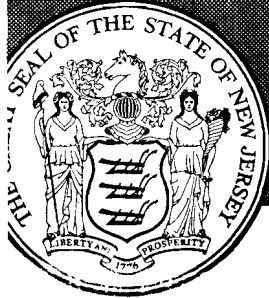


NEW JERSEY REGISTER



THE STATE'S OFFICIAL MONTHLY RULES PUBLICATION

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(Includes rules filed through April 16, 1981)

The New Jersey Register supplements the New Jersey Administrative Code. See the Interim Index on Page 279 for the Registers that should be retained as an update to the Administrative Code.

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NOTICES OF RULE-MAKING ACTIVITIES OF STATE AGENCIES

(a)

OFFICE OF ADMINISTRATIVE LAW

Adopted Amendment: N.J.A.C. 1:1-1.1
Rules of General Application
Applicability of OAL Rules

Effective Date: May 7, 1981

On April 7, 1981, Howard H. Kestin, Director of the Office of Administrative Law, pursuant to authority of N.J.S.A. 52:14F-5 and in accordance with the applicable provisions of the Administrative Procedure Act, adopted amendments to N.J.A.C. 1:1-1.1 concerning the applicability of rules of the Office of Administrative Law as proposed in the Notice published February 5, 1981 at 13 N.J.R. 60(a), without change.

An order adopting the rule was filed with the Office of Administrative Law on April 8, 1981 as R.1981 d.118.

(b)

OFFICE OF ADMINISTRATIVE LAW

Adopted Amendment: N.J.A.C. 1:1-1.5
Rules of General Application
Nature of Contested Case

Effective Date: May 7, 1981

On April 7, 1981, Howard H. Kestin, Director of the Office of Administrative Law, pursuant to authority of N.J.S.A. 52:14F-5 and in accordance with the applicable provisions of the Administrative Procedure Act, adopted amendments to N.J.A.C. 1:1-1.5 concerning the nature of a contested case as proposed in the Notice published January 8, 1981 at 13 N.J.R. 2(a), without change.

An order adopting the rule was filed with the Office of Administrative Law on April 8, 1981 as R.1981 d.116.

(c)

OFFICE OF ADMINISTRATIVE LAW

Proposed Amendment: N.J.A.C. 1:1-3.5
Contested Cases
Attorney Obstruction of Orderly
Conduct of Proceedings

Public Hearing: None

Howard H. Kestin, Director of the Office of Administrative Law, pursuant to authority of N.J.S.A. 52:14F-5f, proposes to amend N.J.A.C. 1:1-3.5 concerning sanctions for the obstruction of contested case proceedings.

Summary

The purpose of this amendment is to clarify that the sanctions for obstructive behavior, authorized in N.J.A.C. 1:1-3.5(c), can be applied to a party's attorney or other representative as well as to the party.

This amendment is technical in nature, and does not change the substance of the sanction rule. The addition of the phrase "attorney at law or other representative of a party" into the opening line of subsection (c) merely conforms the wording of that subsection with the wording used in N.J.A.C. 1:1-3.5(a) and (b). The amendment should eliminate any potential confusion as to the applicability of subsection (c) to a party's attorney or other representative.

Social and Economic Impact

Since the amendment is purely technical in nature, and merely a clarification of an existing rule, it has no social or economic effect.

Full text of the proposed amendment follows (additions indicated in boldface thus).

1:1-3.5 Sanctions: Failure to appear; failure to comply with orders or requirements of this chapter; obstructing the orderly conduct of proceedings

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

(c) Any party, attorney at law or other representative of a party who engages in behavior that obstructs the orderly conduct of proceedings, shall be served by the clerk with a motion for sanctions. This motion shall be argued orally before a judge other than the one presiding over the case in which the alleged obstructive behavior

NEW JERSEY REGISTER

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occurred. On the return date, if it is determined that obstructive behavior occurred, the judge shall decide whether the matter should be referred to:

1. The courts for enforcement;
2. The New Jersey Supreme Court for disciplinary action;
3. An appropriate Ethics Committee.

Interested persons may submit in writing, data, views, or arguments relevant to the proposed rule on or before June 8, 1981 and inquiries as to submissions received and agency responses to those submissions, to:

Burt Weltman, Esq.
Assistant Director
Office of Administrative Law
88 East State Street
Trenton, N.J. 08625

The Office of Administrative Law thereafter may adopt this proposal without further notice (see N.J.A.C. 1:30-3.5). The adopted rules become effective upon publication in the Register of a notice of adoption.

This proposal is known as PRN 1981-49.

(a)

OFFICE OF ADMINISTRATIVE LAW

Adopted Amendment: N.J.A.C. 1:1-12.3
Intervention and Participation in Hearings
Standards for Intervention

Effective Date: May 7, 1981

On April 7, 1981, Howard H. Kestin, Director of the Office of Administrative Law, pursuant to authority of N.J.S.A. 52:14F-5 and in accordance with the applicable provisions of the Administrative Procedure Act, adopted amendments to N.J.A.C. 1:1-12.3 concerning the standards for intervention in administrative hearings as proposed in the Notice published February 5, 1981 at 13 N.J.R. 61(a), without change.

An order adopting the rule was filed with the Office of Administrative Law on April 8, 1981 as R.1981 d.119.

(b)

OFFICE OF ADMINISTRATIVE LAW

Adopted Amendment: N.J.A.C. 1:1-14.1
Rules of General Application
Motions to Consolidate

Effective Date: May 7, 1981

On April 8, 1981, Howard H. Kestin, Director of the Office of Administrative Law, pursuant to authority of N.J.S.A. 52:14F-5 and in accordance with the applicable provisions of the Administrative Procedure Act, adopted amendments to N.J.A.C. 1:1-14.1 concerning motions to consolidate as proposed in the Notice published November 6, 1980 at 12 N.J.R. 626(b), without change.

An order adopting the rule was filed with the Office of Administrative Law on April 8, 1981 as R.1981 d.120.

(c)

OFFICE OF ADMINISTRATIVE LAW

Adopted Amendment: N.J.A.C. 1:1-14.1 and 14.2
Hearings
Motions to Consolidate

Effective Date: May 7, 1981

On April 7, 1981, Howard H. Kestin, Director of the Office of Administrative Law, pursuant to authority of N.J.S.A. 52:14F-5 and in accordance with the applicable provisions of the Administrative Procedure Act, adopted amendments to N.J.A.C. 1:1-14.1 and 14.2 concerning motions to consolidate as proposed in the Notice published January 8, 1981 at 13 N.J.R. 4(a), without change.

An order adopting the rule was filed with the Office of Administrative Law on April 8, 1981 as R.1981 d.117.

(d)

OFFICE OF ADMINISTRATIVE LAW

Correction to Register: N.J.A.C. 1:30-1.2
(13 N.J.R. 171(a))
Agency Rulemaking

In the April 9, 1981 New Jersey Register at 13 N.J.R. 171(a), material was omitted from N.J.A.C. 1:30-1.2 in the notice of adoption concerning agency rulemaking.

Full text of the omitted material follows.

“Notice of pre-proposal for a rule” means that document described in N.J.A.C. 1:30-3.2 which must be submitted to the Office of Administrative Law for publication in the New Jersey Register, when an agency determines to conduct, pursuant to N.J.S.A. 52:14B-4(e), a preliminary deliberative proceeding with respect to initiation of a contemplated rulemaking proceeding.

“Notice of proposed rule” means that documents described in N.J.A.C. 1:30-3.1 which must be submitted to the Office of Administrative Law for acceptance by the director, and then publication in the New Jersey Register and distribution to the Legislature and interested persons, as part of a rulemaking proceeding.

“Operative” means that the adopting agency shall enforce and the affected public shall obey the terms of an effective rule. Unless otherwise specified in the rule, a rule becomes operative when effective.

“Person” means any natural individual, association, board, venture, partnership, corporation, organization, institution and governmental instrumentality recognized by law for any purpose whatsoever.

“Private person” means any person except the State Government and any officer, agent, employee or agency thereof.

“Promulgate” means to officially proclaim in the Register and thereby render effective a rule duly adopted and accepted for filing, as the final step in a rulemaking proceeding.

This notice is published as a matter of public information.

(a)

AGRICULTURE

DIVISION OF ANIMAL HEALTH

Proposed Amendment: N.J.A.C. 2:2-2.3 Brucellosis Control and Eradication Vaccination of Female Bovine Animals

Public Hearing: None

Phillip Alampi, Secretary of the Department of Agriculture, pursuant to authority of N.J.S.A. 4:5-93.22, proposes to amend N.J.A.C. 2:2-2.3, concerning vaccination of female bovine animals.

Summary

The federal regulations for vaccination of female calves with Strain 19 Brucella abortus vaccine have been changed to require usage of a reduced dose vaccine. The United States Department of Agriculture has determined that this reduced dose vaccine is most effective when calves are vaccinated between four and eight months of age. Calves vaccinated at this age will also recover more rapidly from the live virus vaccine with fewer complications or reactions to the standard brucellosis tube test. Calves also demonstrate fewer suspicious reactions as a result of this reduced dosage. As more calves are vaccinated throughout the United States the increased number of immune animals will result in lower incidence of brucellosis thereby resulting in eventual eradication of this disease from the United States.

Social Impact

This rule will affect cattle breeders, cattle dealers, veterinarians, state and federal brucellosis eradication program. Increased vaccination of replacement female calves will reduce the incidence of brucellosis thereby decreasing risk to veterinarians and cattlemen that possibly may contract undulant fever. It will reduce the number of suspicious test reactions due to the persistent high titers therefore saving time to certify freedom from infection for interstate, intrastate and international movement of cattle by increasing the number of immune animals. Brucellosis can be eradicated from the United States thus benefiting all above and permitting export of beef and cattle to more nations throughout the world.

Economic Impact

With the increased number of female calves vaccinated with reduced dose brucella vaccine between four and eight months of age, fewer persistent brucellosis tests reactions will be found. This saves the cost of retesting animals and herds, it also saves hundreds of dollars and man-hours for the cattle breeders, veterinarians, state and federal brucellosis programs. This will also reduce the number of samples needed to be tested in laboratories, thus reducing cost of laboratory supplies and man-hours. In New Jersey alone during the 1979-80 fiscal year, 15 herds consisting of 747 animals were bled due to suspicious milk ring tests, 11 herds consisting of 1,211 animals were rebled as a result of positive market cattle tests and 205 animals were rebled due to the routine herd test for sale or export. Reduction of these numbers will result in reduced cost to cattlemen, cattle dealers and state and federal brucellosis eradication programs. The cost of vaccine will not change. However, an increased number of calves vaccinated will result from this change, thereby producing a larger number of protected cattle and reducing the time to complete eradication of bovine brucellosis from the United States. At that time United

States beef and breeding cattle will be permitted entrance to many nations that now will not accept our products.

Full text of the proposed amendment follows (additions indicated in boldface thus; deletions indicated in brackets [thus]).

2:2-2.3 Vaccination of female bovine animals

(a) Female bovine animals will be considered to be officially calfhood Brucella vaccinated only when all of the requirements below are complied with.

1. (No change.)
2. Calves shall be [two] four through [six] eight months of age or from [60] 120 to [180] 239 days when vaccinated.
- 3-7. (No change.)

Interested persons may submit in writing, data, views, or arguments relevant to the proposed rule on or before June 8, 1981 and inquiries as to submissions received and agency responses to those submissions, to:

Dr. Robert E. Horton, Director
Division of Animal Health
New Jersey Department of Agriculture
P.O. Box 1888
Trenton, New Jersey 08625
609-292-3965

The Department of Agriculture may thereafter adopt rules concerning this subject without further notice.

This proposal is known as PRN 1981-11.

(b)

BANKING

DIVISION OF SAVINGS AND LOAN ASSOCIATIONS

Notice of Recodification: N.J.A.C. 3:30-2.1

Take notice that the rules adopted and published in the April 9, 1981 New Jersey Register at 13 N.J.R. 185(a) as R.1981 d.90 concerning reserve requirements will be recodified from N.J.A.C. 3:30-2.1 to N.J.A.C. 3:33-1.1 in a new Chapter 33 titled "Reserve Requirements" and a new Subchapter 1 titled "Demand Deposits".

This notice is published as a matter of public information.

(c)

BANKING

DIVISION OF SAVINGS AND LOAN ASSOCIATIONS

Proposed New Rule: N.J.A.C. 3:38 Mortgage Bankers and Mortgage Brokers License Fees

Public Hearing: None

Angelo R. Bianchi, Commissioner of the New Jersey Department of Banking, pursuant to authority of N.J.S.A. 17:11B-5, proposes to adopt new rules to be cited as N.J.A.C. 3:38 concerning the amount of biennial license fees to be charged mortgage bankers and mortgage brokers.

Summary

This regulation is required under the provisions of L. 1981, c. 18, C. 17:11B-1 et seq. The regulation sets the

biennial license fee for mortgage bankers and mortgage brokers at \$700.

Social Impact

This regulation will not have any direct social impact upon members of the general public. It simply establishes a licensing fee to be payable by members of the mortgage banking community.

Economic Impact

The fees collected as a result of this regulation will off-set a substantial amount of the Department's costs of administering this statute. The economic impact to the public should be minimal if at all.

Full text of the proposed new rule follows.

CHAPTER 38. MORTGAGE BANKERS AND MORTGAGE BROKERS

SUBCHAPTER 1. LICENSE FEES

3:38-1.1 License fees

(a) There will be a biennial license fee of \$700.00 for each mortgage bankers or mortgage broker. The biennial period shall begin on July 1 and end on the second June 30 following the effective date of the license.

(b) When an initial license is issued in the second year of the biennial period, the license fee shall be \$350.00.

Interested persons may submit in writing, data, views, or arguments relevant to the proposed rule on or before June 15, 1981 and inquiries as to submissions received and agency responses to those submissions, to:

William B. Lewis, Deputy Commissioner
Department of Banking
Division of Savings and Loan Association
CN 040
Trenton, N.J. 08625

The Department of Banking may thereafter adopt rules concerning this subject without further notice.
This proposal is known as PRN 1981-13.

(a)

CIVIL SERVICE

CIVIL SERVICE COMMISSION

Adopted Amendment: N.J.A.C. 4:1-12.15

Certification

Extension of Certification List

Effective Date: May 7, 1981

On April 9, 1981, the Civil Service Commission, pursuant to authority of N.J.S.A. 11:5-1 and in accordance with the applicable provisions of the Administrative Procedure Act, adopted amendments to N.J.A.C. 4:1-12.15 concerning extension of the certification list for 45 days as proposed in the Notice published March 5, 1981 at 13 N.J.R. 117(a), without change.

An order adopting the rule was filed with the Office of Administrative Law on April 10, 1981 as R.1981 d.127.

(b)

CIVIL SERVICE

CIVIL SERVICE COMMISSION

Adopted Amendment: N.J.A.C. 4:1-16.7

Civil Service Rules

Suspension, Fine and Demotion for Disciplinary Purposes

Effective Date: May 7, 1981

On March 20, 1981, the New Jersey Civil Service Commission, pursuant to authority of N.J.S.A. 11:5-1a and in accordance with the applicable provisions of the Administrative Procedure Act, adopted amendments to N.J.A.C. 4:1-16.7 concerning suspensions, fines and demotions for disciplinary purposes as proposed in the Notice published February 5, 1981 at 13 N.J.R. 63(b), without change.

An order adopting the rule was filed with the Office of Administrative Law on March 25, 1981 as R.1981 d.107.

(c)

CIVIL SERVICE

CIVIL SERVICE COMMISSION

Adopted Amendment: CSPM (State and Local)

Subpart 8-6.101

Interim Status of Permanent Employees

Promoted to Higher Class

Effective Date: May 7, 1981

On April 9, 1981, the Civil Service Commission, pursuant to authority of N.J.S.A. 11:5-1 and in accordance with the applicable provisions of the Administrative Procedure Act, adopted amendments to Subpart 8-6.101 (State and Local) in the Civil Service Personnel Manual concerning the interim status of permanent employees promoted to a higher class as proposed in the Notice published March 5, 1981 at 13 N.J.R. 117(b), without change.

An order adopting the rule was filed with the Office of Administrative Law on April 10, 1981 as R.1981 d.129.

(d)

CIVIL SERVICE

CIVIL SERVICE COMMISSION

Adopted Amendment: CSPM (State and Local)

Subpart 8-10.101

Discriminatory Inquiries on Pre-employment Applications

Effective Date: May 7, 1981

On April 9, 1981, the Civil Service Commission, pursuant to authority of N.J.S.A. 11:5-1 and in accordance with the applicable provisions of the Administrative Procedure Act, adopted amendments to Subpart 8-10.101 (State and Local) of the Civil Service Personnel Manual concerning discriminatory inquiries on pre-employment applications as proposed in the Notice published March 5, 1981 at 13 N.J.R. 118(a), without change.

An order adopting the rule was filed with the Office of Administrative Law on April 10, 1981 as R.1981 d.128.

(a)

CIVIL SERVICE

CIVIL SERVICE COMMISSION

Adopted Amendment: CSPM (Local) 16-5.101
Demotional and Reemployment Rights

Effective Date: May 7, 1981

On March 20, 1981, the New Jersey Civil Service Commission, pursuant to authority of N.J.S.A. 11:5-1a. and in accordance with the applicable provisions of the Administrative Procedure Act, adopted amendments to Subpart 16-5.101 in the Civil Service Personnel Manual (Local Jurisdictions) concerning demotional and reemployment rights as proposed in the Notice published February 5, 1981, at 13 N.J.R. 64(a) but with subsequent substantive changes not in violation of N.J.A.C. 1:30-3.5.

C.S.P.M. 16-5.101, Determination of Demotional and Reemployment Rights by the Department of Civil Service, was changed by the Civil Service Commission to make the effective date of the subpart 1981 instead of 1974. This change provides for proper application of the amendment for breaking tie situations. Allowing 1974 to stand would create an unfair situation for those persons laid off or retained as a result of layoffs from 1974-1981.

Full text of the changed portion of the rule follows (additions to proposal indicated in boldface thus; deletions from proposal indicated in brackets [thus]).

16-5.101a Subject:

This subpart describes the procedure that will be followed by the Department of Civil Service upon receipt of a 45 day layoff notice from the authorities, effective January 1, [1974] 1981.

An order adopting the rule was filed with the Office of Administrative Law on March 25, 1981 as R.1981 d.108.

(b)

COMMUNITY AFFAIRS

THE COMMISSIONER

Adopted Amendment: N.J.A.C. 5:23-1.4, 2.2, 2.3,
2.10, 5.2 and 5.11
Uniform Construction Code

Effective Date: May 7, 1981

On April 9, 1981, James A. Sinclair, Deputy Commissioner of Community Affairs, pursuant to authority of N.J.S.A. 52:27D-124(a) and in accordance with the applicable provisions of the Administrative Procedure Act, adopted amendments to N.J.A.C. 5:23-1.4, 2.2, 2.3, 2.10, 5.2 and 5.11 concerning the Uniform Construction Code as proposed in the Notice published March 5, 1981 at 13 N.J.R. 119(a), without change.

An order adopting the rule was filed with the Office of Administrative Law on April 10, 1981 as R.1981 d.134.

(c)

COMMUNITY AFFAIRS

THE COMMISSIONER

Adopted Amendment: N.J.A.C. 5:23-2.5, 3.2, 4.8
Uniform Construction Code

Effective Date: May 7, 1981

On April 9, 1981, James A. Sinclair, Deputy Commissioner of Community Affairs, pursuant to authority of N.J.S.A. 52:27D-124(a) and in accordance with the applicable provisions of the Administrative Procedure Act, adopted amendments to N.J.A.C. 5:23-2.5, 3.2, and 4.8 concerning the Uniform Construction Code as proposed in the Notice published March 5, 1981 at 13 N.J.R. 120(a), without change.

An order adopting the rule was filed with the Office of Administrative Law on April 10, 1981 as R.1981 d.133.

(d)

COMMUNITY AFFAIRS

THE COMMISSIONER

Adopted Amendment: N.J.A.C. 5:23-3.2
through 3.7

Uniform Construction Code

Effective Date: May 7, 1981

On April 9, 1981, James A. Sinclair, Deputy Commissioner of Community Affairs, pursuant to authority of N.J.S.A. 52:27D-124(a) and in accordance with the applicable provisions of the Administrative Procedure Act, adopted amendments to N.J.A.C. 5:23-3.2 through 3.7 concerning the Uniform Construction Code as proposed in the Notice published March 5, 1981 at 13 N.J.R. 121(a), but with spelling, punctuation, or other technical changes for purposes of comprehension and clarity (N.J.A.C. 1:30-3.5).

An order adopting the rule was filed with the Office of Administrative Law on April 10, 1981 as R.1981 d.132.

(e)

COMMUNITY AFFAIRS

THE COMMISSIONER

Adopted Amendment: N.J.A.C. 5:24-1.3
Condominium and Cooperative Conversion
Documents Required

Effective Date: May 7, 1981

On April 9, 1981, James A. Sinclair, Deputy Commissioner of Community Affairs, pursuant to authority of N.J.S.A. 2A:18-61.12 and in accordance with the applicable provisions of the Administrative Procedure Act, adopted amendments to N.J.A.C. 5:24-1.3 concerning condominium and cooperative conversion as proposed in the Notice published February 5, 1981 at 13 N.J.R. 70(a), but with subsequent changes so substantial as to change the scope or effect of the original proposal (N.J.A.C. 1:30-3.5).

An order adopting the rule was filed with the Office of Administrative Law on April 10, 1981 as R.1981 d.131.

(a)

COMMUNITY AFFAIRS

DIVISION OF HOUSING

Adopted Amendment: N.J.A.C. 5:26-1.3, 1.4, 3.1, 3.3, 4.2, 4.3, 6.2, 8.4, 10.6 and 11.9 through 11.11

Adopted New Rule: N.J.A.C. 5:26-9.3 and 10.8
Planned Real Estate Development Full Disclosure

Effective Date: May 7, 1981

On April 6, 1981, Philip B. Caton, Director of the Division of Housing in the Department of Community Affairs, pursuant to authority of N.J.S.A. 45:22A-35(a) and in accordance with the applicable provisions of the Administrative Procedure Act, adopted amendments to various sections in N.J.A.C. 5:26 and new rules to be cited as N.J.A.C. 5:26-9.3 and 10.8 concerning the Planned Real Estate Development Full Disclosure Act as proposed in the Notice published November 6, 1980 at 12 N.J.R. 631(b), but with subsequent changes not so substantial as to change the scope or effect of the original proposal (N.J.A.C. 1:30-3.5).

An order adopting the rule was filed with the Office of Administrative Law on April 10, 1981 as R.1981 d.130.

(b)

COMMUNITY AFFAIRS

DIVISION OF HOUSING

Proposed New Rules: N.J.A.C. 5:29
Administrative Rules
Petitions for Rules

Public Hearing: None

Joseph A. LeFante, Commissioner of Community Affairs, pursuant to authority of N.J.S.A. 52:14B-4(f), proposes to adopt new rules to be cited as N.J.A.C. 5:29 concerning petitions for rules submitted to the Division of Housing.

Summary

The proposed rule is intended to comply with the statutory requirement that each agency prescribe a form for the petition and the procedure for the submission, consideration and disposition of the petition. The proposed rule will give notice to all interested persons as to the requirements which must be followed in order to submit petitions for rules to the Division. The Division gives notice that documents not in substantially proper form will not be considered to be petitions for rules.

Social Impact

The Division does not expect the proposed rule to have any adverse effect upon any good faith proponent of a rules change and it expects the proposed rule to make implementation of N.J.S.A. 52:14B-4(f) a more orderly process than it might otherwise be.

Economic Impact

The proposed rule imposes no costs upon the public or the Division and will generate no revenue.

Full text of the proposed new rule follows

CHAPTER 29

DIVISION OF HOUSING ADMINISTRATIVE RULES

SUBCHAPTER 1. PETITIONS FOR RULES

5:29-1.1 Scope

This subchapter shall apply to all petitions made by interested persons for the promulgation, amendment or repeal of any rule by the Division of Housing or by any of its component bureaus, pursuant to N.J.S.A. 52:14B-4(f).

5:29-1.2 Form of petition

(a) A petition for the promulgation, amendment or repeal of a rule shall be in writing, shall be legible and reasonably comprehensible and shall be signed by the petitioner.

(b) Any such petition shall contain all of the following information:

1. The full name and address of the petitioner;
2. The substance or nature of the rule making which is requested;
3. The reasons for the request;
4. The petitioner's interest in the request, including without limitation, any relevant organizational affiliation or economic interest;
5. The statutory authority under which the Division may take the requested action.

(c) Any document submitted to the Division of Housing or to any of its component bureaus which is not in substantial compliance with (a) and (b) above shall not be deemed to be a petition for a rule requiring further agency action pursuant to N.J.S.A. 52:14B-4(f).

5:29-1.3 Procedure for petitions

(a) Petitions for the promulgation, amendment or repeal of a rule by the Division of Housing or any of its component bureaus shall be addressed to the Office of the Director, Division of Housing, CN 804, Trenton, New Jersey 08625.

(b) Upon receipt of any such petition for a rule, the Office of the Director shall date-stamp and log the petition and send a copy thereof to the chief of any bureau having jurisdiction.

1. The Office of the Director shall also provide a copy of the petition to the person designated by the Director as the Division's Administrative Practice Officer.

(c) Within 20 days following receipt of a copy of the petition, a bureau chief to whom such copy was sent shall recommend to the Director, in writing, the proper course of action to be taken in response to such petition.

(d) Upon receipt of a copy of the petition, the Administrative Practice Officer shall prepare for the Director's signature, a notice of petition for a rule which is in compliance with N.J.A.C. 1:30-3.6(a). Upon signature by the Director, the Administrative Practice Officer shall file such notice with the Office of Administrative Law.

(e) Within 30 days following receipt of the petition, the Director shall either deny the petition or proceed to act on the petition.

1. Upon notification as to the decision of the Director with respect to the petition, the Administrative Practice Officer shall prepare a notice of action which is in compliance with N.J.A.C. 1:30-3.6(b). Upon signature by the Director, the Administrative Practice Officer shall file such notice with the Office of Administrative Law.

Interested persons may submit in writing, data, views, or arguments relevant to the proposed rule on or before June 8, 1981 and inquiries as to submissions received and agency responses to those submissions, to:

Michael L. Ticktin, Esq.
Assistant to the Director
Division of Housing
CN 804

Trenton, New Jersey 08625

The Department of Community Affairs may thereafter adopt rules concerning this subject without further notice.

This proposal is known as PRN 1981-6.

(a)

COMMUNITY AFFAIRS

LOCAL FINANCE BOARD

Adopted New Rule: N.J.A.C. 5:30-9.2
Financial Administration
Form of Tax Collection Record

Effective Date: May 7, 1981

On April 8, 1981, the Local Finance Board of the Department of Community Affairs, pursuant to authority of N.J.S.A. 52:27BB-10 and in accordance with the applicable provisions of the Administrative Procedure Act, adopted a new rule to be cited as N.J.A.C. 5:30-9.2 concerning the form of the tax collection record as proposed in the Notice published March 5, 1981 at 13 N.J.R. 121(b), without change.

An order adopting the rule was filed with the Office of Administrative Law on April 8, 1981 as R.1981 d.122.

(b)

COMMUNITY AFFAIRS

LOCAL FINANCE BOARD

Adopted New Rule: N.J.A.C. 5:30-9.3
Financial Administration
Tax Collector Examinations

Effective Date: May 7, 1981

On April 8, 1981, the Local Finance Board of the Department of Community Affairs, pursuant to authority of N.J.S.A. 52:27BB-10 and in accordance with the applicable provisions of the Administrative Procedure Act, adopted a new rule to be cited as N.J.A.C. 5:30-9.3 concerning the tax collector examinations as proposed in the Notice published February 5, 1981 at 13 N.J.R. 70(d), without change.

An order adopting the rule was filed with the Office of Administrative Law on April 8, 1981 as R.1981 d.121.

(c)

COMMUNITY AFFAIRS

DIVISION OF HOUSING

Notice of Public Hearing: Model Code Changes

Take notice that the Department of Community Affairs will hold a public hearing for the purpose of receiving proposals for inclusion as State Sponsored Code Changes to be submitted by the Department to the respective Model Code organizations for their next code change cycle.

These proposed code changes are for changes addressing the 1981 Editions of the Building Officials and Code Administrators, Inc. (BOCA) Basic Building Code, the 1981 Edition of the National Electrical Code and the 1980 Edition to the National Standard Plumbing Code.

Any municipality, through its construction official, and any State agency or political subdivision of the State may submit a proposal at this hearing. This proposal shall state the name and address of the official proposing the code change, the agency or political subdivision represented, the text of the amendment suggested and an explanation of the amendment together with any technical justification deemed necessary.

This hearing will be held at the New Jersey State Museum Auditorium, 205 West State Street, Trenton, New Jersey at 10:00 A.M. on Friday, May 22, 1981. Those who wish to testify should call Michael L. Ticktin, Assistant to the Director of the Division of Housing, at (609) 292-0505 to be scheduled to speak.

Those who are unable to present their proposal in person at the hearing may mail it to: Construction Code Enforcement, New Jersey Department of Community Affairs, CN 805, Trenton, New Jersey 08625. Proposals will be accepted until June 5, 1981.

This notice is published as a matter of public information.

(d)

ENVIRONMENTAL PROTECTION

THE COMMISSIONER

Proposed Repeal: N.J.A.C. 7:10-8
Proposed New Rule: N.J.A.C. 7:18
Laboratory Certification and Standards of Performance

Public Hearing: May 28, 29, 1981

Jerry Fitzgerald English, Commissioner of Environmental Protection, pursuant to authority of N.J.S.A. 13:1D-1 et seq., 58:10A-1 et seq., and 58:12A-1 et seq., proposes to repeal in its entirety the current text of N.J.A.C. 7:10-8 and to adopt new rules to be cited as N.J.A.C. 7:18 concerning laboratory certification and standards of performance.

Summary

The proposed regulation will establish a revised drinking water laboratory certification program and a new wastewater laboratory certification program. All laboratories wishing to perform water analyses for compliance with regulations adopted or orders issued pursuant to the Water Pollution Control Act, N.J.S.A. 58:10A-1 et seq. and the Safe Drinking Water Act, N.J.S.A. 58:12A-1 et seq., must be certified by the Department of Environmental Protection in accordance with the procedures set forth in the proposed regulation.

The proposed regulation establishes the categories in which a laboratory may be certified, the procedures for obtaining certification, the standards for maintaining certification, the fee schedule, and the temporary suspension and decertification procedures. The Department will offer certification in the Microbiological, Limited Chemistry, Atomic Absorption, Gas Chromatography, Radiological and Bioassay testing categories. It also establishes minimum standards for laboratory instrumentation, analytical methodologies, laboratory practices, analytical quality control, and data handling for each of the major categories.

The intent of the proposed regulation is to upgrade the quality of data currently being generated by water and wastewater laboratories. This will be accomplished by requiring laboratories to meet stringent standards when acquiring and maintaining certification. The setting of stringent standards will ensure that the data generated from these laboratories is accurate and precise for assessing water and wastewater quality.

The proposed regulation contains the following sub-chapters:

- Subchapter 1: General Provisions
- Subchapter 2: Program Procedures and Requirements
- Subchapter 3: Criteria and Procedures for Microbiological Testing and Analysis
- Subchapter 4: Criteria and Procedures for Chemical Testing and Analysis

Social Impact

Industrial, municipal and private laboratories analyze environmental samples on a daily basis. The data generated from these samples is used for compliance with State regulatory requirements, as well as assessment of water and wastewater quality by the public. Implementation of the proposed regulation will result in the upgrading of the quality of data currently being generated by these water and wastewater laboratories.

It is essential that laboratories provide the State, as well as the public with accurate and precise data. In doing so, laboratories will be providing the State with valid information which in turn will enable the State to make accurate assessments of water and wastewater quality; environmental planning and management decisions; and assess and enforce the effectiveness of water and wastewater treatment.

Implementation of the proposed regulation will also provide water and wastewater treatment facilities with a supply of good quality laboratories which may be used for monitoring daily plant operations and the quality of the finished water or discharge. These good quality laboratories may also be utilized by the general public for the analysis of pollutants in private water supplies, streams, lakes or other environments.

Economic Impact

The proposed regulation may require laboratories to make a financial expenditure in two areas, certification fees and laboratory equipment. The amount of the expenditure, if any, will be dependent upon the type of laboratory and the adequacy of the laboratory's instrumentation.

When the budget for the certification program was developed, the Department decided that the program must be self-supporting. One-half of the program will address laboratories performing New Jersey Pollutant Discharge Elimination System (N.J.P.D.E.S.) compliance monitoring and therefore, it was decided that one half of the program's budget would be funded from the N.J.P.D.E.S. permit program. The remaining portion of the program's budget would be funded from fees charged laboratories not associated with the N.J.P.D.E.S. permit program. In order to support the program, \$92,000 must be collected from the N.J.P.D.E.S. permit program and \$92,000 must be collected from laboratory fees.

It is anticipated that 165 laboratories will be involved in N.J.P.D.E.S. certification and 130 laboratories will be involved in Drinking Water certification. To collect \$92,000 from laboratories not associated with the N.J.P.D.E.S. permit program, the fee structure found in the current drinking water certification program, N.J.A.C. 7:10-8 et seq. had to be doubled. All laboratories whose owner holds an N.J.P.D.E.S. permit will be exempt from the certification fee.

As previously stated, the financial expenditure in the area of laboratory equipment will be dependent upon the adequacy of the laboratory's instrumentation. Past pilot studies have indicated that some laboratories are poorly equipped and, in order to meet the standards for certification, will be required to purchase additional equipment. The majority of the laboratories presently have adequate instrumentation. However, it is anticipated that approximately 30 to 40 laboratories will be required to make an expenditure of approximately \$1,000 to \$5,000. The implementation of the regulation is designed to allow laboratories one year to acquire the needed equipment, thus reducing the financial burden.

Full text of the proposed new rule and the "basis and background" document can be obtained from:

Stephen W. Jenniss, Quality Assurance Coordinator
Division of Water Resources
CN 029
Trenton, New Jersey 08625

A public hearing concerning this rule will be held on May 28, 1981 at 10:00 A.M. at:

Rutgers University Law Center
Room 106
Fifth and Penn Streets
Camden, New Jersey

and on May 29, 1981 at 10:00 A.M. at:

New Jersey Institute of Technology
Alumni Center, Seminar Room
150 Bleaker Street
Newark, New Jersey

Interested persons may submit in writing, data, views, or arguments relevant to the proposed rule on or before June 22, 1981 and inquiries as to submissions received and agency responses to those submissions, to:

Stephen W. Jenniss, Quality Assurance Coordinator
Division of Water Resources
CN 029
Trenton, New Jersey 08625

The Department of Environmental Protection thereafter may adopt this proposal without further notice (see N.J.A.C. 1:30-3.5). The adopted rules become effective upon publication in the Register of a notice of adoption.

This proposal is known as PRN 1981-37.

(a)

ENVIRONMENTAL PROTECTION

DIVISION OF WATER RESOURCES

Correction to Register: N.J.A.C. 7:14-8.4

(13 N.J.R. 124(b))

Water Pollution Control

In the March 5, 1981 New Jersey Register at 13 N.J.R. 124(b), errors occurred respecting proposed rules concerning procedures for the assessment of civil administrative penalties under the Water Pollution Control Act.

Full text of the rule as it should have appeared follows.

7:14-8.4 Procedures for assessment of civil administrative penalties

(a) (Correct as published.)

(b) The ordered party shall have 20 [business] days from receipt of the notice within which to: [deliver a written request for a hearing to:]

1.-3. (Correct as published.)
(c)-(d) (Correct as published.)
(e) The Department shall publish in the "DEP [Weekly] Bulletin" a list of all notices and final orders issued under this section.

This notice is published as a matter of public information.

(a)

ENVIRONMENTAL PROTECTION

DIVISION OF FISH, GAME AND WILDLIFE

Proposed Amendment: N.J.A.C. 7:25-5
Game Code

Public Hearing: June 9, 1981

The Fish and Game Council of the Division of Fish, Game and Wildlife in the Department of Environmental Protection, pursuant to authority of N.J.S.A. 13:1B-30 et seq. and N.J.S.A. 23:1-1 et seq. proposes to amend N.J.A.C. 7:25-5 concerning the Game Code for the 1981-82 hunting and trapping seasons. This proposal is known within the Department as Docket No. DEP 023-81-04.

Summary

The proposed code states when, under what circumstances, in what localities, by what means and in what amounts and numbers game birds, game animals and furbearing animals may be pursued, taken, killed or had in possession.

The proposed amendments include:

1. Seasonal date adjustments to correspond with the 1981-82 calendar;
2. A fee increase of \$2.00 to \$5.00 for wild turkey hunting permits and the authorization of a four week season in 1982;
3. Quota changes for county beaver permits;
4. Provisions for a permit season for river otters in those counties holding a beaver season;
5. A change in falconry species;
6. Quota changes for either-sex deer season permits by zone, (including a two day season in selected zones);
7. Quota changes for either-sex deer taken by muzzle-loaders (and a six-day season in all zones);
8. Controlled hunt date changes and the removal of the Port Republic Wildlife Management Area from the controlled hunt program;
9. The legalization of bow releases; and
10. Date changes for the Great Swamp Deer Hunt.

Social Impact

According to the Division, this rule has no social impact.

Economic Impact

According to the Division, this rule has no economic impact.

Copies of the full text of the proposed Game Code, which is referenced but not reproduced in the New Jersey Administrative Code, may be obtained from:

Fred Carlson
Division of Fish, Game and Wildlife
CN 400
Trenton, N.J. 08625

A public hearing concerning this rule will be held on Tuesday, June 9, 1981 at 8:00 P.M. at:

New Jersey State Museum Cultural
Center Auditorium
West State Street
Trenton, N.J.

Interested persons may submit in writing, data, views, or arguments relevant to the proposed rule on or before June 9, 1981 and inquiries as to submissions received and agency responses to those submissions, to:

Fred Carlson
Division of Fish, Game and Wildlife
CN 400
Trenton, N.J. 08625

The Division of Fish, Game and Wildlife thereafter may adopt this proposal without further notice (see N.J.A.C. 1:30-3.5). The adopted rules become effective upon publication in the Register of a notice of adoption.

This proposal is known as PRN 1981-48.

