

2. Establishing proof of legal domicile within New Jersey is a responsibility of the parent or legal guardian of a child.

3. Absence from New Jersey for a period of 12 months or more is prima facie evidence of abandonment of domicile.

4. Seasonal residents in New Jersey are excluded from eligibility. Seasonal or temporary residence within the State, of whatever duration, does not constitute domicile. Migrant workers who can document a previous history of work in New Jersey are eligible for consideration.

Amended by R.1993 d.438, effective September 7, 1993.

See: 25 N.J.R. 2169(a), 25 N.J.R. 4128(a).

Amended by R.1994 d.572, effective November 7, 1994.

See: 26 N.J.R. 3573(a), 26 N.J.R. 4380(a).

Amended by R.1997 d.157, effective April 7, 1997.

See: 28 N.J.R. 5028(b), 29 N.J.R. 1317(a).

In (a), inserted references to verification of medical expenses.

10:155-1.4 Initial application process

Applications may be submitted on a year-round basis to the local agency. The name, address, and phone number for the local agencies shall be available from the State Office. The local agency shall forward written applications on forms provided by the State Office for those children who have applied to the State Office.

Amended by R.1991 d.595, effective December 16, 1991.

See: 23 N.J.R. 2564(a), 23 N.J.R. 3754(b).

Local agency substituted for case manager; State Office screens applications.

10:155-1.5 State Office and Commission review process

(a) Upon receipt of the application from the local agency, the State Office shall consider the providers' and vendors' charges submitted.

(b) Providers shall be able to demonstrate licensure or certification by appropriate State or Federal agencies, if requested by State Office.

(c) Prior to the Commission's batched review of applications, the State Office shall prepare a disbursement schedule for each application in accordance with N.J.A.C. 10:155-1.6, 1.7 and 1.8.

(d) In a cycle of batch reviews, the Commission shall review the applications and the State Office's disbursement schedule for each application based on the annual cap and the sliding payment schedule and make a decision on the Fund's level of assistance for each case. The calendar for the batch reviews shall be made available to the public by the State Office in advance of each year.

Amended by R.1990 d.619, effective December 17, 1990.

See: 22 N.J.R. 2669(b), 22 N.J.R. 3754(a).

Provisions for deductible amounts deleted.

Amended by R.1991 d.595, effective December 16, 1991.

See: 23 N.J.R. 2564(a), 23 N.J.R. 3754(b).

State Office screens applications; Out-of-State provider rate ceiling deleted.

Amended by R.1995, d.608, effective December 4, 1995.

See: 27 N.J.R. 3554(a), 27 N.J.R. 4890(b).

10:155-1.6 Eligibility standard

Incurred, out-of-pocket medical expenses up to the 15 percent of the first \$100,000 of annual income for a family plus 20 percent of the excess income over \$100,000 threshold shall be required for eligibility consideration. Those expenses above the family responsibility and up to the cap shall be considered for reimbursement after the eligibility standard is determined and met (see examples in Appendix I).

Amended by R.1990 d.619, effective December 17, 1990.

See: 22 N.J.R. 2669(b), 22 N.J.R. 3754(a).

Provisions for deductible amount deleted; family responsibility added.

Amended by R.1993 d.438, effective September 7, 1993.

See: 25 N.J.R. 2169(a), 25 N.J.R. 4128(a).

10:155-1.7 Annual cap and vehicle allowance; home modification allowance; speech, language and hearing allowance

(a) The amount of Fund's disbursements on behalf of a child shall be capped at \$100,000 per year.

(b) A one-time vehicle allowance will be capped at \$25,000 for the purchase of a lease or a specialized vehicle. The allowance does not include modifications, which can be considered separately. The one-time vehicle allowance of \$25,000 shall be included in the total disbursement cap, in the year the vehicle allowance was disbursed.

(c) The amount of the home modification allowance shall be capped at \$25,000 per year.

(d) The amount of the speech, language and hearing services allowance shall be capped at \$3,000 per year.

Amended by R.1991 d.595, effective December 16, 1991.

See: 23 N.J.R. 2564(a), 23 N.J.R. 3754(b).

Cap increased to \$100,000 per year.

Amended by R.1994 d.572, effective November 7, 1994.

See: 26 N.J.R. 3573(a), 26 N.J.R. 4380(a).

Amended by R.1995, d.608, effective December 4, 1995.

See: 27 N.J.R. 3554(a), 27 N.J.R. 4890(b).

Amended by R.1997 d.157, effective April 7, 1997.

See: 28 N.J.R. 5028(b), 29 N.J.R. 1317(a).

In (c), increased allowance cap from \$15,000 to \$25,000; and added (d).

