self-care, receptive and expressive language, learning, mobility, self-direction and capacity for independent living or economic self sufficiency; and
5. Reflects the need for a combination and sequence of special interdisciplinary or generic care, treatment or other services which are of lifelong or extended duration and are individually planned and coordinated.
6. Developmental disability includes, but is not limited to, severe disabilities attributable to mental retardation, autism, cerebral palsy, epilepsy, spina bifida and other neurological impairment where the above criteria are met.

"Director" means the Director of the Division of Developmental Disabilities.

"Division" means the Division of Developmental Disabilities.

"Educational and related services" means those programs and/or therapies that are provided to a pupil in association with a free appropriate education.

"Family support" means those services described under N.J.A.C. 10:46C.

2. The individual or his or her guardian must be a resident of New Jersey.

New Rule, R.2000 d.315, effective August 7, 2000.
See: 32 N.J.R. 157(a), 32 N.J.R. 2899(a).

Former N.J.A.C. 10:46-2.2, Presumptive eligibility, recodified to N.J.A.C. 10:46-2.3.

10:46-2.3 Presumptive eligibility

(a) If the applicant appears to be eligible for services and manifests an emergent need for services from the Division, then such a person may be declared presumptively eligible by the Regional Administrator. The determination of presumptive eligibility shall be made within five days of initial contact for services. The eligibility determination process shall be completed subsequent to the admission to service. If the person is found ineligible and has been receiving services under presumptive eligibility, immediate referral shall be made to the appropriate agency or agencies for services. That individual or his or her guardian shall be notified in writing that services will cease in 30 days.

(b) If the individual appeals the decision of ineligibility in accordance with N.J.A.C. 10:48-1, the individual may continue to receive services until a Final Decision is rendered by the Division Director.

Amended by R.1999 d.311, effective September 7, 1999.
See: 31 N.J.R. 95(a), 31 N.J.R. 2633(b).

In (a), substituted "Regional Administrator" for "Division Director or his or her designee".
Recodified from N.J.A.C. 10:46-2.2 by R.2000 d.315, effective August 7, 2000.

See: 32 N.J.R. 157(a), 32 N.J.R. 2899(a).

Former N.J.A.C. 10:46-2.3, Services, recodified to N.J.A.C. 10:46-2.4.

10:46-2.4 Services

(a) "Services for developmentally disabled persons" means specialized services or specialized adaptations of generic services provided by a public or private agency, organization or institution and directed toward the alleviation of a developmental disability or toward the social, personal, physical or economic habilitation or rehabilitation of a person with a developmental disability and includes case management, diagnosis, evaluation, treatment, personal care, domiciliary care, special living arrangements, training, vocational training, recreation, counseling of the person with the disability and his family, information and referral services and transportation services.

(b) Respite service shall not be considered placement for the purposes of N.J.A.C. 10:46B.

(c) For applicants who apply for Family Support, the requirements of N.J.A.C. 10:46A shall apply.

(d) Assistive devices may be made available to persons who live independently, in the home of a relative or in a home licensed under N.J.A.C. 10:44B, as follows:

1. The assistive device is not available through an alternate-funding source; and

2. Assistive devices shall remain the property of the Division.

(e) Home adaptation shall not be provided to persons determined presumptively eligible. Home adaptation may be provided once the individual is found eligible for services.

(f) Respite services may be provided in the home or through a home licensed under N.J.A.C. 10:44A or 10:44B.

Amended by R.1995 d.511, effective September 18, 1995.

See: 27 N.J.R. 2157(a), 27 N.J.R. 3606(a).

Amended by R.1998 d.468, effective September 8, 1998.

See: 30 N.J.R. 1737(a), 30 N.J.R. 3271(a).

Rewrote (f).

Amended by R.1999 d.311, effective September 7, 1999.

See: 31 N.J.R. 95(a), 31 N.J.R. 2633(b).

Rewrote the section.

Recodified from N.J.A.C. 10:46-2.3 by R.2000 d.315, effective August 7, 2000.

See: 32 N.J.R. 157(a), 32 N.J.R. 2899(a).

Former N.J.A.C. 10:46-2.4, Determination of financial ability to pay, recodified to N.J.A.C. 10:46-2.5.

Case Notes

Discussion of standard for classification of children as sustainable under former regulations. *Levine v. New Jersey Dept. of Institutions and Agencies*, 84 N.J. 234, 418 A.2d 229 (1980).