(b)

ENVIRONMENTAL PROTECTION

DIVISION OF FISH, GAME AND WILDLIFE

Proposed Amendment: N.J.A.C. 7:25-14
Crabbing

Public Hearing: May 11, 1981

Jerry Fitzgerald English, Commissioner of Environmental Protection, pursuant to authority of P.L. 1980, c. 120; C. 23:5-35.2, and subject to the disapproval of the Marine Fisheries Council, proposes to amend N.J.A.C. 7:25-14 concerning crabbing. This proposal is known within the Department as DEP Docket No. 21-81-03.

Summary

The proposed amendments will place Atlantic coast crabbers under the same regulations and license requirements as have been in effect on Delaware Bay since 1977. All "Maryland" style crab pot will be licensed for both sport and commercial use.

A \$100.00 license will allow the taking and sale of crabs caught on trot lines or in an unlimited number of crab pots. A \$5.00 license will allow the use of two pots, limits the catch per day to 1 bushel of crabs and prohibits the sale or barter of the catch. Use of trot lines is restricted to commercial crabbers, but no license is required for the recreational use of hand lines, rods, scoop nets or collapsible traps. The proposed regulations would also prohibit the placement of pots or trot lines in channels, in streams less than 25 feet across or anywhere else that they might impede navigation. The marking of pots and trot lines with the owner's license number is required. This number must also be displayed on the owner's boat.

Economic Impact

The economic impact of these rules will be minimal. The \$100.00 license fee will be required of commercial crab fishermen for the first time.

Social Impact

The social effect of this rule will be to clearly establish a commercial fishery, as opposed to a sport fishery. This may have the effect of reducing the number of persons who fish for crabs for commercial purposes on the Atlantic coast.

Full text of the proposed amendments follows (additions indicated in boldface thus; deletions indicated in brackets [thus]).

[7:25-14.1 Scope

The Division of Fish, Game and Shellfisheries may grant licenses to residents of the State of New Jersey to catch and take edible crabs by means of crab pots from the waters of the Delaware Bay and that section of the Delaware River from the headwaters of the bay to the line of Delaware State jurisdiction in the waters east of the main shipping channel.]

[7:25-14.2] 7:25-14.1 Crab pots and trot lines defined

(a) For the purposes of [this regulation the] this subchapter, a crab pot shall [be construed to] mean a cube or rectangular shaped device not larger than [24] 30 inches on a side with openings inward for the entrance of crabs [or of such description as may be prescribed by the division from time to time]. Any similar device may be approved by the division. The material of which the pot is constructed shall have a mesh not less than one inch across measured on its longest axis. The openings into the interior of the pot shall be oval and not larger than [six] seven inches wide and [nor five] four inches high. [The Division of Fish, Game and Shellfisheries may at any time designate the maximum or minimum size of the openings.]

(b) For the purposes of this subchapter, a trot line, also known as a trawl or layout line, shall mean a single length or anchored line no longer than 1,000 feet to which baits or baited barbless hooks are attached.

(c) Crab pots and trot lines which fail to comply with this [definition] section shall be [illegal for the taking and catching of crabs] deemed invalidly licensed and in violation of this subchapter.

[7:25-14.3] 7:25-14.2 Use of crab pots and trot lines

No person shall remove crabs from any pot or trot line except the [licensee or his designated alternate] license holder. Anyone tending crab pots or trot lines shall have in his possession the numbered [whose number] license which corresponds to the vessel number and the number marker on the pots or trot lines. No one shall cut or break the lines or otherwise tamper with or damage any pot, trot line or buoy [of] which he [is] does not [owner] own. All turtles and female crabs having eggs or spawn attached shall be immediately released.

[7:25-14.4] 7:25-14.3 Hours for fishing

Crab pots and trot lines may be tended only from [one hour before] one-half hour after sunrise to one-half hour [after] before sunset.

[7:25-14.5] 7:25-14.4 Commercial licenses[: effective January 1, 1978]

No person shall take or attempt to take crabs by means of pots or trot lines for the purpose of sale or barter without [first obtaining] having in his possession a valid commercial crabbers license [from] issued by the Division of Fish, Game and [Shellfisheries] Wildlife. The license fee for [such a license] New Jersey residents shall be \$100.00 [annually]. All licenses shall expire on December 31 of the year issued. [The license may be transferred to an alternate on a temporary basis. The transfer must be made by letter to be carried with the license, naming the alternate and giving the dates the transfer shall be in force.] The license number shall be displayed on both sides of the crabber's boat amidship, in numerals not less than 12 inches high and of a color contrasting with their background. [At all times when pots are being tended or when more than one bushel of crabs are in possession, the license must be aboard the boat bearing the same license number.] For the purposes of this regulation the possession of more than one bushel of crabs shall be a taking for the purpose of sale or barter.

[7:25-14.6] 7:25-14.5 Noncommercial licenses[: effective January 1, 1978]

No person shall take or attempt to take crabs by means of pots without having in his possession a valid license issued by the Division of Fish, Game and Wildlife. The division will issue a [A] noncommercial license [may be issued annually] for no more than two pots which shall be marked with the license number. The fee for this non-commercial license shall be \$5.00 [annually]. All licenses shall expire on December 31 of the year issued. The non-commercial license shall limit the harvest and possession of crabs to one bushel daily per license on the water or landing. Crabs taken under provisions of this license may not be sold or used for barter.

[7:25-14.7] 7:25-14.6 Placement and marking of pots and trot lines

(a) Each crab pot [in the bay] shall be [provided with a clearly visible marker] clearly and visibly marked with a buoy stake or permanent identification tag [said buoy to bear] bearing [in contrasting color] the license number of the owner.

(b) [No commercially licensed pot shall be placed within the confines of any creek or river, except the Delaware River from the headwaters of the bay to the line of Delaware State jurisdiction eastward on the main shipping channel.] Each trot line shall be marked at both ends with a clearly visible state or buoy. No trot line shall be set within 100 feet of another trot line.

(c) No [commercially licensed] pot or trot line shall be placed in a creek, ditch or tributary less than 25 feet wide unless approved by the division or in any marked or charted channel [or within 100 feet thereof.], except [N] noncommercially licensed pots [but in all cases must be] if fastened to a pier or other shore connected structure by a line no longer than twice the depth of the water at that point.

(d) No pot shall be placed in areas designated by the Division of Fish, Game and [Shellfisheries] Wildlife after consultation with the [Maurice River Cove] Shellfisheries Council as off limits for the catching of crabs by means of pots.

(e) At no time shall any pot or trot line be placed to obstruct or impede navigation.

[7:25-14.8] 7:25-14.7 Filing of reports

(a) All persons commercially licensed to take crabs [by means of pots in this State] shall keep on forms furnished by the Division of Fish, Game and [Shellfisheries] Wildlife accurate records [which shall include] of the number of bushels of hard crabs, peelers and soft crabs caught, the type of gear used and the area fished. These records shall be filed by the 10th day of each month [will be filed monthly] with the Division of Fish, Game and [Shellfisheries] Wildlife. [Failure to file on or before the tenth of the month following the month of record may lead to suspension of license by the Division of Fish, Game and Shellfisheries. A hearing shall be scheduled by the division and the violator notified of the date. Failure to appear at a scheduled hearing may result in suspension of license.]

[(b) The division may require reports of crabs caught by noncommercial licensees to be made at the end of the crabbing season, and, if required, no noncommercial license will be renewed for any person who has not filed his previous season's report.]

[7:25-14.9] 7:25-14.8 Penalties

(a) Any person violating any of the provisions of this subchapter relating to crabs, with the exception of a vio-

lation of N.J.A.C. [7:25-14.7] 7:25-14.6 shall be liable to the penalties provided by N.J.S.A. 23:2B-14. [No new license will be issued to any person whose license has been revoked until after hearing before the Shellfisheries Council and reinstatement thereby.]

(b) Any person violating the provisions of N.J.A.C. [7:25-14.7(a)] 7:25-14.6 shall be liable to a penalty of \$20.00 for the first offense and \$40.00 for each subsequent offense. [Any person violating the provisions of N.J.A.C. 7:25-14.7(b), N.J.A.C. 7:25-14.7(c), or N.J.A.C. 7:25-14.7(d) shall be liable to a penalty of \$20.00 for the first offense and not for each pot and \$40.00 for each subsequent offense and not for each pot.]

A public hearing will be held on Monday, May 11, 1981, at 7:30 P.M., in the Shellfisheries Office, Bivalve, Cumberland County, New Jersey and on Tuesday, May 12, 1981, at 6:30 P.M., in Room 119, the Ocean County Administration Building, Washington and Hooper Avenue, Toms River, New Jersey. Persons wishing to testify should contact Bruce Freeman, at (609) 984-5546.

Interested persons may submit in writing, data, views, or arguments relevant to the proposed rule on or before June 8, 1981 and inquiries as to submissions received and agency responses to those submissions, to:

Bruce Freeman
Division of Fish, Game and Wildlife
CN 400
Trenton, N.J. 08625

The Department of Environmental Protection thereafter may adopt this proposal without further notice (see N.J.A.C. 1:30-3.5). The adopted rules become effective upon publication in the Register of a notice of adoption.

This proposal is known as PRN 1981-14.

(a)

ENVIRONMENTAL PROTECTION

BUREAU OF AIR POLLUTION CONTROL

Adopted Amendment: N.J.A.C. 7:27-2
Control and Prohibition of Open Burning

Effective Date: May 7, 1981

Operative Date: June 7, 1981

On April 8, 1981, Jerry Fitzgerald English, Commissioner of Environmental Protection, pursuant to authority of N.J.S.A. 13:1D-1 et seq. and 26:2C-1 et seq. and in accordance with the applicable provisions of the Administrative Procedure Act, adopted amendments to N.J.A.C. 7:27-2 concerning the control and prohibition of open burning as proposed in the Notice published December 4, 1980 at 12 N.J.R. 690(a), but with subsequent changes not so substantial as to change the scope or effect of the original proposal (N.J.A.C. 1:30-3.5).

As a result of the written and oral comments received during the public participation period (December 4, 1980 through January 19, 1981), only one change was made to the rules as proposed on December 4, 1980. The proposed definition of "trade waste" (N.J.A.C. 7:27-2.1) provided for the inclusion of gaseous materials as a trade waste. In response to comments that this would restrict the flaring of refinery waste gases (which is now permitted under N.J.A.C. 7:27-8), the proposed change has been withdrawn and the existing definition remains unchanged.

An order adopting the rule was filed with the Office of Administrative Law on April 15, 1981 as R.1981 d.135.

(b)

ENVIRONMENTAL PROTECTION

DIVISION OF ENVIRONMENTAL QUALITY NOISE CONTROL COUNCIL

Notice of Public Hearing: Control of Traffic Noise

Take notice that the New Jersey Noise Control Council, an advisory body in the New Jersey Department of Environmental Protection, as required by N.J.S.A. 13:1G-18, will hold a public hearing on the role of the state in the Control of Traffic Noise. This is known within the Department as DEP 022-81-03.

The public hearing will be held May 12, 1981 starting at 9:30 A.M. in the Lewis Herrman Labor Education Center, Ryders Lane, New Brunswick. Registration will begin at 9:00 A.M. Both written and oral testimony will be accepted. Testifiers will be scheduled to speak in the order in which their notice of intention is received by:

Edward DiPolvere, Chief
Office of Noise Control
CN 027

Trenton, New Jersey 08625

Information is sought on the following topics:

1. Is there a need to reduce traffic noise?
2. What categories of motor vehicles should be subjected to regulation?
3. Does the State have the technical facilities to enforce motor vehicle noise regulations?
4. Should noise be made a bigger part of the State motor vehicle inspection program?
5. What should be the role of the municipality in the control of motor vehicle noise?

After the public hearing, the Noise Control Council will prepare a report and make recommendations to the Commissioner of the Department of Environmental Protection.

This notice is published as a matter of public information.

(c)

ENVIRONMENTAL PROTECTION

THE COMMISSIONER

Public Notice of State Certifications of Draft NPDES Permits

Jerry Fitzgerald English, Commissioner of the Department of Environmental Protection, pursuant to the "New Jersey Water Pollution Control Act," N.J.S.A. 58:10A-1 et seq., is authorized to assess compliance of a surface water discharge with State law pertaining to discharges to the waters of the State. The Department is requested by the United States Environmental Protection Agency, as required by section 401 of the Federal Clean Water Act, 33 U.S.C. 1251 et seq., to certify that a discharge, as described in a draft National Pollutant Discharge Elimination System permit, will not violate the requirements of State law.

The Department publishes public notice of certifications in the DEP Bulletin. Copies of the Bulletin may be obtained by calling (609) 292-3178 or writing to the Documents Distribution Center, P.O. Box 1390, Trenton, New Jersey 08625.

(a)

HEALTH

THE COMMISSIONER

Proposed Amendment: N.J.A.C. 8:30, 8:37, 8:39-1 (Foreword) and 1.35 Standards for Licensure of Long-Term and Intermediate Care Facilities

Public Hearing: None

Dr. Joanne E. Finley, Commissioner of Health, pursuant to authority of N.J.S.A. 26:2H-1 et seq., and with the approval of the Health Care Administration Board, proposes to amend N.J.A.C. 8:39-1 (Foreword) and 8:39-1.35 concerning the Standards of Licensure of Long Term Care Facilities and to delay the expiration of N.J.A.C. 8:30 and 8:37 from July 1, 1981 to July 1, 1982.

Summary

The proposed amendments delay the effective date of certain portions of the Long Term Care Manual dealing with nursing and dietary services and allows long term care facilities of 45 or fewer beds to continue to use N.J.A.C. 8:30 and N.J.A.C. 8:37 as Standards for Licensure and not be subject to N.J.A.C. 8:39 until 1982.

Social Impact

It is the intent of the Department and the Health Care Administration Board that implementation of the delayed sections should occur only if the state budgets include additional funds for Medicaid for the specific purpose of increasing nursing staff hours and use of consultants.

Economic Impact

There is no discernible economic impact since the proposed amendment does not constitute a change in the licensure standards for long term care facilities.

Full text of the proposed amendments follows (additions indicated in boldface thus; deletions indicated in brackets [thus]).

CHAPTER 39

LICENSURE OF LONG-TERM CARE FACILITIES

SUBCHAPTER 1. GENERAL PROVISIONS

Foreword

(a) The Health Care Administration Board, at its July 6, 1978, meeting, voted to implement the long term care manual as of September 1, 1978, with the exception of N.J.A.C. 8:39-1.14(f)15i and v, 8:39-1.16(c), (e) and (l), and 8:39-1.18(g). The Board approved the following to remain in effect during the period September 18, 1978, through July 1, [1981] 1982:

1. Manual of Standards for Nursing Homes [Section 501-A-2, 3, 4, 5, 6, 7;] N.J.A.C. 8:30-5.1(a)2-7;

2. Manual of Standards for Intermediate Care Facilities [Chapter 1 section 106-A-1, 2, 3;] N.J.A.C. 8:37-1.1, definition of "Director of Dietary Services";

3. Manual of Standards for Intermediate Care Facilities [Chapter 6 section 601-A-4.] N.J.A.C. 8:37-6.1(b) Level A, item IV.

(b) On June 30, [1981] 1982 the exempted N.J.A.C. 8:39-1.14(f)15i and v, 8:39-1.16(c), (e) and (l) and 8:39-1.18(g) will become effective.

8:39-1.35 Effective date of regulations

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

(c) [Facilities of 45 or fewer beds shall have until June 30, 1981, to comply with those standards for staffing in

nursing, dietary and social work services that represent an addition to the requirements in the previous manuals (those in effect until July 1, 1978) for skilled nursing homes and intermediate care facilities. For such facilities of 45 or fewer beds, the previous manuals will continue to be the basis for licensure until June 30, 1981.]

For facilities of 45 or fewer beds, the previous manuals, N.J.A.C. 8:30 and N.J.A.C. 8:37, shall continue to be the standards for licensure until July 1, 1982.

(d) (No change.)

Interested persons may submit in writing, data, views, or arguments relevant to the proposed rule on or before June 8, 1981 and inquiries as to submissions received and agency responses to those submissions, to:

Miss Wanda J. Marra
Coordinator, Standards
New Jersey Department of Health
P.O. Box 1540
Trenton, N.J. 08625

Editor's Note: With reference to N.J.A.C. 8:39-1(a)1 (Foreword, citing N.J.A.C. 8:30-5.1(a)2-7, take notice that the existing Code text for N.J.A.C. 8:30-5.1(a) inadvertently deleted material to be cited as (a)5 as follows:

There shall be available at all times at best two nursing personnel to act effectively in the event of fire or other emergency.

The present text of (a)5 and 6 should be renumbered as (a)6 and 7.

The Department of Health thereafter may adopt this proposal without further notice (see N.J.A.C. 1:30-3.5). The adopted rules become effective upon publication in the Register of a notice of adoption.

This proposal is known as PRN 1981-30.

(b)

HEALTH

HEALTH PLANNING AND RESOURCES DEVELOPMENT

Proposed Amendment: N.J.A.C. 8:31-30.1

Plan Review Fee

Change of Multiplier

Public Hearing: None

Dr. Joanne E. Finley, Commissioner of Health, pursuant to authority of N.J.S.A. 26:2H-5, N.J.A.C. 5:23-3.3(i)2., and N.J.A.C. 5:23-4.8(d), proposes to amend N.J.A.C. 8:31-30.1 concerning the fixing of the multiplier in the formula for the Plan Review Fee.

Summary

The proposed amendment provides for an increase in the multiplier in the formula by which the Department of Health, as the enforcing agency, calculates the fee to be assessed upon health facility construction project sponsors, for the purpose of supporting the expenses of the enforcing agency to conduct its required plans review function.

Social Impact

There is no discernible social impact due to the specific minor change as proposed, other than that noted in the summary above upon the proponents of health facility construction projects.

Economic Impact

The economic impact will be upon those sponsors of

health facility construction projects such that they will be assessed a higher fee to have the requisite construction plans reviewed by the Department of Health for code compliance. A concurrent economic impact will be upon the Department of Health in that it will receive increased program revenues in order to offset increased program costs related to the execution of the plans review function.

Full text of the proposed amendment follows (additions indicated in boldface thus; deletions indicated in brackets [thus]).

8:31-30.1 Architectural and mechanical plan review fee

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

(d) In each instance, whether or not the municipality has established a fee schedule, the Department's plan review fee shall be computed on the basis of the volume or cost of construction, the number of plumbing fixtures and stacks, and the number of electrical fixtures and devices, plus other special fees, in accordance with the provisions of N.J.A.C. 5:23-4.8(d), using a multiplier of [3.0] **4.0.**

(e) (No change.)

Interested persons may submit, in writing, data, views, or arguments relevant to the proposed rule on or before June 8, 1981 and inquiries as to submissions received and agency responses to those submissions, to:

Vincent J. Martucci
Executive Assistant
New Jersey Department of Health
John Fitch Plaza
Trenton, N.J. 08625

The Department of Health thereafter may adopt this proposal without further notice (see N.J.A.C. 1:30-3.5). The adopted rules become effective upon publication in the Register of a notice of adoption.

This proposal is known as 1981 PRN-28.

(a)

HEALTH

HEALTH PLANNING AND RESOURCES DEVELOPMENT

**Proposed Amendment: N.J.A.C. 8:31A-7
Standard Hospital Accounting and
Rate Evaluation (SHARE)
Rate Review Guidelines**

Public Hearing: None

Dr. Joanne E. Finley, Commissioner of Health, pursuant to the authority of N.J.S.A. 26:2H-1, et seq., and with the approval of the Health Care Administrative Board proposes to amend N.J.A.C. 8:31A-7 concerning hospital reimbursement.

Summary

The Proposed 1982 Standard Hospital Accounting and Rate Evaluation (SHARE) Regulation contains very few changes to the 1981 Regulation, none of which are substantial with regard to the rate setting methodology.

Examples of the proposed changes are:

1. Exhibit II, Chapter 1 - Rules of Practice and Procedure, has now been deleted. The Level II Appeal is now heard before an Administrative Law Judge. Any references to this Exhibit have been deleted, also, Exhibit III has become the new Exhibit II.

2. All years have been increased by one (1), i.e., 1981 will now read 1982, 1979 will now read 1980, etc.

3. Since cost budgets are not required the word budget has been replaced by the words amount or rate.

4. The legal fringe rate, which is now considered in the development of the Economic Factor, will no longer be considered in determining the adjusted approved base for an alternate rate.

5. References to Federal Contract #600 77 00 22 have been eliminated.

6. The Department's cost containment objective has been revised.

7. Consideration has been given to the latest United States Census.

Social Impact

The proposed revisions will have no new social impact.

Economic Impact

The proposed changes will have no new economic impact.

Copies of the full text will be provided upon written request to the person indicated below.

Interested persons may submit, in writing, data, views, or arguments relevant to the proposed rule on or before June 8, 1981 and inquiries as to submissions received and agency responses to those submissions, to:

James R. Hub, Director
Health Economics Services
New Jersey Department of Health
John Fitch Plaza
P.O. Box 1540
Trenton, N.J. 08625

The Department of Health thereafter may adopt this proposal without further notice (see N.J.A.C. 1:30-3.5). The adopted rules become effective upon publication in the Register of a notice of adoption.

This proposal is known as 1981 PRN-27.

(b)

HEALTH

HEALTH ECONOMIC SERVICES

**Proposed Amendment: N.J.A.C. 8:31B-3.20D
Hospital Rate Setting on For-Profit Hospitals
Return on Investment**

Public Hearing: None

Dr. Joanne E. Finley, Commissioner of Health, pursuant to authority of 26:2H-1 et seq. and with approval of the Health Care Administration Board, proposes to amend N.J.A.C. 8:31B-20B concerning return on investment in the Chapter 83, P.L. 1978, Procedural and Methodological Regulations.

Summary

The proposed amendment provides for a return on investment for For-Profit Hospitals. Currently, such payment is not approved by the Health Care Financing Administration. The change is intended to comply with the Health Care Financing Administration.

Social Impact

This amendment will affect no more than three proprietary hospitals in New Jersey.

Economic Impact

This formulation would serve to mitigate the initial impact on investor-owned hospitals joining the system. Phasing out this calculation in the next three years will result in a decrease in health care costs throughout the State.

Full text of the proposed amendments follows (additions indicated in boldface thus; deletions indicated in brackets [thus]).

**8:31B-3.20D Calculation of return on investment:
For-Profit Hospitals**

Return on investment for For-Profit Hospitals shall be included in their Schedule of Rates at a before tax rate on average equity capital [invested capital] equal to the rate employed by Medicare under Title XVIII Principles. "Equity capital" is defined as the provider's investment in plant, property, and equipment (net of depreciation) and net working capital maintained for necessary and proper operation related to patient care. (Hospitals receiving return on investment must submit Medicare Form HCFA 2252G, Schedule F:I, II and III.)

[Principles invested capital is defined as the sum of the hospital's average reasonable working capital (not to exceed 30 days' normalized payables) investment in land at historic acquisition costs, and other reasonable non-current assets, and plant and equipment at replacement cost per N.J.A.C. 8:31B-3.20-3.20B less outstanding debt. (Average working capital is the difference between current assets and current liabilities listed on the hospital's current cost base year's audited financial statement, minus the same difference on the preceding year's audited financial statement, divided by 2 and multiplied by the economic factor as calculated in Section III.B.5. Average reasonable working capital is the lesser of that amount or one-twelfth of the Preliminary Cost Base.)]

This factor will be phased out by including 100% of the amount calculated using Medicare principles for the rate year beginning January 1, 1981; 50% of the factor for the rate year beginning January 1, 1982; and eliminating this factor completely for all later years.

Interested persons may submit in writing, data, views, or arguments relevant to the proposed rule on or before June 8, 1981 and inquiries as to submissions received and agency responses to those submissions, to:

James R. Hub, Director
Health Economics Services
Department of Health, Room 600
Trenton, N.J. 08625

The Department of Health thereafter may adopt this proposal without further notice (see N.J.A.C. 1:30-3.5). The adopted rules become effective upon publication in the Register of a notice of adoption.

This proposal is known as PRN 1981-29.

(a)

HEALTH

HEALTH PLANNING AND RESOURCES DEVELOPMENT

**Proposed Amendment: N.J.A.C. 8:33
Certificate of Need Program
Application and Review Process**

Public Hearing: None

Dr. Joanne E. Finley, Commissioner of Health, pursuant to authority of N.J.S.A. 26:2H-5, proposes to amend N.J.A.C. 8:33 concerning the guidelines and criteria for submission of applications for certificate of need.

Summary

These rules amend the State regulations on health systems agency and State health planning and development agency (State Agency) reviews. These changes are required to implement recent changes to Title XV of the Public Health Service Act enacted by the Health Planning and Resources Development Amendments of 1979 (P.L. 96-79). These amended rules involve changes in the State Certificate of Need Program affecting health maintenance organizations; establish increases in the expenditure minimum for capital expenditures; establish procedures for the batching of competing applications; incorporate additional definitions in accordance with federal requirements; revise several procedures and criteria for the performance of the State Agency Review of Certificate of Need project applications; and establish procedures for the implementation of required findings on access.

Social Impact

It is the public policy of the State that hospital and related health care services of the highest quality of demonstrated need, efficiently provided and properly utilized at a reasonable cost are of vital concern to the public health. The responsibility of the planning agencies for considering the needs of underserved populations is emphasized in the proposed regulations. The Department continues to be concerned about the needs of the medically underserved, and believes that the Certificate of Need program can contribute to improved accessibility to health care of the medically underserved.

Economic Impact

These guidelines have been revised to best effectuate the provisions of the State and Federal laws to provide for the protection and promotion of the health of the inhabitants of the State, promote the financial solvency of hospitals and similar health care facilities, and contain the rising cost of health care services.

Full text of the proposed amendments may be obtained from:

Charles A. Buttaci, M.P.H.
Chief
Certificate of Need Program
New Jersey Department of Health
P.O. Box 1540
Trenton, N.J. 08625

Interested persons may submit in writing, data, views, or arguments relevant to the proposed rule on or before June 8, 1981 and inquiries as to submissions received and agency responses to those submissions, to:

Leonard D. Dileo, Director
Health Resources Services
New Jersey Department of Health
P.O. Box 1540
Trenton, N.J. 08625

The Department of Health thereafter may adopt this proposal without further notice (see N.J.A.C. 1:30-3.5). The rules adopted become effective upon publication in the Register of a notice of adoption.

This proposal is known as PRN 1981-34.

(a)

HEALTH

DIVISION OF HEALTH FACILITIES EVALUATION

**Proposed Amendment: N.J.A.C. 8:39-1.1
Standards for Licensure of Long-Term
Care Facilities**

Definitions and/or Qualifications

Public Hearing: None

Dr. Joanne E. Finley, Commissioner of Health, pursuant to authority of N.J.S.A. 26:2H-1 et seq. and with the approval of the Health Care Administration Board, proposes to amend the definition of ancillary nursing personnel in the standards for licensure of long-term care facilities.

Summary

The purpose of this amendment is to delay implementation from July 1, 1981, to January 1, 1982, of those portions of the standard that require approval of a training course by the Department and certification by the Department of ancillary nursing personnel. This delay will allow the Department time to evaluate pilot training programs for ancillary nursing personnel prior to the Department's approval of a specific training course.

Social Impact

There is no discernible social impact since the delayed implementation of the standard does not constitute a change in the licensure standards for long term care facilities.

Economic Impact

No economic impact, since this is not a new regulation.

Full text of the proposal follows (additions indicated in boldface thus; deletions indicated in brackets [thus]).

8:39-1.1 Definitions and/or qualifications

"Ancillary nursing personnel" shall mean unlicensed workers employed to assist licensed nursing personnel, who complete a training course approved by the Department, and who are certified by the Department, within [three] two years from the approval of [these standards.] this standard.

Interested persons may submit, in writing, data, views, or arguments relevant to the proposed rule on or before June 8, 1981 and inquiries as to submissions received and agency responses to those submissions, to:

Wanda Marra
Coordinator, Standards
N.J. Department of Health
P.O. Box 1540
Trenton, N.J. 08625

The Department of Health thereafter may adopt this proposal without further notice (see N.J.A.C. 1:30-3.5). The adopted rules become effective upon publication in the Register of a notice of adoption.

This proposal is known as 1981 PRN-33.

(b)

HEALTH

DIVISION OF HEALTH FACILITIES EVALUATION

**Proposed Amendment: N.J.A.C. 8:43-3.3,
3.20, 3.22**

**Proposed New Rule: N.J.A.C. 8:43-4.13, 4.14
Standards for Residential Health Care Facilities
Fire Protection, Personal Needs Allowance,
Resident Discharge**

Public Hearing: None

Dr. Joanne E. Finley, Commissioner of Health, pursuant to authority of N.J.S.A. 26:2H-1 et seq., and with the approval of the Health Care Administration Board, proposes to amend N.J.A.C. 8:43-3.3, 3.20 and 3.22 and to adopt new rules to be cited as N.J.A.C. 8:43-4.13 and 4.14 in the Manual of Standards for Residential Health Care Facilities concerning fire protection, resident discharge, transfer and eviction, and personal need allowance.

Summary

The proposed amendments will provide increased residents' safety and fire protection, personal needs allowances and discharge policies.

Social Impact

The proposed amendment will affect all residential health care facilities by requiring facilities to establish and implement policies and procedures for fire safety, personal needs allowance, and resident discharge, transfer and eviction. All facilities of non-fire resistive construction licensed for 50 or more beds shall have an operational automatic comprehensive sprinkler system equipped with an alarm system.

Economic Impact

There will be an economic impact upon facilities required to install the sprinkler system, fire alarm system, or fire suppression, and magnetic door holders.

Full text of the proposal follows (additions indicated in boldface thus; deletions indicated in brackets [thus]).

8:43-3.3 Horizontal zoning

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

(c) All doors provided in such partitions shall have the following:

1.-3. (No change.)

4. [Be equipped with a fusible link if held open.] All fire and smoke doors shall be equipped with magnetic door holders.

8:43-3.20 Local fire departments

(a) The boarding home operator shall solicit the cooperation of the local fire departments for the following specific purposes:

1.-3. (No change.)

4. The facility shall conduct at least one fire drill every month of which at least one annually shall take place at every working shift. This shall be documented in a log readily available in the facility.

5. At least one joint fire drill involving the local fire, first aid and civil defense agency shall be conducted annually.

8:43-3.22 Specifications for electrical automatic fire alarm and detection systems; office of State Fire Marshall

(a)-(g) (No change.)

(h) [Where feasible, the system is to be tied to a remote station receiver located in local fire headquarters or to a central station, providing a 24 hour answering service. Acceptance of this type remote connection is subject to the approval of the local authorities having jurisdiction.] All alarm systems shall be connected to a full-time fire station or police station.

(i)-(m) (No change.)

(n) In a facility that does not have an automatic sprinkler system, all hazardous areas such as kitchens, boiler rooms, electrical rooms, laundry rooms, and areas used for storage of combustible materials shall be protected by a fire suppression system.

(o) In facilities of 23 residents or less, the sleeping room shall be equipped with an alarm bell connected to the alarm system.

(p) Each floor shall have at least one alarm bell for every 1200 square feet of space.

(q) All facilities of non-fire resistive construction licensed for 50 or more beds shall have an operational automatic comprehensive sprinkler system equipped with an alarm system.

8:43-4.13 Personal needs allowance

(a) No licensee shall retain for his own, or require payment to him/her of, any portion of the personal needs allowance required to be reserved for any resident pursuant to N.J.S.A. 44:7-87(h). Such personal needs allowance shall not be less than \$40.00 unless otherwise provided by the New Jersey State Department of Human Services.

(b) Every licensee to whom residents' personal funds are entrusted shall maintain written records, such as a ledger, including the date each payment was received, the amount of payment, the date of each disbursement, the amount of each disbursement, the reason for each disbursement and to whom each disbursement was made.

(c) The resident shall sign to acknowledge receipt of funds, goods or services purchased with such funds at the time of disbursement.

8:43-4.14 Resident discharge

(a) No resident shall be transferred, discharged, or evicted except for the following reasons:

1. Failure to pay for rent or other services;
2. Requires a higher level of care than the facility can provide as documented by a physician;
3. Presents a danger to himself or other residents such as repeated violation of smoking regulations, violent or disorderly behavior so as to destroy the peace and quiet of others;
4. Repeated violations of the facilities written rules and regulations after being advised of them in writing.

(b) The resident who is being transferred shall be given 30 days advance written notice prior to such transfer, discharge or eviction except where a medical emergency exists. In cases of medical emergency, the physician shall state in writing the reason for such transfer in the resident's record. This shall not pertain to residents whom the Department of Health orders removed.

Interested persons may submit, in writing, data, views, or arguments relevant to the proposed rule on or before June 8, 1981 and inquiries as to submissions received and agency responses to those submissions, to:

Miss Wanda J. Marra
Coordinator, Standards Program
New Jersey Department of Health
P.O. Box 1540
Trenton, N.J. 08625

The Department of Health thereafter may adopt this proposal without further notice (see N.J.A.C. 1:30-3.5). The adopted rules become effective upon publication in the Register of a notice of adoption.

This proposal is known as 1981 PRN-32.

(a)

HEALTH

DRUG UTILIZATION REVIEW COUNCIL

Proposed Amendment: N.J.A.C. 8:71
Interchangeable Drug Products

Public Hearing: May 28, 1981

Robert Kowalski, Chairman of the Drug Utilization Review Council in the Department of Health, pursuant to N.J.S.A. 24:6E-6(d) proposes to amend N.J.A.C. 8:71 concerning interchangeable drug products.

Summary

These deletions are proposed in order to remove from the List of Interchangeable Drug Products certain medicines not popularly prescribed and/or which represent minimal or no savings to consumers.

Social Impact

According to the Drug Utilization Review Council there will be no discernible social impact of these minimal deletions.

Economic Impact

Deletion of these products will diminish, to a minor degree, savings on certain infrequently ordered prescriptions.

Full text of the proposed amendment follows (deletions indicated in brackets [thus]).

CHAPTER 71

INTERCHANGEABLE DRUG PRODUCTS

[Cephadrine caps 250, 500 mg	SKF, Squibb]
[Cephadrine for susp. 125/5, 250/5	SKF, Squibb]
[Chloramphenicol ophth. solution 0.5%	Allergan, P-D]
[Ergotamine tartrate tabs, s.1. 2 mg	P-D]
[Griseofulvin, ultramicrosized 125 mg	Dorsey, Schering]
[Idoxuridine ophth. solution 0.1%	Allergan, SKF]
[Lithium carbonate caps, tabs 300 mg	Rowell, SKF]
[Nitroglycerin ointment 20 mg/g	Kremers-Urban]
[Piperazine citrate syrup 500 mg/5 ml	B-W, NPC,
	West-Ward]
[Sulfacetamide sodium ophth. solution	Allergan, SMP,
10%	Schering,
	Steri-Med]
[Sulfacetamide sodium ophth. solution	Allergan,
30%	Steri-Med,
	Schering]
[Sulfacetamide sodium ophth. ointment	Byk-Gulden,
10%	Ketchum,
	Schering]

Editor's Note: The full text of the interchangeable drug product list is referenced but not reproduced in the New Jersey Administrative Code.

A public hearing concerning this proposal will be held on May 28, 1981 at 10:00 A.M. at:
Health-Agriculture Building
First Floor Auditorium
John Fitch Plaza
Trenton, New Jersey 08625

Interested persons may submit, in writing, data, views, or arguments relevant to the proposed rule on or before June 8, 1981 and inquiries as to submissions received and agency responses to those submissions, to:

Thomas T. Culkin, Executive Director
Drug Utilization Review Council
Department of Health
Box 1540
Trenton, N.J. 08625
(609) 984-2157

The Drug Utilization Review Council thereafter may adopt this proposal without further notice (see N.J.A.C. 1:30-3.5). The adopted rules become effective upon publication in the Register of a notice adoption.

This proposal is known as 1981 PRN-31.

(a)

HEALTH

DIVISION OF COMMUNITY HEALTH SERVICES

Notice of Public Hearing Women, Infants and Children Supplemental Food Program

State Plan Abstract

Public Hearing: May 26, 1981

Take notice that the Department of Health has issued the following Notice concerning a public meeting regarding the WIC State Plan.

Each year by August 15, the State Health Department shall submit to the Food and Nutrition Service (FNS) of the U.S. Department of Agriculture a Plan of program operation and administration for approval by the Secretary of Agriculture as a prerequisite to receiving funds. However, portions of the prior years approved State Plan which do not change from year to year need not be resubmitted. The Plan shall include, among such other information as the Secretary may require:

1. A description of how the State agency will distribute administrative funds, including start-up funds, to local agencies operating under the program;
2. A description of the State agency's financial management system;
3. A description of methods used to determine nutritional risk;
4. A budget for administrative funds;
5. The staffing pattern;
6. Nutrition education goals and action plans, including a description of the methods that will be used to meet the special nutrition education needs of migrants and Indians;
7. Plans to provide program benefits under this section to eligible migrants and Indians;
8. A list of all areas and special populations, in priority order based on relative need, within the jurisdiction of the State agency, and the State agency's plans to initiate or

expand operations under the program in areas most in need of supplemental foods, including plans to inform nonparticipating local agencies of the availability and benefits of the program and the availability of technical assistance in implementing the program, and a description of how the State agency will take all reasonable actions to identify potential local agencies and encourage such agencies to implement or expand operations under the program within the following year in the neediest one-third of all areas unserved or partially served;

9. A description of how the State agency's delivery system will enable low-income persons to receive supplemental foods under this program, in accordance with standards developed by the Secretary;

10. The State agency's plans for informing eligible persons of the program;

11. A description of how the State agency plans to coordinate operations under the program with special counseling services such as, but not limited to, the expanded food and nutrition education program, family planning, immunization, prenatal care, well-child care, alcohol and drug abuse counseling, child abuse counseling, and with the food stamp program; and

12. A copy of the procedure manual developed by the State agency for the program.

A public meeting concerning this Plan will be held on May 26, 1981 at 10:00 A.M. to 1:00 P.M. at the Health and Agriculture Building Auditorium, John Fitch Plaza, Trenton, New Jersey. Hours of the meeting will be extended if response warrants. Copies of the FY 81 approved State Plan, which will be updated as a result of comments provided, are available for review in the State WIC Office, New Jersey State Department of Health, Trenton, New Jersey 08625, the Northern State Office, Southern State Office, and State Library.