10:155-1.8 Sliding payment schedule

If adequate funds do not exist in the Fund at the point in time when a particular batch is being considered by the Commission to pay all applicants the amount of their expenses below the annual cap, a sliding payment schedule shall be used in an effort to distribute the available monies to applicants in an equitable way that considers a family's income, assets and other factors which impact the ability to pay for care.

Amended by R.1990 d.619, effective December 17, 1990.
See: 22 N.J.R. 2669(b), 22 N.J.R. 3754(a).
Provisions for deductible amount deleted.

10:155-1.9 Allocation distribution plan

Because the Fund's actual level of assistance to families, as determined by the Commission, shall in most, if not all, cases be less than the child's medical expenses, the Commission shall determine how the Fund's available monies shall be distributed among eligible providers and vendors. Input from the family shall be sought in the analysis preceding this determination, with guidance from the State Office.

Amended by R.1995 d.608, effective December 4, 1995.
See: 27 N.J.R. 3554(a), 27 N.J.R. 4890(b).

10:155-1.10 Local agency responsibilities

The local agency shall make referrals and assist in the application process for other programs and benefits (for example, Medicaid, Hospital Charity Care, and other programs), where applicable.

Amended by R.1991 d.595, effective December 16, 1991.
See: 23 N.J.R. 2564(a), 23 N.J.R. 3754(b).
Local agency substituted for case manager.

10:155-1.11 State Office responsibilities

(a) The State Office shall:

1. Screen applications to determine whether a child's eligible medical expenses exceed 15 percent of the first \$100,000 of annual income of a family plus 20 percent of the excess income over \$100,000;
2. Maintain oversight to the local agency responsible for assisting families with Program, accepting applications and providing local outreach/information;
3. Administer the Fund on a day-to-day basis on behalf of the Commission;
4. Monitor providers eligibility (that is, certification or other credentials);
5. Consider the reasonableness of providers and vendor charges;
6. Prepare applications for review and consideration of the Commission; and
7. Oversee payments to providers, vendors and, in some cases, to families.

Amended by R.1991 d.595, effective December 16, 1991.
See: 23 N.J.R. 2564(a), 23 N.J.R. 3754(b).
State Office screens applications, oversees local agencies.
Amended by R.1993 d.438, effective September 7, 1993.
See: 25 N.J.R. 2169(a), 25 N.J.R. 4128(a).
Amended by R.1997 d.157, effective April 7, 1997.
See: 28 N.J.R. 5028(b), 29 N.J.R. 1317(a).
In (a)1, inserted "eligible" preceding "medical expenses".

10:155-1.12 Commission responsibilities

(a) The Catastrophic Illness in Children Relief Fund Commission shall be responsible to:

1. Develop policies and procedures for operation of the Fund;
2. Meet to review and make decisions on applications of families for financial assistance in regularly scheduled cycles; and
3. Negotiate or settle the recovery of funds disbursed in accordance with the provisions of this chapter.

Amended by R.1993 d.438, effective September 7, 1993.
See: 25 N.J.R. 2169(a), 25 N.J.R. 4128(a).

10:155-1.13 Time period for measuring expenses and income

In screening a child/family for eligibility for the Fund, expenses and income shall be measured by any prior consecutive 12 month time period. The income will be reported for the same prior consecutive 12 -month time period back to January 1988. In addition, a supplemental statement of income and expenses may be submitted at the request of the State Office. Applications shall be accepted any time throughout the year.

Amended by R.1991 d.595, effective December 16, 1991.
See: 23 N.J.R. 2564(a), 23 N.J.R. 3754(b).
Income reported back to January 1988.
Amended by R.1997 d.157, effective April 7, 1997.
See: 28 N.J.R. 5028(b), 29 N.J.R. 1317(a).
Clarified time period used for measurement.

10:155-1.14 Eligible health services

(a) Categories of incurred health expenses which are medically-authorized in the care of a child with an illness or condition eligible for consideration in assessing whether a family has reached its eligibility threshold of 15 percent of the first \$100,000 of annual income of a family plus 20 percent of the excess income over \$100,000 include, but are not limited to, the following:

1. Primary care (preventive care), including immunizations, physician-authorized ancillaries (labs, x-rays);
2. Specialized pediatric ambulatory care, including physician-authorized rehabilitative therapies (for example, speech, occupational, and physical), physician-authorized care for treatment of addiction disorders and mental health care, dental care, eye care, chiropractic care;
3. Care in an acute hospital in New Jersey (treatment for acute and chronic conditions and treatment of addiction disorders and mental health conditions);
4. Care in acute hospitals in other states (treatment for acute and chronic conditions, and treatment of addiction disorders and mental health conditions as well as highly specialized care such as organ transplants);