10:46-2.5 (Reserved)

New Rule, R.1998 d.468, effective September 8, 1998.

See: 30 N.J.R. 1737(a), 30 N.J.R. 3271(a).

Amended by R.1999 d.405, effective November 15, 1999.

See: 31 N.J.R. 1890(a), 31 N.J.R. 3632(a).

Rewrote (o).

Recodified from N.J.A.C. 10:46-2.4 and amended by R.2000 d.315, effective August 7, 2000.

See: 32 N.J.R. 157(a), 32 N.J.R. 2899(a).

In (e), (f) and (o), inserted references to N.J.A.C. 10:46-2.6. Former N.J.A.C. 10:46-2.5, Treasury Formula-DDD, recodified to N.J.A.C. 10:46-2.6.

Repealed by R.2003 d.476, effective December 15, 2003.

See: 35 N.J.R. 3015(a), 35 N.J.R. 3783(a), 35 N.J.R. 5556(a).

Section was "Determination of financial ability to pay".

10:46-2.6 Treasury Formula-DDD

(a) The purpose of this section is to set forth the assessment methodology used by the Department of Human Services for determining the financial ability to contribute toward the cost of care and maintenance of an individual with a developmental disability, and the procedure for the collection of such contribution. This section shall apply to the individual being served, LRR(s) or any other person responsible for the estate of such individual and/or LRR(s). The family maintenance standard, the medical cost standard 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. These revisions shall be published annually by the Department as a public notice 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 State Board of Human Services.

(b) The Treasury Formula-DDD(A) charges 20 percent of family income above a minimum cost of living standard to clients with financial dependents (claimed on individual's State and Federal income tax forms) and LRR(s) except as provided in (l) below.

(c) The family maintenance standard (FMS) shall be used to define the income necessary to meet a family's minimal needs. The FMS establishes the lower ceiling on charges by assuring that payments to the Department do not reduce the family's income below this amount. The FMS is tied to an authoritative cost of living standard which reflects inflationary increases. Adjustments in the FMS are made by using the current available 12 month change in the Consumer Price Index (CPI), October through October, for Urban Wage Earners and Clerical Workers for New York/Northeastern New Jersey and the Philadelphia Metropolitan regions. This CPI standard, compiled for a family of four, is changed into equivalent incomes for various family sizes using a scale provided by the Federal government. (See Examples 1 and 2 below.)

(d) The family maintenance standard shall be calculated by the Department in the following manner. (The steps listed below coincide to the numbered instructions shown in Example 2 below.)

1. Step 1—Indicate adjustment months. The adjustment months will be the months of October of the previous year and October of the current year.

2. Step 2—Determine the difference in the Consumer Price Index. For each region, determine the difference in the Consumer Price Index of "all items" by subtracting last October's CPI from the index information received from the current October report.

3. Step 3—Calculate the Consumer Price increase or decrease. Calculate the percentage increase or decrease in the CPI for each region. The difference for each region divided by last October's CPI by region will equal the percentage of increase or decrease.

4. Step 4—Determine average increase or decrease. Calculate the average or the percentage increases or decreases for the regions.

5. Step 5—Adjust the FMS Base (a family of four). Multiply the current standard by the average regional CPI increase or decrease calculated in Step 4, and add the answer to, if an increase, or subtract the answer from, if a decrease, the current standard to obtain the new standard.

6. Step 6—Determine the FMS for smaller and larger families. Multiply the FMS calculated in Step 5 by the Equivalence Standards indicated in the Table in Example 2 below.

(e) The medical cost standard shall be calculated by the Department using the same process described in (d) above for the FMS. The MCS computation, however, only uses the medical care cost component of the CPI. (See Example 1 below.)

(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 calendar year 2004 is \$6,290. This shall be revised annually as required by (a) above.

(g) The Treasury Formula-DDD(A) allows deductions from total income to accurately determine the disposable income. Allowable deductions shall be as follows:

1. Major "unavoidable" expenses such as non-insured medical expenses in excess of the medical cost standard (MCS);

2. Alimony payments or other court-ordered monthly contributions;

3. College tuition in accordance with (f) above;

4. Child care expenses which comply with current Federal income tax guidelines for the Federal child care credit; and

5. Catastrophic events.

i. Deductions for catastrophic events shall include documented personal property losses from theft or natural catastrophes such as fire, flood or storm. Deductible losses resulting from a natural catastrophe shall have been caused by a sudden and destructive force. Damages occurring over time, such as termite infestation, or residing or painting a house as part of regular maintenance shall not be deductible losses. Situations resulting from extreme financial stress shall be considered as a catastrophic event. Some examples include large debts due to prolonged unemployment and extraordinary business losses. The individual and/or LRR(s) shall provide verification of the claimed deduction(s).