Interested persons may present, in writing, statements relevant to the WIC State Plan on or before May 30, 1981 to:

Linda Barr Gale
State WIC Coordinator
New Jersey State Department of Health
CN 360
Trenton, N.J. 08625

Those individuals wishing to make oral comments at the meeting must notify the State WIC Program prior to the meeting in order that a scheduled speaking appointment may be arranged. Each speaker will be given approximately 15 minutes to comment on the Plan update for FY 82. In addition, each speaker should bring a written statement of their testimony to be presented to the Hearing Officer. Individuals who wish to orally present their written comment but find it inconvenient to travel to Trenton should phone the State WIC Office, reversing the charges, at 609-292-9560. Special arrangements will be made to tape their presentation at a more convenient site prior to May 26, 1981 in order to have the recording played at the meeting if time allows.

Standards for participation in the WIC Program are the same for everyone regardless of race, color or national origin.

This notice is published as a matter of public information.

(a)

(b)

HIGHER EDUCATION

BOARD OF HIGHER EDUCATION

Proposed Amendment: N.J.A.C. 9:4-3.61
County Community Colleges
Schedule of Payments of State Appropriations

Public Hearing: None

The Board of Higher Education in the Department of Higher Education, pursuant to authority of N.J.S.A. 18A:64A-7(b), proposes to amend N.J.A.C. 9:4-3.61 concerning State support payments to county colleges.

Summary

The proposed amendments provide for monthly payments of State support to county community colleges beginning July 15, 1981. Currently, such payments are made quarterly. The change is intended to comply with the general practice of the Department of the Treasury.

Social Impact

This amendment will affect the 18 county colleges in New Jersey.

Economic Impact

Monthly payments will deprive the county colleges of an estimated \$500,000 annually in interest earned on State support payments prior to their expenditure by the colleges. The interest on said monies will be earned and retained by the State.

Full text of the proposed amendment follows (additions indicated in boldface thus; deletions indicated in brackets [thus]).

9:4-3.61 Schedule of payments of State appropriations

(a) Upon final approval of the annual budget request, [the] State aid will be remitted to the colleges under the schedule indicated in this [S]section.

1. Current operations[.]:

i. The [total] amount to be remitted to the colleges will be the total of the appropriation for the years' current operations [(line 8 of Section 3.62(c) (Exhibits) of this Chapter)].

ii. The payments will be made in [four] equal monthly installments on [July 15, October 15, January 15, and April 15] the 15th of each month. The adjustment for the prior years' operation shall be made in the first [quarterly] monthly payment [(i.e. July 15.)] of the States' fiscal year.

2. (No change.)

Interested persons may submit in writing, data, views, or arguments relevant to the proposed rule on or before June 8, 1981 and inquiries as to submissions received and agency responses to those submissions, to:

Eric M. Perkins
Administrative Practice Officer
Department of Higher Education
225 West State Street
Trenton, N.J. 08625

The Board of Higher Education may thereafter adopt rules concerning this subject without further notice.

This proposal is known as PRN 1981-2.

HUMAN SERVICES

DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

Proposed Amendment: N.J.A.C. 10:49-1.3
Administration: Provider Agreements
Changes in Provider Status

Public Hearing: None

Timothy L. Carden, Commissioner of Human Services, pursuant to authority of N.J.S.A. 30:4D-7, proposes to amend N.J.A.C. 10:49-1.3 concerning provider agreements.

Summary

This proposed amendment will require providers to notify the Division of Medical Assistance and Health Services, or its Contractors, whenever there is a change in provider status. Changes include relocation of place(s) of business, and changes in ownership and/or operation.

Social Impact

The Title XIX State Plan, and Federal regulations (42 CFR 431.107), require each provider to execute an agreement with the State Medicaid Agency, and to comply with the disclosure provisions specified in 42 CFR 455, Subpart B.

Economic Impact

Providers who fail to provide the required notification within the specified time periods may become "non-approved" providers, thereby causing their claims to be disallowed.

Full text of the proposed amendment follows (additions indicated in boldface thus; deletions indicated in brackets [thus]).

10:49-1.3 Eligible providers

(a) (No change.)

1.-3. (No change.)

4. A provider is required to notify the Medicaid program and obtain a new provider agreement if any of the following listed is applicable to the provider. The list is not inclusive:

i. The business office or place(s) of business relocates;

ii. A business transaction is initiated that will affect the status of the ownership of the business;

iii. There is a change in ownership and/or operation of the provider, including changes in leases, officers, directors, stock ownership and sale of the business when the following occurs. The list is not inclusive:

Corporation (Profit):

(1) There is acquisition by or transfer of ownership through purchase, contract, donation, gift, stock option, etc., of 25 percent or more of a corporation's outstanding stock (preferred or common).

(2) There is acquisition of the physical assets of the provider's business by a newly formed or existing corporation.

Partnership:

(3) There is acquisition by or transfer of ownership of 10 percent or more of the existing partnership's total capital interest.

(4) There is acquisition of the physical assets of the provider's business by a newly formed or existing partnership.

Proprietorship:

(5) There is purchase of the physical assets of the provider's business.

Corporation (Non-Profit):

(6) There is change in the officers, trustees, directors or board members of the provider's business.

iv. Satellite business sites are acquired and/or divested.

5. If one or more of the events listed in (a)4 above occur, the provider must send written notification to the Medicaid Program within 14 days. Failure to comply with this requirement and completion of provider documentation requested by the Agency in accordance with N.J.A.C. 10:49-1.3(a)3, which means enrollment documentation requested by the Medicaid Agency must be furnished within 35 days of the date of the written request, may result in a non-approved provider status, and claims for services rendered beyond the 35th day of the written request will not be reimbursed. Depending upon the nature of the provider, notice should be sent to the address as indicated:

i. Long Term Care Facilities:

Chief, Provider Enrollment Unit
Division of Medical Assistance and Health Services
CN-712
Trenton, New Jersey 08625

ii. Pharmacy Relations:

Blue Cross of New Jersey
33 Washington Street
Newark, New Jersey 07102

iii. Hospitals and Home Health Agencies (To the appropriate contractor):

Provider Relations
Blue Cross of New Jersey
33 Washington Street
Newark, New Jersey 07102
Medicaid Claims
Provider Services Division
The Prudential Insurance Company of America
P.O. Box 5000
Millville, New Jersey 08332

iv. All other providers:

Provider Enrollment Unit
Medical Administration Division
The Prudential Insurance Company of America
P.O. Box 1900
Millville, New Jersey 08332

(b) The requirements listed in N.J.A.C. 10:49-1.3(a) are applicable only to provider enrollment agreements between the New Jersey Medicaid Program and eligible Medicaid providers. This section does not change any conditions of program participation required by other New Jersey Medicaid rules and regulations and/or requirements by other agencies; e.g., the New Jersey State Department of Health or the Department of Health and Human Services.

Renumber (b) and (c) as (c) and (d).

Interested persons may submit in writing, data, views, or arguments relevant to the proposed rule on or before June 8, 1981 and inquiries as to submissions received and agency responses to those submissions, to:

Administrative Practice Officer
Division of Medical Assistance
and Health Services
P.O. Box 2486
Trenton, New Jersey 08625

The Department of Human Services may thereafter adopt rules concerning this subject without further notice.

This proposal is known as PRN 1981-21.

(a)

HUMAN SERVICES

DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

Adopted Amendment: N.J.A.C. 10:49-1.7
Administration Manual

Utilization of Insurance Benefits

Effective Date: May 7, 1981

Operative Date: June 15, 1981

On April 3, 1981, Timothy L. Carden, Commissioner of Human Services, pursuant to authority of N.J.S.A. 30:4D-7k and in accordance with the applicable provisions of the Administrative Procedure Act, adopted amendments to N.J.A.C. 10:49-1.7 concerning utilization of insurance benefits as proposed in the Notice published April 10, 1980 at 12 N.J.R. 187(c) without change.

An order adopting the rule was filed with the Office of Administrative Law on April 9, 1981 as R.1981 d.123.

(b)

HUMAN SERVICES

DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

Proposed Amendment:

N.J.A.C. 10:49-1.13 and 1.14

Administration: Providers Using Service Bureaus
And/or Management Agencies

Public Hearing: None

Timothy L. Carden, Commissioner of Human Services, pursuant to authority of N.J.S.A. 30:4D-6c, proposes to amend N.J.A.C. 10:49-1.13 and 1.14 concerning providers using service bureaus and/or management agencies, by deleting the current texts in their entirety and substituting new text therefor.

Summary

This amendment will allow providers to utilize the services of a service bureau and/or management agency when billing the Medicaid program. Since this provision is optional, it will allow providers to select a method of claim submittal that is cost effective to them.

Social Impact

Providers who use this method of billing must obtain prior approval from the Division of Medical Assistance and Health Services.

Economic Impact

Cost estimates are not currently available because it is not known how many providers will use a service bureau and/or management agency. Another variable is whether the service bureau, etc., would submit the standard Medicaid hard-copy claim form, or an authorized alternative form, or would use an automated data exchange billing system.

Full text of the proposed amendments follows (additions indicated in boldface thus; deletions indicated in brackets [thus]).

10:49-1.13 [Prohibition of factoring] **Prohibition of payment to factors**

[No provider participating in the Medicaid program

shall enter into any factoring contract, agreement or other understanding, whether oral or written, with any person, corporation, service bureau, management agency or other entity, the purpose or effect of which is to cause any Medicaid claim payment or portion thereof to be assigned, discounted, diverted or made payable to any party other than the participating provider who rendered the services or supplies in question.]

(a) Payment for any covered services furnished to a Medicaid eligible recipient by an approved provider may not be made to or through a factor, either directly or by power-of-attorney.

(b) A "factor" means an individual or an organization, such as a collection agency or service bureau, that advances money to a provider for accounts receivable that the provider has assigned, sold or transferred to the individual organization for an added fee or deduction of a portion of the accounts receivable.

10:49-1.14 Use of service bureau and/or management agency

[(a) In those cases in which a service bureau, management agency or other organization is utilized by a provider to perform management, clerical and/or other services relating to the claims payment process, standard Medicaid claim forms or exact authorized replicas thereof, must be utilized, except where tape-to-tape claims processing is approved. If standard Medicaid forms are not utilized, the service bureau or management agency must obtain authorization from Medicaid to use the forms and must assume the entire cost of printing duplicate forms.

(b) If a participating provider designates an agency as its agent for the purposes set forth in subsection (a) of this section, said service bureau or management agency may act as agent for the provider for purposes of rendering services in relation to the claims payment process (including the signing of Medicaid claim forms on behalf of said provider) only if an appropriate power-of-attorney is executed by the provider and the agent, and only if the power-of-attorney and the agreement or other understanding between said provider and its agent contains a detailed statement of the powers and duties of the agent (including the power to sign Medicaid claim forms on behalf of the provider), and then only if the requirements set forth in subsection (a) of this section and section 13 of this subchapter relating to non-diversion of Medicaid claim payments and appropriate use of Medicaid claim forms are specifically incorporated into said power-of-attorney and said contract, agreement or understanding. Both the power-of-attorney and the contract, agreement or understanding shall be filed with and meet the approval of the New Jersey Medicaid Program.]

(a) Payment may be made to a business agent, such as a billing service or an accounting firm, that furnishes statements and receives payment in the name of the provider if the agent's compensation for this service is:

1. Related to the cost of processing the billing;
2. Not related on a percentage or other basis to the amount that is billed or collected; and
3. Not dependent upon the collection of the payment.

(b) If a participating provider wishes to designate a business agent to perform management, clerical and/or other services related to the claims payment process, prior authorization is required from the New Jersey Medicaid Program.

(c) In order to obtain prior authorization the provider/agent must submit a copy of the signed agreement and power-of-attorney, if any, between the provider and the agent which contains a detailed statement of the powers

and duties of the agent (including the power to sign Medicaid claims forms on behalf of the provider and the compensation arrangement) to:

Chief, Provider Enrollment
Division of Medical Assistance and Health Services
P.O. Box 2486
Trenton, New Jersey 08625

(d) Prior authorization must be obtained for each provider/agent agreement. Authorization/approval of an agent agreement with one provider does not confer an automatic approval of any additional provider/agent agreement.

(e) Standard Medicaid hard-copy claim forms, available from the Medicaid Contractors, must be used unless the provider has been authorized to submit claims via an automated data exchange billing system for all instances except where hard-copy claims are required as detailed in the appropriate provider manual.

1. If standard Medicaid claim forms are not utilized the provider/agent must obtain prior authorization from the New Jersey Medicaid Program.

2. In order to obtain prior authorization the provider/agent must submit a printers prototype of an exact replica of the Medicaid claim form and the programming instructions for completion of the form to the appropriate Contractor, the Prudential Insurance Company (P.O. Box 1900, Millville, New Jersey 08332) or Blue Cross (33 Washington St., Newark, New Jersey 07102).

3. The provider/agent must assume the entire cost of printing duplicate forms.

(f) The New Jersey Medicaid Program, in authorizing/approving any provider/agent agreement, assumes no responsibility for the performance of the provider or agent. In the event that any error of the provider/agent requires special programming to be made by the Medicaid Contractor in order to have claims paid correctly the provider/agent must assume the entire cost of the special programming.

Interested persons may submit in writing, data, views, or arguments relevant to the proposed rule on or before June 8, 1981 and inquiries as to submissions received and agency responses to those submissions, to:

Administrative Practice Officer
Division of Medical Assistance and Health Services
P.O. Box 2486
Trenton, N.J. 08625

The Department of Human Services may thereafter adopt rules concerning this subject without further notice. This proposal is known as PRN 1981-18.

(a)

HUMAN SERVICES

DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

Adopted New Rule: N.J.A.C. 10:49-1.27

Administration Manual
Final Audits

Effective Date: May 7, 1981

On April 6, 1981, Timothy L. Carden, Commissioner of Human Services, pursuant to authority of N.J.S.A. 30:4D-7m and in accordance with the applicable provisions of the Administrative Procedure Act, adopted amendments to N.J.A.C. 10:49-1.27 in the Administration Manual concern-

ing final audits as proposed in the Notice published March 5, 1981, at 13 N.J.R. 133(c) and without change.

Take notice that this new rule was originally codified as N.J.A.C. 10:49-1.26 in the March 5, 1981 New Jersey Register.

An order adopting the rule was filed with the Office of Administrative Law on April 7, 1981 as R.1981 d.114.

(a)

HUMAN SERVICES

DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

Adopted Amendment: N.J.A.C. 10:51 (Appendices B and D)

Pharmaceutical Services Manual

List of General Non-Legend Drugs and Legend Devices

Effective Date: May 7, 1981

On April 6, 1981, Timothy L. Carden, Commissioner of Human Services, pursuant to authority of N.J.S.A. 30:4D-7 and in accordance with the applicable provisions of the Administrative Procedure Act, adopted amendments to N.J.A.C. 10:51 (Appendices B and D) concerning general non-legend drugs and legend devices as proposed in the notice published March 5, 1981 at 13 N.J.R. 134(a), but with subsequent changes not so substantial as to change the scope or effect of the original proposal (N.J.A.C. 1:30-3.5). These changes were the additions of 20 items to the original list. Most of the additions were cortisone creams, ointments, and lotions. By listing these items Medicaid recipients will be able to obtain them, and pharmaceutical providers will be reimbursed for dispensing them.

An order adopting the rule was filed with the Office of Administrative Law on April 9, 1981 as R.1981 d.124.

(b)

HUMAN SERVICES

DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

Proposed Amendment: N.J.A.C. 10:51-2
Pharmacy Manual
Billing Procedures

Public Hearing: None

Timothy L. Carden, Commissioner of Human Services, pursuant to authority of N.J.S.A. 30:4D-6c, proposes to amend N.J.A.C. 10:51-2 by deleting the current text (except N.J.A.C. 10:51-2.1, 2.2, and 2.4) and substituting new text therefor.

Summary

New Jersey Blue Cross, the Contractor responsible for processing pharmacy claims, has made certain revisions to their claim processing system. The amendments to this subchapter are designed to expedite the processing of pharmacy claims, and to reduce the number of rejected claims.

Federal regulations (42 CFR 447.45) require that 90 percent of all clean claims submitted by providers be paid within 30 days, and 99 percent of all clean claims be paid within 90 days of receipt. These revised billing procedures

will insure continued compliance with the cited federal regulations, which New Jersey is obligated to follow as part of its State Plan.

Social Impact

It is expected that prompt and accurate claim processing should encourage pharmacists to serve Medicaid recipients.

Economic Impact

The Division anticipates containing administrative costs at their present level.

Full text of the revised subchapter follows.

CHAPTER 51. PHARMACY MANUAL

SUBCHAPTER 2. BILLING PROCEDURES

10:51-2.1 General policy

(a) This subchapter contains basic information for the submission of pharmacy claims for Medicaid-eligible patients. (See N.J.A.C. 10:51-3 for specific information on submitting claims for patients in a long-term care facility.) Included is a sample claim form approved for use in submitting bills for covered items or services, and appropriate instructions for the proper completion of the claim form.

(b) Claims should be submitted as frequently as practical, but at least monthly. In all cases, claims must be submitted no later than 90 days after the dispensing date of the prescription.

10:51-2.2 Patient identification

Verify that the patient is a covered person. This is done by checking the patient's validation form. (See N.J.A.C. 10:49-1.2, How to identify a covered person.) The patient's plastic pharmacy card is for claims processing purposes only and is not evidence of eligibility.

10:51-2.3 Plastic pharmacy card

NEW JERSEY
MEDICAID PHARMACY
PROGRAM

NEW JERSEY
HEALTH SERVICES
PROGRAM

CASE NUMBER
FOR
BILLING
PURPOSES
ONLY

CASE NUMBER

AUTHORIZED
SIGNATURE
NEW CARD

AUTHORIZED
SIGNATURE
OLD CARD

(a) Pictured above left is the pharmacy program plastic card in use since 1977 and which is intended to replace the old card, pictured above right, which has been in existence since 1970. The replacement process is taking place by attrition; this means that the older cards will still be in existence and can be used. The new card, as well as the old card, is to be utilized exclusively by pharmacy providers with imprinter machines for billing transactions. The current card is provided to the recipient as a service to facilitate billing. You are reminded that the plastic card is not to be used for identification or proof that the recipient is eligible for the Medicaid program.

(b) For confirmation of individual recipient eligibility, check for the monthly validation stub or the quarterly validation card.

10:51-2.4 Imprinter

Upon request, an imprinter may be purchased at a nominal cost along with operating instructions. Use of the imprinter is not mandatory, but does help eliminate errors and therefore speeds up processing of claims.

10:51-2.5 Pharmacy provider identification plate

(a) This plate was designed for the use with an imprinter and should be placed permanently therein. This information, transposed onto the claim form, will enable Blue Cross of New Jersey to identify all claims submitted by that pharmacy. The Provider Identification Number, name and address may be handwritten in the appropriate area of the claim form (MC-6).

(b) Pharmacy providers servicing long-term care facilities have been issued an additional Provider Identification Number to identify services provided to long-term care facility Medicaid recipients only. Do not use the LTCF Provider Identification Number on any claims for services to other than Medicaid recipients residing in long-term care facilities.

10:51-2.6 Instructions for completion of form MC-6

(a) A properly completed claim form, submitted within 90 days from the dispensing date, as stated in N.J.A.C. 10:51-2.1 will enable Blue Cross of New Jersey to process your claim quickly. It is recommended that claims be submitted for processing no less than once weekly in order to correspond to the payment cycle.

(b) The tissue copy of the claim form should be detached after completion and retained as your record of claims submitted to Blue Cross of New Jersey. Please keep tissues in claim number order for quick referral.

(c) The Medicaid drug reference chart, at the end of this subchapter, is included to aid in the completion of the claim form.

(d) When completing the claim form enter the following information:

1. Case number is the 10-digit number that identifies the person who is assigned the validation form.
2. Patient's first name and person number of the person for whom prescription is being filled, as shown on the validation form. (Nicknames or abbreviations of patient's first name should never be used. Enter only as the name appears on the patient's identification document.) If available, enter patient's date of birth.
3. Case name refers to the last name of the "head of the family". Make sure the name is legible.
4. Obtain signature of patient or representative. (See N.J.A.C. 10:49-1.26, Patient certification.)
5. Is a patient in a long-term facility? Either "yes" or "no" must be checked. Refer to N.J.A.C. 10:51-3 for further information regarding procedures when patient is in a long-term care facility.
6. Signature of pharmacist.
7. Prescriber's name and degree—Print prescriber's first initial, last name and degree (M.D., O.D., D.D.S., podiatrist, etc.). If prescriber is non-participating, enter his name. If prescriber practices solely in a hospital, enter the name of the hospital.
8. Pharmacy number, name and address of pharmacy—The pharmacy provider's identification number must be legible on the claim.
9. Date dispensed: Enter month, day and year drug was dispensed. Providers utilizing old style imprinters which imprint the dates must correct the year digits if a new "date wheel" was not obtained.
10. Rx number: Enter the prescription number you had assigned. Identify the prescription number. If the claim represents a refill, use the original prescription number according to your files.
11. National drug code of the drug used may be obtained from the package label (if available). If the NDC is not available provide complete drug information in item 14 and leave the NDC area blank.

12. When entering NDC's on the claim form, providers should transfer them exactly as they appear on the package label.

i. Example: Nalfon Pulvules 300 mg. (Dista) 60's. NDC appears on package label as: NDC 777-0877-60. Enter this NDC on the claim form as such: //777/7/-/0/8/77/-/6/0/.

ii. Example: Naprosyn Tablets 250 mg. (Syntex) 100's. NDC appears on package label as: NDC 18393-272-42. Enter this NDC of the claim form as such: /1/8/3/9/3/-/2/7/2/-/4/2/.

13. For the convenience of providers, the most frequently used products have been assigned an abbreviated three digit code which will lessen the possibility of errors for these products in NDC transcription. When entering the abbreviated code, use the last three positions of the NDC field.

i. Example: Valium 5 mg. Tablets are labelled with NDC 00140-0005-01 and has been assigned the Abbreviated Drug Code of 962. Enter 962 on the claim form in the last three positions of the NDC field as such: //1/1/1/9/-/6/2/.

ii. The abbreviated Drug Code is not applicable to tape claims.

14. Metric quantity: Enter quantity dispensed according to the following:

i. Metric quantities dispensed of those injectable products normally reconstituted by physician, nurse, etc., subsequent to dispensing, bulk irrigation or I.V. solutions and prefilled syringes (ex. Tubex products), should be reported on claim form MC-6 as total number of full ampoules, vials, or bottles dispensed. Enter the NDC from the package label.

Example: Report three vials of Polycillin-N Injection as three in metric quantity field.

Example: Report six bottles of Normal Saline sterile solution for Irrigation, 1000cc each as six in metric quantity field.

ii. Metric quantities dispensed of all other legend drugs should be reported on claim form MC-6 as total number of cc, grams, tablets, capsules, etc. Enter the NDC from the product package label.

iii. When reporting metric quantities, providers should interpret metric quantity equivalents as such. (Use of this reporting procedure will afford proper cost payment for all quantities dispensed as reimbursement rates have been predicated on this procedure.):

Apothecary Quantities of:	Which Are Equivalent to Labelled Metric Quantities of:	Should be Reported as Metric Quantity of:
½ oz.	14.2 gm or cc	15
4 oz.	118.5 gm or cc	120
1 oz.	28.4 gm or cc	30
16 oz.	473 gm or cc	480
8 oz.	237 gm or cc	240
2 oz.	56.8 gm or cc	60
2 x ½ oz.	2 tubes, 15 gm each	30
2 x 1 oz.	2 tubes, 28.4 gm each	60
1½ oz.	42.6 gm or cc	45

15. Calculate days supply from the prescriber's directions and the quantity dispensed. Enter N/A (not applicable) when it is not possible to calculate days' supply. (See "Dosage and Directions" in N.J.A.C. 10:51-1.8.)

16. If there is no code, give the product name, dosage form and strength. Complete only if NDC number is not available, or if there is any question of NDC validity. Complete all areas of product identification.

17. Check if prior authorized service, medical certification or both and authorization number. Check the box, and enter the authorization number or medical certification as explained under "Services requiring prior authorization" and "certification" in N.J.A.C. 10:51-1.

i. Services requiring prior authorization should not be provided until the authorization is received. If the prescriber has not requested prior authorization, it may be obtained from the local Medicaid office. When submitting claims for payment, make certain that the appropriate box on the claim form is checked off and the prior authorization number inserted. Prior authorization is approval to dispense a specific drug and is no guarantee that an individual is eligible for services.

ii. The "Check if prior authorized service" box on the MC-6 claim form will be used to indicate prior authorization as well as medical certification as follows:

(1) If no prior authorization is required, leave the box blank;

(2) If prior authorization is required and exists, check the box and indicate the prior authorization number;

(3) If medical certification exists, check the box entitled "Both" and indicate the authorization number.

18. Prescriber's Individual Medicaid Practitioner's (IMP) Number: Obtain this number from the IMP Number Directory. If the prescriber is not a Medicaid participating physician, print "non-par" in this area. If the prescriber practices solely in a hospital, fill this field with all 9's. For pharmacy providers calling from New Jersey, the toll free telephone number for assistance in obtaining IMP numbers is 800-582-7052. For pharmacy providers calling from out-of-State, the telephone number for assistance in obtaining IMP numbers is 609-293-2324.

19. Check if compound Rx: Check this box only if the prescription was compounded and write the ingredients and their quantities on the reverse side of the claim form. (Fold the tissue and carbon aside before writing on back of claim.) Leave NDC area blank. Do not write "compound" in the NDC area. Do not enter multiple NDC's in that field to describe a compound.

20. Charge: Enter the usual and customary charge.

i. Example: enter charge of \$11.79 as 01179.

ii. Example: enter charge of \$110.65 as 11065.

iii. The program now accepts up to five digits in the "charge field" (billed amount in the top right hand corner of claim). Providers using old style imprinters which imprint digits representing "date billed", number of refills, and a four digit charge must leave indicator keys representing "date billed" (red key) and number of refills (white key) set at 0. Only when the charge exceeds \$99.99 should the white key be utilized for indicating the charge.

21. Defined cost, dispensing fee, total charge, and non-legend drug charge. The use of these fields are not required for the processing of the claim.

(e) Mailing addresses for claims:

1. New Jersey pharmacies—claim form MC-6.

i. All pharmacy providers in the State of New Jersey must submit Medicaid pharmacy prescription claim forms (MC-6) for processing within 90 days from the dispensing date to:

Hospital Service Plan of New Jersey
2 Cherry Hill Executive Campus
Cherry Hill, New Jersey 08034

2. Claim return statements and claims requiring special handling.

i. Claim return statements should be mailed to P.O. Box 549, Newark, New Jersey 07101, "Attention: Claim Return Statements".

ii. Claims for amounts billed which exceed \$49.99 should also be mailed to P.O. Box 549, Newark, New Jersey 07101, and envelopes should be marked "Attention: 50".

iii. Claims for compounded drugs and for cancer chemotherapeutic injections should also be mailed to P.O. Box 549, Newark, New Jersey 07101, and envelopes should be marked either "Attention: Compounded Drugs" or "Attention: Special Injection".

iv. Claims for prior authorized services should be mailed to P.O. Box 549, Newark, New Jersey 07101, and envelopes marked "Attention: Prior Authorization".

v. Mailing the above claims to P.O. Box 549, Newark, New Jersey 07101, is not mandatory: However, all special claims mailed to that address will receive special handling during processing. Mailing of claim types other than those stated above will delay processing.

3. Out-of-State pharmacy providers:

i. Out-of-State pharmacy providers must submit their claim form (MC-6) for processing within 90 days from the dispensing date to Newark:

New Jersey Health Services Program
(New Jersey Blue Cross)
P.O. Box 549
Newark, N.J. 07101

LEGEND DRUGS

	Legend Drugs	Oral Contraceptives	Vitamins and or Minerals
Days Supply	Up to 60 or 100 unit doses, whichever is greater	105	Up to 100
Refills Allowed	5*	5* within 6 months or 3* within 1 yr.	5* within 6 months or 2* within 1 yr.
Prior Authorization	No	No	No
Allowed For LTCF	Yes	Yes	Yes
Period for Refills	6 mo.	Within 1 yr.	Within 1 yr.
*Refills not allowed for patients in LTCF unless receiving Level 4-B type care (see N.J.A.C. 10:51-3).			
	Preventive Drugs	Injectables	Hypodermic Needles and/or Syringes
Days Supply	Up to 60 or 100 unit doses, whichever is greater	Up to 60 or 100 unit doses, whichever is greater	Up to 100
Refills Allowed	5*	5*	5* within 6 months or 2* within 1 yr.
Prior Authorization	Yes, unless patient is in LTCF	Yes, unless patient is in LTCF	No
Allowed For LTCF	Yes, no auth. is required	Yes, no auth. is required	No
Period for Refills	6 mo.	6 mo.	Within 1 yr.

*Refills not allowed for patients in LTCF receiving Level 4-B type care (see N.J.A.C. 10:51-3).

NON-LEGEND DRUGS

	Insulin	Vitamins and/or Minerals	Contraceptive Material
Days Supply	Up to 60 or 100 unit doses, whichever is greater	Up to 100	Up to 60 or 100 unit doses, whichever is greater
Refills Allowed	5	5 within 6 months or 2 within 1 yr.	5 within 6 months or 2 within 1 yr.
Prior Authorization Required?	No	No	No
Allowed For LTCF	No	No	No
Period for Refills	6 mo.	Within 1 yr.	Within 1 yr.

	Protein Replacements	Diabetic Testing Material
Days Supply	Up to 60 or 100 unit doses, whichever is greater	Up to 60 or 100 unit doses, whichever is greater
Refills Allowed	5	5
Prior Authorization Required?	Yes	No
Allowed For LTCF	No	No
Period for Refills	6 months	6 months

10:51-2.7 Payment voucher

(a) The payment voucher(s) which will be included with the weekly check, lists all information necessary to identify the disposition of each submitted claim. Claims are reported on the voucher in claim number order. Upon receipt of payment, check relevant tissue copies of claims from your files against the voucher to verify and ascertain each claim's status. Paid claim tissues should be attached to the voucher and filed by date of payment in permanent paid file.

1. A sample of the payment voucher and the explanation codes were proposed with these rules but are not reproduced herein. Further information on this material may be obtained from the Division of Medical Assistance and Health Services, CN 712, Trenton, New Jersey 08625.

10:51-2.8 Claim return statement (form FD-237)

(a) This form is an instrument for the provider to correct invalid claim information which is preventing the final payment processing determination of a pending claim. This form is automatically issued on a weekly basis, included with the voucher statement and is indicated by a Code 48 under the explanation code on the voucher. Duplicate copies of a Claim Return Statement will be available upon request.

(b) A Claim Return Statement will also be utilized for Explanation Code 49; however, such forms will be returned to the service bureau which may re-enter the total claim information (with corrections) via tape or return the statement to the provider for further action.

(c) Claim Return Statements should be completed as soon as practical and submitted to Blue Cross of New Jersey; however, the time limitation for normal claims submittal (no later than ninety (90) days from the date of statement return) will apply.

(d) Questions regarding the proper completion of the Claim Return Statement are to be directed to Blue Cross of New Jersey, P.O. Box 549, Newark, New Jersey 07101, Attention: Claim Return Statements or call toll free (800) 242-0809 between 8:15 A.M. and 4:15 P.M. (Monday through Friday, except holidays).

(e) For each Claim Return Statement issued, the fields in the various boxes will contain information concerning the individual claim in question. In cases where information was missing, the field will be blank or "0" filled. In the case of an invalid National Drug Code, that field will contain an asterisk.

(f) Corrections are made to the Claim Return Statement by entering the correct information in the box immediately below the field in error as follows:

1. In the top left hand corner of each such box to be used for correction there appears a number. In the procedures for correcting various "error codes" these correction fields will be referred to with the corresponding number. In the lower portion of the form an area entitled "error codes" will display the error code(s), in the form of a three digit number which will provide the reason(s) the claim could not be processed.

2. Required action by the pharmacy provider will be indicated by:

i. A blank or zeros will appear in those fields where information is missing or in the case of an erroneous National Drug Code, an asterisk will appear;

ii. Numeric error codes in the error code areas of the Statement;

iii. A brief explanation of the error condition at the bottom of the Statement;

iv. To properly correct the claim information refer to the original information used to prepare the claim and institute correction procedures as listed.

Note: A sample of the Claim Return Statement and the error codes were proposed with these rules but are not reproduced herein. Further information on this material may be obtained from the Division of Medical Assistance and Health Services, CN 712, Trenton, New Jersey 08625.

(g) Claim Return Statements are to be mailed to:
New Jersey Health Services Program
(New Jersey Blue Cross)
P.O. Box 549
Newark, New Jersey 07101
Attention: Claim Return Statements

10:51-2.9 Medicaid Pharmacy Adjustment Request (form FD-238)

(a) This form is an instrument for:

1. Requesting adjustment for a contested paid claim.

2. Correcting erroneous information on declined claims to seek a reverse decision.

(b) Time limitation: Adjustment requests for all claims must be received by Blue Cross of New Jersey not later than 180 days after the claim in question appeared on a payment voucher. It should be noted that the 180-day limit does not apply to adjustment requests submitted due to patient eligibility. In this instance the time limitation is

two years when the failure to establish timely eligibility on file was the fault of the certifying agency (county or State).

(c) Completion of the Adjustment Request form: Always complete the first three lines of information (shaded areas) in the top portion of the Adjustment Request form. This information should be copied and entered exactly as it appears on the voucher. Do not enter corrections in this area (first three lines of shaded areas). The following areas will always be completed for every adjustment request:

1. Date of payment;
2. Page number of voucher;
3. Voucher explanation;
4. Blue Cross locator number;
5. Case number and person number; and
6. Pharmacy number, name and address. The imprinter may be utilized to insert this information only when using the new style imprinter (imprinter without the date wheel). Do not use the old style imprinter (imprinter with a date wheel) to fill in this information as the date will fall in the wrong area on this form.

(d) Procedure to request adjustment of an explanation code 61 (patient ineligible at time services were rendered): After completing the adjustment form as indicated in 10:51-2.9(c), claims which were declined as "61s" can have a request for adjustment made by entering new or corrected information in the area designated line 1: "eligibility only". Enter only the corrected information on this line but in all cases enter the dispensing date of the claim and the Case Last Name.

1. Claim no.: If there is no change in the claim number, do not enter that information. (See N.J.A.C. 10:51-2.9(f) for exception.)

2. Case number: If there is a different case number than that which appeared on the voucher, enter the case number. In cases where the County Welfare Agency has indicated that a case number has been reinstated as eligible, enter the case number as it originally appeared on the claim.

3. Per. no.: If the person number displayed on the voucher is incorrect, enter the correct person number.

4. Disp. date: Always enter date claim was dispensed.

5. Case last name: Always enter recipient case name when requesting eligibility adjustment.

(e) Adjustment request due to insufficient payment or outright decline (for other than eligibility): Enter initial information as described in N.J.A.C. 10:51-2.9(c). In the area designated as line two "payment pricing only", enter the amount billed and the amount paid in the shaded areas as it appeared on the voucher. Enter new or corrected information in the areas on lines two and three only when the information displayed on the voucher was incorrect.

1. Claim no.: Enter claim number only if the original claim number (as shown on the voucher) was in error (see N.J.A.C. 10:51-2.9(f) for exception).

2. Charge: If the amount as it appeared on the voucher (amount billed) was incorrect, enter the corrected amount in this area.

3. Disp. date: If the dispensing date as it appeared on the voucher was in error, enter the correction in this field.

4. Rx number: If the prescription number as it appeared on the voucher is in error, enter correction in this field. Please note only the last six significant digits are utilized to describe the prescription number.

5. National Drug Code: Enter a new or corrected code only if different than the code displayed on the voucher. In cases where a numeric code is not indicated and instead a written product description is given enter product

or ingredient information in the area at the bottom of the form indicated for comments and place an "N" in the area for the National Drug Code.

6. Metric quantity: Enter a new or corrected metric quantity only when different than the metric quantity displayed on the voucher.

7. Days supply: Enter a new or corrected days supply only if it is different than the days supply appearing on the voucher.

i. N/A will appear as a one day supply on the vouchers.

ii. The area designated as "Line 3" concerns prior authorization or medical certification. In cases where an adjustment is requested due to the lack of prior authorization or medical certification on the original claim, the appropriate box should be checked. In cases where "prior authorization" or "both" have been checked, an authorization number must be entered into the "Author. No." field.

iii. In requesting adjustments for Explanation Codes 04 or 05 (which indicate the dispensing date exceeds time limitations for submittal of claim) the Adjustment Request form should be completed and forwarded along with a detailed letter of explanation as to the reason an adjustment exception should be made.

(f) Interim need for claim number information on Adjustment Request Form: Under the revised claim processing system, the new voucher format allows the display of 13 digits for the Blue Cross locator number. This expanded number indicates the specific location of an individual claim, eliminating the need for "claim number" information on the Adjustment Request forms. However, the Blue Cross Locator Number for claims processed under the previous voucher format will contain only eight digits, which alone will not identify the specific claim. Therefore, all requests for claim adjustment where the Blue Cross Locator Number consists of only eight digits, requires that the claim number be indicated on the adjustment form in the "CLAIM NO." box ("Line 1" or "Line 2") in order that the adjustment can be processed.

10:51-2.10 Follow-up claims investigation procedure

(a) This procedure is to be used when:

1. A claim has never appeared on the voucher statement and 30 days has passed since the submittal of that claim.

2. A claim which appeared on a voucher statement with an Explanation Code 47 has after 30 days (from the date of the voucher statement) not appeared again.

3. Only when N.J.A.C. 10:51-2.10(a)1 or 10:51-2.10(a)2 exists for an individual claim, the following procedure should be implemented.

i. Review the claim information for completeness and make any necessary corrections;

ii. Obtain a copy of the claim tissue for the claim in question. If a claim tissue is not available transcribe the original claim information onto a new claim form. When utilizing a new claim form for the follow-up claim procedure, enter the word "re-submission" in the patient signature area.

iii. Mail the copy of the tissue or the new claim form to:

New Jersey Health Services Program
(New Jersey Blue Cross)

P.O. Box 549

Newark, New Jersey 07101

Attention: Follow-Up Claim

iv. Each claim so received will be re-processed and should appear on a future voucher statement with its proper disposition.

(b) In the case of claims whose Explanation Code was

(Continued on Page 289)

INDEX OF RULES SUPPLEMENTING THE NEW JERSEY ADMINISTRATIVE CODE

The New Jersey Register supplements the New Jersey Administrative Code. All rules adopted subsequent to the most recent update to the New Jersey Administrative Code are listed below. In many cases the full text is available in the New Jersey Register. If not, it is available for a fee from:

Administrative Publications and Filings
CN 301
Trenton, N.J. 08625

The adoption notice, listed below, will indicate the citation of the proposal and whether the adopted rule has been changed from the proposal.

