

**CHAPTER 18**  
**CATASTROPHIC ILLNESS IN CHILDREN**  
**RELIEF FUND PROGRAM**

**Authority**

N.J.S.A. 26:2-148 et seq., specifically 26:2-159.

**Source and Effective Date**

R.1994 d.572, effective October 21, 1994.  
See: 26 N.J.R. 3573(a), 26 N.J.R. 4380(a).

**Executive Order No. 66(1978) Expiration Date**

Chapter 18, Catastrophic Illness in Children Relief Fund Program, expires on October 21, 1999.

**Chapter Historical Note**

Chapter 18 was originally filed and became effective prior to September 1, 1969, as Chapter VI of the State Sanitary Code, Boarding Homes for Children, under the authority of N.J.S.A. 26:1A-7. The responsibility for these facilities was transferred from the Department of Health to the Department of Human Services by N.J.S.A. 30. The Department of Health repealed the rules at N.J.A.C. 8:18, effective April 4, 1983, by R.1983 d.101. See: 14 N.J.R. 1436(b), 15 N.J.R. 544(a).

New Rules describing the Catastrophic Illness in Children Relief Fund Program were filed as R.1989 d.557, effective November 7, 1989. See: 21 N.J.R. 1781(a), 21 N.J.R. 3501(a).

Pursuant to Executive Order No. 66(1978), Chapter 18 was readopted as R.1994 d.572. See: Source and Effective Date. See, also, section annotations.

**CHAPTER TABLE OF CONTENTS**

**SUBCHAPTER 1. CATASTROPHIC ILLNESS IN**  
**CHILDREN RELIEF FUND PROGRAM**

8:18-1.1	Purpose and scope
8:18-1.2	Definitions
8:18-1.3	General requirements
8:18-1.4	Initial application process
8:18-1.5	State Office and Commission review process
8:18-1.6	Eligibility standard
8:18-1.7	Annual cap and vehicle allowance
8:18-1.8	Sliding payment schedule
8:18-1.9	Allocation distribution plan
8:18-1.10	Local agency responsibilities
8:18-1.11	State office responsibilities
8:18-1.12	Commission responsibilities
8:18-1.13	Time period for measuring expenses and income
8:18-1.14	Eligible health services
8:18-1.15	Ineligible health services
8:18-1.16	Administration of payments
8:18-1.17	Appeals process
8:18-1.18	Special cases
8:18-1.19	Confidentiality of information
8:18-1.20	Recovery of Commission expenses

**APPENDIX I EXAMPLES OF CATASTROPHIC ILLNESS**  
**IN CHILDREN RELIEF FUND PROGRAM**

**SUBCHAPTER 1. CATASTROPHIC ILLNESS IN**  
**CHILDREN RELIEF FUND PROGRAM**

**8:18-1.1 Purpose and scope**

(a) The purpose of this subchapter is to establish criteria for eligibility and establish a standard methodology for determining the amount of financial assistance to be allocated for services of a child's health providers and vendors for families in the State of New Jersey whose child suffers from a catastrophic illness.

(b) The procedures established shall be followed by the Catastrophic Illness in Children Relief Fund Commission.

**8:18-1.2 Definitions**

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

"Act" means P.L. 1987, Chapter 370, N.J.S.A. 26:2-148 et seq. which establishes the Catastrophic Illness in Children Relief Fund.

"Batch" means a grouping of applications for the purpose of applying the provisions of N.J.A.C. 8:18-1.6, 1.7 and 1.8.

"Catastrophic Fund" or "Fund" means the Catastrophic Illness in Children Relief Fund.

"Catastrophic Illness" means any illness or condition for which the incurred medical expenses not covered by any other State or Federal program or any other insurance contract exceed 15 percent of the first \$100,000 of annual income of a family plus 20 percent of the excess income over \$100,000.

"Child" means a person under 19 years of age.