(h) The individual and/or LRR(s) shall provide to the Department State and Federal income tax forms and wage statements in all cases, except when the family can establish status as recipients of public assistance.

(i) The total funds remaining, after the cost of the appropriate FMS is subtracted from the Disposable income, shall be the marginal income. The individual or LRR(s) shall contribute 20 percent of the marginal income.

(j) Individuals with financial dependents, as defined in (l) below, and LRR(s) shall contribute in accordance with the following Treasury Formula-DDD(A):

Total Annual Income less Income Taxes and Allowable Deductions = Disposable Income

Disposable Income less Family Maintenance Standard = Marginal Income

Marginal Income multiplied by .20 then divided by 12 = Monthly Charge

(k) Individuals without financial dependents and those required by (l) below to use this formula shall contribute in accordance with the following Treasury Formula-DDD(B):

1. Total Monthly Net Income less PNA and, where documented, a plan to achieve self support (PASS) = Disposable Monthly Income.

i. Where an individual has a PASS, as defined at 20 C.F.R. § 416.1226, and approved by the Social Security Administration, that amount shall be deducted from the Total Monthly Net Income.

ii. A copy of the PASS as approved by the Social Security Administration shall be provided to the Division by the individual.

iii. The PASS may be in effect for 18 months and may be extended for another 18 months up to an overall limit of 48 months, as approved by the Social Security Administration.

iv. The resources excluded under the PASS shall be deducted from the Total Monthly Net Income for the term of the plan, or until there is evidence that the time schedule has been completed, or the goal has been achieved, or the plan is not followed or the plan has been abandoned.

2. Fifty percent of Disposable Monthly Income shall be automatically contributed to cost of care and maintenance. If the monthly payment is less than \$20.00, the contribution shall be waived.

i. Where an individual is required to contribute to a HUD rental, or otherwise pays directly for his or her housing costs as indicated in the Division's contract with the provider agency, that amount shall be deducted from the 50 percent contributed to the cost of care and maintenance.

ii. If an agency wishes to collect room and board directly from the individual served, the agency may request to amend its contract with the Division by the amount it expects to collect. The amount collected shall be deducted from the 50 percent contributed to the cost of care and maintenance.

iii. A one-time allowance of up to \$1,500 may be taken for the cost associated with the appointment of a private guardian. This allowance may be deducted from the 50 percent automatically contributed for the cost of care and maintenance. A copy of the court order shall be provided to the Division by the guardian once the guardian has been appointed. If, for any reason, any part of the allowance is not used for the appointment of a guardian, the unused amount of the allowance may be collected in one sum at a time established by the Division.

3. The 50 percent remainder of disposable income shall be potentially available for other expenses as specified in (k)3i through vi below if recommended by IHP team and approved by the assigned State business office of the Division, as being determined to be reasonable, programmatically appropriate, consistent with individual need and not otherwise provided by the Division. The approved expenses shall be considered an annual budget to be approved once a year unless there have been changes in the person's circumstances.

i. Clothing allowances;

ii. Medical and dental expenses not covered by other sources;

iii. Transportation costs when they are program related or an individual's family member(s) is unable to visit otherwise as determined by (r) below;

iv. Leisure and/or recreation activities as programmatically determined to be appropriate by the IHP Team;

v. Burial fund. The amount, which may be accumulated, shall be subject to any dollar amount limitation established by any statute, rule, order or contract, which applies to the individual including Federal benefits; and

vi. Private guardianship expenses of up to six percent of the annual income of the individual, without court order. The six percent may be exceeded under court order for an additional percentage. This expense shall not be permitted where the Division provides guardianship through the Bureau of Guardianship Services.

4. All earnings from employment below minimum wage shall be exempt from determining an individual's available income and shall not be considered part of the individual's disposable income. Contributions to the cost of care and maintenance from employment earnings at or above minimum wage shall be determined as follows:

i. The first \$65.00 earned shall be exempt from any contribution requirements.

ii. After the first \$65.00 earned, 30 percent of all wages earned will be contributed towards the cost of care and maintenance. If the monthly payment is less than \$20.00, the contribution requirement shall be waived.