If you know the N.J.A.C. citation of the rule you are

interested in, any amendments not yet included in the New Jersey Administrative Code will be listed in order of code citation. If the citation is unknown, it will be necessary to read through the description of the rules in the list below.

The New Jersey Register beginning with March 8, 1979 should be retained as a supplement to the New Jersey Administrative Code—to be used in the same way as a pocket part—updating the New Jersey Administrative Code with all rules filed between the latest update for each title and the date indicated on the cover of this New Jersey Register.

The date of the current update for each title is listed below at the end of each title.

N.J.A.C.
CITATION

DOCUMENT ADOPTION NOTICE
CITATION (N.J.R. CITATION)

ADMINISTRATIVE LAW — TITLE 1

1:1-1.1	Applicability of OAL rules	R.1981 d.118	13 N.J.R. 254(a)
1:1-1.5	Nature of a contested case	R.1981 d.116	13 N.J.R. 254(b)
1:1-9.7, 11.2, 11.3	Finality of procedural decisions	R.1981 d.55	13 N.J.R. 144(a)
1:1-12.3	Standards for intervention in administrative hearings	R.1981 d.119	13 N.J.R. 255(a)
1:1-12.4	Finality of procedural decisions	R.1981 d.55	13 N.J.R. 144(a)
1:1-14.1	Motions to consolidate	R.1981 d.120	13 N.J.R. 255(b)
1:1-14.1, 14.2	Motions to consolidate	R.1981 d.117	13 N.J.R. 255(c)
1:1-14.3, 15.2	Finality of procedural decisions	R.1981 d.55	13 N.J.R. 144(a)
1:30	Rules of agency rulemaking	R.1981 d.83	13 N.J.R. 171(a)

(Title 1, Transmittal 1 dated July 17, 1980)

AGRICULTURE — TITLE 2

2:2-2.4	Amend conformity of brucellosis tests with Federal standards	R.1980 d.422	12 N.J.R. 627(b)
2:2-2.16	Slaughtering of market cattle and goats	R.1981 d.40	13 N.J.R. 115(b)
2:3-2.3, 2.4	Brucellosis and tuberculosis tests for cattle	R.1981 d.39	13 N.J.R. 115(a)
2:3-4.1	Amend movement of livestock	R.1981 d.41	13 N.J.R. 115(c)
2:5-1	Repeal hog cholera quarantines	R.1981 d.42	13 N.J.R. 115(d)
2:48-5	Restrictions on coupons in milk promotion	R.1980 d.519	13 N.J.R. 6(a)
2:53-1, 3.1	Repeal minimum prices on fluid whole milk and amend sales below cost	R.1980 d.472	12 N.J.R. 686(b)
2:53-4.1	Amend notice of intent to change source of supply	R.1980 d.473	12 N.J.R. 686(c)

(Title 2, Transmittal 17 dated July 17, 1980)

BANKING — TITLE 3

3:1-12	Multiple-party deposit accounts	R.1980 d.480	12 N.J.R. 686(d)
3:6-1	Repeal reporting of ten year dormant accounts	R.1980 d.435	12 N.J.R. 627(c)
3:6-10	Sale of unsecured days funds by savings banks	R.1980 d.559	13 N.J.R. 62(c)
3:6-11	Asset valuation of common trust fund	R.1980 d.560	13 N.J.R. 62(d)
3:8-3.1	Amend required reserve	R.1980 d.481	12 N.J.R. 688(a)
3:8-5	Repeal savings banks reserves	R.1980 d.482	12 N.J.R. 688(b)
3:11-10.1, 10.2	Savings banks participation in credit card operations	R.1981 d.91	13 N.J.R. 185(b)
3:19-1.6	Amend required use of home repair contractor's license number	R.1980 d.556	13 N.J.R. 62(b)
3:19-2	Energy rules on home repair financing	R.1981 d.29	13 N.J.R. 116(a)
3:21-1.8	Emergency amend loan interest rates	R.1981 d.12	13 N.J.R. 62(e)
3:30-2.1	Reserve requirements	R.1981 d.90	13 N.J.R. 185(a)
3:41	Cemetery rules	R.1980 d.449	12 N.J.R. 628(a)

(Title 3, Transmittal 16 dated July 17, 1980)

**N.J.A.C.
CITATION**

**DOCUMENT ADOPTION NOTICE
CITATION (N.J.R. CITATION)**

CIVIL SERVICE — TITLE 4

4:1-8.6	Amend qualifications for promotional examinations	R.1981 d.92	13 N.J.R. 186(c)
4:1-9.1	Amend review of scoring key	R.1980 d.236	12 N.J.R. 383(c)
4:1-11.7	Amend employment lists	R.1980 d.406	12 N.J.R. 628(b)
4:1-12.15	Extension of certification list	R.1981 d.127	13 N.J.R. 257(a)
4:1-16.7	Suspension, fines and demotions for disciplinary purposes	R.1981 d.107	13 N.J.R. 257(b)
4:1-17.9	Amend disability leave and sick leave injury	R.1980 d.231	12 N.J.R. 383(b)
4:1-17.24	Unused sick leave payments	R.1980 d.398	12 N.J.R. 566(c)

(Title 4, Transmittal 14 dated May 17, 1980)

COMMUNITY AFFAIRS — TITLE 5

5:10	Amend maintenance of hotels and multiple dwellings	R.1981 d.95	13 N.J.R. 189(d)
5:10-19.11	Amend maintenance of hotels and multiple dwellings	R.1980 d.500	13 N.J.R. 7(c)
5:11-7.1-7.5	Amend eviction and relocation	R.1981 d.69	13 N.J.R. 189(b)
5:10-19.11	Emerg. amend fire protection	R.1980 d.536	13 N.J.R. 7(f)
5:18	Repeal rules on rentals	R.1980 d.234	12 N.J.R. 569(a)
5:19	Repeal rules of practice of Bureau of Housing Inspection	R.1980 d.205	12 N.J.R. 305(a)
5:22	Rules on exemptions from taxation	R.1980 d.206	12 N.J.R. 305(b)
5:22-1.5	Amend tax abatement	R.1980 d.334	12 N.J.R. 504(a)
5:23	Amend Uniform Construction Code	R.1980 d.316	12 N.J.R. 452(a)
5:23	Amend Uniform Construction Code	R.1980 d.508	13 N.J.R. 7(d)
5:23-1.4, -2	Uniform Construction Code	R.1981 d.134	13 N.J.R. 258(b)
5:23-2.5	Uniform Construction Code	R.1981 d.133	13 N.J.R. 258(c)
5:23-2.7	Rooming and boarding houses and Uniform Code	R.1980 d.376	12 N.J.R. 569(b)
5:23-2.7	Amend UCC: Certificate of occupancy	R.1981 d.45	13 N.J.R. 123(a)
5:23-3	Uniform Construction Code	R.1981 d.132	13 N.J.R. 258(d)
5:23-3.2	Uniform Construction Code	R.1981 d.133	13 N.J.R. 258(c)
5:23-3.3	Emerg. amend Uniform Construction Code	R.1980 d.537	13 N.J.R. 8(a)
5:23-4.8	Uniform Construction Code	R.1981 d.133	13 N.J.R. 258(c)
5:23-4.9	Repeal plan waivers	R.1980 d.276	12 N.J.R. 452(b)
5:23-5.2, 5.11	Uniform Construction Code	R.1981 d.134	13 N.J.R. 258(b)
5:23-6	Readopt solar facility tax exemption	R.1980 d.303	12 N.J.R. 452(e)
5:24-1.3	Condominium and cooperative conversion	R.1981 d.131	13 N.J.R. 258(e)
5:25	Amend new home warranty	R.1980 d.316	12 N.J.R. 452(d)
5:25	Readopt New Home Warranty and Builders' Registration	R.1980 d.522	13 N.J.R. 7(e)
5:25-1.3, 4.2, 5.5	Amend new home warranties and builders registration	R.1980 d.158	12 N.J.R. 250(a)
5:26	Readopt planned real estate development full disclosure	R.1981 d.70	13 N.J.R. 189(c)
5:26	Planned Real Estate Development Full Disclosure Act	R.1981 d.130	13 N.J.R. 259(a)
5:27	Rooming and boarding houses and Uniform Code	R.1980 d.376	12 N.J.R. 569(b)
5:27-5.2, 5.8	Emerg. amend rooming and boarding houses	R.1980 d.546	13 N.J.R. 71(a)
5:28	State Housing Code (1980)	R.1981 d.68	13 N.J.R. 189(a)
5:30-4.4	Amend capital budgets and improvement programs	R.1981 d.3	13 N.J.R. 73(b)
5:30-9.1	Financial administration	R.1981 d.2	13 N.J.R. 73(a)
5:30-9.2	Form of tax collection record	R.1981 d.122	13 N.J.R. 260(a)
5:30-9.3	Tax collector examination	R.1981 d.121	13 N.J.R. 260(b)
5:30-17	Ratify rules concerning cooperative pricing and joint purchasing system	R.1980 d.243	12 N.J.R. 388(b)
5:37	Emerg. rules on Deferred Compensation Program for county and municipal employees	R.1980 d.456	12 N.J.R. 633(b)
5:37	Emergency amend deferred compensation	R.1980 d.557	13 N.J.R. 71(b)
5:80	Amend determining rents or carrying charges in developments financed by HFA	R.1980 d.234	12 N.J.R. 388(a)
5:100-1.6	Amend ombudsman subpoenas	R.1980 d.233	12 N.J.R. 387(a)

(Title 5, Transmittal 14 dated March 20, 1980)

EDUCATION — TITLE 6

6:11-3.3	Amend teacher certification fees	R.1981 d.82	13 N.J.R. 191(a)
6:11-3.18	Amend teacher education and academic credentials	R.1981 d.22	13 N.J.R. 123(b)
6:20-2.6(d)4	Bookkeeping and accounting in local school districts	R.1980 d.381	12 N.J.R. 569(d)
6:20-2.12	Bookkeeping and accounting in local districts	R.1980 d.427	12 N.J.R. 639(a)
6:20-5.1	Repeal special State aid for children resident in institutions	R.1980 d.426	12 N.J.R. 638(b)
6:20-5.3	Repeal rules on emergency State building aid	R.1980 d.425	12 N.J.R. 638(a)
6:21-1.4	Pupil transportation: retirement of school buses	R.1980 d.382	12 N.J.R. 569(e)
6:29-7.1	Amend family life education programs	R.1980 d.353	12 N.J.R. 505(c)
6:39-1.3, 1.4	Amend Statewide assessment	R.1980 d.352	12 N.J.R. 505(b)

(Title 6, Transmittal 16 dated May 17, 1980)

**N.J.A.C.
CITATION**

**DOCUMENT ADOPTION NOTICE
CITATION (N.J.R. CITATION)**

ENVIRONMENTAL PROTECTION — TITLE 7

7:1-3	Repeal of various rules	R.1980 d.433	12 N.J.R. 643(a)
7:1-4	Repeal of various rules	R.1980 d.433	12 N.J.R. 643(a)
7:1A	Repeal of various rules	R.1980 d.433	12 N.J.R. 643(a)
7:1C-1.13	90-day construction permits	R.1981 d.48	13 N.J.R. 128(b)
7:1D	Repeal of various rules	R.1980 d.433	12 N.J.R. 643(a)
7:1G	Pinelands Comprehensive Management Plan	R.1980 d.370	12 N.J.R. 575(c)
7:1G	Emergency rules concerning drought crisis	R.1981 d.93	13 N.J.R. 195(c)
7:1G-3.3	Emergency amendments on drought emergency	R.1981 d.105	13 N.J.R. 204(a)
7:1H	County environmental health services	R.1980 d.362	12 N.J.R. 514(a)
7:2-11.22	Amend Swimming River Natural Area map	R.1981 d.4	13 N.J.R. 91(a)
7:7	Repeal of various rules	R.1980 d.433	12 N.J.R. 643(a)
7:7-2	Waterfront and coastal resource development	R.1980 d.375	12 N.J.R. 576(a)
7:7E	Waterfront and coastal resource development	R.1980 d.375	12 N.J.R. 576(a)
7:8	Repeal of various rules	R.1980 d.433	12 N.J.R. 643(a)
7:9-3	Repeal of various rules	R.1980 d.433	12 N.J.R. 643(a)
7:9-4, -5, -6	Water quality standards	R.1981 d.80	13 N.J.R. 194(b)
7:9-15	Grants for restoring publicly owned freshwater lakes	R.1980 d.374	12 N.J.R. 575(e)
7:13-1.11	Amend flood plain delineation along Mullica River	R.1981 d.8	13 N.J.R. 91(c)
7:13-1.11	Amend flood plain delineation along Cedar Creek	R.1981 d.9	13 N.J.R. 91(d)
7:13-1.11	Amend flood plain delineation of Great Egg Harbor River	R.1981 d.88	13 N.J.R. 194(d)
7:13-1.11	Amend flood plain delineation of Mullica River and tributaries	R.1981 d.89	13 N.J.R. 194(e)
7:14	Amend pollutant discharge and waste management	R.1981 d.84	13 N.J.R. 194(c)
7:14-1.4	New definition of "treatment works"	R.1980 d.424	12 N.J.R. 642(b)
7:14A	Pollutant discharge and waste management	R.1981 d.84	13 N.J.R. 194(c)
7:15	Repeal of various rules	R.1980 d.433	12 N.J.R. 643(a)
7:17	Hard clam depuration pilot plant program	R.1981 d.56	13 N.J.R. 194(a)
7:24	Dam restoration grants	R.1981 d.104	13 N.J.R. 195(b)
7:25-1.7	Penalties for shellfish law violations	R.1980 d.395	12 N.J.R. 576(d)
7:25-4.8	Amend potentially dangerous species	R.1980 d.448	12 N.J.R. 643(b)
7:25-6	1981 Fish Code	R.1980 d.400	12 N.J.R. 577(a)
7:25-7.3	Repeal of various rules	R.1980 d.433	12 N.J.R. 643(a)
7:25-7.4	Repeal rules prohibiting oyster dredging	R.1980 d.369	12 N.J.R. 575(b)
7:25-7.13	Crab dredging	R.1980 d.396	12 N.J.R. 576(e)
7:25-9.2	Penalties for shellfish law violations	R.1980 d.395	12 N.J.R. 576(d)
7:25-9.4	Repeal of various rules	R.1980 d.433	12 N.J.R. 643(a)
7:25-10	Repeal of various rules	R.1980 d.433	12 N.J.R. 643(a)
7:25-12.1	Amend preservation of clam resource	R.1980 d.521	13 N.J.R. 11(b)
7:25-14.9	Penalties for shellfish law violations	R.1980 d.395	12 N.J.R. 576(d)
7:25-18	Marine fisheries	R.1980 d.394	12 N.J.R. 576(c)
7:25-19.1	Atlantic Coast harvest season	R.1980 d.373	12 N.J.R. 575(d)
7:25-20.1	List of nongame wildlife species of New Jersey	R.1980 d.390	12 N.J.R. 576(b)
7:25A-1.1	Emergency rule on oyster dredging license moratorium	R.1981 d.94	13 N.J.R. 195(a)
7:26-1.1	Amend pollutant discharge and waste management	R.1981 d.84	13 N.J.R. 194(c)
7:26-3.2, 4.7	Amend solid waste collection and haulage	R.1981 d.49	13 N.J.R. 129(a)
7:26-5.4	Repeal of various rules	R.1980 d.433	12 N.J.R. 643(a)
7:27-2	Control and prohibition of open burning	R.1981 d.135	13 N.J.R. 264(a)
7:27A-1.4	Repeal of various rules	R.1980 d.433	12 N.J.R. 643(a)
7:36-2.2, 3.2, 5.5, 6.4	Amend Green Acres Program	R.1981 d.7	13 N.J.R. 91(b)
7:38	Wild and scenic rivers	R.1980 d.401	12 N.J.R. 577(b)
7:50	Repeal of various rules	R.1980 d.433	12 N.J.R. 643(a)
7:50	Pinelands Comprehensive Management Plan	R.1981 d.13	13 N.J.R. 91(e)

(Title 7, Transmittal 15 dated July 17, 1980)

HEALTH — TITLE 8

8:7-1.7	Amend health officer licensure	R.1980 d.317	12 N.J.R. 467(b)
8:7-1.9(a)	Amend health officer qualifications	R.1980 d.168	12 N.J.R. 272(c)
8:19	Newborn hearing screening program	R.1980 d.173	12 N.J.R. 273(d)
8:21-1.13	Amend drug labeling	R.1980 d.320	12 N.J.R. 467(e)
8:21-1.29	Labeling, sale and distribution of cosmetics for professional use only	R.1980 d.218	12 N.J.R. 317(a)
8:21-1.32, 1.33	Amend drug labeling	R.1980 d.320	12 N.J.R. 467(e)
8:21-6	Certified milk	R.1980 d.403	12 N.J.R. 579(a)
8:21-10	Amend designated fluid milk products	R.1980 d.539	13 N.J.R. 13(f)
8:22-2	Repeal mobile home park rules	R.1980 d.499	13 N.J.R. 13(c)

**N.J.A.C.
CITATION**

**DOCUMENT ADOPTION NOTICE
CITATION (N.J.R. CITATION)**

8:25-3.2(a)	Amend physical examinations regarding Youth Camp Safety Act standards	R.1980 d.169	12 N.J.R. 272(d)
8:30	Amend expiration date	R.1980 d.257	12 N.J.R. 406(a)
8:30-2.2	Appointment of administrator	R.1980 d.364	12 N.J.R. 518(b)
8:30-2.3	Employee health examinations	R.1980 d.399	12 N.J.R. 578(c)
8:31-26.3	Employee health examinations	R.1980 d.399	12 N.J.R. 578(c)
8:31-28.1, 28.3	Amend certification of need and designation of regional services	R.1980 d.528	13 N.J.R. 13(d)
8:31-30.1	Amendments concerning plan review fee	R.1980 d.256	12 N.J.R. 405(b)
8:31A-5.5	Amend hospital cost reporting procedures	R.1980 d.271	12 N.J.R. 407(a)
8:31A-6	1981 Hospital Rate Setting Rules in SHARE Manual	R.1980 d.269	12 N.J.R. 406(d)
8:31A-7	1981 SHARE guidelines	R.1980 d.270	12 N.J.R. 406(e)
8:31B-2	Uniform bill-patient summaries (inpatient)	R.1980 d.361	12 N.J.R. 517(b)
8:31B-3	Amend hospital procedural and methodological regulations	R.1980 d.455	12 N.J.R. 645(c)
8:31B-3.48	Utilization review	R.1980 d.318	12 N.J.R. 467(c)
8:31B-4	Amend hospital financial elements and reporting regulations	R.1980 d.453	12 N.J.R. 645(a)
8:31B-4.62	Amend excluded health care services	R.1981 d.10	13 N.J.R. 92(a)
8:31B-5	Utilization review	R.1980 d.318	12 N.J.R. 467(c)
8:33H	Policy manual for certificate of need reviews, long term care	R.1980 d.404	12 N.J.R. 579(b)
8:34-1.29, 1.30	Administrative experience regarding nursing home administrators	R.1980 d.170	12 N.J.R. 273(a)
8:37	Amend expiration date	R.1980 d.257	12 N.J.R. 406(a)
8:37-4.4(a)	Administrators and intermediate care facilities	R.1980 d.363	12 N.J.R. 518(a)
8:37-4.5	Employee health examinations	R.1980 d.399	12 N.J.R. 578(c)
8:39	Amend effective date	R.1980 d.257	12 N.J.R. 406(a)
8:39-1.1	Amend definition of ancillary nursing personnel	R.1980 d.171	12 N.J.R. 273(b)
8:39-1.1, 1.11	Employee health examinations	R.1980 d.399	12 N.J.R. 578(c)
8:39-1.13(h)	Administrators, long term care facilities	R.1980 d.399	12 N.J.R. 518(c)
8:39-1.15, 1.25	Amendments to Manual of Standards for Licensure of Long-Term Care Facilities	R.1980 d.399	12 N.J.R. 406(b)
8:42-1.8, 2.1, 2.8	Employee health examinations	R.1980 d.399	12 N.J.R. 578(c)
8:42-3	Amend expiration date of standards, alcohol abuse residential and inpatient treatment facilities	R.1980 d.272	12 N.J.R. 407(b)
8:43-1.1	Definition of boarding home	R.1980 d.366	12 N.J.R. 518(d)
8:43-1.3	Employee health examinations	R.1980 d.399	12 N.J.R. 578(c)
8:43-2.13	Amend Manual for Licensure of Residential Health Care Facilities	R.1980 d.529	13 N.J.R. 13(e)
8:43-4.1(a)	Amendments to standards for licensure of new boarding homes for sheltered care	R.1980 d.172	12 N.J.R. 273(c)
8:43-4.6	Employee health examinations	R.1980 d.399	12 N.J.R. 578(c)
8:43-6.9	Amend Manual for Licensure of Residential Health Care Facilities	R.1980 d.529	13 N.J.R. 13(e)
8:43-9.2	Employee health examinations	R.1980 d.399	12 N.J.R. 578(c)
8:43A-1.72	Amend expiration date of standards	R.1980 d.273	12 N.J.R. 407(c)
8:43A-3.1, 9.3	Employee health examinations	R.1980 d.399	12 N.J.R. 578(c)
8:43B-5.1	Employee health examinations	R.1980 d.399	12 N.J.R. 578(c)
8:43B-15.1, 16.1, 17.4	Employee health examinations	R.1980 d.399	12 N.J.R. 578(c)
8:43F-1.1, 3.7	Employee health examinations	R.1980 d.399	12 N.J.R. 578(c)
8:50	Repeal rules on local boards of health and personnel	R.1980 d.402	12 N.J.R. 578(d)
8:51	Amend local board of health standards	R.1980 d.321	12 N.J.R. 467(f)
8:51-1.2(a)	Amend local board of health	R.1980 d.319	12 N.J.R. 467(d)
8:57-1.1-1.18	Amend reportable disease rules	R.1980 d.498	13 N.J.R. 13(b)
8:65-5.4	Amend maintenance of records and inventories	R.1980 d.360	12 N.J.R. 517(a)
8:65-10.1	Amend controlled dangerous substances	R.1980 d.322	12 N.J.R. 467(g)
8:65-10.1, 10.2	Emergency amend controlled dangerous substances	R.1981 d.50	13 N.J.R. 132(b)
8:65-10.2	Amend controlled dangerous substances	R.1980 d.323	12 N.J.R. 468(a)
8:65-10.4	Amend controlled dangerous substances	R.1980 d.327	12 N.J.R. 468(b)
8:65-10.4, 10.8	Emergency amend controlled dangerous substances	R.1981 d.50	13 N.J.R. 132(b)
8:65-10.8	Amend exempt chemical preparations	R.1980 d.180	12 N.J.R. 316(b)
8:65-11.7	Use of Dextropropoxyphene in narcotic treatment	R.1980 d.328	12 N.J.R. 468(c)
8:71	Deletions to list of interchangeable drug products	R.1980 d.254	12 N.J.R. 394(c)
8:71	Amend list of interchangeable drug products	R.1980 d.255	12 N.J.R. 405(a)
8:71	Additions to the list of interchangeable drug products	R.1980 d.263	12 N.J.R. 406(c)
8:71	Amend interchangeable drug products	R.1980 d.454	12 N.J.R. 645(b)
8:71	Amend interchangeable drug products	R.1981 d.25	13 N.J.R. 131(b)
8:71	Amend interchangeable drug products	R.1981 d.26	13 N.J.R. 131(c)
8:71	Emergency amend interchangeable drug products	R.1981 d.27	13 N.J.R. 132(a)
8:71	Amend list of interchangeable drug products	R.1981 d.81	13 N.J.R. 217(d)

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HIGHER EDUCATION — TITLE 9

9:1-1.1	Amend definition of "college"	R.1980 d.524	13 N.J.R. 14(a)
9:2-1.1, 1.2	Amend admission and baccalaureate degree standards for State Colleges	R.1981 d.19	13 N.J.R. 153(a)
9:2-2.8	Amend "visiting specialist" title at State colleges	R.1980 d.525	13 N.J.R. 14(b)
9:2-3	State College reduction in force policies	R.1981 d.38	13 N.J.R. 133(b)
9:2-8.1-8.10	Amend admission and degree standards for State Colleges	R.1981 d.19	13 N.J.R. 133(a)
9:5-1.1, 1.2, 1.3, 1.4	Resident/non-resident tuition charges at public colleges and universities	R.1980 d.428	12 N.J.R. 661(a)
9:7-2.12	Amend Tuition Aid Grant and Garden State Scholarship Programs	R.1980 d.461	12 N.J.R. 661(b)
9:7-4.1	Amend Garden State scholarship eligibility requirements	R.1980 d.212	12 N.J.R. 317(b)
9:7-4.4, -6	Graduate fellowships	R.1980 d.462	12 N.J.R. 694(d)
9:7-4.6	Amend academic eligibility for undergraduate grants	R.1981 d.99	13 N.J.R. 220(b)
9:7-6	Tuition Benefit Program	R.1980 d.324	12 N.J.R. 469(b)
9:9-5.2	Amend Graduate Insured Loan procedures and policies	R.1980 d.339	12 N.J.R. 520(a)
9:9-5.4	Amend Graduate Insured Loan	R.1980 d.339	12 N.J.R. 520(a)
9:11-1.8, 1.9	EOF guidelines and program support regulations	R.1981 d.100	13 N.J.R. 220(c)
9:11-1.13, 1.22	Amend student refunds and repayment	R.1980 d.523	13 N.J.R. 13(g)
9:12-1	EOF guidelines and program support regulations	R.1981 d.100	13 N.J.R. 220(c)
9:16-1	Physician/dentist Loan Advisory Committee	R.1980 d.309	12 N.J.R. 469(a)
9:16-1.3—1.5	Physician-dentist loan redemption program	R.1981 d.60	13 N.J.R. 220(a)

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HUMAN SERVICES — TITLE 10

10:37	Amend community mental health services	R.1980 d.479	12 N.J.R. 704(g)
10:49-1.2	Amend recipient controls	R.1980 d.549	13 N.J.R. 100(c)
10:49-1.5	Amend recipient controls	R.1980 d.549	13 N.J.R. 100(c)
10:49-1.7	Utilization of insurance benefits	R.1981 d.123	13 N.J.R. 272(a)
10:49-1.12	Amend medical assistance claims	R.1980 d.278	12 N.J.R. 481(a)
10:49-1.17	Amend suspension of provider from Medicaid program	R.1980 d.501	13 N.J.R. 17(a)
10:49-1.18, 1.23	Amend nondiscrimination of handicapped recipients	R.1980 d.247	12 N.J.R. 418(d)
10:49-1.27	Final audits	R.1981 d.114	13 N.J.R. 273(a)
10:49-5.3, 5.4	Amend recipient fair hearings	R.1980 d.512	13 N.J.R. 17(f)
10:49-5.6	Amend recipient fair hearings	R.1980 d.512	13 N.J.R. 17(f)
10:49-6.8	Compromising claims	R.1980 d.502	13 N.J.R. 17(b)
10:49-7.1	Provider reinstatement	R.1980 d.378	12 N.J.R. 599(a)
10:51	Amend Pharmaceutical Services Manual	R.1980 d.469	12 N.J.R. 704(b)
10:51	Amend Pharmaceutical Assistance to Aged	R.1980 d.470	12 N.J.R. 704(c)
10:51-App.B,D	Amend Pharmaceutical Services Manual	R.1980 d.471	12 N.J.R. 704(d)
10:51-App. B, D	Pharmaceutical Services Manual	R.1981 d.124	13 N.J.R. 274(a)
10:51-4.5	Repeal payments for pharmaceutical consultants	R.1981 d.101	13 N.J.R. 228(c)
10:52-1.1	Amend Hospital and Special Services Manual: Professional Standards Review Organization	R.1981 d.51	13 N.J.R. 147(c)
10:52-1.3	Non-covered hospital services	R.1981 d.126	13 N.J.R. 281(a)
10:52-1.4	Professional Standards Review Organization	R.1981 d.51	13 N.J.R. 147(c)
10:52-1.6	Amend outpatient hospital services	R.1980 d.313	12 N.J.R. 483(c)
10:52-1.6(c)	Reimbursement for outpatient hospital services	R.1980 d.337	12 N.J.R. 536(a)
10:52-1.16	Abortions	R.1980 d.264	12 N.J.R. 419(b)
10:53-1.1, 1.4	Amend Hospital and Special Services Manual: Professional Standards Review Organization	R.1981 d.51	13 N.J.R. 147(c)
10:53-1.6	Special Hospital Services Manual	R.1980 d.392	12 N.J.R. 600(c)
10:53-1.14	Abortions	R.1980 d.264	12 N.J.R. 419(b)
10:54-1.1	Definition of specialist, Physician's Services Manual	R.1980 d.463	12 N.J.R. 703(d)
10:54-1.2	Routine chest X rays	R.1981 d.125	13 N.J.R. 282(b)
10:54-1.19	Definition of specialist, Physician's Services Manual	R.1980 d.463	12 N.J.R. 703(d)
10:54-1.22	Routine chest X rays	R.1981 d.125	13 N.J.R. 282(b)
10:54-1.23	Abortions	R.1980 d.264	12 N.J.R. 419(b)
10:54-3	Amend Procedure Code Manual	R.1980 d.511	13 N.J.R. 17(e)
10:54-3	Physician's Services Manual: Procedure codes	R.1981 d.111	13 N.J.R. 299(a)
10:56-3.15	Orthodontics	R.1981 d.113	13 N.J.R. 299(b)
10:58	Repeal of Independent Clinic Services Manual	R.1980 d.351	12 N.J.R. 536(d)
10:59-1.7, 1.8, 1.10, 1.11, 2.11	Repair of durable medical equipment	R.1980 d.510	13 N.J.R. 17(d)
10:61-1.4	Record retention requirements	R.1981 d.110	13 N.J.R. 299(c)
10:63-1.4	Amend consultations in Long Term Care Manual	R.1980 d.340	12 N.J.R. 536(c)
10:63-1.4	Amend LTCM: Prior authorization for occupational therapy services	R.1980 d.477	12 N.J.R. 704(e)

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10:63-1.8	Amend clinical records in long-term care facilities	R.1981 d.33	13 N.J.R. 146(c)
10:63-1.14	Nurses' notes in long term care facilities	R.1980 d.393	12 N.J.R. 600(d)
10:63-1.19	Amend LTCSM: Termination of Medicaid eligibility	R.1981 d.62	13 N.J.R. 225(b)
10:63-1.21	Three-year audit cycle	R.1981 d.23	13 N.J.R. 146(a)
10:63-3.1	Amend reimbursement to Long Term Care Facilities	R.1981 d.87	13 N.J.R. 227(a)
10:63-3.18, 3.19	Long term care rate review guidelines	R.1980 d.377	12 N.J.R. 596(d)
10:63-3.21	Long-term care per diem rates	R.1980 d.341	12 N.J.R. 536(b)
10:66	Amend Independent Clinic Manual	R.1980 d.249	12 N.J.R. 418(f)
10:66-1.2	Amend Independent Clinic Manual: Specialist payments	R.1980 d.478	12 N.J.R. 704(f)
10:66-1.15	Amend changes of reimbursement for independent clinics	R.1980 d.248	12 N.J.R. 418(e)
10:66-3.3	Procedure codes for Medicaid	R.1981 d.112	13 N.J.R. 299(e)
10:81-2.7	Amend PAM: Deprivation of parental support in AFDC-C	R.1981 d.28	13 N.J.R. 146(b)
10:81-3.27	Amend documentation in AFDC transfers	R.1980 d.330	12 N.J.R. 483(f)
10:81-3.37, 3.38	Amend PAM: Identification of resources	R.1980 d.450	12 N.J.R. 664(b)
10:81-7.22, 7.26	Amend payment of burial and funeral costs	R.1980 d.244	12 N.J.R. 518(a)
10:81-7.32	Amend subpoena notification	R.1980 d.329	12 N.J.R. 483(e)
10:82-1.2	Amend ASH: Allowances	R.1980 d.294	12 N.J.R. 481(b)
10:82-2.3	Amend grant effective date	R.1980 d.331	12 N.J.R. 484(a)
10:82-2.13	Amend ASH: Allowances	R.1980 d.294	12 N.J.R. 481(b)
10:82-2.14	Amend ASH	R.1980 d.332	12 N.J.R. 484(b)
10:82-2.14	Amend ASH: Established monthly earnings	R.1981 d.47	13 N.J.R. 147(b)
10:82-2.20	Amend ASH	R.1980 d.332	12 N.J.R. 484(b)
10:82-3.1	Repeal ASH: Rules on resources	R.1980 d.451	12 N.J.R. 664(c)
10:82-3.2	Inclusion of burial plots as exempt resource	R.1980 d.383	12 N.J.R. 599(b)
10:82-3.2	Amend ASH: Savings	R.1980 d.442	12 N.J.R. 663(d)
10:82-3.2	Amend ASH: HUD community development block grants	R.1981 d.96	13 N.J.R. 227(b)
10:82-4.6	Disregard of certain allowances and payments in AFDC	R.1980 d.384	12 N.J.R. 599(c)
10:82-4.9	Amend ASH	R.1980 d.332	12 N.J.R. 484(b)
10:82-4.13	Contributions of support by legally responsible relative	R.1980 d.389	12 N.J.R. 600(a)
10:82-5.10	Amend ASH: Emergency assistance	R.1980 d.552	13 N.J.R. 101(a)
10:85-2.2	Amend GAM: Temporary and acting directors of municipal welfare	R.1980 d.505	13 N.J.R. 17(c)
10:85-2.2	Amend GAM: Local assistance board	R.1981 d.98	13 N.J.R. 228(b)
10:85-3.2	Amend out-of-State individuals entering New Jersey medical facilities	R.1980 d.245	12 N.J.R. 418(b)
10:85-3.2	Amend GAM	R.1980 d.252	12 N.J.R. 419(a)
10:85-3.2	Amend General Assistance application process	R.1980 d.514	13 N.J.R. 18(a)
10:85-3.3	Allowance schedule	R.1980 d.310	12 N.J.R. 483(a)
10:85-3.3	Amend General Assistance Manual	R.1980 d.311	12 N.J.R. 483(b)
10:85-3.3	Treatment of funds in trust or joint accounts in GA eligibility	R.1980 d.388	12 N.J.R. 599(f)
10:85-3.3	Amend GAM: Referral for Medicaid	R.1980 d.466	12 N.J.R. 704(a)
10:85-3.3	Amend GAM: "Immediate need"	R.1980 d.486	12 N.J.R. 724(a)
10:85-3.3	Amend GAM: Rate increases for recipients in residential health care facilities	R.1980 d.547	13 N.J.R. 100(a)
10:85-3.3	Amend GAM: Financial eligibility	R.1981 d.46	13 N.J.R. 147(a)
10:85-3.4	Treatment of funds in trust or joint accounts in GA eligibility	R.1980 d.388	12 N.J.R. 599(f)
10:85-3.4	Amend GAM: Savings	R.1980 d.452	12 N.J.R. 664(d)
10:85-3.5	Amend General Assistance Manual	R.1980 d.311	12 N.J.R. 483(b)
10:85-3.6	GAM: Overpayments and underpayments	R.1980 d.391	12 N.J.R. 600(b)
10:85-4.6	Amend GAM: Emergency grants	R.1980 d.538	13 N.J.R. 18(d)
10:85-4.8	Amend payment of burial and funeral costs	R.1980 d.436	12 N.J.R. 663(c)
10:85-5.2	Amend GAM: Referral for Medicaid	R.1980 d.466	12 N.J.R. 704(a)
10:85-5.2	Amend GAM: Diagnostic-Related Group payments	R.1980 d.515	13 N.J.R. 18(b)
10:85-5.2, 5.3	Amend General Assistance Manual	R.1980 d.311	12 N.J.R. 483(b)
10:85-5.3	Amend submission of Form GA-18	R.1980 d.531	13 N.J.R. 18(c)
10:85-5.3	Amend GAM: Rate increases for recipients in residential health care facilities	R.1980 d.547	13 N.J.R. 100(a)
10:85-5.3, 5.4	Amend general assistance clients in certain municipalities	R.1980 d.252	12 N.J.R. 419(a)
10:85-5.8, 5.9	Amend general assistance clients in certain municipalities	R.1980 d.252	12 N.J.R. 419(a)
10:85-6.5	Amend GAM: Repayment by SSI recipients	R.1980 d.551	13 N.J.R. 100(d)
10:85-6.8	Amend general assistance clients in certain municipalities	R.1980 d.252	12 N.J.R. 419(a)
10:85-7.2	Amend GAM: Receipt of assistance	R.1981 d.53	13 N.J.R. 147(d)
10:85-8.2	Amend GAM: Referral for Medicaid	R.1980 d.466	12 N.J.R. 704(a)
10:85-App. C	Amend GAM: Income and allowance standards	R.1980 d.295	12 N.J.R. 482(a)
10:87	Emergency amend Food Stamp Manual	R.1981 d.64	13 N.J.R. 226(b)
10:87	Amend student participation in Food Stamps	R.1981 d.97	13 N.J.R. 228(a)
10:87-5.10	FSM: Shelter cost deductions	R.1980 d.387	12 N.J.R. 599(e)
10:87-6.9, 6.11	Amend Food Stamp Manual	R.1980 d.459	12 N.J.R. 40(c)

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6.13, 6.15			
10:87-12	Amend Food Stamp allotment and income	R.1980 d.296	12 N.J.R. 482(b)
10:87-12.1	Emergency amend FSM: Standard utility allowance	R.1980 d.418	12 N.J.R. 663(b)
10:87-12.1, 12.2, 12.4	Emergency amend Food Stamp Manual	R.1980 d.558	13 N.J.R. 100(e)
10:89	Emerg. Home Energy Assistance	R.1980 d.497	12 N.J.R. 724(b)
10:89-3.6	Emergency rule on Home Energy Assistance	R.1980 d.548	13 N.J.R. 100(b)
10:100-3.5, 3.6, 3.7	Amend payment of burial and funeral costs	R.1980 d.246	12 N.J.R. 418(c)
10:109-App.I, II	Salary increases for county welfare agencies' employees	R.1980 d.386	12 N.J.R. 599(d)
10:120- Foreword	Amend DYFS administrative foreword	R.1980 d.308	12 N.J.R. 482(c)
10:121-5.1	Medical information form	R.1981 d.63	13 N.J.R. 226(a)
10:122	Amend child care standards	R.1980 d.314	12 N.J.R. 483(d)
10:122A	Recodify AFDC Foster Care	R.1980 d.314	12 N.J.R. 483(d)
10:122B	Recodify Family Day Care	R.1980 d.314	12 N.J.R. 483(d)
10:123-2	Boarding homes	R.1980 d.371	12 N.J.R. 586(c)
10:123-3	Adopt personal needs allowance	R.1980 d.358	12 N.J.R. 536(e)
10:130	Dependent/neglected children's shelters	R.1980 d.446	12 N.J.R. 664(a)