"Commission" means to the 11 member Catastrophic Illness in Children Relief Fund Commission created by the Act and appointed by the Governor to administer the Fund. The Commission, chaired by the Commissioner of Health, is "in but not of" the Department of Health.

"Days" means calendar days.

"Eligibility standard" means that dollar amount equal to 15 percent of the first \$100,000 of annual income of a family plus 20 percent of the excess income over \$100,000.

"Executive director" means the professional employed by the Commission, in accordance with NJ Department of Personnel's procedures, to administer the Fund on a day-to-day basis on behalf of the Commission.

"Family" means a child and the child's parent, parents, or legal guardian, as the case may be, who is legally responsible for the child's medical expenses.

"Family responsibility" means the amount equal to 10 percent of a family's income.

"Income" means the following:

1. Wages before deductions;
2. Public Assistance;
3. Social Security Benefits;
4. Supplemental Security Income;
5. Unemployment and Workman's Compensation;
6. Strike Benefits from Union Funds;
7. Veteran's Benefits;
8. Training Stipends;
9. Alimony;
10. Child Support;
11. Military Family Allotment;
12. Regular Support from Absent Family Member;
13. Pension Payments;
14. Insurance or Annuity Payments;
15. Income from Estates and Trusts;
16. Dividends;
17. Interest Income;
18. Rental Income;
19. Royalties; and
20. Other sources of income not mentioned above; however,
21. Income does not include the following money receipts: withdrawals from a bank; sale of property, house or car; tax refunds; gifts; one-time insurance payments; or compensation from injury, unless the injury directly relates to a child's condition which is the basis for an application being made to the Fund. Also disregarded is non-cash income and any money raised by fundraising.

"Local agency" means the agency responsible for assisting families in the application process, forwarding applications to the State Office, and making appropriate referrals to other state programs and benefits.

"State Office of Catastrophic Illness in Children Relief Fund (State Office)" means the Office of the Executive Director of the Fund, which has responsibility for administering the Fund on a day-to-day basis on behalf of the Commission.

"Threshold" means the point at which a child's out-of-pocket medical expenses exceed 15 percent of the first \$100,000 of annual income of a family plus 20 percent of the excess income over \$100,000. After the child's medical expenses reach this threshold, a child has passed the initial screen for eligibility for assistance from the Fund.

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

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

Definition for deductible deleted; definitions of eligibility standard and family responsibility added.

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

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

Definition for county case manager deleted; local agency added; money raised by fundraising excluded from definition of income.

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

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

### 8:18-1.3 General requirements

(a) Pursuant to the Act, the Fund will provide assistance to families having a child with a catastrophic illness. A child shall have passed the initial screen for eligibility for the Fund's assistance when a child's incurred medical expenses (not covered by private insurance or other public programs) for a prior consecutive 12 month period exceed the amount represented by 15 percent of the first \$100,000 of annual income of a family plus 20 percent of the excess income over \$100,000.

1. Fifteen percent shall be the screen used for families whose income is \$100,000 or less.

2. Fifteen percent of the first \$100,000 of annual income of a family plus 20 percent of the excess income over \$100,000 shall be the screen used for families whose income is more than \$100,000.

(b) Though the child shall be referred to as being enrolled or eligible at the point in the application process when child has passed the initial screen, actual Fund disbursements on behalf of a child shall be limited by the monies available in the Fund and shall be guided by the policies and procedures outlined in this subchapter.

(c) To be eligible for assistance, a child must be a resident of the State of New Jersey. Resident means a person legally domiciled in New Jersey for a period of three months immediately preceding the initial date of application for assistance to the Fund.

1. A child's state of residence is that of the parent(s) or legal guardian.

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

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

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

Amended by R.1993 d.438, effective September 7, 1993.  
See: 25 N.J.R. 2169(a), 25 N.J.R. 4128(a).  
Amended by R.1994 d.572, effective November 7, 1994.  
See: 26 N.J.R. 3573(a), 26 N.J.R. 4380(a).