(l) A married individual receiving residential services shall use the appropriate Treasury Formula-DDD as set forth below:

1. If two individuals who are married have no dependents and are living together or separately in Division residential placements, each individual shall be assessed as an individual without dependents pursuant to Treasury Formula-DDD(B) in (k) above.

2. If an individual is residentially placed by the Division and has a spouse and/or dependents who live elsewhere and the spouse and dependents receive public assistance and/or other Federal or State benefits for themselves only, the spouse and/or dependents shall have no financial responsibility for the cost of the individual's care and maintenance. The individual shall be assessed as an individual without dependents pursuant to Treasury Formula-DDD(B) in (k) above.

3. If an individual is residentially placed by the Division, and has a spouse who resides elsewhere and the spouse has income and the dependents may or may not receive public assistance or benefits, the spouse's income shall be assessed pursuant to (j) above. The individual's income and benefits shall also be reviewed to determine past financial support to the dependents. If there is no evidence that support has been provided by the individual to dependents, the individual's income and benefits shall be assessed as an individual without dependents pursuant to Treasury Formula-DDD(B) in (k) above.

4. If an individual is residentially placed by the Division and has a spouse who resides elsewhere, and the spouse has an income and there are no dependents, the spouse's income shall be assessed pursuant to (j) above. The individual shall be assessed as an individual without dependents pursuant to Treasury Formula-DDD(B) in (k) above.

5. If an individual is residentially placed by the Division and is financially responsible for a dependent and no public assistance or benefits are received on behalf of the dependent, the individual's income and benefits shall be assessed pursuant to Treasury Formula-DDD(A) in (j) above.

(m) Assets shall be reported as such by the individual and LRR(s). The Department shall place a lien against the individual's assets for the unpaid cost of care and maintenance. A lien shall be placed against the assets of an LRR(s) for any unpaid portion of the LRR's required payments.

(n) The individual and/or the LRR(s) shall supply information to the Department or its agent regarding current and former residences and financial circumstances. Financial information shall include a full disclosure of income, assets, resources and benefits. The individual and/or the LRR(s) shall supply to the Department information regarding insurance coverage, including name and address of any insurance company(s) providing coverage, and the identification number(s) applicable to the individual.

1. The data required by (n) above shall be the primary source of information for the Department's investigation into legal settlement and the ability to contribute toward the care and maintenance of the individual. Where appropriate, the Department shall review other records, such as property tax records and any other source related to the information required.

2. The required information shall be updated annually by the individual and/or his or her LRR(s), or guardian or other person acting on behalf of the individual, using forms provided by the Department. The completed forms shall be returned to the Department or its agent within 20 days of the date mailed.

(o) The individual, his or her LRR(s), legal guardian or other person acting on behalf of the individual shall notify the Department in writing of any change in the information submitted in accordance with (n)2 above.

(p) The individual shall receive a minimum personal needs allowance of \$40.00 per month from the funds received by the representative payee or from the individual's income. The personal needs allowance shall be used by the individual for his or her personal spending.

(q) Purchases made with the individual's funds shall be the personal property of that individual and shall be reserved for that individual's use.

(r) Any family member who is on a fixed income may request to have the travel expenses which he or she incurs to visit the individual residentially placed by the Division covered pursuant to (k) above.

EXAMPLE 1

NEW JERSEY DEPARTMENT OF HUMAN SERVICES

BFSP123
Nov-87

Treasury Formula for the Assessment of Charges to Clients and Legally Responsible Relatives

Calculation of the Medical Maintenance Standard (Effective January 1, 2004)

Computation

The Medical Maintenance Standards computed on this page are to be used for all CY 2004 assessments.