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CORRECTIONS — TITLE 10A

10A:33	Repeal parole regulations	R.1980 d.367	12 N.J.R. 600(e)
10A:35	Repeal parole regulations	R.1980 d.367	12 N.J.R. 600(e)
10A:70-1	Parole Board rules	R.1980 d.359	12 N.J.R. 538(a)
10A:70-1.11	Parole Board rules	R.1980 d.359	12 N.J.R. 538(a)
10A:70-8.1	Parole Board rules	R.1980 d.359	12 N.J.R. 538(a)
10A:71	Parole Board rules	R.1980 d.359	12 N.J.R. 538(a)
10A:71-3	Amend State Parole Board rules	R.1980 d.434	12 N.J.R. 665(a)
10A:71-3.3	Amend Parole Board rules	R.1980 d.554	13 N.J.R. 101(c)
10A:71-3.20—3.28	Amend State Parole Board rules	R.1980 d.488	12 N.J.R. 724(c)
10A:71-7.7	Notice for preliminary hearings	R.1981 d.106	13 N.J.R. 302(a)
10A:71-7.15	Amend State Parole Board rules	R.1980 d.434	12 N.J.R. 665(a)
10A:71-7.18	Amend State Parole Board rules	R.1980 d.434	12 N.J.R. 665(a)

(Title 10A, Transmittal 5 dated May 17, 1980)

INSURANCE — TITLE 11

11:4-16.8(b)	Minimum standards for health insurance	R.1980 d.343	12 N.J.R. 538(b)
11:4-17.6, 17.7	Minimum standards for health insurance	R.1980 d.343	12 N.J.R. 538(b)
11:5-1.16	Amend listing agreements and contracts of sale	R.1980 d.408	12 N.J.R. 665(c)
11:5-1.16	Emergency amend contracts of sale and listing agreements	R.1980 d.409	12 N.J.R. 665(d)
11:5-1.28	Amend approved schools requirements	R.1980 d.441	12 N.J.R. 665(e)
11:5-1.32	Amend rental location operations	R.1980 d.447	12 N.J.R. 666(a)

(Title 11, Transmittal 15 dated July 17, 1980)

LABOR AND INDUSTRY — TITLE 12

12:15-1.5	Contribution rates of governmental entities	R.1980 d.354	12 N.J.R. 543(a)
12:15-1.3	Maximum weekly benefit rates	R.1980 d.355	12 N.J.R. 543(b)
12:15-1.4	Taxable wage base under Unemployment Compensation	R.1980 d.356	12 N.J.R. 543(c)
12:17-10	Refund of unemployment benefits	R.1980 d.468	12 N.J.R. 724(e)
12:17-11	Emergency rules on offset of unemployment benefits by pension income	R.1980 d.561	13 N.J.R. 102(a)
12:56	Amend Wage and Hour Law	R.1980 d.430	12 N.J.R. 666(c)
12:56-7.1	Emergency amend definition of "executive"	R.1980 d.506	13 N.J.R. 37(a)
12:57	Amend wage orders for minors	R.1980 d.431	12 N.J.R. 666(d)
12:58	Amend child labor rules	R.1980 d.432	12 N.J.R. 666(e)
12:60	Emergency amend prevailing wage rate determination	R.1980 d.410	12 N.J.R. 666(b)
12:105	Arbitration	R.1980 d.397	12 N.J.R. 605(a)
12:235-1.5	Amend benefit rates	R.1980 d.357	12 N.J.R. 543(d)

(Title 12, Transmittal 13 dated July 17, 1980)

LAW AND PUBLIC SAFETY — TITLE 13

13:2-23.31	Amend employment of police officers; combination sales	R.1980 d.526	13 N.J.R. 41(c)
13:2-24.4	Amend various regulations	R.1981 d.71	13 N.J.R. 238(b)
13:2-24.9	Amend employment of police officers; combination sales	R.1980 d.526	13 N.J.R. 41(c)
13:2-38.1, 39.3	Amend various regulations	R.1981 d.71	13 N.J.R. 238(b)
13:2-41	Amend various regulations	R.1981 d.71	13 N.J.R. 238(b)
13:19-5.1	Amend rules on convulsive seizures	R.1981 d.18	13 N.J.R. 150(b)
13:19-10.3	Amend driver improvement school fees	R.1980 d.494	12 N.J.R. 727(a)
13:20-25.2	Amend approval of safety glazing material	R.1981 d.15	13 N.J.R. 149(d)
13:20-28	Inspection of new passenger vehicles and motorcycles	R.1980 d.345	12 N.J.R. 551(c)
13:20-33.53	Amend motorcycle handlebars and grips	R.1981 d.16	13 N.J.R. 149(e)
13:20-33.72	Repeal handhold devices	R.1981 d.17	13 N.J.R. 150(a)
13:20-36	Special National Guard plates	R.1981 d.31	13 N.J.R. 150(e)
13:21-2.3	Amend motor licensing statutory interpretation	R.1980 d.495	12 N.J.R. 727(b)
13:21-3	Repeal rules on dealer's temporary certificates	R.1981 d.14	13 N.J.R. 149(c)
13:21-7.2	Amend student permits	R.1981 d.66	13 N.J.R. 237(d)
13:21-8.2	Amend driver proof of identity and date of birth	R.1980 d.493	12 N.J.R. 726(e)
13:21-8.17	Amend waiver of driving test	R.1981 d.65	13 N.J.R. 237(c)
13:21-20	Motor home title certificates	R.1980 d.474	12 N.J.R. 726(b)
13:22	Amend motor vehicle race tracks	R.1980 d.464	12 N.J.R. 726(a)
13:24-4.1	Amend emergency vehicle equipment	R.1980 d.485	12 N.J.R. 726(c)
13:26-1.2, 3.11	Amend transportation of bulk commodities	R.1981 d.61	13 N.J.R. 237(b)
13:28-1.3	Toilet facilities in beauty shops	R.1981 d.109	13 N.J.R. 308(a)
13:29-2.2	Amend examination for registered municipal accountant	R.1981 d.67	13 N.J.R. 238(a)
13:29-3.13	Repeal competitive bidding for services	R.1980 d.429	12 N.J.R. 672(c)
13:30-8.1	Amend fee schedules	R.1980 d.527	13 N.J.R. 41(d)
13:30-8.3	Amend general anesthesia rules	R.1980 d.423	12 N.J.R. 672(b)
13:30-8.4	Announcements of practice in special area of dentistry	R.1980 d.368	12 N.J.R. 609(a)
13:30-8.6	Amend professional advertising	R.1980 d.540	13 N.J.R. 103(a)
13:30-8.8	Amend emergency dental patient records	R.1980 d.457	12 N.J.R. 672(f)
13:30-8.9	Reporting of deaths and other medical incidents	R.1980 d.503	13 N.J.R. 40(a)
13:30-8.10	Display of names in dental offices	R.1980 d.509	13 N.J.R. 41(a)
13:30-8.11	Intravenous sedation rule	R.1980 d.541	13 N.J.R. 103(b)
13:35-1.4	Amend approval of colleges of chiropractic	R.1980 d.492	12 N.J.R. 726(d)
13:35-6.6	Amend prescriptions for controlled dangerous substances	R.1981 d.5	13 N.J.R. 104(c)
13:35-6.16	Uses of amphetamines and sympathomimetic amines	R.1980 d.380	12 N.J.R. 609(c)
13:35-6.16(a)	Uses of amphetamines and sympathomimetic amines	R.1980 d.379	12 N.J.R. 609(b)
13:35-6.18	Provision of radiological services	R.1980 d.344	12 N.J.R. 551(b)
13:35-9	Certified nurse/midwife	R.1980 d.535	13 N.J.R. 41(e)
13:35-9.3	Emergency amend certified nurse/midwife	R.1981 d.21	13 N.J.R. 150(c)
13:35-9.3(c)	Emergency amend operative date on certified nurse/midwife standards	R.1981 d.24	13 N.J.R. 150(d)
13:36-3.5	Amend examinations	R.1980 d.543	13 N.J.R. 104(b)
13:36-3.6	Amend examination review procedure	R.1980 d.542	13 N.J.R. 104(a)
13:37-3.6, 4.1	Amend rules on foreign nurses and licensure by endorsement	R.1980 d.416	12 N.J.R. 671(a)
13:40-6.1	Repeal engineers' and surveyors' fee for transmittal of grades or certification	R.1980 d.417	12 N.J.R. 671(b)
13:41-1.2, 1.3	Amend rules governing use of seals	R.1980 d.445	12 N.J.R. 672(e)
13:45A-14.4, 14.5	Amend unit pricing of consumer commodities in retail establishments	R.1980 d.444	12 N.J.R. 672(d)
13:47C-1.1, 3.1	Amend firewood and cordwood rules	R.1980 d.421	12 N.J.R. 672(a)
13:47C-5	Precious metals sales	R.1980 d.420	12 N.J.R. 671(c)
13:47F	Repeal live poultry rules	R.1980 d.520	13 N.J.R. 41(b)
13:70-29.48	Emergency amend daily double pool	R.1981 d.32	13 N.J.R. 150(f)

(Title 13, Transmittal 16 dated July 17, 1980)

PUBLIC UTILITIES — TITLE 14

14:3-7.12, 7.13	Notice of discontinuance and bill disputes	R.1980 d.555	13 N.J.R. 105(b)
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(Title 14, Transmittal 14 dated July 17, 1980)

ENERGY — TITLE 14A

14A:3-11	Amend used oil rules	R.1980 d.513	13 N.J.R. 43(c)
14A:21	Residential Energy Conservation Service (RCS) Program	R.1980 d.516	13 N.J.R. 44(a)

(Title 14A, Transmittal 6 dated July 17, 1980)

STATE — TITLE 15

(Title 15, Transmittal 12 dated July 17, 1980)

PUBLIC ADVOCATE — TITLE 15A

(Title 15A, Transmittal 1 dated March 20, 1978)

TRANSPORTATION — TITLE 16

16:19	Repeal Traffic Operations Program to Increase Capacity and Safety	R.1980 d.415	12 N.J.R. 675(c)
16:21	State aid to counties and municipalities	R.1980 d.127	12 N.J.R. 215(a)
16:22	Urban revitalization, special demonstration and emergency projects	R.1980 d.333	12 N.J.R. 553(b)
16:28-1.3	Restricted parking and speed zones on State highways	R.1980 d.475	12 N.J.R. 727(d)
16:28-1.11	Speed limits: Terrill Road	R.1980 d.145	12 N.J.R. 289(c)
16:28-1.18	Amend speed zones along Routes 34 and U.S. 202	R.1981 d.74	13 N.J.R. 243(c)
16:28-1.23	Emergency amend speed limit on Route 18	R.1981 d.34	13 N.J.R. 158(b)
16:28-1.49	Emergency amend speed zone along Route 35	R.1981 d.59	13 N.J.R. 243(a)
16:28-1.67	Amend speed zones along Routes 34 and U.S. 202	R.1981 d.74	13 N.J.R. 243(c)
16:28-1.72, 1.77	Speed zones on Routes U.S. 206, N.J. 29	R.1980 d.346	12 N.J.R. 553(d)
16:28-1.81	Speed zones on Route N.J. 49	R.1980 d.346	12 N.J.R. 553(d)
16:28A-1.2	Amend restricted parking on U.S. Routes 1 and 9	R.1980 d.413	12 N.J.R. 675(a)
16:28A-1.4	Emergency amend restricted parking along Route 4	R.1981 d.35	13 N.J.R. 159(a)
16:28A-1.7	Amend restricted parking	R.1980 d.292	12 N.J.R. 496(d)
16:28A-1.7	Restricted parking along Route U.S. 9	R.1981 d.76	13 N.J.R. 243(f)
16:28A-1.7	Restricted parking along Route U.S. 9	R.1981 d.77	13 N.J.R. 244(a)
16:28A-1.9	Amend restricted parking	R.1980 d.289	12 N.J.R. 496(a)
16:28A-1.19	Restricted parking and speed zones on State highways	R.1980 d.475	12 N.J.R. 727(d)
16:28A-1.19, 1.20	Amend restricted parking	R.1980 d.290	12 N.J.R. 496(b)
16:28A-1.21	Amend restricted parking	R.1980 d.289	12 N.J.R. 496(a)
16:28A-1.21	Restricted parking: Route 30	R.1980 d.347	12 N.J.R. 554(a)
16:28A-1.22	Restricted parking and speed zones on State highways	R.1980 d.475	12 N.J.R. 727(d)
16:28A-1.22, 1.25	Amend restricted parking	R.1980 d.289	12 N.J.R. 496(a)
16:28A-1.26	Amend restricted parking	R.1980 d.293	12 N.J.R. 496(d)
16:28A-1.26	Amend restricted parking	R.1980 d.290	12 N.J.R. 496(b)
16:28A-1.29	Restricted parking and speed zones on State highways	R.1980 d.475	12 N.J.R. 727(d)
16:28A-1.32, 1.33	Amend restricted parking	R.1980 d.291	12 N.J.R. 496(c)
16:28A-1.33	Emerg. amend restricted parking on Route 47	R.1980 d.414	12 N.J.R. 675(b)
16:28A-1.33	Restricted parking and speed zones on State highways	R.1980 d.475	12 N.J.R. 727(d)
16:28A-1.34	Restricted parking and speed zones on State highways	R.1980 d.475	12 N.J.R. 727(d)
16:28A-1.35	Amend restricted parking	R.1980 d.293	12 N.J.R. 496(d)
16:28A-1.37	Restricted parking along Route 70	R.1981 d.76	13 N.J.R. 243(f)
16:28A-1.46, 1.51	Restricted parking: Routes 130, 168	R.1980 d.347	12 N.J.R. 554(a)
16:28A-1.55	Restricted parking and speed zones on State highways	R.1980 d.475	12 N.J.R. 727(d)
16:28A-1.55	Restricted parking along Routes 15, 18 and U.S. 202	R.1981 d.75	13 N.J.R. 243(e)
16:28A-1.57	Restricted parking along U.S. 206	R.1981 d.77	13 N.J.R. 244(a)
16:28A-1.61	Amend restricted parking	R.1980 d.293	12 N.J.R. 496(d)
16:28A-1.61	Restricted parking: Route 41	R.1980 d.347	12 N.J.R. 554(a)
16:28A-1.61—1.63	Amend restricted parking	R.1980 d.292	12 N.J.R. 496(d)
16:28A-1.65, 1.66	Restricted parking along Routes 15, 18, and U.S. 202	R.1981 d.75	13 N.J.R. 243(e)
16:29-1.22	No passing zones	R.1981 d.78	13 N.J.R. 244(b)
16:29-1.23	No passing zones on Route 179	R.1981 d.79	13 N.J.R. 244(c)
16:30-3.1(c)	Amend lane usage on Route 35	R.1980 d.342	12 N.J.R. 553(c)
16:30-5.1	Amend traffic and parking at Metro Park Train Station	R.1980 d.128	12 N.J.R. 289(b)
16:30-7.2	Amend limited access prohibition along U.S. 9 and Route 444	R.1981 d.73	13 N.J.R. 243(d)
16:30-8	No trespassing zones	R.1981 d.36	13 N.J.R. 159(b)
16:31-1.4, 1.7	Turns along various State highways	R.1980 d.412	12 N.J.R. 674(a)
16:31-1.15	Turns along various State highways	R.1980 d.412	12 N.J.R. 674(a)
16:31A	Amend prohibited right turns on red signals	R.1980 d.518	13 N.J.R. 44(c)
16:41-16	Amend permits for use or occupancy of State-owned railroad property	R.1981 d.103	13 N.J.R. 244(d)
16:65-1.1	Amend definition of "prequalification committee"	R.1981 d.72	13 N.J.R. 243(b)

(Title 16, Transmittal 13 dated March 20, 1980)

TREASURY-GENERAL — TITLE 17

17:1-1.3	Amend pension reporting	R.1980 d.301	12 N.J.R. 497(c)
17:1-1.15, 2.6, 4.2	Amend administration	R.1981 d.85	13 N.J.R. 247(c)
17:1-4.13	Amend pension cash purchase discounts	R.1980 d.302	12 N.J.R. 497(d)
17:1-4.22	Amend availability of medical records	R.1981 d.86	13 N.J.R. 247(d)
17:1-4.32	Administration	R.1981 d.85	13 N.J.R. 247(c)

**N.J.A.C.
CITATION**

**DOCUMENT ADOPTION NOTICE
CITATION (N.J.R. CITATION)**

17:1-8.1	Repeal responsibility of director for Social Security	R.1981 d.1	13 N.J.R. 111(c)
17:1-8.3	Emergency rule on Social Security referendum	R.1980 d.467	12 N.J.R. 728(b)
17:1-8.7, 8.8, 8.12	Amend pension reporting	R.1980 d.301	12 N.J.R. 497(c)
17:1-8.13, 8.14	Administration	R.1981 d.85	13 N.J.R. 247(c)
17:1-11.9	Repeal dental insurance coverage for covered dependents	R.1980 d.487	12 N.J.R. 729(a)
17:2-2.1, 2.3	Amend Public Employees' Retirement System: Enrollment	R.1981 d.58	13 N.J.R. 247(b)
17:3-1.4	Amend teachers' pension member-trustee election	R.1980 d.405	12 N.J.R. 678(a)
17:3-3.4	Amend contributory insurance rate of contribution	R.1980 d.175	12 N.J.R. 354(a)
17:3-4.1	Amend creditable salary	R.1981 d.30	13 N.J.R. 162(a)
17:4-1.8, 1.11	Amend Police and Firemen's Retirement System	R.1980 d.135	12 N.J.R. 290(a)
17:4-2.6	Amend enrollment dates	R.1981 d.57	13 N.J.R. 247(a)
17:4-3.3, 4.10, -6	Amend police and firemen's retirement	R.1980 d.135	12 N.J.R. 290(a)
17:5-1.7	Amend State Police Retirement System	R.1980 d.209	12 N.J.R. 355(d)
17:5-5.7, 5.8	Amend State Police Retirement	R.1980 d.209	12 N.J.R. 355(d)
17:8-1.6	Amend variable benefit account and withdrawals	R.1980 d.530	13 N.J.R. 47(b)
17:8-2.10, 2.11	Repeal Supplemental Annuity reports and remittances	R.1980 d.419	12 N.J.R. 678(b)
17:8-3.3	Amend variable benefit account and withdrawals	R.1980 d.530	13 N.J.R. 47(b)
17:9-2.15	Amend major medical reimbursement	R.1980 d.300	12 N.J.R. 497(b)
17:12-1.1, 2.4, 2.5, 2.7, 2.6, 3.3	Amend administrative procedures of Purchase Bureau	R.1980 d.142	12 N.J.R. 293(a)
17:12-7.2(a)	Amendments concerning debarment, suspension and disqualification of a person	R.1980 d.141	12 N.J.R. 292(a)
17:16-5.5	Amend fund classification	R.1980 d.315	12 N.J.R. 497(e)
17:16-31.7— 31.12	Amend common Treasury Fund A	R.1980 d.235	12 N.J.R. 436(a)
17:16-41	Amend Cash Management Fund	R.1980 d.443	12 N.J.R. 679(a)
17:20-5.10	Emergency amend agent's compensation	R.1980 d.460	12 N.J.R. 681(a)
17:21-1.4	3-Of-A-Kind Instant Lottery	R.1980 d.372	12 N.J.R. 619(b)
17:21-8.1	Emergency amend unclaimed prize money	R.1980 d.459	12 N.J.R. 680(b)
17:21-11	Emergency rules on 10th Anniversary instant lottery	R.1981 d.11	13 N.J.R. 112(a)
17:21-11	Emergency adoption: Baseball instant lottery	R.1981 d.136	13 N.J.R. 312(a)
17:21-12.1, 13.1	Emergency amend Pick-It and Pick-4 Lotteries	R.1980 d.458	12 N.J.R. 680(a)
17:21-15	Pick-6 (Lotto) Lottery	R.1980 d.136	12 N.J.R. 290(b)
17:21-15	Emergency amend Pick-6 (Lotto) lottery	R.1980 d.496	12 N.J.R. 730(a)
17:21-16	Emergency rules on Jersey Jackpot Lottery	R.1980 d.507	13 N.J.R. 45(a)

(Title 17, Transmittal 14 dated March 20, 1980)

TREASURY-TAXATION — TITLE 18

18:12-6A.6	Adoption on home improvement exemption	R.1980 d.335	12 N.J.R. 554(c)
18:12-6A.7	Home improvement exemptions	R.1980 d.553	13 N.J.R. 111(b)
18:12-7.12	Emergency amend Homestead Rebate filing date	R.1980 d.517	13 N.J.R. 47(a)
18:12A	Amend county boards of taxation	R.1980 d.490	12 N.J.R. 731(a)
18:12A-1.20	County boards of taxation	R.1981 d.44	13 N.J.R. 165(a)
18:24-15.2, 15.3, 15.6	Amend Sales and Use Tax Act	R.1980 d.489	12 N.J.R. 729(b)
18:25	Emergency rules on Atlantic City Luxury Tax	R.1980 d.437	12 N.J.R. 678(c)
18:35-1.14	Amend partnerships under the Gross Income Tax Act	R.1981 d.6	13 N.J.R. 111(d)
18:37	Emergency amend spill compensation and control tax	R.1980 d.484	12 N.J.R. 728(c)

(Title 18, Transmittal 15 dated July 17, 1980)

TITLE 19 SUBTITLES A-L — OTHER AGENCIES (Except Casino Control Commission)

19:8-2.12	Emergency service	R.1981 d.115	13 N.J.R. 315(a)
19:8-8	Special permits for oversize vehicles	R.1980 d.476	12 N.J.R. 732(c)
19:9-3.1	Amend towing rates	R.1981 d.37	13 N.J.R. 165(c)
19:25	Election activity	R.1980 d.348	12 N.J.R. 557(a)
19:25	Lobbying	R.1980 d.350	12 N.J.R. 558(a)
19:25-8	Rules on lobbying disclosure	R.1980 d.349	12 N.J.R. 557(b)
19:25-15	Amend public financing of General Election for Governor	R.1981 d.54	13 N.J.R. 248(b)
19:25-16	Amend public financing of primary election for Governor	R.1980 d.491	12 N.J.R. 732(b)
19:25-19.1-19.6	Interim public financing of gubernatorial primary elections	R.1980 d.411	12 N.J.R. 681(b)

(Title 19, Transmittal 15 dated July 17, 1980)

TITLE 19 SUBTITLE K — CASINO CONTROL COMMISSION

19:41-9	Amend license fees	R.1980 d.483	12 N.J.R. 732(a)
19:45	Amend casino accounting and internal controls	R.1980 d.504	13 N.J.R. 49(a)

(Title 19 Subtitle K, Transmittal 2 dated July 17, 1980)

48 or 49 that have not appeared on a voucher after 30 days since the Return Claim Statement had been submitted to Blue Cross, the provider should request a duplicate copy of the Return Claim Statement which will allow the initiation of action for that claim after corrections have been made and submitted.

(c) Inquiries regarding additional information of a specific claim form or to request a duplicate Claim Return Statement form should be directed to the Medicaid Inquiry Section at (201) 456-2894, 2895, 2896, 2897 or 2898, or call toll free (800) 242-0890. Mail written inquiries to:

New Jersey Health Services
(Blue Cross of New Jersey)
P.O. Box 549
Newark, New Jersey 07101

10:51-2.11 Ordering forms, envelopes, supplies

(a) Use the Medicaid/PAA Order form to order claim forms, envelopes and other supplies.

(b) Always order a sufficient quantity of supplies to last approximately three months. Anticipate a four week period for handling and shipping all orders.

10:51-2.12 Tape-to-tape claims and computer generated hard copy claims

(a) In addition to the conventional claim form MC-6 which is hand-prepared, the Division of Medical Assistance and Health Services will authorize the submission of claims which may either be created on hard copy by computer or created on magnetic tape.

(b) Providers may contact the following office for complete details and explanation of requirements for such methods of claim submission:

Technical Services Operations
Blue Cross of New Jersey
33 Washington Street
Newark, New Jersey 07102
(201) 456-3317

(c) Tape-to-tape incentive program rules are:

1. An incentive payment will be available to approved pharmacies which submit Medicaid and/or PAA claims on magnetic tape. Incentive payment will be made when the total volume of paid magnetic tape Medicaid/PAA claims, submitted by pharmacy providers as a whole, equals or exceeds 20 percent of the total volume of paid Medicaid/PAA claims.

2. The amount of the incentive payment will be determined according to the following schedule:

Percent of Total Medicaid/PAA Paid Claims
Amount of Incentive Payment

If tape claims comprise:	The incentive payment is:
20-29 percent	two cents/tape claim
30-39 percent	three cents/tape claim
40-55 percent	four cents/tape claim
Over 55 percent	five cents/tape claim

3. The incentive payment program, which began on January 1, 1979, is based upon the percentage of tape claims paid in the previous month. If the volume of paid tape claims is less than 20 percent of the total, no incentive payments will be made. In that event, incentive payments will begin with the month following the month in which the volume of tape claims reaches 20 percent of the total paid claims volume. A qualified tape-to-tape provider will receive a separate incentive payment check for all tape claims paid during the preceding month.

4. Claim volume figures will be reviewed and averaged

quarterly. The claim volume totals for the previous quarter will determine the amount of incentive for the subsequent quarter.

5. The incentive payment is an additional fee increment for tape claims only, over and above the dispensing fee allowed by the Program.

6. In order to be eligible to submit magnetic tape claims for the Medicaid or PAA programs, a provider must complete form FD-103 and receive approval by the Division.

Interested persons may submit in writing, data, views, or arguments relevant to the proposed rule on or before June 8, 1981 and inquiries as to submissions received and agency responses to those submissions, to:

Administrative Practice Officer
Division of Medical Assistance
and Health Services
P.O. Box 2486
Trenton, New Jersey 08625

The Department of Human Services thereafter may adopt this proposal without further notice (see N.J.A.C. 1:30-3.5). The adopted rules became effective upon publication in the Register of a notice of adoption.

This proposal is known as PRN 1981-10.

(a)

HUMAN SERVICES

DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

Proposed Amendment:

N.J.A.C. 10:51-4.28 through 5.33
Pharmacy Manual
Pharmaceutical Assistance to the Aged

Public Hearing: None

Timothy L. Carden, Commissioner of Human Services, pursuant to authority of N.J.S.A. 30:4D-24, proposes to amend N.J.A.C. 10:51-5.28 through 5.33 concerning the Pharmaceutical Assistance to the Aged Program.

Summary

N.J.S.A. 30:4D-24 authorized the promulgation of regulations to establish a system of payments or reimbursement to pharmaceutical providers.

New Jersey Blue Cross, the Contractor responsible for processing pharmacy claims, has made certain revisions to their claim processing system. Said revisions are designed to expedite the processing of pharmacy claims, and to reduce the number of rejected claims.

Social Impact

Prompt and accurate claim processing should encourage pharmacists to continue serving individual(s) eligible for PAA.

Economic Impact

Since these amendments are only prescribing the method of claim processing, there should be no additional costs to the PAA program. In addition, the Division anticipates containing administrative costs at their present level.

Full text of the proposed amendments follows (additions indicated in boldface thus; deletions indicated in brackets [thus]).

10:51-5.27 Explanation codes

(a) The column on the voucher labeled "EXPL CODE" identifies and explains reductions in the amount billed, supplementary payments, pending claims and declined

claims. The explanation codes listed in the [bottom] top portion of the voucher explain the numerical designation in the column. For better understanding, the codes are explained in N.J.A.C. 10:51-2, **Billing Procedures** (see N.J.A.C. 10:51-2.7, **Payment voucher**).

1. Code 00: (Defined only—not listed in “explanation codes”). Original claim paid as billed, less applicable regressive percentage. When identified with an ampersand (&), reflect a \$2.00 reduction for co-payment, from the eligible billed amount.

2. Code 01: The amount paid has been reduced to the “maximum allowable”.

3. Code 02: Does not apply to PAA program.

4. Code 03: The “days’ supply” has exceeded the program limitation of 60 days and/or the exception of vitamins or vitamin/mineral combinations and insulin needles and insulin syringes (100 days).

5. Code 04: Does not apply to PAA program.

6. Code 05: Dispensing date over 90 days old. Exception review for waiver of 90 day limitation possible in extenuating circumstances only.

7. Code 21: Product ineligible. Mainly applied to non-legend drugs.

8. Code 22: Does not apply to PAA program.

9. Code 41: Does not apply to PAA program.

10. Code 42: Does not apply to PAA program.

11. Code 44: Refilled too soon. Approximately 75 percent of Rx should be consumed before refilling.

12. Code 47: Processing incomplete. Claims under review; generally, for the following reasons:

i. Questionable eligibility;

ii. NDC not on file;

iii. Incomplete or incorrect information.

13. Code 50: Supplementary payment in full as requested.

14. Code 51: Supplementary payment has been made up to the allowable maximum.

15. Code 52: Supplementary payment declined—maximum allowable payment previously made.

16. Code 60: Indicates payment for previously declined claims as a result of an adjustment request.

17. Code 61: Claims declined for ineligible patients.

18. Code 62: Duplicate claims are created through erroneous information on the claim or through the unauthorized submission of claims.

19. Code 65: Recapture of previously paid claim.

20. Code 67: Prescriber cannot be identified.]

10:51-5.28 [Medicaid pharmacy missing claims investigation adjustment/request form (FD-84)] **Claim Return Statement (Form FD-237)**

(a) [This form is an instrument for:

1. Requesting adjustments for contested paid claims.

2. Correcting information on declined claims to seek a reversed decision (that is, new or corrected eligibility information).

3. Verifying the status of claims under review (code 47).

4. Instituting an investigation for claims that appear to be missing.

Important note: In instances of N.J.A.C. 10:51-5.28(a)3 and 10:51-5.28(a)4, it is helpful and necessary for the pharmacist to check all vouchers subsequent to the last voucher upon which the claim was listed to make sure the claim was not “paid” or “declined” in a later action.]

The Claim Return Statement (Form FD-237) is an instrument for the provider to correct invalid claim information which is preventing the final payment processing determination of a pending claim. This form is automatically issued on a weekly basis, included with the voucher statement and is indicated by a Code 48 under the explanation

code of the voucher. Duplicate copies of a Claim Return Statement will be available upon request.

(b) [Mailing instructions are:

1. The missing claims investigation/adjustment request form consists of three parts. The original and second pages are to be mailed to Newark:

New Jersey Health Services Program

(New Jersey Blue Cross Plan)

P.O. Box 549

Newark, New Jersey 07101

2. The third copy is to be retained for your records and follow-ups. A copy will be completed by Blue Cross in the “For Blue Cross Use Only” area with information regarding the results of investigation and will be returned to you for your information.]

A Claim Return Statement will also be utilized for Explanation Code 49; however such forms will be returned to the service bureau which may re-enter the total claim information (with corrections) via tape or return the statement to the provider for further action.

(c) Claim Return Statements should be completed as soon as practical and submitted to Blue Cross of New Jersey; however the time limitation for normal claims submittal (no later than 90 days’ from the date of statement return) will apply.

(d) Questions regarding the proper completion of the Claim Return Statement are to be directed to Blue Cross of New Jersey, P.O. Box 549, Newark, New Jersey 07101, Attention: Claim Return Statements or call toll free (800) 242-0809 between 8:15 and 4:15 P.M. (Monday through Friday, except holidays).

(e) For further instructions for completion of the Claim Return Statement see N.J.A.C. 10:51-2, **Billing Procedures** (see N.J.A.C. 10:51-2.8, **Claim Return Statement**).

10:51-5.29 [Completion of missing claims investigation/adjustment request form (FD-84)] **Adjustment Request (Form FD-238)**

(a) [Adjustment requests should be submitted separately from missing claims.

1. Time limitation: Adjustment requests for all claims must be received by Blue Cross of New Jersey not later than 180 days after the claim in question appeared on a payment voucher. It should be noted that the 180 day limit does not apply to adjustment requests submitted due to patient eligibility.

2. Adjustment request: Procedure for ineligible recipients (Code 61); Declined claims, because of patient ineligibility (Code 61), must be verified for eligibility with the PAA Eligibility Unit in Trenton; CN715, Trenton, New Jersey 08625. Telephone 292-9007. If authoritative eligibility verification is received, the information must be properly listed on a separate adjustment request form to confirm and clear the claim.

3. To request routine adjustments, follow these instructions:

i. Indicate check mark () in box for “adjustment request”.

ii. Complete the following information:

(1) Voucher date;

(2) Voucher number;

(3) Blue Cross locator number;

(4) Recipient’s full name;

(5) Person number;

(6) Recipient’s HSP case number (patient’s PAA identification number);

(7) Claim number;

(8) Explanation code;

(9) Dispensing date;

(10) Reason for adjustment.]

The Adjustment Request (Form FD-238) is an instrument for:

1. Requesting adjustment for a contested paid claim.
2. Correcting erroneous information on declined claims to seek a reverse decision.

(b) Time limitation: Adjustment requests for all claims must be received by Blue Cross of New Jersey not later than 180 days after the claim in question appeared on a payment voucher. It should be noted that the 180-day limit does not apply to adjustment requests submitted due to patient eligibility. In this instance the time limitation is two years when the failure to establish timely eligibility on file was the fault of the certifying agency (county or State).

(c) For further instructions on the completion of the Adjustment Request Form see N.J.A.C. 10:51-2, Billing Procedures (see N.J.A.C. 10:51-2.9, Medicaid Pharmacy Adjustment Request Form).

10:51-5.30 [Missing claims investigation/adjustment request form (FD-84)] Follow-up claims investigation procedure

(a) [Missing claims investigation request should be submitted separately from adjustment requests.

1. Time limitation: Missing claim investigations for all claims must be received by Blue Cross of New Jersey not later than 180 days after the late date of service (dispensing date) as noted on the claim(s) in question.

2. Waiting time: From the date of the last appearance of the claim on a voucher, a reasonable period of "waiting time" before instituting a missing claim investigation is 45 days.

3. To request investigation of apparent missing claims, follow these instructions:

i. Indicate check mark () in box for "missing claims investigation".

ii. Complete the following information.

(1) Voucher date, if applicable (use latest date claim appeared);

(2) Voucher number, if applicable;

(3) Blue Cross locator number, if applicable;

(4) Recipient's full name;

(5) Recipient's HSP case number (PAA patient's identification number);

(6) Person number (PAA number is always 01);

(7) Claim number;

(8) Explanation code (if applicable);

(9) Dispensing date.]

The follow-up claims investigation procedure is to be used when:

1. A claim has never appeared on the voucher statement and 30 days has passed since the submittal of that claim.

2. A claim which appeared on a voucher statement with an Explanation Code 47 has after 30 days (from the date of the voucher statement) not appeared again.

3. For further instructions on the procedure to follow when either N.J.A.C. 10:51-5.30(a)1 exists or N.J.A.C. 10:51-5.30(a)2 exists, see N.J.A.C. 10:51-2, Billing Procedures (see N.J.A.C. 10:51-2.10, Follow-up claims investigation procedure).

10:51-5.31 Resubmission of claims

Claims are to be resubmitted only when the pharmacist is requested to do so. Unauthorized resubmission of claims will create a "duplicate claim situation" (Code 62) and a further delay in clearance.]

Recodify N.J.A.C. 10:51-5.33 as N.J.A.C. 10:51-5.31.
[10:51-5.32 Procedure for resubmission of claims

(a) When the pharmacist receives approval to resubmit a claim, the following procedure should be instituted:

1. Copy the information that appeared on the original claim form (including original dispensing date) onto the new claim form.

2. Note on the front of the new claim the word "resubmitted" in the "signature of patient or representative" area of the claim form (MC-6)

3. Enter the old claim number and the word "resubmitted" on the back of the claim form.

4. Submit this claim(s) in a separate envelope marked, ATTENTION: Medicaid Prescription Inquiry Unit.

(b) Inquiries regarding additional information, a specific claim or a request for additional forms should be directed to the Medicaid Prescription Inquiry Unit at (201) 456-2894, 456-2895, 456-2896, 456-2897, 456-2898, or:

Blue Cross of New Jersey
P.O. Box 549
Newark, New Jersey 07101]

Interested persons may submit in writing, data, views, or arguments relevant to the proposed rule on or before June 8, 1981 and inquiries as to submissions received and agency responses to those submissions, to:

Administrative Practice Officer
Division of Medical Assistance and Health Services
P.O. Box 2486
Trenton, N.J. 08625

The Department of Human Services may thereafter adopt rules concerning this subject without further notice. This proposal is known as PRN 1981-17.

(a)

HUMAN SERVICES

DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

Adopted Amendment: N.J.A.C. 10:52-1.3
Hospital Services Manual
Non-Covered Hospital Services

Effective Date: May 7, 1981
Operative Date: July 1, 1981

On April 3, 1981, Timothy L. Carden, Commissioner of Human Services, pursuant to authority of N.J.S.A. 30:4D-6a(1) and in accordance with the applicable provisions of the Administrative Procedure Act, adopted amendments to N.J.A.C. 10:52-1.3 concerning non-covered hospital services as proposed in the Notice published January 8, 1981 at 13 N.J.R. 14(d), but with subsequent changes not so substantial as to change the scope or effect of the original proposal (N.J.A.C. 1:30-3.5).

An order adopting the rule was filed with the Office of Administrative Law on April 9, 1981 as R.1981 d.126.

(a)

HUMAN SERVICES

DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

**Proposed Amendment: N.J.A.C. 10:52-1.3,
10:53-1.3, 10:54-1.2, 10:54-3**

**Elective Surgical Procedures Requiring
Second Opinion**

Public Hearing: None

Timothy L. Carden, Commissioner of Human Services, pursuant to authority of N.J.S.A. 30:4D-7b, proposes to amend N.J.A.C. 10:52-1.3, 10:53-1.3, 10:54-1.2, and 10:54-3 concerning elective surgical procedures requiring a second opinion.

Summary

The purpose of this rule is to require a second opinion, to be rendered by a board certified specialist, on the elective surgical procedures listed below. The New Jersey Medicaid Program will not reimburse physicians and hospitals who fail to obtain a second opinion on these procedures.