#### 8:18-1.4 Initial application process

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

Amended by R.1991 d.595, effective December 16, 1991.  
See: 23 N.J.R. 2564(a), 23 N.J.R. 3754(b).

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

#### 8:18-1.5 State Office and Commission review process

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

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

(c) Prior to the Commission's batched review of applications, the State Office shall prepare a disbursement schedule for each application in accordance with N.J.A.C. 8:18-1.6, 1.7 and 1.8.

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

Amended by R.1990 d.619, effective December 17, 1990.  
See: 22 N.J.R. 2669(b), 22 N.J.R. 3754(a).  
Provisions for deductible amounts deleted.  
Amended by R.1991 d.595, effective December 16, 1991.  
See: 23 N.J.R. 2564(a), 23 N.J.R. 3754(b).

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

#### 8:18-1.6 Eligibility standard

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

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

Provisions for deductible amount deleted; family responsibility added.

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

#### 8:18-1.7 Annual cap and vehicle allowance

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

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

Amended by R.1991 d.595, effective December 16, 1991.  
See: 23 N.J.R. 2564(a), 23 N.J.R. 3754(b).

Cap increased to \$100,000 per year.  
Amended by R.1994 d.572, effective November 7, 1994.  
See: 26 N.J.R. 3573(a), 26 N.J.R. 4380(a).

#### 8:18-1.8 Sliding payment schedule

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

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

#### 8:18-1.9 Allocation distribution plan

Because the Fund's actual level of assistance to families, as determined by the Commission, shall in most, if not all, cases be less than the child's medical expenses, the Commission shall determine how the Fund's available monies shall be distributed among eligible providers and vendors. Input from the family shall be sought in the analysis preceding this determination, with guidance from the State Office. A parent or legal guardian of child shall be required to sign a payment distribution plan, prior to release of monies on behalf of the child.

#### 8:18-1.10 Local agency responsibilities

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

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

**8:18-1.11 State Office responsibilities****(a) The State Office shall:**

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

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

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

State Office screens applications, oversees local agencies.

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

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

**8:18-1.12 Commission responsibilities**

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

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

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

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

**8:18-1.13 Time period for measuring expenses and income**

In screening a child/family for eligibility for the Fund, expenses and income shall be measured by any 12 (consecutive) month period which ends the last day of the month preceding a family's initial application to the Fund. The income will be reported for the same 12 (consecutive) month period back to January 1988. In addition, a supplemental statement of current income and expenses may be submitted at the request of the State Office. Applications shall be accepted any time throughout the year.

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

See: 23 N.J.R. 2564(a), 23 N.J.R. 3754(b).  
Income reported back to January 1988.

**8:18-1.14 Eligible health services**

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

1. Primary care (preventive care), including immunizations, physician-authorized ancillaries (labs, x-rays);
2. Specialized pediatric ambulatory care, including physician-authorized rehabilitative therapies (for example, speech, occupational, and physical), physician-authorized care for treatment of addiction disorders and mental health care, dental care, eye care, chiropractic care;
3. Care in an acute hospital in New Jersey (treatment for acute and chronic conditions and treatment of addiction disorders and mental health conditions);
4. Care in acute hospitals in other states (treatment for acute and chronic conditions, and treatment of addiction disorders and mental health conditions as well as highly specialized care such as organ transplants);
5. Physicians in all settings (for example, office, hospital);
6. Care in specialty hospitals (for example, rehabilitative psychiatric);
7. Long term care (respite care, hospice care, residential care, or other care);
8. Home health care (physician-authorized home health aide, physician-authorized public health nurse, physician-authorized private duty nurse or other care);
9. Pharmaceuticals (physician-authorized over-the-counter and prescription drugs);
10. Disposable medical supplies (physician-authorized over-the-counter and prescribed supplies);
11. Durable medical equipment (for example, physician-authorized ventilators, prostheses);
12. Home modification;
13. Purchase of a specialized leased or specialized, modified vehicle and any subsequent modifications; and
14. Experimental medical treatment/experimental drugs which are recognized by Federal or State agencies and provided by licensed health care providers. Applications involving experimental treatment may require additional review.