1. Adjustment Months October 2002 and October 2003
2. Consumer Price Index for Urban Wage Earners and Clerical Workers—Medical Care

ADJUSTMENT MONTHS	NEW YORK/ NORTHEAST NJ	PHILADELPHIA METROPOLITAN
October 2002:	300.2	321.7
October 2003:	<u>307.5</u>	<u>336.9</u>
Difference (Increase/Decrease)	7.3	15.2

3. Percentage Change:

NEW YORK/NORTHEAST NJ	2.43%
PHILADELPHIA METROPOLITAN	4.72%
4. Average Regional Percentage Change: 3.58%
5. Adjustment of Medical Maintenance Standard (Family of Four): \$5,467 x 1.0358 = \$5,663
6. Determination of Medical Maintenance Standard for Various Family Sizes:

Family Size	Equivalent Factor	Base (Family of Four)	2004 MMS
2	0.68	\$5,663	\$3,851
3	0.84	\$5,663	\$4,757
4	1.00	\$5,663	\$5,663
5	1.16	\$5,663	\$6,569
6	1.32	\$5,663	\$7,475
7	1.35	\$5,663	\$7,645

NOTE: To calculate the Medical Maintenance Standard for family sizes larger than seven members, the Equivalence Factor should be increased by three hundredths (.03) for each additional family member and multiplied by the Medical Maintenance Standard for a family of four.

EXAMPLE 2

NEW JERSEY DEPARTMENT OF HUMAN SERVICES

BFSP122
Nov-87

Treasury Formula for the Assessment of Charges to Clients and Legally Responsible Relatives
Calculation of the Medical Maintenance Standard
(Effective January 1, 2004)

Computation

The Medical Maintenance Standards computed on this page are to be used for all CY 2004 assessments.

1. Adjustment Months October 2002 and October 2003
2. Consumer Price Index for Urban Wage Earners and Clerical Workers—Medical Care

ADJUSTMENT MONTHS	NEW YORK/ NORTHEAST NJ	PHILADELPHIA METROPOLITAN
October 2002:	188.8	185.6
October 2003:	<u>195.2</u>	<u>190.2</u>
Difference (Increase/Decrease)	6.4	4.6

3. Percentage Change:

NEW YORK/NORTHEAST NJ	3.39%
PHILADELPHIA METROPOLITAN	2.48%
4. Average Regional Percentage Change: 2.93%
5. Adjustment of Medical Maintenance Standard (Family of Four): \$23,812 x 1.0293 = \$24,511
6. Determination of Medical Maintenance Standard for Various Family Sizes:

Family Size	Equivalent Factor	Base (Family of Four)	2004 FMS
2	0.68	\$24,511	\$16,667
3	0.84	\$24,511	\$20,589
4	1.00	\$24,511	\$24,511
5	1.16	\$24,511	\$28,432
6	1.32	\$24,511	\$32,354
7	1.35	\$24,511	\$33,089

NOTE: To calculate the Family Maintenance Standard for family sizes larger than seven members, the Equivalence Factor should be increased by three hundredths (.03) for each additional family member and multiplied by the Family Maintenance Standard for a family of four.

APPENDIX
 NEW JERSEY DEPARTMENT OF HUMAN SERVICES
 CALENDAR YEAR 2004
 PATIENT PAYMENT RATES FOR STATE
 INSTITUTIONS AND PROGRAMS
 (Pursuant to N.J.S.A. 30:4-23 et seq.)

<u>STATE PSYCHIATRIC HOSPITALS</u>	PATIENT RATE (PER DIEM)
Greystone Park Psychiatric Hospital	Blended Rate
Trenton Psychiatric Hospital	per diem
Ancora Psychiatric Hospital	Average
Senator Garret Hagedorn Center for Geriatrics	\$473.00

	Individual Rates
Arthur Brisbane Child Treatment Ctr.	\$1,042.00
Ann Klein Forensic Center	\$ 479.00

<u>STATE DEVELOPMENTAL CENTERS</u>	
Vineland Development Center	
Greenbrook Regional Center	Blended
North Jersey Developmental Ctr.	Rate
Woodbine Developmental Center	per diem
New Lisbon Development Ctr.	Average
Woodbridge Developmental Ctr.	\$483.00
Hunterdon Developmental Center	

RESIDENTIAL FUNCTIONAL SERVICES	Individual Rate
	\$220.00

New Rule, R.1998 d.468, effective September 8, 1998.
 See: 30 N.J.R. 1737(a), 30 N.J.R. 2169(a), 30 N.J.R. 3271(a).
 Administrative change.
 See: 30 N.J.R. 4376(a).
 Amended by R.1999 d.405, effective November 15, 1999.
 See: 31 N.J.R. 1890(a), 31 N.J.R. 3632(a).
 Rewrote (k).
 Administrative change.
 See: 31 N.J.R. 4260(a).
 Recodified from N.J.A.C. 10:46-2.5 by R.2000 d.315, effective August 7, 2000.
 See: 32 N.J.R. 157(a), 32 N.J.R. 2899(a).
 Administrative change.
 See: 32 N.J.R. 4461(a).
 Administrative change.
 See: 33 N.J.R. 4353(a).
 Administrative change.
 See: 34 N.J.R. 4439(b).
 Administrative change.
 See: 36 N.J.R. 185(a).