Social Impact

Second opinions for elective surgical procedures are now being utilized by third party payors, including private insurance companies. It is estimated that approximately 20 percent of Medicaid recipients who receive the required second opinion will decide not to undergo surgery.

Economic Impact

It is anticipated that there will be a savings to the Department of approximately \$733,000 (Federal-State funds) for fiscal year 1982. The economic impact on providers would be difficult to assess, as the data would vary considerably depending on the number of Medicaid recipients treated by the respective providers.

Full text of the proposed amendments follows (additions indicated in boldface thus; deletions indicated in brackets [thus]).

10:52-1.3 Noncovered inpatient hospital services

(a) Benefits are not payable for any services rendered or items dispensed or furnished in connection with:

1.-15. (No change.)

16. Elective surgical procedures listed unless a second opinion has been rendered by a board certified specialist:

i. Hysterectomy. Number Codes: 4614, 4618, 4631, 4632, 4634.

ii. Cholecystectomy. Number Codes: 3515, 3517.

iii. Hernia Repair. Number Codes: 3631, 3632, 3633, 3634, 3635, 3646, 3651, 3661, 3662, 3663, 3664, 3665, 3666, 1495, 1496.

iv. Tonsillectomy and/or Adenoidectomy. Number Code: 2992, 2993, 2994, 3000.

v. Urinary Tract Endoscopy. Number Code: 3933, 3934, 3935, 3936, 3937, 3940, 3942, 3949.

vi. Laparoscopy. Number Code: 3595, 3596.

vii. Laminectomy. Number Code: 5190, 5208, 5209, 5210, 5211, 5225.

viii. Spinal Fusion. Number Code: 0634, 0635, 0636, 0637, 0638, 0639, 0640, 0641, 0642, 0643, 0644, 0645.

10:53-1.3 Noncovered inpatient special hospital services

(a) Benefits are not payable for any services rendered or items dispensed or furnished in connection with:

1.-14. (No change.)

15. (New text identical to that proposed for N.J.A.C. 10:52-1.3(a)16 above.)

10:54-1.2 Scope of service

(a) Payment will be made for the medically necessary services, subject to the following limitations:

1.-2. (No change.)

3. Physician services provided in the hospital setting; inpatient:

i. (No change.)

ii. Neither the physician nor the hospital will be paid for the following elective surgical procedures unless a second opinion has been rendered by a board certified specialist:

(1)-(8) (New text identical to that proposed for N.J.A.C. 10:52-1.3(a)16i.-viii. above.)

CHAPTER 54

MANUAL FOR PHYSICIANS SERVICES

SUBCHAPTER 3. PROCEDURE CODE MANUAL

A plus symbol (+) preceding the following procedure codes indicate a second opinion is required by a board certified specialist before reimbursement is made for elective surgery:

+0634	+0635	+0636	+0637	+0638	+0639
+0640	+0641	+0642	+0643	+0644	+0645
+1495	+1496	+2992	+2993	+2994	+3000
+3515	+3517	+3595	+3596	+3631	+3632
+3633	+3634	+3635	+3646	+3651	+3661
+3662	+3663	+3664	+3665	+3666	+3933
+3934	+3935	+3936	+3937	+3940	+3942
+3949	+4614	+4618	+4631	+4632	+4634
+5190	+5208	+5209	+5210	+5211	+5225

Editor's Note: N.J.A.C. 10:54-3 is referenced but not reproduced in the New Jersey Administrative Code.

Interested persons may submit in writing, data, views, or arguments relevant to the proposed rule on or before June 8, 1981 and inquiries as to submissions received and agency responses to those submissions, to:

Administrative Practice Officer
Division of Medical Assistance
and Health Services
P.O. Box 2486
Trenton, New Jersey 08625

The Department of Human Services may thereafter adopt rules concerning this subject without further notice. This proposal is known as PRN 1981-20.

(b)

HUMAN SERVICES

DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

**Adopted Amendment: N.J.A.C. 10:54-1.2, 1.22
Physicians Services Manual
Routine Chest X Rays**

Effective Date: May 7, 1981

On April 6, 1981, Timothy L. Carden, Commissioner of Human Services, pursuant to authority of N.J.S.A. 30:4D-7

and in accordance with the applicable provisions of the Administrative Procedure Act, adopted amendments to N.J.A.C. 10:54-1.2 and 1.22 concerning routine chest x rays as proposed in the Notice published February 5, 1981 at 13 N.J.R. 94(a), but with spelling, punctuation, or other technical changes for purposes of clarity and comprehension (N.J.A.C. 1:30-3.5).

An order adopting the rule was filed with the Office of Administrative Law on April 9, 1981 as R.1981 d.125.

(a)

HUMAN SERVICES

DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

Proposed Amendment: 10:54-1.2, 1.5, 1.7, 1.21, 1.22, 2.4, 2.5; 10:57-1.5, 1.20, 2.5—2.7; 10:59-2.6—2.8; 10:61-2.3; 10:62-1.5, 3.2, 3.5, 3.9, 3.10, 3.13; 10:63-1.11; 10:67-1.2, 2.5, 2.8; 10:68-2.5, 2.7

Billing Procedures Using HCFA-1500 Claim Form

Public Hearing: None

Timothy L. Carden, Commissioner of Human Services, pursuant to authority of N.J.S.A. 30:4D-6c, proposes to amend the several manuals listed below concerning billing procedures using the HCFA-1500 claim form.

N.J.A.C. 10:54 Manual for Physicians Services

N.J.A.C. 10:57 Podiatry Services Manual

N.J.A.C. 10:59 Medical Supplier Manual

N.J.A.C. 10:61 Independent Laboratory Services

N.J.A.C. 10:62 Vision Care Manual

N.J.A.C. 10:63 Long Term Care Services Manual

N.J.A.C. 10:67 Manual for Psychological Services

N.J.A.C. 10:68 Manual for Chiropractic Services

Summary

The Health Care Financing Administration of the U.S. Department of Health and Human Services has recommended usage of a common claim form designated HCFA-1500. The Division of Medical Assistance and Health Services plans to commence using this claim form on or about July 1, 1981. The HCFA-1500 form will replace the MC-8 form, which is the one currently being used by the Division.

Social Impact

Providers will be allowed to use their existing MC-8 forms until they order a new supply of claim forms. They will then receive the HCFA-1500 forms. The HCFA-1500 is intended to simplify billing procedures for physicians and other practitioners. It also intended to facilitate processing of claims involving recipients who have both Medicare and Medicaid coverage.

Economic Impact

The Division will incur the administrative costs of printing the HCFA-1500 form. It is not anticipated there will be any cost to the providers.

Full text of the proposed amendments follows (additions

indicated in boldface thus; deletions indicated in brackets [thus]).

10:54-1.2 Scope of Service

(a) (No change.)

1.-6. (No change.)

7. (No change.)

i.-viii. (No change.)

ix. Claim submission and reimbursement:

(1) [Physicians and practitioners claim form MC-8] Health Insurance Claim Form (HCFA-1500) is to be used with written designation of person authorized to sign form;

(2) (No change.)

(3) In [Item 15 of the physician and practitioner's claim form MC-8] Item 24 of the Health Insurance Claim Form (HCFA-1500), the provider in order to receive payment must identify the radiologist who interpreted the film. [in order to receive payment.]

10:54-1.5 Prior authorization

(a) (No change.)

(b) Prior authorization for certain services rendered by physicians are required as follows:

1. (No change.)

2. Psychiatric services

i.-iii. (No change.)

iv. When a request for prior authorization is approved, the Chief of Mental Health Services shall provide the practitioner with written confirmation for continued care by signing form FD-07 (Request for authorization of psychiatric services) and return two copies to the practitioner. The original copy of the authorization (FD-07) must be attached to the Health Insurance Claim Form (HCFA-1500) when submitting the claim for payment. The other copy is retained by the physician for his records. When a request for prior authorization is denied, the practitioner shall be notified in writing by the Chief of Mental Health Services of the reason.

Renumber iv.-vi. as v.-vii.

10:54-1.7 Physical medicine and rehabilitative services

(a)-(e) (No change.)

(f) Rehabilitation services may be provided by the following:

1.-5. (No change.)

6. Physical therapy performed in a physician's office is a reimbursable service under the following conditions:

i.-iv. (No change.)

Notes 1-3: (No change.)

Note 4: The physical therapist is not a direct provider to the program and therefore reimbursement will be made only to the physician. Billing for physical therapy services performed in the physician's office must be listed on the [MC-8 physicians and practitioners claim form in section 12D] Health Insurance Claim Form (HCFA-1500) in section 24D under procedure code 9090 with a statement, "physical therapy session". A copy of the approved prior authorization form (FD-06) must accompany the claim form when sent to Prudential Insurance Company for reimbursement. (See FD-06 exhibit 1.)

(g) (No change.)

10:54-1.21 Portable X-Ray services

(a)-(g) (No change.)

(h) Claim submission and reimbursement rules are:

1. [Physician's and practitioner's claim form MC-8] Health Insurance Claim Form (HCFA-1500) to be used with written designation of person authorized to sign form;

2. (No change.)

10:54-1.22 Diagnostic and therapeutic radiology including requirements for portable X-ray services

(a)-(j) (No change.)

(k) Claim submission and reimbursement rules are:

1. [Physician's and Practitioner's Claim Form MC-8] Health Insurance Claim Form (HCFA-1500) to be used with written designation of person authorized to sign form.
2. (No change.)

10:54-2.4 Combination Medicare/Medicaid claims

(a) [There will be many patients who also have Medicare Supplementary Medical Insurance Benefits (Part B). In such cases the Medicare claim form SSA-1490 will also serve as the Health Services Program claim form, where possible the patient's Program Case Number should be entered in item 5 of the Medicare form.]

There will be many patients who also have Medicare Supplementary Medical Insurance Benefits (Part B). In such cases the Health Insurance Claim Form (HCFA-1500) should be submitted to Medicare with the patient's Health Services Program Case/Person Number noted in item 8.

10:54-2.5 [Physician's and Practitioner's Claim Form] Health Insurance Claim Form

(a) [The Physician's and Practitioner's Claim Form] The Health Insurance Claim Form (HCFA-1500) is used for the purpose of billing for covered services of physicians, podiatrists, [and] optometrists, psychologists and chiropractors. Billing should be done on a monthly basis and submitted for payment as soon after the end of the month as possible. (See N.J.A.C. 10:49-1.12.)

(b) Any laboratory services rendered by the physician or practitioner to his own patients in his own office should be billed on the [Physician's and Practitioner's Claim Form] Health Insurance Claim Form (HCFA-1500). However, any laboratory services provided by an independent laboratory must be billed directly to the program by the laboratory, and not by the physician or practitioner.

10:57-1.5 Podiatric laboratory services

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

(d) Prior authorization is required for arch supports. Casting for arch supports shall be reimbursed by a fee not to exceed program limitations. This shall be billed on a [physicians and practitioners claim form (MC-8)] Health Insurance Claim Form (HCFA-1500). The actual cost of supports shall be within the limits of the program and must be billed by the vendor on the MC-11 Medical Supplier's claim form.

10:57-1.20 Injection policy and drugs dispensed by a podiatrist

(a) (No change.)

1. (No change.)

i. (No change.)

Notes 1-5: (No change.)

Note 6: Insert procedure code number 9072 as a separate item on [physicians and practitioners claim form MC-8 under section 12D] The Health Insurance Claim Form (HCFA-1500) under section 24D. This is to be followed by the name, dose of drug and route of administration. The complete diagnosis for which the injection was given must be inserted [on the same line in section 12c] in item 23A and referenced in section 24.

10:57-2.5 Combination Medicare/Medicaid claims

Services covered under Medicare rendered by noninstitutional providers to a Medicare/Medicaid-eligible person shall be billed on [form SSA-1490, request for Medicare payment] the Health Insurance Claim Form (HCFA-1500), and the claims sent directly to the Medicare Intermediary, Prudential, Medicare B Division, Post Office Box 6500,

Millville, New Jersey 08332. The provider must record the health insurance claim number in item [2] 6, and the New Jersey Health Services Case and Person Number in [item 5 on SSA-1490] item 8 on the HCFA-1500.

Note: Any laboratory services rendered by the physician for the Health Services Program, it must be obtained and submitted with the Medicare claim. [Medicare claim form (SSA-1490) may be obtained from Prudential.] The Health Insurance Claim Form (HCFA-1500) may be obtained from Prudential.

10:57-2.6 [Physicians and practitioners claims (MC-8)] Health Insurance Claim Form (HCFA-1500)

This form is used for the purpose of billing for covered services of physicians, podiatrists, optometrists, psychologists and chiropractors. Billing should be done on a monthly basis and submitted for payment as soon after the end of the month as is possible. (See N.J.A.C. 10:49-1.12.)

Note: Any laboratory services rendered by the physician or practitioner to his own patients in his own office should be billed on this form. However, any laboratory services provided by an independent laboratory, should be billed directly to the program by the laboratory and not by the physician or practitioner.

10:57-2.7 Mailing instructions

Mail the original copy [MC-8] Health Insurance Claim Form (Contractor's copy) together with the authorization form 33030 (where appropriate) to:

The Prudential Insurance Company of America
P.O. Box 1900
Millville, New Jersey 08332

10:59-2.6 Combination Medicare/Medicaid claims

All services allowable under Medicare which are provided to an individual eligible for both Medicare and Medicaid benefits should be billed on [form HCFA-1490 "Request for Medicare Payment"] the Health Insurance Claim Form (HCFA-1500) and the claims be sent directly to the Medicare Intermediary, Prudential Medicare Claims Division IV, P.O. Box 4000, Linwood, N.J. 08221. Providers should understand that they are agreeing to accept assignment when billing in this manner. In order to obtain Medicaid consideration, the provider must record the correct New Jersey Health Services Program Case and Patient Person Number in item [5] 8 in addition to the Health Insurance Claim Number in item [2] 6 of form [HCFA-1490] HCFA-1500. [(A sample HCFA-1490 is shown as Exhibit I.)] Medicare will process the claim and forward it to the Medicaid Program.

10:59-2.7 Combination claim for DME not requiring prior authorization

(a) For covered items for a Medicare/Medicaid eligible person not requiring prior authorization under the New Jersey Medicaid Program, the provider is to submit the original and one copy of the fully completed [form HCFA-1490 "Request for Medicare Payment"] Health Insurance Claim Form (HCFA-1500) directly to Prudential, Medicare Claim Division III, P.O. Box 3000, Linwood, N.J. 08221.

(b) (No change.)

10:59-2.8 Combination claims for DME requiring prior authorization

(a) For items requiring prior authorization under the New Jersey Medicaid Program, the provider is to submit the physician's prescription complete with patient's name, diagnosis, and a specified period of necessity and four copies (use two claim forms with a carbon in between)

of the completed [form HCFA-1490] Health Insurance Claim Form (HCFA-1500) to the appropriate LMAU. The item(s) must be fully described in item [7C] 24D on [form HCFA-1490] form HCFA-1500.

(b) The LMAU will review the prescription and item(s) requested and render a decision. If authorized, the Medicaid Medical Consultant will describe the terms of the authorization, insert the date of the authorization and affix his signature in [item 5 on the HCFA-1490] Item 13 of the HCFA-1500. The LMAU will retain one copy of the form [HCFA-1490] HCFA-1500 and will return the original and two copies together with the prescription to the provider.

(c) When billing, the provider is to submit two authorized copies of the [1490] form HCFA-1500 and the prescription to Prudential, Medicare Claim Division III, P.O. Box 3000, Linwood, N.J. 08221.

(d) (No change.)

(e) If the authorization is not granted, the LMAU will notify the provider of the reason(s) and write "Authorization Denied" on the bottom line of item [7] 24 on the HCFA-1490 form HCFA-1500. If the item(s) are reimbursable under Medicare, the claim should be submitted to Medicare. Any reimbursement will be made by Medicare; Medicaid will not reimburse the provider for any deductible or coinsurance for items for which prior authorization has been denied.

10:61-2.3 Combination Medicare/Medicaid claims

There will be many patients who also have Medicare Supplementary Medical Insurance benefits (Part B). [In such cases the Medicare claim form SSA-1490 will also serve as the Health Services Program claim form, where possible. The patient's program case number should be entered in item 5 of the Medicare form.] In such cases the Health Insurance Claim Form (HCFA-1500) should be submitted to Medicare with the patient's Health Services program Case/Person Number noted in item 8.

10:62-1.5 Professional services not requiring prior authorization

(a) (No change.)

1.-3. (No change.)

Note 1: (No change.)

Note 2: A screening examination should include the code and be described on the [Physicians and Practitioners Claim form (MC-8, item 10D)] Health Insurance Claim Form (HCFA-1500, item 24D) as a "Vision Screening Examination" rather than "External Examination, Visual Acuity check or office visits". [(See chapter IV, Section 406.1, Instructions for completion of form MC-8).] (See Provider Manual, Instructions for completion of form HCFA-1500). Also included in item [10D on the MC-8 Claim form] 24D on the form HCFA-1500 should be the provider's diagnosis and recommendations (that is, referral to another practitioner with his name and address; no diagnostic abnormality; no further examination necessary, and so forth.)

(b) (No change.)

1.-7. (No change.)

Note: A comprehensive eye exam should include the code and be described in item [10D of the MC-8 Claim form] 24D of the form HCFA-1500 as a "Comprehensive Optometric or Ophthalmological Examination including Refraction." The following abbreviations are acceptable and their use is encouraged:

1) Comp. Optom. Exam incl. Refr.

2) Comp. Ophthal Exam incl. Refr.

Generally it is not necessary to itemize the component

parts of the comprehensive examination. However, on patients over age 35, the specific method or instrumentation of tonometry should be identified. Please note examples below:

1) Comp. Optom. Exam incl. Refr., w/Schiotz

2) Comp. Ophthal. Exam incl. Refr., w/Applanation

Also indicate on the [MC-8 Claim form] form HCFA-1500 the findings (diagnosis) 23A, recommended course of action and disposition (for example, glasses ordered, medication, consultation, and so forth).

10:62-3.2 Group practice

(a) For purposes of billing the Program, providers who are in group practice or partnership shall list themselves under one name and one [employer's number (see Physicians and Practitioners Claim Form MC-8, Section 9) provider number (See Health Insurance Claim Form HCFA-1500, Section 31 and/or Request for Authorization and Payment—Optical Appliances Claim Form MC-9, Section 9, as applicable).

(b) The instructions in N.J.A.C. 10:62-3.7, 3.10, and 3.12, [7, 10, and 12 of this Subchapter] where applicable, also apply to group practice. The individual practitioner or provider rendering each service or item must complete and sign the provider certification portion of the form ([Physicians and practitioners claim form MC-8, Section 15] Health Insurance Claim Form (HCFA-1500), Section 25 and/or request for authorization and payment—optical appliance claim form MC-9, Section [17] 23).

10:62-3.5 Combination Medicare/Medicaid claims

(a) Cataract lenses and/or artificial eyes are eligible for payment under supplemental medical insurance benefits (Medicare, Part B). Therefore, when these specific services are rendered to or for an eligible Medical Assistance (Medicaid) person who is age 65 or over, the claim should be made to Medicare, Part B. [In these instances the Medicare claim (Form SSA-1490), See Exhibit II, will also serve as the Medicaid (New Jersey Health Services Program) claim. The provider should complete Form SSA-1490 Request for Medicare Payment and send the claim directly to the Medicare intermediary.] In these instances the Health Insurance Claim Form (HCFA-1500) should be submitted directly to the Medicare intermediary:

The Prudential Insurance Company
Medicare B Division
Post Office Box 6500
Millville, New Jersey 08332

(b) The provider must record both the Medicare identification number [(Section 2)] in item 6 and the New Jersey Health Services Program Case and Person number in [Section 5] item 8 of the Form [SSA-1490] HCFA-1500.

Note: (No change.)

10:62-3.9 [Physicians and Practitioners Claim (MC-8)] Health Insurance Claim Form (HCFA-1500)

(a) (No change.)

(b) Do not use [form MC-8] form HCFA-1500 to claim reimbursement for optical appliances and dispensing (service) fee.

10:62-3.10 [Instructions for completing form MC-8] (Reserved)

10:62-3.13 Mailing instructions; request for authorization form Medicaid 33030

(a) (No change.)

(b) Services should not be rendered until authorization has been received. Upon receipt of the signed authorization form 33030, proceed with the services that have been approved. The original copy of the authorization form

33030 must be attached to the [Physicians and Practitioners Claim form MC-8] Health Insurance Claim Form (HCFA-1500) when submitting the claim for payment. Retain the duplicate copy for your files.

10:63-1.11 Medicare/Medicaid

(a)-(f) (No change.)

(g) (No change.)

1. The following services are covered by Medicare Part B:

i. Physician's services: Medicare-Medicaid patients, regardless of level of care or placement in a Certified Facility, are entitled to physician's services, and services of other practitioner providers covered by Medicare Part B. The following services if given to Medicare-Medicaid patients in LTCFs must be billed to Medicare [on standard Medicare claim forms] on the Health Insurance Claim Form (HCFA-1500). The patient's Health Services Program Case Number must be included in Item [5] 8 of the [Request for Medicare Coverage (SSA-1490) Exhibit No. 24] form HCFA-1500.

2. Denial of Part B claims by Medicare:

i. When a service under Part B has been denied payment by the Fiscal Intermediary and such service was considered by the attending physician to be medically necessary to the care of the patient, the provider (e.g., physician) should return the claim to the Medicare Intermediary with supporting documentation of medical necessity. Should this claim again be denied it will automatically be referred to the Medicaid Program for their review and further consideration if the Medicaid H.S.P. number is listed in Item No. [5] 8.

10:67-1.2 Consultative services

(a)-(d) (No change.)

(e) When consultation services are performed in the psychologists office or the patient's home, the name and Individual Medicaid Practitioner number of the referring physician must be included on the claim form. The name [may] must be listed in item [13] 19 of that form.

(f) (No change.)

10:67-2.5 Combination Medicare/Medicaid claims

Services covered under Medicare rendered by non-institutional providers to a Medicare/Medicaid eligible person shall be billed on [form SSA-1490, Request for Medicare Payment] the Health Insurance Claim Form (HCFA-1500) and the claims sent directly to the Medicare intermediary, Prudential, Medicare B Division, P.O. Box 6500, Millville, New Jersey 08332. The provider must record the Health Insurance claim number in [2] 6 and the New Jersey Health Services Case and Person number in item [5] 8 on the [SSA-1490] form HCFA-1500.

Note: In cases where prior authorization is required for the Health Services Program, it must be obtained and submitted with the Medicare claim. [Medicare claim form (SSA-1490) may be obtained from Prudential.] The Health Insurance Claim Form (HCFA-1500) may be obtained from Prudential.

10:67-2.8 [Physicians and Practitioner Claims (MC-8)]
Health Insurance Claim Form (HCFA-1500)

This form is used for the purpose of billing for covered services of physicians, podiatrists, optometrists, psychologists, and chiropractors. Billing should be done on a monthly basis and submitted for payment as soon after the end of the month as is possible. (See N.J.A.C. 10:49-1.12.)

10:68-2.5 Combination Medicare/Medicaid claims

Services covered under Medicare rendered by non-institutional providers to a Medicare/Medicaid eligible

person shall be billed on [form SSA-1490, request for Medicare payment] the Health Insurance Claim Form (HCFA-1500), and the claims sent directly to the Medicare intermediary, Prudential, Medicare B Division, Post Office Box 6500, Millville, New Jersey 08332. The provider must record the medical insurance claim number in item [2] 6 and the New Jersey Health Services Case and Person number in item [5] 8 on [SSA-1490] the Form HCFA-1500.

10:68-2.7 [Physicians and practitioners claims (MC-8)]

Health Insurance Claim Form (HCFA-1500)

(a) The form is used for the purpose of billing for covered services of physicians, podiatrists, optometrists, psychologists, and chiropractors. Billing should be done on a monthly basis and submitted for payment as soon after the end of the month as is possible. (See N.J.A.C. 10:49-1.12.)

(b) (No change.)

Interested persons may submit in writing, data, views, or arguments relevant to the proposed rule on or before June 8, 1981 and inquiries as to submissions received and agency responses to those submissions, to:

Administrative Practice Officer
Division of Medical Assistance
and Health Services
P.O. Box 2486
Trenton, New Jersey 08625

The Department of Human Services thereafter may adopt this proposal without further notice (see N.J.A.C. 1:30-3.5). The adopted rules become effective upon publication in the Register of a notice of adoption.

This proposal is known as PRN 1981-23.

(a)

HUMAN SERVICES

DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

Proposed Amendment: N.J.A.C. 10:54-2.1

Proposed New Rules: N.J.A.C. 10:50-2.7,

10:52-2.13, 10:53-2.18, 10:54-2.6, 10:57-2.8,

10:60-2.6, 10:61-2.6, 10:66-2.10, 10:68-2.8

Provider Claim Submissions: Billing Procedures
Automated Data Exchange Billing System

Public Hearing: None

Timothy L. Carden, Commissioner of Human Services, proposes to adopt new rules to be cited as N.J.A.C. 10:50-2.7, 10:52-2.13, 10:53-2.18, 10:54-2.6, 10:57-2.8, 10:60-2.6, 10:61-2.6, 10:66-2.10 and 10:68-2.8 concerning an automated data exchange billing system for provider-claim submissions, and to amend N.J.A.C. 10:54-2.1 concerning the general policy for billing procedures.

Summary

The purpose of these rules is to authorize providers to submit claims via an approved method of automated billing. This provision is optional, thereby allowing providers to select a method of billing that is cost effective for them.

Social Impact

According to the Division these rules will have no social impact.

Economic Impact

It is anticipated there will be some administrative cost savings to the Division, especially if a substantial number

of providers choose the automated system instead of the standard hard-copy claim form currently in use. However, exact figures are not available because it is not known how many providers will use an automated billing system.

Full text of the proposal follows (additions indicated in boldface thus; deletions indicated in brackets [thus]).

- 10:50-2.7 Automated Data Exchange
- 10:52-2.13
- 10:53-2.18
- 10:54-2.6
- 10:57-2.8
- 10:60-2.6
- 10:61-2.6
- 10:66-2.10
- 10:68-2.8

(a) Any approved provider may request approval to submit claims for reimbursement via an approved method of Automated Data Exchange. All costs of rental/purchase of a terminal, installation, maintenance, and usage of telephone lines are the responsibility of the provider.

(b) Requests for approval must be submitted to the appropriate Contractor:

The Prudential Insurance Co.
P.O. Box 471
Millville, New Jersey 08332
OR

Blue Cross of New Jersey
33 Washington Street
Newark, New Jersey 07102

(c) Any provider approved for an Automated Data Exchange claim submission system must comply with all regulations and restrictions set forth by Medicaid.

(d) A random billing sample will be audited after a three month period. The review to compare data received via the Automated Data Exchange against the medical records will consist primarily of statement of charges, nature of services rendered, employment or accident related, other coverage, patient/provider signature, and verification that charges and procedure codes match services performed.

1. Subsequent audits will be scheduled at six-month intervals if the error rate is acceptable.

10:54-2.1 General policy

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

(c) For purposes of this time limitation, a claim is a submission [in writing] on a Health Insurance Claim Form (HCFA-1500), or by any approved method of Automated Data Exchange, which indicates a request for reimbursement in connection with medical services of a specified nature furnished to an eligible recipient.

(d) (No change.)

Interested persons may submit in writing, data, views, or arguments relevant to the proposed rule on or before June 8, 1981 and inquiries as to submissions received and agency responses to those submissions, to:

Administrative Practice Officer
Division of Medical Assistance and Health Services
P.O. Box 2486
Trenton, N.J. 08625

The Department of Human Services may thereafter adopt rules concerning this subject without further notice. This proposal is known as PRN 1981-19.

(a)

HUMAN SERVICES

DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

Proposed Amendment: N.J.A.C. 10:54-3
Physician's Services Manual
Procedure Codes

Public Hearing: None

Timothy L. Carden, Commissioner of Human Services, pursuant to authority of N.J.S.A. 30:4D-7, proposes to amend N.J.A.C. 10:54-3 concerning procedure codes for mercury-zinc battery-powered pacemakers. Take notice that the Procedure Code Manual is referenced but not reproduced in the New Jersey Administrative Code.

Summary

The purpose of this amendment is to enable Medicaid to be consistent with Medicare in paying for transtelephonic cardiac monitoring for pacemakers powered with either a mercury-zinc battery or a lithium battery, provided all seven criteria listed are met.

Social Impact

According to the Division, this amendment has no social impact.

Economic Impact

According to the Division, this rule has no economic impact.

Full text of the proposed amendment follows (additions indicated in boldface thus; deletions indicated in brackets [thus]).

Procedure Code	Description	Medicaid Dollar Value	
		S	NS
[9114] 9119	Transtelephonic cardiac [pacemaker] monitoring for mercury-zinc battery-powered pacemakers with ECG (EKG) to include:	\$16.00	N/A

1.-7. (No change.)

[9114] 9148	Transtelephonic cardiac monitoring for lithium battery-powered pacemaker with ECG (EKG) to include:	\$16.00	N/A
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1.-7. (No change.)

Interested persons may submit in writing, data, views, or arguments relevant to the proposed rule on or before June 8, 1981 and inquiries as to submissions received and agency responses to those submissions, to:

Administrative Practice Officer
Division of Medical Assistance and Health Services
P.O. Box 2486
Trenton, N.J. 08625

The Department of Human Services thereafter may adopt this proposal without further notice (see N.J.A.C. 1:30-3.5). The adopted rules become effective upon publication in Register of a notice of adoption.

This proposal is known as PRN 1981-24.

(a)

HUMAN SERVICES

DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

Proposed Amendment: N.J.A.C. 10:54-3
Proposed New Rule: N.J.A.C. 10:67-2.10
Physician's Services Manual, Manual for Psychological Services Procedure Codes

Public Hearing: None

Timothy L. Carden, Commissioner of Human Services, pursuant to authority of N.J.S.A. 30:4D-7, proposes to amend N.J.A.C. 10:54-3 and to adopt a new rule to be cited as N.J.A.C. 10:67-2.10 concerning procedure codes and terminology revision.

Summary

This proposal will require psychiatrists and psychologists to use the applicable procedure codes corresponding to the narrative description when submitting a Medicaid claim. The use of procedure codes should result in faster, more accurate, claim processing. The procedure codes have been revised to reflect current professional terminology. There is no change in fee schedules or services provided.

Social Impact

Medicaid recipients will still be able to receive the same counseling services, and providers will still be reimbursed for all claims properly submitted.

Economic Impact

There is no fiscal impact associated with this proposal, other than those normally involved in claim processing.

Full text of N.J.A.C. 10:67-2.10 follows.

10:67-2.10 Procedure codes

Procedure codes and brief narrative descriptions must be used when submitting claims for services. The applicable procedure codes and descriptions are listed in the Procedure Code Manual. (See: N.J.A.C. 10:54-3, Psychiatric/Psychological Services.)

Copies of the full text of the amended procedure codes in N.J.A.C. 10:54-3 (9050, 9051, 9053, 9056, 9061, 9062, 9064, 9065) may be obtained from or made available for review by writing to:

Administrative Practice Officer
Division of Medical Assistance
and Health Services
P.O. Box 2486
Trenton, New Jersey 08625

Editor's Note: The procedure codes are referenced but not reproduced in the New Jersey Administrative Code.

Interested persons may submit in writing, data, views, or arguments relevant to the proposed rule on or before June 8, 1981 and inquiries as to submissions received and agency responses to those submissions, to:

Administrative Practice Officer
Division of Medical Assistance
and Health Services
P.O. Box 2486
Trenton, New Jersey 08625

The Department of Human Services may thereafter adopt rules concerning this subject without further notice. This proposal is known as PRN 1981-25.

(b)

HUMAN SERVICES

DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

Proposed Amendment: N.J.A.C. 10:54-3
Manual for Physician's Services
Procedure Codes for Physicians and Optometrists

Public Hearing: None

Timothy L. Carden, Commissioner of Human Services, pursuant to authority of N.J.S.A. 30:4D-7, proposes to amend N.J.A.C. 10:54-3 concerning the Procedure Code Manual.

Summary

This proposed rule change will affect physicians and optometrists. The proposed revisions include elimination of time parameters as a factor in determining reimbursement (except for procedure codes 9030 and 9071); elimination of geographical divisions within the State; and the establishment of parity in fee schedule for both institutional-office and home visits services.

These proposed changes have been discussed with the Medicaid Committee of the New Jersey Medical Society, who expressed a preference for the elimination of time parameters and geographical distinctions.

Social Impact

There is no social impact on Medicaid recipients, since there is no change in the scope of services currently available under Title XIX.

Economic Impact

Based upon an analysis by the Bureau of Health Statistics and Economics, it is projected that the changes will not increase or decrease the total annual expenditures of the Medicaid program in the areas affected, provided recipient utilization remains the same. In addition, there should be no change in reimbursement to providers, since the proposed revisions should result in fees for particular services "averaging out".

Copies of the full text of the proposed amendments can be obtained from the person listed below.

Interested persons may submit in writing, data, views, or arguments relevant to the proposed rule on or before June 8, 1981 and inquiries as to submissions received and agency responses to those submissions, to:

Administrative Practice Officer
Division of Medical Assistance and Health Services
P.O. Box 2486
Trenton, N.J. 08625

The Department of Human Services thereafter may adopt this proposal without further notice (see N.J.A.C. 1:30-3.5). The adopted rules become effective upon publication in the Register of a notice of adoption.

This proposal is known as PRN 1981-26.

(a)

HUMAN SERVICES

DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

Adopted Amendment: N.J.A.C. 10:54-3
Physician Services Manual
Procedure Codes

Effective Date: May 7, 1981

On March 24, 1981, Timothy L. Carden, Commissioner of Human Services, pursuant to authority of N.J.S.A. 30:4D-7 and in accordance with the applicable provisions of the Administrative Procedure Act, adopted amendments to N.J.A.C. 10:54-3 in the Physician's Services Manual concerning certain procedure codes as proposed in the Notice published February 5, 1981 at 13 N.J.R. 95(a) and without change.

An order adopting the rule was filed with the Office of Administrative Law on April 3, 1981 at R.1981 d.111.

(b)

HUMAN SERVICES

DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

Adopted Amendment: N.J.A.C. 10:56-3.15
Dental Services Manual
Orthodontics

Effective Date: May 7, 1981

On April 6, 1981, Timothy L. Carden, Commissioner of Human Services, pursuant to authority of N.J.S.A. 30:4D-7b and in accordance with the applicable provisions of the Administrative Procedure Act, adopted amendments to N.J.A.C. 10:56-3.15 in the manual for Dental Services as proposed in the Notice published March 5, 1981, at 13 N.J.R. 134(b).

An order adopting the rule was filed with the Office of Administrative Law on April 7, 1981 as R.1981 d.113.

(c)

HUMAN SERVICES

DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

Adopted Amendment: N.J.A.C. 10:61-1.4
Independent Laboratory Services
Record Retention Requirements

Effective Date: May 7, 1981

On March 23, 1981, Timothy L. Carden, Commissioner of Human Services, pursuant to authority of N.J.S.A. 30:4D-12(d) and in accordance with the applicable provisions of the Administrative Procedure Act, adopted amendments to N.J.A.C. 10:61-1.4 concerning requirements for record retention (Independent Laboratory Services), as proposed in the Notice published February 5, 1981 at 13 N.J.R. 95(b) and without change.

An order adopting the rule was filed with the Office of Administrative Law on April 3, 1981 as R.1981 d.110.

(d)

HUMAN SERVICES

DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

Proposed Amendment: N.J.A.C. 10:62-1.7
Vision Care Manual
Use of Procedure Codes for Ophthalmologists
And Optometrists

Public Hearing: None

Timothy L. Carden, Commissioner of Human Services, pursuant to authority of N.J.S.A. 30:4D-6c, proposes to amend N.J.A.C. 10:62-1.7 concerning the use of procedure codes for ophthalmologists and optometrists.

Summary

This rule will require Ophthalmologists and Optometrists to use the applicable codes corresponding to the narrative description when submitting a Medicaid claim. The use of procedure codes should result in faster, more accurate claim processing.

Social Impact

According to the Division, this amendment has no social impact.

Economic Impact

There is no financial impact associated with this proposal, other than costs normally involved in claim processing.

Full text of the proposed amendment follows (additions indicated in boldface thus).

10:62-1.7 Basis of payment

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

(c) Procedure codes and brief corroborative narratives must be used when submitting claims for services. Use the applicable procedure code and corroborative narrative description as listed in the Procedure Codes Manual, N.J.A.C. 10:54-3.

Interested persons may submit in writing, data, views, or arguments relevant to the proposed rule on or before June 8, 1981 and inquiries as to submissions received and agency responses to those submissions, to:

Administrative Practice Officer
Division of Medical Assistance
and Health Services
P.O. Box 2486
Trenton, New Jersey 08625

The Department of Human Services may thereafter adopt rules concerning this subject without further notice. This proposal is known as PRN 1981-22.

(e)

HUMAN SERVICES

DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

Adopted Amendment: N.J.A.C. 10:66-3.3
Independent Clinic Services
Procedure Codes for Medicaid

Effective Date: May 7, 1981

On March 24, 1981, Timothy L. Carden, Commissioner

of Human Services, pursuant to authority of N.J.S.A. 30:4D-7 and in accordance with the applicable provisions of the Administrative Procedure Act, adopted amendments to N.J.A.C. 10:66-3.3 concerning procedure codes for certain Medicaid services, as proposed in the Notice published November 6, 1980 at 12 N.J.R. 662(b) and without change.

An order adopting the rule was filed with the Office of Administrative Law on April 3, 1981 as R.1981 d.112.

(a)

HUMAN SERVICES

DIVISION OF PUBLIC WELFARE

Proposed Amendment:

N.J.A.C. 10:81-7.1, 10:82-2.14

**Assistance Standards Handbook,
Public Health Manual**

New or Changed Earned Income in AFDC

Public Hearing: None

Timothy Carden, Commissioner of Human Services, pursuant to authority of N.J.S.A. 44:7-6 and 44:10-3, proposes to amend N.J.A.C. 10:82-2.14 of the Assistance Standards Handbook and 10:81-7.1 of the Public Assistance Manual concerning the treatment of new or changed earned income in AFDC.

Summary

The purpose of these amendments is to require a uniform procedure for county welfare agencies for counting earned income in circumstances of new or changed employment. The existing procedures are ambiguous and have caused inconsistent application of intent of the rule thus causing errors in AFDC cases subjected to Quality Control.