(b) Categories of incurred health-related expenses are eligible for consideration in assessing whether a family has reached its eligibility threshold of 15 percent of the first \$100,000 of annual income of a family plus 20 percent of the excess income over \$100,000 include:

1. Family transportation and travel-related expenses including, but not limited to, mileage allowance, tolls, parking receipts, temporary shelter costs and telephone calls related to medical condition.

(c) Fifty percent of a health insurance premium including supplemental and dependent coverage that is paid by a family when accompanied by any other eligible expenses in (a) or (b) above.

Amended by R.1991 d.595, effective December 16, 1991.  
See: 23 N.J.R. 2564(a), 23 N.J.R. 3754(b).

Treatment for addiction and mental health disorders; travel-related expenses, 50% of health insurance, home modification, specialized vehicle and experimental drugs or treatment added to eligible health services.

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

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

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

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

#### 8:18-1.15 Ineligible health services

(a) Categories of health and health-related expenses which are not eligible for consideration in assessing whether a family has reached its eligibility threshold of 15 percent of the first \$100,000 of annual income of a family plus 20 percent of the excess income over \$100,000 shall include, but are not limited to, the following:

1. Special education required as result of medical condition;
2. Elective cosmetic surgery.

Amended by R.1991 d.595, effective December 16, 1991.  
See: 23 N.J.R. 2564(a), 23 N.J.R. 3754(b).

Experimental drugs or treatment deleted.

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

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

#### 8:18-1.16 Administration of payments

(a) The State Office shall oversee processing of payments from the Fund. Though in general payments shall be made directly to providers and vendors, consideration shall be given to making payments directly to families.

(b) Items in N.J.A.C. 8:18-1.14, Eligible health services, shall be considered for payments.

Amended by R.1991 d.595, effective December 16, 1991.  
See: 23 N.J.R. 2564(a), 23 N.J.R. 3754(b).

Condition added to insurance payment.

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

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

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

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

#### 8:18-1.17 Appeals process

(a) The following applies to the appeals:

1. Upon receipt of a determination by the State Office, an applicant who disputes that determination may appeal to the Catastrophic Illness in Children Relief Fund Commission by filing a written appeal to:

New Jersey State Department of Health

Catastrophic Illness in Children Relief Fund Commission

John Fitch Plaza

CN 360

Trenton, New Jersey 08625-0360

Attn: State Commissioner of Health

2. Appeals must be received at the above address no later than 30 days from the date of notice of the determination made by the State Office. The Commission may waive the deadline for cause.

3. The written appeal shall include all reasons and grounds for disputing the determination made by the State Office and all proof and documentation in support of the appeal.

4. The Commission shall conduct such review and analysis as is necessary to reach a decision on the appeal. At its discretion, the Commission may direct a conference to be convened with the applicant, or may refer the matter to the Office of Administrative law pursuant to the Administrative Procedure Act, N.J.S.A. 52:14B-1 et seq., and the Uniform Administrative Procedure Rules, N.J.A.C. 1:1.

5. Except for appeals referred to the Office of Administrative Law, the Commission shall render a decision on the appeal within 90 days from the date of original receipt of the appeal. Appeals referred to the Office of Administrative Law shall be decided by the Commission within 45 days from the date of filing of the Initial Decision of the Administrative Law Judge, or at such later date as permitted by law.

6. A decision made by the Commission shall be final. It may be appealed to the Superior Court of New Jersey as permitted by court rules.

(b) Unless otherwise specifically ordered by the Commission, an applicant may not receive benefits from the Catastrophic Illness in Children Relief Fund while an appeal is pending at any level.

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

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

Appeal deadline extended to 30 days; waiver permitted for cause.