SUBCHAPTER 3. APPLICATION

10:46-3.1 Who may apply

(a) Application for services under this chapter may be made by the following persons:

1. An adult on his or her own behalf;
2. The parents or guardian of a minor;
3. An agency, public or private, on behalf of a minor of whom it has care and custody;
4. A court having jurisdiction over a minor;

5. The guardian of an adjudicated incompetent adult; or

6. A court of competent jurisdiction on behalf of an adult person who appears to be developmentally disabled.

(b) For applicants who apply for Family Support, the requirements of N.J.A.C. 10:46A shall apply.

Amended by R.1995 d.511, effective September 18, 1995.
 See: 27 N.J.R. 2157(a), 27 N.J.R. 3606(a).

Case Notes

Court must undertake to determine appropriate disposition, other than incarceration, of developmentally disabled juvenile, and should require the Division of Developmental Disabilities, and others, to assist in the formulation of a treatment plan. State in Interest of R.M., 141 N.J. 434, 661 A.2d 1277 (1995).

10:46-3.2 Where to apply for DDD eligibility

(a) Application shall be made to the regional offices of the Division. The initial contact may be made to an intake worker by telephone, in writing or by appearing in person.

(b) If the intake worker determines that the request is for the services of the Division, he or she shall send the person an application.

(c) If the intake worker determines that the request is for services not offered by the Division, the intake worker shall offer to refer the person to an appropriate agency. If the person wishes to pursue the services of the Division, the intake worker shall send an application and information concerning services.

(d) Applications shall be made to a regional office of the Division. Forms and instructions may be obtained by writing to or calling:

<u>Regional Office</u>	<u>Counties of Jurisdiction</u>
Northern Regional Office 1B Laurel Drive Flanders, NJ 07836 (973) 927-2600	Sussex, Morris, Warren, Passaic, Bergen, Hudson
Upper Central Regional Office 59 Main Street West Orange, NJ 07052 (973) 324-2000	Essex, Somerset, Union
Lower Central Regional Office Capital Place One 222 S. Warren St. PO Box 700 Trenton, NJ 08625-0700 (609) 292-4500	Middlesex, Monmouth, Mercer, Ocean, Hunterdon
Southern Regional Office Community Services 101 Haddon Avenue Suite 17 Camden, NJ 08103-1485 (856) 614-3400	Camden, Atlantic, Gloucester, Cumberland, Salem, Cape May, Burlington

(e) If the person for whom eligibility is sought does not live in New Jersey at the time of the application, the applicant shall indicate if they presently receive services from a state agency in the state where the individual resides. To apply for services from the State of New Jersey under the Interstate Compact on Mental Health (N.J.S.A. 30:7B-1 et seq.), the request shall be sent to the Regional Assistant Director c/o Division of Developmental Disabilities, PO Box 726, Trenton, NJ 08625-0726. The request shall be forwarded to the appropriate regional office for a determination of eligibility. All information required in N.J.A.C. 10:46-3 shall be provided. All notice requirements contained in N.J.A.C. 10:46-4.2 shall be followed.

Amended by R.1995 d.511, effective September 18, 1995.

See: 27 N.J.R. 2157(a), 27 N.J.R. 3606(a).

Amended by R.2000 d.361, effective September 5, 2000.

See: 32 N.J.R. 2020(a), 32 N.J.R. 3326(a).

In (d), changed addresses and telephone numbers; and in (e), substituted a reference to the Regional Assistant Director for a reference to the Administrative Practice Officer.

Amended by R.2003 d.476, effective December 15, 2003.

See: 35 N.J.R. 3015(a), 35 N.J.R. 5556(a).

In (d), substituted "Capital Place One" for "240 W. State Street" and inserted "Community Services" preceding "101 Hadden Avenue".

10:46-3.3 How to apply

(a) Application shall be made on forms supplied by the Division.

(b) Minimum information submitted shall include, but not be limited to:

1. Social data, such as name, address, telephone number, social security number, and present living arrangement;
2. Medical information;
3. Present program or employment type;
4. Name, address and telephone number of the individual, if someone other than the person on whose behalf application is being made;