Social Impact

This procedural amendment is expected to have no social impact on public assistance recipients or other members of the public.

Economic Impact

The amended rule will have negligible or no economic impact on the State, adopting agency or the public.

Full text of the proposed amendments follows (additions indicated in boldface thus; deletions indicated in brackets [thus]).

10:81-7.1 Notice to client of county welfare agency decision

(a)-(1) (No change.)

(m) Payments based on earnings projection:

1. When the AFDC payment is based on an earnings projection (see N.J.A.C. 10:82-2.14(c)), a notice shall accompany that payment advising the client that the AFDC payment for the subsequent month will be suspended unless he/she provides wage verification as required.

10:82-2.14 Establishing monthly earnings

(a) The procedures in this section apply in the determination of earned income for the purposes of establishing the amount of assistance grant with the exception of initial grants (see N.J.A.C. 10:82-2.3).

[(a)] (b) **Conversion to Monthly Amounts:** The [P] procedures for determining calculated earned income (CEI) [as given] in N.J.A.C. 10:82-2.8 and 2.12 are based on monthly gross earnings. [Where necessary, this will be established by multiplying the client's weekly gross earnings by 4 $\frac{1}{3}$.] Earnings received other than monthly

amounts must be converted to monthly amounts to determine CEI. For instance, weekly gross earnings shall be multiplied by 4 $\frac{1}{3}$ or 4.333 and biweekly amounts shall be multiplied by 2 $\frac{1}{6}$ or 2.167. (Note: The Conversion Tables in the Appendix may be used to convert weekly gross earnings to monthly amounts and to calculate disregards.)

[(b) Weekly gross earnings shall be determined by averaging earnings for any consecutive 4 weeks within the 10 week period which includes the five weeks immediately before and after the date the client signs Form PA-1J, Application and Affidavit for AFDC, MA, CRA, IRP, and Food Stamps.

1. The applicable 4 week period must be identified in the case record and the amount of earnings documented therein.

2. This regulation must be applied whenever a new PA-1J is signed (i.e., redeterminations). In addition, where changes in income occur but a new PA-1J form is not signed, the 10 week period is to include the five weeks prior to and after the date the IM worker is informed of a change in earnings, either orally or in writing.]

[(c) When a recently employed client has been paid for less than 4 weeks prior to the 13th of the month, the weekly gross earnings shall be determined by averaging the earnings received through the 12th of the month. The average thus obtained will apply until the case is next redetermined.

1. Example: New employment began 3 weeks ago, and the client has been paid twice before the 13th of the month. Gross earnings received are \$80.00 and \$68.00. Average weekly earnings are \$74.00.]

[(d) Any change in employment circumstances, such as change in base pay, change to full or part-time work, or a different job, must be reported to the CWA immediately and a recalculation of earned income promptly made. If, as a result of this change the client has been paid for less than 4 weeks prior to the 13th of the month, the weekly gross earnings shall be determined in accordance with the procedure outlined in N.J.A.C. 10:82-2.14(c).

1. When the client's pattern of employment includes some weeks as part-time and some as full-time, then the earnings shall be treated in accordance with N.J.A.C. 10:82-2.14(d).]

[(e) When weekly gross earnings are known, use the Conversion Tables in the Appendix to calculate applicable disregards.]

(c) **Earnings Projection:** When due to new or changed earnings, the client is unable to provide the four consecutive weeks verification required in (d) below 7 calendar days prior to the CODES cutoff date, the CWA shall compute the following month's CEI on an earnings projection. In developing the earnings projection the CWA shall use all actual wage information available 7 calendar days prior to the CODES cutoff date together with the client's estimate of ongoing wages and/or hours. The earnings projection and the information used to determine it shall be fully documented in the case record. The earnings projection shall be used to determine the AFDC grant only until sufficient earnings verification is available to base the earnings on actual verification of four consecutive weeks as required in (d) below.

Example: The client receives his/her first pay check on the 11th of the month for 20 hours of employment. The client states that he/she will be working 40 hours a week at the same hourly wage rate. The earnings projection will be based on 40 hours a week.

1. When an earnings projection is used, the client must be advised that the required wage verification must be supplied or the subsequent month's grant will be suspended.

2. In the event subsequent verification reveals that the client has been underpaid because of the use of an earnings projection, the under payment shall be corrected in accordance with N.J.A.C. 10:82-2.19.

(d) Required evidence of earnings: Except for the period of time a case is subject to an earnings projection, monthly gross earnings shall be determined by obtaining wage verification for any consecutive four week period within the five weeks before and the five weeks following the date the client signs the Form PA-1J or reports a change in earnings. This policy applies also at redetermination when a new PA-1J is signed. The evidence used to verify the earnings and the dates thereof shall be fully documented in the case record.

[(f)] (e) (No change in text.)

Interested persons may submit in writing, data, views, or arguments relevant to the proposed rule on or before June 3, 1981 and inquiries as to submissions received and agency responses to those submissions, to:

G. Thomas Riti, Director
Division of Public Welfare
CN 716
Trenton, N.J. 08625

The Department of Human Services may thereafter adopt rules concerning this subject without further notice. This proposal is known as PRN 1981-16.

(a)

HUMAN SERVICES

DIVISION OF PUBLIC WELFARE

Proposed Amendment: N.J.A.C. 10:85-1.2, 1.5, 2.2 and 7.3

General Assistance Manual

Amendments to Comport with Faulkner Act

Public Hearing: None

Timothy L. Carden, Commissioner of Human Services, pursuant to authority of N.J.S.A. 44:8-111(d), proposes to amend N.J.A.C. 10:85-1.2, 1.5, 2.2 and 7.3 of the General Assistance Manual concerning recognizing administrative options available to municipalities which have reorganized under the provisions of the Faulkner Act, N.J.S.A. 40:69A-1 et seq.

Summary

Because the subject matter bears on the relationship between elected officials and the administration of municipal welfare departments, it became necessary to include here some regulation on matters not covered in detail in either the Faulkner Act or N.J.S.A. 44:8-107 et seq. The additional material deals with the separation of political activity from public assistance activity and is drawn largely from State v. Malone, 164 N.J. Super. 47 (Ch. Div. 1978).

The regulations recognize and provide for the right of the governing body of a Faulkner Act municipality to reorganize or abolish its Local Assistance Board, provide for reassignment of duties and responsibilities when necessary, and more clearly define the limitations placed on elected officials and others with respect to day-to-day program administration.

Social Impact

The only social impact of these amendments will be upon those unknown municipal officials and former officials whose administrative inter-relationships have changed. These may include directors of welfare, mem-

bers of the governing body, and members of local assistance boards whose terms of office may be changed. Whether those impacts are negative or positive depends entirely upon the personal viewpoints of those involved.

Economic Impact

These revisions relate only to administrative structure at and above the level of Municipal Welfare Director. They will not, in fact must not, have any influence on assistance eligibility, rights or responsibilities of assistance applicants or recipients, level of assistance payments to recipients, or level of public expenditure for assistance payments.

Full text of the proposed amendments follows (additions indicated in boldface thus; deletions indicated in brackets [thus]).

10:85-1.2 Administration of municipal welfare

(a) Each municipality shall have a legally constituted local assistance board (LAB) [, consisting] unless such board has been discontinued or abolished. (See N.J.A.C. 10:85-2.2(a)1.) When an LAB exists, it shall consist of unsalaried citizens appointed by the chief executive of the municipality with the approval of the governing body. The Board shall meet at regular intervals, not less than four times a year, and shall oversee the municipality's General Assistance program, as administered by the Director of Welfare. (See also N.J.A.C. 10:85-2.2.)

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

10:85-1.5 Disclosure of information

(a) The municipal welfare department shall restrict the use or disclosure of information concerning applicants or recipients to persons directly connected with the administration of the General Assistance program[,] whose official duties require access to the information. Municipal officials and appointees, members of the governing body and municipal employees not under the jurisdiction of the municipal welfare director are not permitted such access.

(b) (No change.)

10:85-2.2 Establishment of local assistance board

(a) The law stipulates that each municipality shall appoint a local assistance board (LAB); specifies the composition of the Board and the terms of office; empowers the LAB to appoint a Director of Welfare; and authorizes the municipality to appoint any other necessary employees. These requirements are mandatory upon every municipality regardless of whether or not State aid is requested for the administration of [g]General [a]Assistance.

1. Faulkner Act Municipalities: Municipalities governed under an optional form of government pursuant to the Faulkner Act are referred to in this manual as Faulkner Act municipalities. During the transition period to such optional form, the municipal governing body will determine whether the LAB is to be continued or abolished and will act accordingly. After the transition period the governing body may abolish the LAB only by adoption of an appropriate ordinance. (See N.J.A.C. 10:85-2.2(g), Duties of LAB.)

(b) (No change.)

1. In Faulkner Act municipalities, the municipal governing body may, by adoption of an appropriate ordinance, reorganize the LAB and/or adjust the terms of office of the members. In such event, the LAB shall, nonetheless, be composed as described in this section.

[1.] 2. (No change in text.)

(c) Each municipality, whether or not applying for State aid, shall submit annually a certification form,

Status Report and Request for State Aid for Calendar Year (Form GA-15), to the DPW/BLO signed by the municipal clerk and attesting to the appointment of the board members, if any, and the Director of Welfare.

(d) (No change.)

1.-4. (No change.)

5. Duties and Responsibilities of the Director of Welfare: The municipal Director of Welfare[, as the chief administrative officer of the LAB,] is responsible for ensuring equitable and efficient administration of [g]General [a]Assistance within the community, in accordance with standards and policies set forth in this [manual] chapter.

6. Prohibition to Engage in Political Activities: The Director of Welfare or any employee of the municipal welfare department shall not:

i. Hold any elective office, be a member of a county committee of any political party, serve on a local election board, or hold office in a political club; [(These limitations are not relevant to elections or positions which are clearly devoid of political party affiliations, such as local school board elections or offices or candidacy for a non-partisan office);]

ii.-viii. (No change.)

(e)-(f) (No change.)

(g) The LAB shall act as a body in discharging its duties. A Board member shall not individually take upon him/herself the responsibility for creation of policy, investigation of a client or disclosure of data contained in a case record. Actions taken by the LAB on all matters pertaining to the administration of [g]General [a]Assistance shall be discharged by the Board at regular or special meetings and recorded in the secretary's minutes. Functions and activities of the LAB include the study of employment possibilities in local industry, health, housing, and social conditions of the community. Analysis of municipal financial needs, insofar as they are related to [g]General [a]Assistance, shall also be a matter of concern to the LAB.

1.-2. (No change.)

(h) Nothing in this section shall be construed so as to allow access to confidential information beyond that authorized in N.J.A.C. 10:85-1.5(a).

(i) In Faulkner Act municipalities where no LAB exists, the authority, duties and responsibilities of the LAB are assumed by the municipal governing body except as specifically indicated in this chapter. Functions of the Secretary of the LAB are assumed by the municipal clerk.

10:85-7.3 Local hearing

(a) (No change.)

(b) (No change.)

1.-2. (No change.)

3. (No change.)

i. Alternative selection: If the Director has been so involved, the Director will select a hearing officer who has not been involved. The selection will be made from among the following in order of priority:

(1) (No change.)

(2) A member of the LAB other than an elected official as designated by the LAB; or

(3) (No change.)

4.-7. (No change.)

Interested persons may submit in writing, data, views, or arguments relevant to the proposed rule on or before June 8, 1981 and inquiries as to submissions received and agency responses to those submissions, to:

G. Thomas Riti, Director
Division of Public Welfare
CN 716
Trenton, N.J. 08625

The Department of Human Services may thereafter adopt rules concerning this subject without further notice. This proposal is known as PRN 1981-12.

(a)

CORRECTIONS

STATE PAROLE BOARD

Adopted Amendment: N.J.A.C. 10A:71-7.7

Parole Board Rules

Notice for Preliminary Hearings

Effective Date: May 7, 1981

On March 20, 1981, the New Jersey State Parole Board in the Department of Corrections, pursuant to authority of N.J.S.A. 30:3-123.48 and in accordance with the applicable provisions of the Administrative Procedure Act, adopted an amendment to N.J.A.C. 10A:71-7.7 concerning notice for preliminary hearings as proposed in the Notice published February 5, 1981 at 13 N.J.R. 101(b) and without change.

An order adopting the rule was filed with the Office of Administrative Law on March 25, 1981 as R.1981 d.106.

(b)

INSURANCE

REAL ESTATE COMMISSION

Proposed Amendment: N.J.A.C. 11:5-1.2 through 1.4, 1.8 and 1.9, 1.14, 1.18 and 1.19

Proposed New Rule: N.J.A.C. 11:5-1.33 through 1.35, 1.37

Real Estate Commission Rules

Public Hearing: May 20, 21, and 22, 1981

The New Jersey Real Estate Commission in the Department of Insurance, pursuant to authority of N.J.S.A. 45:15-9 and 45:15-17, proposes to amend various rules in N.J.A.C. 11:5-1 concerning the rules and regulations of the New Jersey Real Estate Commission.

Summary

The New Jersey Real Estate Commission has been entrusted with the obligation to define, regulate and license real estate brokers and salespeople, in the State of New Jersey. The proposed amendments and new regulations are a product of an effort to crystallize, with greater clarity and precision, some of the requirements and qualifications of real estate brokers and salespersons.

The proposed amendment to 11:5-1.2(b) provides for a minimum of 45 hours at a school approved by the Commission. Section (d) of the proposed amendment allows an applicant six calendar months to apply for a salesman's license, after successful completion of the prescribed course.

The proposed amendment to N.J.A.C. 11:5-1.3 provides for a broker-salesperson, which was previously referred to as Associate Broker, to act completely under the authority of a broker, and may not maintain his own office or escrow account. Under section (h) of the proposed amendment an applicant must apply for and request the

issuance of a license as a broker or broker-salesperson not later than six calendar months after successful completion of the education requirements. Prior to the amendment, there was no set time limit.

The proposed amendment to N.J.A.C. 11:5-1.4 provides that no broker may apply for a license to transact business on behalf of more than one corporation. Any broker presently licensed on behalf of more than one corporation may continue to do so.

The proposed amendment to N.J.A.C. 11:5-1.8, requires every broker to establish and maintain a special or special accounts, separate and apart from other business or personal accounts, for the deposit of all moneys of others received by the broker acting in said capacity. Said accounts are to be filed with the New Jersey Real Estate Commission, including their number and the financial institution in which they are held. It further provides that a branch office supervisor may withdraw or disburse moneys from said account providing a general authorization is filed with the commission.

The proposed amendment to N.J.A.C. 11:5-1.9(d), provides that the name of each person or entity holding, utilizing, or expanding deposit moneys or any other moneys prior to closing and the status and whereabouts of such moneys be clearly made known to all parties to a transaction.

The proposed amendment to N.J.A.C. 11:5-1.14 defines the conditions under which a broker may lend his license or name for the benefit of another firm or corporation.

The proposed amendment to N.J.A.C. 11:5-1.18 provides for specific requirements for a broker's sign.

The proposed amendment to N.J.A.C. 11:5-1.19 provides that a reciprocal broker may maintain a branch office, in accordance with the provisions of N.J.A.C. 11:5-1.8, and that all branch offices must visually display on the exterior of the office, the name of the broker qualified to transact business, corporation name or trade name and corporation's main office.

The new regulation N.J.A.C. 11:5-1.33 forbids licensed real estate persons from combining, conspiring, suggesting or recommending to any other brokerage firm, broker or salesperson, any rate or commission or fee to be charged or any division of such commission to be fixed, established, maintained, suggested or stabilized.

The new regulation N.J.A.C. 11:5-1.34 forbids a licensee from taking punitive or retaliatory action against another licensee who fails or refuses to adhere to or adopt any commission.

The new regulation N.J.A.C. 11:5-1.35, forbids any licensee from agreeing, combining or conspiring with another to boycott or threaten to boycott any promotional medium where such action is based on the acceptance by any medium of advertising of price or commission of a competitive or discount nature.

The new regulation N.J.A.C. 11:5-1.34 prohibits brokers from using business names similar to a name presently used by another New Jersey broker.

Social Impact

The amendment to N.J.A.C. 11:5-1.2(b) and (d) will affect all future licensees in that they must undertake a minimum of 45 hours at a Commission approved school and apply for their license within six months of completion of that course.

The amendment to N.J.A.C. 11:5-1.3 will affect all brokers and broker-salespersons, and also any salesperson who wishes to become a broker or broker-salesperson.

The amendment to N.J.A.C. 11:5-1.4 will prohibit a broker from transacting business on behalf of more than one corporation, therefore not affecting the general public, and only brokers.

The amendment to N.J.A.C. 11:5-1.8 will affect all brokers, reciprocal brokers, and when required, branch office supervisors and individuals buyers and sellers.

The amendment to N.J.A.C. 11:5-1.9(d) will affect every licensee, buyer and seller in the status of monies relating to the closing of title will be known to each and every party to the transaction.

The amendment to N.J.A.C. 11:5-1.14 will affect all brokers, salespersons, and broker-salespersons.

The amendment to N.J.A.C. 11:5-1.18 will affect all brokers licensed by the New Jersey Real Estate Commission, maintaining offices.

The amendment to N.J.A.C. 11:5-1.19 shall have a social impact on all brokers with branch offices, the branch office supervisor, and all reciprocal brokers maintaining a branch office.

The new regulation, N.J.A.C. 11:5-1.33 will affect all licensed real estate brokers, salespersons and broker-salespeople. The public will be affected by the ability of the market place to have price competition.

The new regulation N.J.A.C. 11:5-1.34 will have an impact on all licensees regulated by the New Jersey Real Estate Commission. The public will be affected by the ability of the market place to have price competition.

The new regulation N.J.A.C. 11:5-1.35 will affect all licensees regulated by the New Jersey Real Estate Commission. The public will be affected by the ability of the market place to have price competition.

The new regulation N.J.A.C. 11:5-1.37 will affect all licensees regulated by the New Jersey Real Estate Commission.

Economic Impact

The amendment to N.J.A.C. 11:5-1.2(b) and (d) will cause future licensees to incur expense of retaking the proscribed course if they do not apply for licensure within six months.

The amendment to N.J.A.C. 11:5-1.3, will cause one to incur the expense of retaking the course and applying for the Educational Testing Service examination, should he not apply within six months after completing the educational requirements.

The amendment to N.J.A.C. 11:5-1.4 will have no measurable economic impact.

The amendment to N.J.A.C. 11:5-1.8, will have a beneficial affect on the buyer and seller in that any moneys received by the broker will be safeguarded.

The amendment to N.J.A.C. 11:5-1.9(d) will require every licensee to itemize any expenditure of deposit moneys or other moneys prior to closing.

The amendment of N.J.A.C. 11:5-1.14 has no measurable economic impact.

The amendment to N.J.A.C. 11:5-1.18 will cause brokers to incur the expense to establish a means of displaying from its exterior the name of the qualified broker.

The amendment to N.J.A.C. 11:5-1.19 will cause brokers and reciprocal brokers to incur the expense of maintaining an office in compliance with N.J.A.C. 11:5-1.18.

The amendment to N.J.A.C. 11:5-1.33 will affect the brokers prices or fees the public would incur due to the ability of the market place to have price competition.

The effect of the amendment to N.J.A.C. 11:5-1.34 cannot be measured at this point in time.

The effect of the amendment to N.J.A.C. 11:5-1.35 cannot be measured at this time.

The effect of the amendment to N.J.A.C. 11:5-1.37 has no economic impact.

Full text of the proposal follows (additions indicated in boldface thus; deletions indicated in brackets [thus]).

11:5-1.2 Salesman's license; age limit

(a) (No change.)

(b) [On or after September 1, 1967,] Every applicant for licensure as a salesman shall present with his application for licensure a certificate of satisfactory completion of a course of education in real estate subjects for a minimum of [30] 45 hours at a school approved by the Commission as prescribed under N.J.S.A. 45:15-10.1(a) and N.J.A.C. 11:5-1.27 and N.J.A.C. 11:5-1.28 [Sections 27 and 28 of this subchapter], unless waived by the Commission in accordance with the provisions of N.J.S.A. 45:15-10.2.

(c) (No change.)

(d) An applicant must apply for and request the issuance of a salesman's license not later than six calendar months after the date of successful completion of the prescribed course. Any person who fails to apply for the issuance of a salesman's license within the six month period shall be required to retake and successfully complete the 45 hour course in real estate and the examination.

11:5-1.3 Qualifications for licensing; broker and [associate brokers] broker-salesperson

(a) - (d) (No change.)

(e) [Associate broker (heretofore known as a broker-salesman)] Broker-salespersons shall meet [have] the same qualifications as real estate brokers, including the qualifications as set forth in [subsections] (a) through (d) [of this Section] above. [With the following exceptions:

1. He must be employed by a broker licensed pursuant to the provisions of this Section.

2. He shall not maintain a trust account pursuant to the provisions of this Section.

3. He shall not maintain an office pursuant to the provisions of this Section.] A person licensed as a broker-salesperson must be employed by and act under the supervision of a duly licensed real estate broker and shall not maintain an office or escrow account, except that a broker-salesperson may be authorized to serve as an office supervisor of a branch office in accordance with the provisions of N.J.A.C. 11:5-1.14.

(f) (No change.)

(g) [On and after September 1, 1967, each and] Every applicant for licensure as a broker or broker-salesperson shall present with his application for licensure examination a certificate of satisfactory completion of a course of education in real estate and related subjects for a minimum of [42] 90 aggregate hours at a school approved by the Commission as prescribed under N.J.S.A. 45:15-10.1(b) and [Sections 27 and 28 of this Subchapter] N.J.A.C. 11:5-1.27 and N.J.A.C. 11:5-1.28, unless waived by the Commission in accordance with the provisions of N.J.S.A. 45:15-10.2.

(h) An applicant must apply for and request the issuance of a license as a broker or broker-salesperson not later than six calendar months after successful completion of the education requirements. Any person who fails to apply for the issuance of a license as a broker or broker-salesperson within the six-month period shall be required to retake and successfully complete the 90 hour course in real estate and related subjects and the examination and must submit evidence of having served a two year apprenticeship immediately preceding the date of the new application.

11:5-1.4 Qualifications for corporate licensing

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

(c) No broker shall apply for a license to transact business on behalf of more than one corporation, except that

any broker presently licensed to transact business on behalf of more than one corporation may renew such licenses.

11:5-1.8 Special accounts for [F]funds of others—
commingling

(a) Every resident real estate broker shall establish and maintain, in an authorized financial institution in New Jersey, and every reciprocally licensed Real Estate broker shall establish and maintain in an authorized financial institution in New Jersey or the State wherein he has a resident real estate broker's license, a special account or special accounts, separate and apart from other business or personal accounts, for the deposit of all moneys of others received by the broker acting in said capacity, or as escrow agent, or as temporary custodian, in a real estate transaction.

(b) Every real estate broker shall file with the Real Estate Commission an affidavit or certification setting forth the name or names of the financial institution or institutions where said special account or accounts have been established and shall identify any and all account numbers. Any change in an existing account or the establishment of any new account shall be immediately reported to the Real Estate Commission in the form of an affidavit or certification.

(c) No withdrawal or disbursements from the separate, special account maintained for the funds of others shall be made except by the employing broker or in the case of a corporation, the broker licensed to transact business in the name and on behalf of the corporation. However, if a broker maintains more than one place of business, a branch office supervisor may withdraw or disburse moneys from said account provided that the employing broker or the broker licensed to transact business in the name and on behalf of a corporation files a general authorization with the Commission and provided that before each withdrawal or disbursement, the branch office supervisor notifies the broker and receives his express authorization to withdraw or disburse moneys from said account.

[(a)] (d) In construing N.J.S.A. 45:15-17(o) the following shall be considered to constitute commingling by a licensee:

1. Mingling the money or other property of his principals with his own;

2. Failure to maintain and deposit promptly in a special account in an authorized financial institution, separate and apart from personal or other business accounts, all moneys received by a real estate broker acting in said capacity, or as escrow agent, or as the temporary custodian of the funds of others in a real estate transaction; or

3. Failure to promptly segregate any properties received which are to be held for the benefit of others.

[(b)] (e) Where the nature of a given real estate transaction is such that the commissions earned by a broker in connection with services rendered in said transaction are included among the funds deposited to the broker's trust account, the portion of such funds which constitute the broker's commission shall be promptly paid from the trust account, with appropriate annotations to the broker's business records to define the amount and source of such commissions; provided, however, that such broker shall have been previously authorized to make such disbursement.

[(c)] (f) Within the meaning of this [regulation] section, the word "promptly" means not more than five business days next following the receipt of the money or property of another.

[(d)] (g) The maintenance of clearly nominal amounts of the licensee's funds in trust accounts solely to provide

continuity in such account or to meet bank service charges shall not be construed to be commingling.

[(e)] (h) Where any law or governmental regulation compels maintenance of a fixed amount of the funds of a licensee in a trust account for the purpose of providing a safety factor, the maintenance of such fixed amount shall not be construed to be commingling.

11:5-1.9 Funds of others; safeguards

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

(d) Every licensee shall ascertain that every offer to purchase and every contract or agreement for the sale or lease of real estate or any interest therein includes a provision pertaining to any moneys to be paid prior to the closing of a transaction, and shall ascertain that the provision, in a clearly understandable and easily readable way, specifically states and discloses:

1. Whether all or any part of said moneys are to be held in escrow and if so, by whom and for what period of time, and whether any moneys will be disbursed from escrow prior to closing and if so, to whom they will be disbursed and for what purpose or purposes;

2. Whether all or any part of said moneys are to be utilized or expended at any time prior to closing, and if so, when, by whom, and for what purpose or purposes; and

3) Under what circumstances said moneys will be returned to the payor and under what circumstances said moneys will not be returned.

(e) It is the intent of this section that the name of each person or entity holding, utilizing, or expending deposit moneys or any other moneys prior to closing and the status and whereabouts of such moneys be clearly made known to each and every party to a transaction.

11:5-1.14 Use of name or license for the benefit of others

(a) No change.)

(b) [Any arrangement whereby a broker's license is sought in the name of the salesman proposed to be in the broker's employ, or is sought in the name of a firm or corporation containing the name of such salesman but not containing the name of the individual licensee responsible for the acts of such firm or corporate licensee as provided for herein at Section 1.4(b)1 (Qualifications for corporate licensing) of this Chapter shall be construed as seeking to lend a broker's license for the benefit of another person, firm or corporation.]

Lending a broker's license for the benefit of another person, firm or corporation shall be construed as including any arrangement whereby a corporation seeks to be licensed in, or whereby a corporation, firm, or individual uses as a business name, a name containing the name of a salesman or broker-salesperson in, or proposed to be in, the broker's employ, which does not also contain the name of the broker of record, in the case of a corporation or the name of the employing broker, in all other cases. However, if a broker buys the real estate business of a person licensed as a broker immediately preceding the purchase and employs the former broker as a broker-salesperson or salesman, the broker may use the name of the broker-salesperson or salesman in a business name or corporate name which does not also contain the name of the broker.

11:5-1.18 Maintained offices

(a) Every resident real estate broker shall maintain a bona fide regularly established office for the transaction of business in the State of New Jersey, which shall be open to the public during usual business hours. [This reg-

ulation does not apply to brokers employed in the capacity of salesmen or holders of reciprocal licenses who, by statute, are not permitted to maintain offices in this State.]

(b) (No change.)

(c) (No change.)

(d) The maintained place of business of any corporate licensee shall have prominently displayed and visible from its exterior the name of the broker qualified and licensed to transact business in the name and on behalf of the corporate licensee, followed by the words "Licensed Broker of Record of," followed by the name of the corporation and any trade name.

(e) The maintained place of business of any real estate broker other than a corporation shall have prominently displayed and visible from its exterior the name of the broker followed by any trade name and the words "Licensed Real Estate Broker".

11:5-1.19 Branch offices [compliance with Section 1.18

(Maintained offices)]

(a) In the event a real estate broker maintains a branch office or offices, every such place of business shall comply with the provisions of [Section] N.J.A.C. 11:5-1.18 (Maintained offices) [of this chapter] and the provisions set forth in this section.

(b) A reciprocally licensed non-resident real estate broker may maintain a branch office in New Jersey provided that said office complies with the provisions of N.J.A.C. 11:5-1.18 and the provisions set forth herein.

[(b)] (c) No [duplicate] license shall be issued for a branch office situated in the dwelling premises of a real estate salesman.

[(c)] (d) Any branch office of a resident real estate broker and any New Jersey branch office of a reciprocally licensed non-resident real estate broker shall be under the direct supervision of either a licensed New Jersey real estate broker-salesperson or a licensed New Jersey real estate salesman who has been the holder of a license for at least two years immediately preceding and who would, if he so desired, qualify for a broker's license pursuant to the provisions of [Section] N.J.A.C. 11:5-1.3 (Qualifications for licensing; broker and broker-salesperson) [of this Chapter].

Renumber (d)-(g) as (e)-(h).

(i) Every branch office of any corporate licensee shall have prominently displayed and visible from its exterior the name of the broker qualified to transact business in the name and on behalf of the corporate licensee followed by the words "Licensed Broker of Record of," followed by the name of the corporation and any trade name, followed by the address of the corporation's main office, followed by the name of the branch office supervisor and the words "Licensed Branch Office Supervisor."

(j) Every branch office of any real estate broker other than a corporation shall have prominently displayed and visible from its exterior the name of the broker, followed by any trade name and the words "Licensed Real Estate Broker," followed by the address of the broker's main location, followed by the name of the branch office supervisor and the words "Licensed Branch Office Supervisor."

(k) Nothing in this section shall be construed to relieve the employing broker from his responsibility as the principal.

11:5-1.33 Proscription of price-fixing and agreements in regard to methods of arriving at commission

(a) No licensee shall combine, conspire, suggest, or recommend to, or with any other licensee(s) that any rate, commission or fee to be charged by them, or any

division of such commission by them be fixed, established, maintained, suggested or stabilized. Nothing in this section shall prohibit any intra-office communications with regard to the establishment of commissions or division of commissions.

(b) No licensee shall directly or indirectly recommend or suggest to any other licensee(s) that such person(s) adhere to any schedule or recommendation of another concerning the rates, commissions or fees to be charged or the methodology or approach by which a commission, rate or fee is arrived at, or division of fees to be made, in the conduct of business. Nothing in this section shall prohibit any intra-office communications with regard to the establishment of commissions or division of commissions. Information imparted solely for the purposes of instruction, and not for the purpose of recommending guidelines or a preferred method of pricing, at any bona fide trade association seminar or educational courses shall be excepted from the proscription set forth in this section.

11:5-1.34 Proscription of certain discriminatory commission splits

(a) No licensee shall directly or indirectly take any punitive or retaliatory action against any other licensee(s) where such action is based upon the failure or refusal to adhere to or adopt any commission. No licensee shall adopt a discriminatory commission split against another broker because of such other broker's failure or refusal to adhere to or adopt any commission; if a listing broker varies his commission split policy with any selling broker on a cooperative sale, the listing broker shall maintain a file at his place of business which shall contain in writing an explanation for the variation and which reflects who made the decision and why it was made. Nothing in this section shall prohibit a listing broker from varying his commission split policy with respect to any one or more selling brokers in order to achieve equality of commission splits with such other selling broker or brokers in connection with their commission split policy with such listing broker.

11:5-1.35 Proscription on pressuring media

No licensee shall agree, combine or conspire with another to boycott, or threaten to boycott, or refuse to do business with any promotional medium where such refusal or boycott is based on the acceptance by any medium of advertising of price or commissions of a competitive or discount nature.

11:5-1.37 Business names

(a) No broker shall do business as a real estate broker in more than one name which is not the true name of the broker.

(b) No broker shall do business in a name other than an individual's true name, that is so similar to a name used by another broker in New Jersey as to be likely to cause confusion or mistake or to deceive.

A public hearing will be held concerning this rule on:

1. May 20, 1981, 9:30 A.M., Howard Johnson Motor Lodge, Route One and Hayes Avenue, at the airport, Newark, New Jersey.
2. May 21, 1981, 9:30 A.M., Gloucester County Community College, Sewell, New Jersey.
3. May 22, 1981, 9:30 A.M. Middlesex County College, Woodbridge Avenue, Edison, New Jersey.

Interested persons may submit in writing, data, views, or arguments relevant to the proposed rule on or before

June 8, 1981 and inquiries as to submissions received and agency responses to those submissions, to:

Mrs. Joan Haberle, Director
New Jersey Real Estate Commission
201 East State Street
Trenton, N.J. 08625

The New Jersey Real Estate Commission thereafter may adopt this proposal without further notice (see N.J. A.C. 1:30-3.5). The adopted rules thereafter become effective upon publication in the Register of a notice of adoption.

This proposal is known as PRN 1981-35.

(a)

INSURANCE

REAL ESTATE COMMISSION

Proposed New Rule: N.J.A.C. 11:5-1.36 Real Estate Guaranty Fund

Public Hearing: None

The New Jersey Real Estate Commission in the Department of Insurance, pursuant to authority of N.J.S.A. 45:15-9 and 45:15-17, proposes to adopt a new rule to be cited as N.J.A.C. 11:5-1.36 concerning the real estate guaranty fund.

Summary

This new rule is enacted in accordance with N.J.S.A. 45:15-34 et seq., and provides for the guaranty fund fee to be paid by all licensees at renewal time following the effective date of this regulation, with brokers paying an additional \$10.00 and salespersons paying an additional \$5.00.

Social Impact

This new rule will affect all brokers and salespersons licensed by the New Jersey Real Estate Commission, and also the public making application to the guaranty fund.

Economic Impact

There will be an additional charge of \$10.00 to all brokers at the renewal period of 1981-82, and \$5.00 additional to all salespersons at that time.

Full text of the proposed new rule follows:

11:5-1.36 Real estate guaranty fund

(a) Every licensed real estate broker shall pay an additional \$10.00 and every licensed real estate salesman and broker-salesperson shall pay an additional \$5.00 fee with his application for license renewal next following the effective date of this section.

1. Said fees shall be paid into the real estate guaranty fund and be utilized in accordance with N.J.S.A. 45:15-34 et seq.

(b) Before making a request for the entry of a court order directing payment from the real estate guaranty fund, a judgment creditor shall have a writ of execution issued and prior to its return shall make a bona fide effort to examine the judgment debtor under oath and make any and all other reasonable searches and inquiries to ascertain whether the judgment debtor possesses real or personal property or other assets, liable to be sold or applied in satisfaction of the judgment in whole or in part. Information regarding any personal or real property or other assets liable to be sold or applied in satisfaction of the judgment which are discovered must be reported in writing to the officer to whom the writ of execution is directed.

Interested persons may submit in writing, data, views, or arguments relevant to the proposed rule on or before June 8, 1981 and inquiries as to submissions received and agency responses to those submissions, to:

Joan Haberle, Director
New Jersey Real Estate Commission
201 East State Street
Trenton, New Jersey 08625

The New Jersey Real Estate Commission thereafter may adopt this proposal without further notice (see N.J.A.C. 1:30-3.5). The adopted rules become effective upon publication in the Register of a notice of adoption.

This proposal is known as PRN 1981-36.

(a)

LABOR AND INDUSTRY

DIVISION OF WORKPLACE STANDARDS

Proposed Amendment: N.J.A.C. 12:57

Wage Orders for Minors

Payment of Statutory Minimum Wage Rate

Public Hearing: May 20, 1981

John J. Horn, Commissioner of Labor and Industry, pursuant to authority of N.J.S.A. 34:11-56a19, proposes to amend various sections in N.J.A.C. 12:57 concerning minimum wage rate.

Summary

The proposed amendments provide for the payment of the statutory minimum wage rate of \$3.35 per hour effective January 1, 1981 under N.J.S.A. 34:11-56a4 to be applicable to the wage orders for minors in mercantile, beauty culture, and laundry, cleaning and dyeing occupations. Also, since N.J.S.A. 34:11-34 et seq. was repealed, it was necessary to adjust the text of the rule to recognize promulgation under the authority of N.J.S.A. 34:11-56a19.

Social Impact

This amendment will affect only the minors employed in occupations as noted in the summary above.

Economic Impact

This amendment will provide that minors formerly under the authority of N.J.S.A. 34:11-34 et seq. will be paid the same minimum wage as minors under N.J.S.A. 34:11-56a et seq.

Full text of the proposed amendments follows (additions indicated in boldface thus; deletions indicated in brackets [thus]).

FOREWORD

This chapter of Title 12 of the New Jersey Administrative Code replaces N.J.A.C. 12:57, Minimum Wage Orders Applicable to Persons under 18 years of age effective prior to September 1, 1969.

The mandatory wage orders Nos. 11, 12, and 13 applicable to persons under 18 years of age were included in the New Jersey Administrative Code as Subchapter 1, 2, and 3 of N.J.A.C. 12:57, Minimum Wage Orders Applicable to Persons Under 18 Years of Age.

This Chapter 57, Wage Orders for Minors of Title 12, N.J.A.C. is based upon research conducted by the staff of the Division of Workplace Standards as a result of amendments to the New Jersey State Wage Hour Law, N.J.S.A. 34:11-56a through 34:11-56a 29.

This chapter is promulgated by the Commissioner of Labor and Industry of the State of New Jersey under the authority vested in him by N.J.S.A. 34:11-52 as follows:

"The commissioner may, at any time, and from time to time after conference with the director, propose such modifications of, or additions to any administrative regulations, included in a mandatory order without reference to a wage board, as he may deem appropriate to effectuate the purposes of this article; provided, such proposed modifications or additions could legally have been included in the original order, and notice shall be given of a public hearing to be held by the commissioner or director not less than fifteen days after such publication at which all persons in favor of or opposed to the proposed modifications or additions may be heard. After the hearing the commissioner may make an order putting into effect the proposed modifications of or additions to the administrative regulations as he deems appropriate.

A certified copy of each such order shall be filed in the office of the Secretary of State."

All standards and publications referenced in this chapter are available in accordance with Appendix A.]

12:57-1.2 Purpose

The purpose of this chapter is to define and clarify certain sections of N.J.S.A. [34:11-34 et seq.] 34:11-56a et seq.

12:57-1.3 Scope

(a) This chapter shall apply to the wage rate for the employment of minors subject to N.J.S.A. [34:11-34 et seq.] 34:11-56a et seq.

(b) (No change.)

(c) Other wage orders and regulations for minors under 18 years of age are provided for under subchapters 11, 13, and 14 of N.J.A.C. 12:56, Wage and Hour and shall apply.