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

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

**8:18-1.18 Special cases**

(a) Special cases shall be referred to the Commission for its review and consideration. Special cases shall include, but are not limited to, the following:

1. In special cases in which a family has more than one child, with a catastrophic illness (as defined by expenses in excess of the 15 percent of the first \$100,000 of annual income of a family plus 20 percent of the excess income over \$100,000 threshold for each child), consideration shall be given to waiving the family responsibility as outlined in N.J.A.C. 8:18-1.2 for the other child/children given that the family would have already met the family responsibility for the first child.

2. The Commission shall consider writing a nonbinding letter of conditional acceptance for assistance in the next year, with the intent that such a letter would offer some measure of assurance to the child's health provider/vendor, and thus facilitate the child's access to needed services, in special hardship cases in which:

- i. A child is eligible for the Fund in one year; and
- ii. Is projected to be eligible for the Fund in the next year; and
- iii. The family's ability to pay for the child's medical care in the next year is questionable; and
- iv. This inability to pay will jeopardize the child's access to needed care.

3. For special hardship cases that come before the Commission during a batch cycle, after the standard disbursement guidelines have been applied to each case in the batch and sufficient monies remain in the Fund, consideration shall be given to waiving the standard disbursement guidelines (that is, the family responsibility and the cap as outlined in N.J.A.C. 8:18-1.2 and 1.7).

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

Provisions for deductible amount deleted; family responsibility added.

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

**8:18-1.19 Confidentiality of information**

Information received pursuant to the duties required by the Act shall not be disclosed publicly in such a manner as to identify individuals unless special circumstances require such disclosure and the proper notice is served and parent or legal guardian's consent is given, as may be necessary for pending legal proceedings.

**8:18-1.20 Recovery of Commission expenses**

(a) If a family receives assistance from the Fund for a child, in accordance with this chapter, and subsequently recovers damages or a financial award for the child's medical expenses, pursuant to a settlement or judgment in a legal action, the family shall reimburse the Fund for either:

- 1. The amount of assistance received from the Fund; or
- 2. The portion of assistance received for the injury, illness or condition covered by the damage or judgment, less the family's expenses of recovery.

(b) The Commission may negotiate or settle the recovery of such claims, for cause presented by the family to the Commission.

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

**APPENDIX I**

**Examples of Catastrophic Illness in Children Relief Fund Program**

The examples below illustrate the extent which the Fund would assist three families with different income levels.

<b>FAMILY # 1 (with income of \$30,000)</b>	
Family Income:	\$30,000
Eligibility Standard (15% of income):	4,500
Amount of Eligible Medical Expenses Not Covered by Insurance:	15,000
Family Responsibility (10% of Family Income):	3,000
Amount of Fund's Financial Assistance to Family:	12,000
Amount for which Family remains responsible:	3,000
<b>FAMILY # 2 (with income of \$80,000)</b>	
Family Income:	\$80,000
Eligibility Standard (15% of income):	12,000
Amount of Eligible Medical Expenses Not Covered by Insurance:	15,000
Family Responsibility (10% of Family Income):	8,000
Amount of Fund's Financial Assistance to Family:	7,000
Amount for which Family remains responsible:	8,000
<b>FAMILY # 3 (with income of \$120,000)</b>	
Family Income:	\$120,000
Eligibility Standard:	\$19,000
15% of the first \$100,000, or 15,000	
20% of the excess over \$100,000, or 4,000	
Amount of Eligible Medical Expenses Not Covered by Insurance:	\$30,000
Family Responsibility (10% of Family Income):	\$12,000
Amount of Fund's Financial Assistance to Family:	\$18,000
Amount for which Family remains responsible:	\$12,000

† Assuming: an annual \$100,000 cap; adequate monies available in fund obviate need for additional restrictions and cost-sharing; all expenses are reasonable and customary; and none of the cases are in the "special" category.

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

See: 22 N.J.R. 2669(b), 22 N.J.R. 3754(a).  
All examples deleted; new examples added.

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