12:57-1.4 [Effective date] (Reserved)

[This chapter shall take effect November 1, 1980.]

12:57-2.1 Definitions

"Act" means [Minimum Wage Standards Act, N.J.S.A. 34:11-34 et seq.] New Jersey State Wage and Hour Law, N.J.S.A. 34:11-56a et seq.

"Commissioner" means the Commissioner of Labor and Industry. [or his authorized agent.]

"Employee" [means any minor gainfully employed at an occupation coming under the jurisdiction of a wage order.] includes any individual employed by an employer.

"Employer" [means the employer of minors subject to the provisions of a wage order.] includes any individual, partnership, association, corporation or any person or group of persons acting directly or indirectly in the interest of an employer in relation to an employee.

"Occupation" means an industry, trade or business or branch thereof or class of work therein in which minors are gainfully employed but shall not include domestic service in the home of the employer or labor on a farm.]

"Statutory minimum wage rate" means the current minimum wage rate established by law, namely N.J.S.A. 34:11-56a4.

...

12:57-3.2 Definitions

(a) "Mercantile occupation" means:

1.-2. (No change.)

3. Work performed in the manufacturing of merchandise sold at retail upon the premises where it is manufactured[.]; and

4. (No change.)

(b) (No change.)

12:57-3.3 Minimum wage

Minors under 18 years of age at mercantile occupations shall be paid not less than the statutory minimum wage rate. [of \$3.10 per hour for each hour of working time, effective November 1, 1980.]

12:57-3.5 Regular hourly wage

(a) "Regular hourly wage" [means the amount the employee is regularly paid for each hour of work.] means the amount that an employee is regularly paid for each hour of work as determined by dividing the total hours of work during the week into the employee's total earnings for the week, exclusive of overtime premium pay.

(b) The regular rate of pay at which the employee is employed shall not be less than the minimum rate established by [section 3.4 of this subchapter.] N.J.A.C. 12:57-3.3.

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

12:57-3.11 Handicapped

No minor whose earning capacity has been impaired shall be paid at less than the minimum wage until a special license, in accordance with the provisions of [N.J.S.A. 34:11-48,] N.J.S.A. 34:11-56a17(b) has been obtained by the employer from the Office of Wage and Hour Compliance.

12:57-4.3 Minimum wage

Minors under 18 years of age at beauty culture occupations shall be paid not less than the statutory minimum wage rate. [of \$3.10 per hour each hour of working time, effective November 1, 1980.]

12:57-4.5 Regular hourly wage

(a) "Regular hourly wage" [means the amount the employee is regularly paid for each hour of work.] means the amount that an employee is regularly paid for each hour of work as determined by dividing the total hours of work during the week into the employee's total earnings for the week, exclusive of overtime premium pay.

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

12:57-4.9 Handicapped

No minor whose earning capacity has been impaired by physical or mental deficiency or injury shall be paid at less than the minimum wage, unless a special license, in accordance with the provisions of [N.J.S.A. 34:11-48,] N.J.S.A. 34:11-56a17(b) has been obtained by the employer from the Office of Wage and Hour Compliance.

12:57-5.3 Minimum wage

Minors under 18 years of age at laundry, cleaning and dyeing occupations shall be paid not less than the statutory minimum wage rate. [of \$3.10 per hour for each hour of working time, effective November 1, 1980.]

12:57-5.5 Regular hourly wage

(a) "Regular hourly wage" [means the amount the employee is regularly paid for each hour of work.] means the amount that an employee is regularly paid for each hour of work as determined by dividing the total hours of work during the week into the employee's total earnings for the week, exclusive of overtime premium pay.

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

12:57-5.9 Handicapped

No minor whose capacity has been impaired by physical or mental deficiency or injury shall be paid at less than the minimum wage, until a special license, in accordance with the provisions of [N.J.S.A. 34:11-48,] N.J.S.A. 34:11-56a17(b) has been obtained by the employer from the Office of Wage and Hour Compliance.

Appendix A

1st paragraph (No change.)

2nd paragraph (No change.)

3rd paragraph:

No. and Edition	Title
N.J.A.C. 12:56	Wage and Hour
[N.J.S.A. 34:11-34	Minimum Wage Act]
N.J.S.A. 34:11-56a et seq.	New Jersey State
	Wage and Hour Law

A public hearing concerning this rule will be held on May 20, 1981 at 10:00 A.M. at:

Labor and Industry Building
Room 1301
John Fitch Plaza
Trenton, N.J.

Interested persons may submit in writing, data, views, or arguments relevant to the proposed rule on or before June 8, 1981 and inquiries as to submissions received and agency responses to those submissions, to:

William J. Clark, Assistant Commissioner
Division of Workplace Standards
Department of Labor and Industry
CN 398
Trenton, New Jersey 08625

The Department of Labor and Industry may thereafter adopt rules on these subjects without further notice.

This proposal is known as PRN 1981-15.

(a)

LAW AND PUBLIC SAFETY

DIVISION OF CONSUMER AFFAIRS

BOARD OF BEAUTY CULTURE

Adopted Amendment: N.J.A.C. 13:28-1.3

Beauty Culture Industry

Toilet Facilities in Beauty Shops

Effective Date: May 7, 1981

On March 25, 1981, Richard G. Griswold, Executive Secretary of the Board of Beauty Culture in the Division of Consumer Affairs in the Department of Law and Public Safety, pursuant to authority of N.J.S.A. 45:4A-13 and in accordance with the applicable provisions of the Administrative Procedure Act, adopted amendments to N.J.A.C. 13:28-1.3 concerning toilet facilities in beauty shops as proposed in the Notice published February 5, 1981, at 13 N.J.R. 102(b).

An order adopting the rule was filed with the Office of Administrative Law on April 3, 1981 as R.1981 d.109.

(b)

TREASURY

DIVISION OF PENSIONS

Proposed Amendment: N.J.A.C. 17:1-2.2

General Administration

Salary Reduction Agreements

Public Hearing: None

William J. Joseph, Director of the Division of Pensions in the Department of the Treasury, pursuant to authority

of N.J.S.A. 18A:66-192 and Chapter 39, Laws of 1981, proposes to amend N.J.A.C. 17:1-2.2 concerning salary reduction agreements in the Alternate Benefit Program.

Summary

These proposed amendments change the maximum amount of contributions that an eligible employee in the Alternate Benefit Program can make to a deferred tax-sheltered plan from 10 percent to the maximum percentage allowed by IRS. The amendments reflect the wording in the recently passed Chapter 39, P.L. 198 (A-1875).

Social Impact

Only eligible full-time faculty members in the State and County Colleges plus certain eligible employees are affected by the ABP.

Economic Impact

With the exception of a very small increase in administrative costs, there is no significant economic increase to the State with these changes. The member contributions are forwarded to private insurance carriers.

Full text of the proposed amendment follows (additions indicated in boldface thus; deletions indicated in brackets [thus]).

17:1-2.2 Salary reduction agreements authorized

The State and participating institutions are authorized to enter into agreements with alternate benefit program participants for basic and/or voluntary salary reductions[,] to [a maximum of five and ten per cent, respectively,] the maximum limitations set forth in P.L. 93-406 (Employment Retirement Income Security Act of 1974 and Section 415(c) of the Internal Revenue Code of 1954, as amended for such year) of the employee's base salary, in order to purchase from the Teachers' Insurance and Annuity Association and the College Retirement Equities Fund annuities which are tax deferred under section 403(b) of the Federal Internal Revenue Code, as amended.

Interested persons may submit in writing, data, views, or arguments relevant to the proposed rule on or before June 8, 1981 and inquiries as to submissions received and agency responses to those submissions, to:

William J. Joseph
Director, Division of Pensions
Department of the Treasury
20 West Front Street
Trenton, N.J. 08625

The Division of Pensions may thereafter adopt rules concerning this subject without further notice.
This proposal is known as PRN 1981-5.

(a)

TREASURY

DIVISION OF PENSIONS

Proposed Amendment: N.J.A.C. 17:1-2.18
General Administration
Contributions in the Alternate Benefit Program

Public Hearing: None

William J. Joseph, Director of the Division of Pensions in the Department of the Treasury, pursuant to authority of N.J.S.A. 18A:66-192, proposes to amend N.J.A.C. 17:1-2.18(c) concerning contributions in the Alternate Benefit Program.

Summary

The purpose of this amendment is to clearly indicate which employees' changes in reductions or deductions the Division of Pensions will certify regarding the Alternate Benefit Program.

Social Impact

According to the Division of Pensions this amendment will only affect certain college teachers and other eligible employees if they desire to increase their salary reductions or deductions.

Economic Impact

According to the Division of Pensions this amendment will produce no significant cost to the State and will only affect eligible teachers who choose to increase their salary deductions or reductions by allowing more salary to be tax deferred.

Full text of the proposed amendment follows (additions indicated in boldface thus; deletions indicated in brackets [thus]).

17:1-2.18 Contributions

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

(c) Regarding eligible employees in the units paid through the State Centralized Payroll System, [C] changes in the percentage of a participant's optional annuity deductions and [of] his salary reductions may not be effected until his employing institution has certification from the Division of Pensions.

Interested persons may submit in writing, data, views, or arguments relevant to the proposed rule on or before June 8, 1981 and inquiries as to submissions received and agency responses to those submissions to:

William J. Joseph
Director, Division of Pensions
20 West Front Street
Trenton, N.J. 08625

The Division of Pensions may thereafter adopt rules concerning this subject without further notice.
This proposal is known as PRN 1981-8.

(b)

TREASURY

DIVISION OF PENSIONS

Proposed New Rule: N.J.A.C. 17:1-2.35
General Administration
County Colleges as Agents

Public Hearing: None

William J. Joseph, Director of the Division of Pensions in the Department of the Treasury, pursuant to authority of N.J.S.A. 18A:66-189, 18A:66-192, and 52:18A-96, proposes to adopt a new rule to be cited as N.J.A.C. 17:1-2.35 concerning the county colleges acting as agents of the Division of Pensions in certain instances.

Summary

The purpose of the rule is to clarify the agency status of the county colleges when they are processing Alternate Benefit Programs forms and funds on behalf of the Division of Pensions. The effect is that they will clearly be designated as agents of the Division of Pensions for this limited purpose.

Social and Economic Impact

According to the Division of Pensions, this rule has no social or economic impact upon the public.

Full text of the proposed new rule follows.

17:1-2.35 County colleges; agents

In order to provide for a uniform administration in the maintenance of the escrow accounts of new participants, county colleges, pursuant to the provisions of N.J.S.A. 18A:66-189, shall deduct and retain the first year's contributions. Such county colleges are to be deemed agents for the Division of Pensions for this limited purpose.

Interested persons may submit in writing, data, views, or arguments relevant to the proposed rule on or before June 8, 1981 and inquiries as to submissions received and agency responses to those submissions, to:

William J. Joseph
Director, Division of Pensions
20 West Front Street
Trenton, N.J. 08625

The Division of Pensions may thereafter adopt rules concerning this subject without further notice.

This proposal is known as PRN 1981-1.

(a)

TREASURY

DIVISION OF PENSIONS

Correction: N.J.A.C. 17:1-8.14

Take notice that in the February 5, 1981 New Jersey Register at 13 N.J.R. 109(a) an error was made respecting a new rule to be cited as N.J.A.C. 17:1-8.14 concerning general administration and Social Security.

Full text of the rule follows (correction indicated in boldface thus; error indicated in brackets [thus]).

17:1-8.14 Administrative fee

(a) (No change.)

(b) The cost will be reduced by specific charges of \$10.00 per [employee] employer for each delinquent transmittal, remittance or report.

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

This notice is published as a matter of public information.

(b)

TREASURY

DIVISION OF PENSIONS

POLICE AND FIREMEN'S RETIREMENT SYSTEM

Proposed New Rule: N.J.A.C. 17:4-3.6

Proposed Amendment:

N.J.A.C. 17:4-5.1, 6.2, 6.6, 6.14

Police and Firemen's Retirement System
Insurance Purchases and Retirement

Public Hearing: None

The Board of Trustees of the Police and Firemen's Retirement System in the Division of Pensions in the Department of the Treasury, pursuant to authority of N.J.S.A. 43:16A-13(7), proposes to amend N.J.A.C. 17:4-5.1, 6.2, 6.6 and 6.14, and to adopt a new rule to be cited as N.J.A.C. 17:4-3.6 concerning insurance purchases and retirement.

Summary

The proposed new rule and amendments do the following:

1. Clarify the insurance liability between the employer and the State if an unenrolled member dies;
2. Clarify the procedures one must follow to purchase temporary service credit for pension purposes;
3. Indicate that the retirement allowance will not be paid if a member continues to receive a salary;
4. Indicate the treatment for pension purposes for periods of suspension or termination where back pay awards are made; and
5. Further clarify the procedures for retirement in the Police and Firemen's Retirement System.

Social Impact

Only eligible policemen, firemen and other related employees are affected by these changes.

Economic Impact

Under certain conditions, the employee and/or State, which also contributes to the PFRS members' retirement, may incur additional costs for a member's insurance or purchase of prior service credit. Such costs may vary dependent upon the member's age, salary, length of service, etc.

Full text of the proposal follows (additions indicated in boldface thus; deletions indicated in brackets [thus]).

17:4-3.6 Insurance liability for unenrolled members

(a) In the event of the death of an individual prior to enrollment and on account of whom the Board of Trustees has determined that insurance benefits are payable:

1. The employer will be charged directly for the full amount of the insurance benefit when no application was completed by the employee and the employee was required to enroll.

2. The employer will not be charged directly if an application for enrollment was filed with the Retirement System prior to the employee's date of death.

3. The System may assume the liability when an application has been executed by the employee but not received by the System prior to his demise provided satisfactory evidence concerning the filing delay has been presented to the Board of Trustees.

17:4-5.1 Temporary service

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

(c) In order to be eligible to purchase temporary service, a member must submit a written request to purchase such service within one year from the date his initial pension contributions are certified to begin and such purchase must be authorized by the member before the expiration date indicated on the quotation letter.

17:4-6.2 Effective dates; changes

(a)-(e) (No change.)

(f) Should the member continue to receive a salary beyond the effective date of retirement after approval of the retirement by the Board of Trustees, no retirement benefits shall be paid for the period where the member received salary and no salary or service credit shall be provided for the service rendered after the approved, effective date of retirement.

17:4-6.6 Retirement credit

(a) A member shall receive credit toward retirement for any month or biweekly pay period in which a full normal deduction is received by the system.

(b) A member who appeals the suspension or termination of his employment and is awarded back pay for all or a portion of the period of such suspension or termination shall receive retirement credit for the period covered by the award, regardless of the amount of the back pay award, provided a full normal pension contribution is received from the member or deducted from the value of the award. The pension contribution will be based on the salary the member was receiving for pension purposes prior to the suspension or termination of employment. In the event the amount of back payment is insufficient to deduct the value of the normal pension contributions due, such contributions shall be paid by the member.

17:4-6.14 Compulsory retirement

(a)-(e) (No change.)

(f) [Should a member fail to file "Application for Retirement Allowance" before his compulsory retirement date, he shall be granted the allowance payable on his account; however, no retirement checks will be disbursed until he files the required application.]

A member shall be retired automatically by the Board as of his compulsory retirement date following his 65th birthday.

(g) Should a member fail to file "Application for Retirement" before his compulsory retirement date, no retirement checks will be disbursed until he files the required application.

(h) When such a member files his application with the system, he shall be eligible to receive retirement benefits for the months that have elapsed since his compulsory retirement date, provided satisfactory evidence is received to show that he terminated employment as of his compulsory retirement date.

[(g)] (i) No retirement benefits shall be paid for any period the member continued in service beyond his compulsory retirement date, nor shall he receive any credit for retirement purposes for salary received or for service rendered beyond his compulsory retirement date.

[(h)] (j) If a member's death occurs after the 30-day waiting period has been satisfied, but before he has filed the required application for retirement, the member shall be considered to be retired for death benefit purposes. His estate shall be entitled to the retroactive retirement allowance due, in addition to any insurance and survivorship benefits payable.

Interested persons may submit in writing, data, views, or arguments relevant to the proposed rule on or before June 8, 1981 and inquiries as to submissions received and agency responses to those submissions, to:

Anthony P. Ferrazza, Secretary
Police and Firemen's Retirement System
Division of Pensions
20 West Front Street
Trenton, N.J. 08625

The Board of Trustees of the Police and Firemen's Retirement System may thereafter adopt rules concerning this subject without further notice.

This proposal is known as PRN 1981-3.

(a)

TREASURY

DIVISION OF PENSIONS

STATE HOUSE COMMISSION

Proposed Amendment: N.J.A.C. 17:10-5.3

Judicial Retirement System

Suspension of Benefits while Receiving Salary

Public Hearing: None

The State House Commission, pursuant to authority of N.J.S.A. 43:6A-29d, proposes to amend N.J.A.C. 17:10-5.3 concerning the effective retirement date in the Judicial Retirement System and salaries received after such effective date.

Summary

The purpose of this amendment is to standardize similar retirement rules throughout all retirement systems where possible. This amendment indicates that no retirement benefits will be given to a member for the period after retirement that the member continues to receive a salary.

Social Impact

Only eligible judges in the Judicial Retirement System are affected by this proposal.

Economic Impact

According to the implementing agency there is no economic impact regarding this proposal.

Full text of the proposed amendment follows (additions indicated in boldface thus).

17:10-5.3 Effective date; changes

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

(c) Should the member continue to receive a salary beyond the effective date of retirement after approval of the retirement by the Commission, no retirement benefits shall be paid for the period where the member received salary and no salary or service credit shall be provided for the service rendered after the approved, effective date of retirement.

Interested persons may submit in writing, data, views, or arguments relevant to the proposed rule on or before June 8, 1981, and inquiries as to submissions received and agency responses to those submissions, to:

William J. Joseph, Secretary
Judicial Retirement System
Division of Pensions
20 West Front Street
Trenton, N.J. 08625

The State House Commission may thereafter adopt rules concerning this subject without further notice.

This proposal is known as PRN 1981-7.

(a)

TREASURY

LOTTERY COMMISSION

Adopted Emergency Rule: N.J.A.C. 17:21-11

Proposed New Rule: N.J.A.C. 17:21-11

"Baseball" Instant Lottery Game

Public Hearing: None

Emergency Rule Effective Date: April 21, 1981

Emergency Rule Expiration Date: June 20, 1981

The New Jersey State Lottery Commission in the Department of the Treasury, pursuant to authority of N.J.S.A. 5:9-7 and the applicable provisions of the Administrative Procedure Act, and upon certification by the Governor of the State of New Jersey that an imminent peril exists (see N.J.S.A. 52:14B-4(c)), adopted an emergency new rule to be cited as N.J.A.C. 17:21-11 concerning the "Baseball" Instant Lottery Game. Concurrently, this same rule is proposed for reoption on a non-emergent basis (see N.J.S.A. 52:14B-4(c) and N.J.A.C. 1:30-4.4(d)).

Summary

The New Jersey State Lottery Commission's Instant "Baseball" Lottery Game offers the public a game that features a "rub off" ticket enabling the purchaser the ability to determine instantly if they are a winner.

After purchasing a ticket the customer "rubs off" the covering on the nine spots marked "Your Score", the spot marked "Their Score" and the spot marked "Prize". If after totaling the nine numbers under the spots marked "Your Score" the total is larger than the number appearing under the spot marked "Their Score" the customer has won the prize that appears under the spot marked Prize. Prizes of \$50,000-\$5,000-\$500-\$100-\$25-\$3 or two free tickets may be won in this fashion.

In addition, a Grand Prize drawing will be held at the conclusion of this game whereby all winners who had tickets winning \$25.00 will be entered into a drawing offering 200 prizes. These prizes are: One prize of \$1,000,000 (paid \$50,000 a year for 20 years guaranteed), one prize of \$50,000, eight prizes of \$5,000 and 190 prizes of \$500.

Instructions for claiming prizes are available from any licensed lottery agent.

This game is similar in nature to the previous instant lottery games run in the State of New Jersey. The game is replacing an instant lottery game that has just recently "sold out". This lottery is a limited edition game in which it is anticipated that approximately 20,000,000 tickets will be sold and \$4,000,000-\$5,000,000 of revenue will be raised.

The prize structure and motif for this game have been designed based on experiences this State and other states, in which lotteries are run, have had.

This game is being run in order to fulfill the public demand created by the ending of the previous game.

Social Impact

The New Jersey State Lottery Commission has run instant lottery games for over five years. The price of the ticket, \$1.00, has not changed during this time. Our experience has been that the low cost of this ticket enables people in every economic bracket the opportunity to play this game if they so desire. All lottery games are based on the principle of voluntary purchase. The Lottery Commission has changed the prize structure slightly and the motif of the game in order to excite interest in the game by the public.

It is not anticipated that there will be any significant change in the clientele who purchase these tickets as a

result of any change between the motif or prize structure of the Instant Lottery Game that has just concluded, and the game that we are now offering for sale.

All revenues raised for the State of New Jersey through sales of this game will be used to help fund education and institutions and agencies. The amount of revenue anticipated to be raised is between \$4,000,000 and \$5,000,000.

Economic Impact

It is anticipated that the sale of lottery tickets for the "Baseball" instant lottery game will produce between \$4,000,000 and \$5,000,000 in revenue for the State of New Jersey. As directed by the New Jersey State Constitution and State Statutes, this revenue will be used for institutions and agencies and aid to education. These revenues will enable existing or new programs to be funded to a larger degree than may otherwise be possible.

Copies of the full text of the emergency rule can be obtained from the person indicated below.

Interested persons may submit in writing, data, views, or arguments relevant to the proposed rule on or before June 8, 1981. These submissions, and any inquiries about submissions and responses, should be addressed to:

New Jersey State Lottery Commission
CN 041

Trenton, New Jersey 08625

Re: Baseball Rules

The New Jersey State Lottery Commission thereafter may adopt this proposal without further notice (see N.J.A.C. 1:30-3.5).

The emergency rule concerning the "Baseball" Instant Lottery Game was filed with the Office of Administrative Law on April 21, 1981 as R.1981 d.136.

The proposal concerning the "Baseball" Instant Lottery Game is known as PRN 1981-39.

(b)

MORTGAGE FINANCE AGENCY

Proposed New Rule: N.J.A.C. 19:1-5

Purchase of Home Improvement Loans

Exclusion, Suspension and Disqualification

Public Hearing: None

Joseph A. LeFante, Chairman of the New Jersey Mortgage Finance Agency, pursuant to authority of N.J.S.A. 17:1B-8(c) and Executive Order Number 34, proposes to adopt new rules to be cited as N.J.A.C. 19:1-5 concerning the exclusion of home repair contractors from acting as a contractor on home improvement loans purchased by the agency.

Summary

The purpose of the rule is to protect consumers who obtain loans through the Agency's Home Improvement Loan Program from contracting with home repair contractors who have a demonstrated lack of business integrity or honesty or who have been found to be otherwise irresponsible in the conduct of their business. The rule provides that the Agency may exclude a contractor after furnishing the person to be excluded with notice of the reasons for the proposed action and an opportunity for a hearing. The Agency may also suspend a contractor for up to 18 months. During this time the Agency may continue to gather evidence sufficient to exclude the contractor.

Social Impact

The intended social impact of the rule is prophylactic in preventing future injury to homeowners in the State.

Economic Impact

The rule will not produce any direct revenues nor will it impose any direct costs on the Agency or the public.

Full text of the proposed new rule follows.

CHAPTER 1

NEW JERSEY MORTGAGE FINANCE AGENCY

SUBCHAPTER 5. EXCLUSION, SUSPENSION AND DISQUALIFICATION OF A PERSON(S)

19:1-5.1 Definitions

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

"Affiliates" means persons having a relationship such that any one of them directly or indirectly controls or has the power to control another.

"Exclusion" means the refusal by the New Jersey Mortgage Finance Agency (Agency) to purchase any home improvement loan on the basis of lack of responsibility of the home repair contractor, evidenced by an offense, failure or inadequacy of performance, for a reasonable period of time commensurate with the seriousness of the offense, failure or inadequacy of performance.

"Person" means any natural person, company, firm, association, corporation, or other entity.

"Suspension" means exclusion for a temporary period of time, pending the completion of an investigation or legal proceedings.

19:1-5.2 Causes for exclusion

(a) In the public interest, the Agency shall exclude a person for any of the following causes:

1. Commission of a criminal offense as an incident to obtaining or attempting to obtain a public or private contract, or subcontract thereunder, or in the performance of such contract or subcontract;

2. Violation of the Federal Organized Crime Control Act of 1970, or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, perjury, false swearing, receiving stolen property, obstruction of justice, or any other offense indicating a lack of business integrity or honesty;

3. Violation of the Federal or State antitrust statutes, or of the Federal Anti-Kickback Act (18 U.S.C. 874, 40 U.S.C. 276 b, c);

4. Violation of any laws governing the conduct of elections of the Federal Government, State of New Jersey or of its political subdivision;

5. Violation of the "Law Against Discrimination" (P.L. 1945, c. 169, N.J.S.A. 10:5-1 et seq., as supplemented by P.L. 1975, c. 127), or of the act banning discrimination in public works employment (N.J.S.A. 19:2-1 et seq.) or of the act prohibiting discrimination by industries engaged in defense work in the employment of persons therein (c. 114, L. 1942, N.J.S.A. 10:1-10 et seq.);

6. Violation of any laws governing hours of labor, minimum wage standards, prevailing wage standards, discrimination in wages, or child labor;

7. Violation of any laws governing the conduct of occupations or professions or regulated industries;

8. Violation of any laws which may bear upon a lack of responsibility or moral integrity;

9. Willful failure to perform in accordance with contract specifications or within contractual time limits, including, but not limited to, failure to accept purchase orders and maintain prices or any terms and conditions as bid;

10. A record of failure to perform or of unsatisfactory performance in accordance with the terms of one or more

contracts, provided that such failure or unsatisfactory performance has occurred within a reasonable time preceding the determination to exclude and was caused by acts within the control of the person excluded;

11. Violation of contractual or statutory provisions regulating contingent fees;

12. Any other cause affecting responsibility as a contractor of such serious and compelling nature as may be determined by the Agency to warrant exclusion, including such conduct as may be prescribed by the laws or contracts enumerated in this paragraph even if such conduct has not been or may not be prosecuted as violations of such laws or contracts;

13. Exclusion or debarment by some other department or agency in the Executive Branch or in the Federal government.

19:1-5.3 Conditions affecting the exclusion

(a) The following conditions shall apply concerning exclusion:

1. Exclusion shall be made only upon approval of the members of the Agency, except as otherwise provided by law.

2. The existence of any of the causes set forth in N.J.A.C. 19:1-5.2 shall not necessarily require that a person be excluded. In each instance, the decision to exclude shall be made within the discretion of the members of the Agency, unless otherwise required by law, and shall be rendered in the best interests of the State.

3. All mitigating factors shall be considered in determining the seriousness of the offense, failure or inadequacy of performance and in deciding whether exclusion is warranted.

4. The existence of a cause set forth in N.J.A.C. 19:1-5.2(a)1 through 8 shall be established upon the rendering of a final judgment or conviction including a guilty plea or a plea of nolo contendere by a court of competent jurisdiction or by an administrative agency empowered to render such judgment. In the event an appeal taken from such judgment or conviction results in reversal thereof, the exclusion shall be removed upon the request of the excluded person unless other cause for exclusion exists.

5. The existence of a cause set forth in N.J.A.C. 19:1-5.2(a)9 through 12 shall be established by evidence which the Agency determines to be clear and convincing in nature.

6. Exclusion for the cause set forth in N.J.A.C. 19:1-5.2(a)13 shall be proper, provided that one of the causes set forth in N.J.A.C. 19:1-5.2(a)1 through 12 was the basis for debarment by the original debarring agency. Such exclusion may be based entirely on the record of facts obtained by the original debarring agency, or upon a combination of such facts and additional facts.

19:1-5.4 Procedures; period of exclusion; scope of exclusion

(a) The procedures, the period of exclusion, and the scope of exclusion to be followed by the Agency are explained below:

1. The Agency seeking to exclude a person or his affiliates shall furnish such party with a written notice stating that exclusion is being considered, setting forth the reason for the proposed exclusion, and indicating that such party will be afforded an opportunity for a hearing if he so requests within a stated period of time. All such hearings shall be conducted in accordance with the provisions of the Administrative Procedures Act. However, where another department or agency has imposed exclusion or debarment upon a party, the Agency may also impose exclusion without affording an opportunity for a hearing,

provided that the Agency furnishes notice of the proposed exclusion to that party, and affords that party an opportunity to present information in his behalf to explain why the proposed exclusion should not be imposed in whole or in part.

2. Exclusion shall be for a reasonable, definitely stated period of time which as a general rule shall not exceed five years. Exclusion for an additional period shall be permitted provided that notice thereof is furnished and the party is afforded an opportunity to present information in his behalf to explain why the additional period of exclusion should not be imposed.

3. Except as otherwise provided by law, an exclusion may be removed or the period thereof may be reduced in the discretion of the members of the Agency upon the submission of a good faith application under oath, supported by documentary evidence, setting forth substantial and appropriate grounds for the granting of relief, such as newly discovered material evidence, reversal of a conviction or judgment, actual change of ownership, management or control, or the elimination of the causes for which the exclusion was imposed.

4. Exclusion may include all known affiliates of a person, provided that each decision to include an affiliate is made on a case-by-case basis after giving due regard to all relevant facts and circumstances. The offense, failure or inadequacy of performance of an individual may be imputed to a person with whom he is affiliated, where such conduct was accomplished within the course of his official duty or was effected by him with the knowledge or approval of such person.

19:1-5.5 Causes for suspension

In the public interest, the Agency shall suspend a person for any cause specified in N.J.A.C. 19:1-5.2 or upon adequate evidence that such cause exists.

19:1-5.6 Conditions for suspension

(a) The following conditions concerning suspension are to be adhered to:

1. Suspension shall be imposed only upon approval of the members of the Agency and upon approval of the Attorney General, or his designee, except as otherwise provided by law.

2. The existence of any cause for suspension shall not require that a suspension be imposed, and a decision to suspend shall be made at the discretion of the members of the Agency and of the Attorney General or his designee and shall be rendered in the best interests of the State.

3. Suspension shall not be based upon unsupported accusation, but upon adequate evidence that cause exists or upon evidence adequate to create a reasonable suspicion that cause exists.

4. In assessing whether adequate evidence exists, consideration shall be given to the amount of credible evidence which is available, to the existence or absence of corroboration as to important allegations, and to inferences which may properly be drawn from the existence or absence of affirmative facts.

5. Reasonable suspicion of the existence of a cause described in N.J.A.C. 19:1-5.2(a)1 through 8 may be established by the rendering of a final judgment or conviction by a court or administrative agency of competent jurisdiction, by grand jury indictment, or by evidence that such violations of civil or criminal law did in fact occur.

6. A suspension invoked by another agency for any of the causes described in N.J.A.C. 19:1-5.2 may be the basis for the imposition of a concurrent suspension by the Agency, which may impose such suspension without the approval of the Attorney General or his designee.

19:1-5.7 Procedures, period of suspension; and scope of suspension

(a) The following provisions regarding procedures, period of suspension and scope of suspension shall be adhered to by the Agency:

1. The Agency may suspend a person or his affiliates, provided that within 10 days after the effective date of the suspension, the Agency provides such party with a written notice:

i. Stating that a suspension has been imposed and its effective date;

ii. Setting forth the reasons for the suspension to the extent that the Attorney General or his designee determines that such reasons may be properly disclosed;

iii. Stating that the suspension is for a temporary period pending the completion of an investigation and such legal proceedings as may ensue; and

iv. Indicating that, if such legal proceedings are not commenced or the suspension removed within 60 days of the date of such notice, the party will be given either a statement of the reasons for the suspension and an opportunity for a hearing if he so requests, or a statement declining to give such reasons and setting forth the Agency's position regarding the continuation of the suspension. Where a suspension by another agency has been the basis for suspension by the Agency, the latter shall note the fact as a reason for its suspension.

2. A suspension shall not continue beyond 18 months from its effective date unless civil or criminal action regarding the alleged violation shall have been initiated within that period, or unless exclusion action has been commenced. Whenever prosecution or exclusion action has been initiated, the suspension may continue until the legal proceedings are completed.

3. A suspension may include all known affiliates of a person provided that each decision to include an affiliate is made on a case-by-case basis after giving due regard to all relevant facts and circumstances. The offense, failure or inadequacy of performance of an individual may be imputed to a person with whom he is affiliated, where such conduct was accomplished within the course of his official duty or was effectuated by him with the knowledge or approval of such person.

19:1-5.8 Prior notice by the Agency

Insofar as practicable, prior notice of any proposed exclusion or suspension shall be given to the Attorney General, or his designee.

19:1-5.9 List of excluded or suspended person(s)

The Agency shall supply to the State Treasurer a monthly list of all persons having been excluded, suspended, or disqualified in accordance with the procedures prescribed in this subchapter. Such list shall at all times be available for public inspection.

Interested persons may submit in writing, data, views, or arguments relevant to the proposed rule on or before June 8, 1981 and inquiries as to submissions received and agency responses to those submissions, to:

George Mazin, Coordinator
Home Improvement Loan Program
New Jersey Mortgage Finance Agency
1180 Raymond Boulevard
Newark, New Jersey 07102

The New Jersey Mortgage Finance Agency may thereafter adopt rules concerning this subject without further notice.

This proposal is known as PRN 1981-4.

(a)

Social Impact

NEW JERSEY HIGHWAY AUTHORITY

GARDEN STATE PARKWAY

Adopted Amendment: N.J.A.C. 19:8-2.12

General Regulations

Emergency Service

Effective Date: May 7, 1981

On April 6, 1981, F. Joseph Carragher, Executive Director of the New Jersey Highway Authority, pursuant to authority of N.J.S.A. 27:12B-1 et seq. and in accordance with the applicable provisions of the Administrative Procedure Act, adopted amendments to N.J.A.C. 19:8-2.12 concerning emergency service as proposed in the Notice published March 5, 1981 at 13 N.J.R. 165(b), but with spelling, punctuation, and other technical changes for purposes of clarity and comprehension (N.J.A.C. 1:30-3.5).

An order adopting the rule was filed with the Office of Administrative Law on April 8, 1981 as R.1981 d.115.

The social impact of this amendment will be to delete the requirement that lobbyists obligated to file annual reports ascertain precisely the extent of lobbying activities conducted by persons or organizations to which contributions, membership fees or dues are paid. For reporting purposes, it will be necessary only that the lobbyist ascertain whether the person or organization to which contributions, membership fees, or dues are paid expended over 50 percent of its total expenditures for lobbying activity. It is anticipated that substantially fewer expenditures for contributions, membership fees or dues will therefore have to be disclosed on lobbyist annual reports.

Economic Impact

The economic impact on lobbyists should be minimal. Since the amendment reduces the scope of certain reporting, the expense to the lobbyist of preparing an annual report may be somewhat decreased.

Full text of the proposed amendment follows (additions indicated in boldface thus; deletions indicated in brackets [thus]).

(b)

ELECTION LAW ENFORCEMENT COMMISSION

Proposed Amendment: N.J.A.C. 19:25-8.6

Lobbying Disclosure

Annual Report

Public Hearing: None

The New Jersey Election Law Enforcement Commission, pursuant to authority of N.J.S.A. 19:44A-6b, proposes to amend N.J.A.C. 19:25-8.6 concerning reporting requirements for certain expenditures made by lobbyists.

Summary

Under the existing N.J.A.C. 19:25-8.6(a)6iii, lobbyists filing annual reports must disclose expenditures of the lobbyist for dues or membership fees paid to an organization, association or union in the same proportion as the activities of the organization, association or union are for lobbying. For example, if a lobbyist pays annual dues of \$500.00 to a trade association, and one-half of the expenditures of the association are for lobbying purposes, the lobbyist would have to report one-half of the dues, that is \$250.00. A number of major lobbying entities indicated to the Commission that such reporting requirements were unduly burdensome and inconsistent with the provisions of the regulations requiring reporting by the receiving entity. The Commission reviewed the regulations and concluded that the proposed change in regulations was appropriate and consistent with the primary disclosure purposes of the statute. Under the proposed amendment, lobbyists would have to report expenditures for contributions, membership fees, or dues to such organizations only if they were made expressly for the purpose of lobbying, or if made to a person or organization whose major purpose is lobbying. A person or organization is deemed to have lobbying as a major purpose for a calendar year if its expenditures for lobbying constitute more than 50 percent of its total expenditures. The amended regulation will conform to the existing regulation for reporting by lobbyists of receipts of contributions, membership fees or dues. See N.J.A.C. 19:25-8.6(a)5ii.

19:25-8.6 Annual report

(a) The annual report shall contain the following:

1.-5. (No change.)

6. Expenditures of lobbyist, including:

i.-ii. (No change.)

iii. Contributions or membership fees or dues, or that pro rata share attributable to lobbying activity, paid by the lobbyist. [This category shall include contributions or dues paid to an organization, association or union, and shall be reportable in the same proportion as the activities of the organization, association or union are for a lobbying purpose.] Such contributions, loans, membership fees or dues shall not be deemed to be contributions to influence legislation within the membership of section 8 (N.J.S.A. 19:44A-8) and other reporting sections of the Act and of this subchapter, unless made for the express purpose of lobbying, or made to a person or organization whose major purpose is to engage in lobbying activity. For purposes of (a)6iii of this section, any person or organization shall be deemed to engage in lobbying activity as its major purpose for any calendar year in which expenditures for such activity constitute more than 50 percent of its total expenditures. Such contributions, loans, membership fees or dues (other than those made for the express purposes of lobbying) shall be reportable in the same proportion as the activities of the organization, association or union are for a lobbying purpose; such contributions, loans, membership fees and dues made for the express purpose of lobbying shall be reported in full. Contributions, fees or dues required to be reported pursuant to this subparagraph shall be reported in the aggregate, along with the name of any organization, association or union to whom the lobbyist made a contribution for lobbying activity in excess of \$100.00 for a calendar year as well as the date and amount of each such contribution, fees or dues.

iv.-ix. (No change.)

7.-10. (No change.)

Interested persons may submit in writing, data, views, or arguments relevant to the proposed rule on or before June 8, 1981 and inquiries as to submissions received and agency responses to those submissions, to:

Gregory E. Nagy, Esq.
 New Jersey Election Law Enforcement Commission
 28 West State Street, Suite 1114
 Trenton, New Jersey 08608

The Election Law Enforcement Commission may thereafter adopt rules concerning this subject without further notice.

This proposal is known as PRN 1981-9.

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