

(g) Emergency clothing: When authorized under (a) above to the individual(s) to purchase minimum essential clothing for physical health and safety, payment may be granted not to exceed the amounts stated below:

Age	Amount
Adult	\$86.00
Child: 13 and over	86.00
Child: 5 through 12	48.00
Child: Birth through 4	29.00

1. Funds from the regular assistance grant or funds considered in developing the amount of that grant are not to be considered in computing the amount of payment for replacement of clothing lost or destroyed in the incident giving rise to the emergency.

(h) Emergency house furnishings: When authorized under (a) above, emergency assistance for house furnishings which the MWD deems urgent and essential to the physical health and safety of the eligible unit shall not exceed the maximum allowances in the following table.

Number of Persons in Eligible Unit:	Persons					
	1	2	3	4	5	6 or more
Kitchen Furnishings:						
Range	\$130	\$130	\$130	\$130	\$130	\$160
Refrigerator	200	200	220	220	220	260
Washing Machine			200	200	200	200
Dinette Set	45	45	65	65	85	85*
Kitchen Equipment	50	60	60	72	72	80
Living Room Furnishings:						
Couch and Chair(s)	125	175	175	225	225	225
Table	20	20	20	20	20	20
Lamp(s)	20	20	20	35	35	35
Floor Covering	25	25	25	25	25	25
* Over 6—\$12 each additional person						
Bedroom and Furnishings:						
Box Spring, Mattress, and Frame, per set		\$110 Twin			\$130 Double	
Bunk Beds, per set of 2 (complete)		\$135				
Crib with Mattress		\$ 50				
Chest(s) of Drawers		\$ 50 Per Person				
Bed and Bath Linens and Miscellaneous Furnishings		\$ 36 Per Person			(Not to exceed \$200 per family)	
Window Coverings		\$2.50 Per Window				

1. Funds from the regular assistance grant or funds considered in the development of that grant are not to be considered in computing the amount of payment for replacement of house furnishings lost or destroyed in the incident giving rise to the emergency.

(i) Persons who appear to be eligible for AFDC shall be referred immediately to the county welfare agency. However, emergency assistance may be provided under the conditions stated in N.J.A.C. 10:85-3.2(b)4ii and in accordance with this section.

(j) In an emergency situation such as sudden removal of the mother or responsible caretaker from the home, the MWD may be called upon to provide a temporary care arrangement for the child(ren) until it is possible to refer the situation to the county welfare agency or the appropriate office of the Division of Youth and Family Services (see N.J.A.C. 10:85-3.2(b)4).

1. Maximum rates: Unless care is available without charge, payment shall be authorized as follows:

i. When the child is placed in a temporary home or shelter, the rate shall not exceed \$5.50 per day per child.

ii. When arrangement is made for temporary care in the child's own home, payment to the individual providing such care shall be at the most reasonable rate available but shall in no event exceed the rate for homemaker service in that community, regardless of the number of children involved.

(k) Emergency assistance payments shall be made by order or check drawn to a vendor or as direct payment to the recipient, in accordance with N.J.A.C. 10:85-4.3.

(l) Services: The following services shall be performed by agency personnel and must, where appropriate, be provided to all cases granted emergency assistance benefits:

1. Information;
2. Referral;
3. Counseling;
4. Assistance in securing shelter, including transportation; and
5. Referral for legal services.

(m) Municipal welfare directors and case workers shall periodically receive training from the DEA targeted to the EA program.

Amended by R.1978 d.171, effective June 1, 1978.
 See: 10 N.J.R. 150(a), 10 N.J.R. 285(b).
 Amended by R.1979 d.323, effective August 16, 1979.
 See: 11 N.J.R. 73(a), 11 N.J.R. 448(c).
 Amended by R.1980 d.167, effective May 1, 1980.
 See: 12 N.J.R. 124(a), 12 N.J.R. 279(a).
 Added (b)iii.
 Amended by R.1980 d.538, effective January 1, 1981.
 See: 12 N.J.R. 585(a), 13 N.J.R. 18(d).
 (a) "circumstances set . . . procedures and standards" added.
 Amended by R.1982 d.135, effective May 3, 1982.
 See: 14 N.J.R. 124(a), 14 N.J.R. 428(b).
 (b)iii: Deleted "for victims of domestic violence"; deleted "arrangements in shelters" and added "shelter"; (b)3i added; (b)4i added.
 Amended by R.1983 d.58, effective March 7, 1983.
 See: 14 N.J.R. 1342(a), 15 N.J.R. 340(b).
 Reference to used items deleted.
 Amended by R.1983 d.328, effective July 25, 1983.
 See: 15 N.J.R. 938(a), 15 N.J.R. 1378(a).
 Originally adopted as an Emergency Re-adoption as R.1983 d.209, effective May 23, 1983, operative June 1, 1983.
 Internal cites to N.J.A.C., form corrected.
 Amended by R.1984 d.506, effective November 5, 1984 (operative December 1, 1984).
 See: 16 N.J.R. 2219(b), 16 N.J.R. 3031(c).
 Correction: N.J.A.C. 10:85-4.6(a)3 and 4.6(b)5 should have been deleted from code.
 See: 17 N.J.R. 1802(a).
 Emergency Amendment effective March 27, 1986 as R.1986 d.131 (expires May 28, 1986).
 See: 18 N.J.R. 850(a).

Amended by R.1986 d.389, effective September 22, 1986 (operative October 1, 1986).

See: 18 N.J.R. 1343(a), 18 N.J.R. 1962(a).

Deleted "90 days" and substituted "two calendar months".

Correction: (b)1 was adopted on an emergency basis to expire May 28, 1986. Because the rule expired, the text reverted back to original text.

See: 19 N.J.R. 663(a).

Amended by R.1988 d.26, effective January 4, 1988.

See: 19 N.J.R. 1715(a), 20 N.J.R. 96(a).

Substantially amended.

Emergency Adoption, R.1988 d.291, effective June 2, 1988 (expires June 30, 1988).

See: 20 N.J.R. 1484(a).

Added (b)vi and renumbered (b)vi to vii. The changes in this section for the emergency adoption are deleted upon expiration date of June 30, 1988.

Emergency Amendment, R.1988 d.359, effective July 7, 1988 (expires July 31, 1988).

See: 20 N.J.R. 1957(a).

Added new (b)vi and renumbered (b)vi to vii.

Emergency Amendment, R.1989 d.598, effective November 13, 1989 (expires January 12, 1990).

See: 21 N.J.R. 3790(a).

Exclusion for AIDS, HIV and terminally ill EA recipients added at N.J.A.C. 10:85-4.6(b)1i and ii.

Recodified i.-ix. as iii.-xi. with no change in text.

Amended by R.1990 d.33, effective January 16, 1990.

See: 21 N.J.R. 3221(b), 22 N.J.R. 218(a).

Stylistic changes.

Adopted concurrent proposal, R.1990 d.117, effective January 12, 1990. See: 21 N.J.R. 3790(a), 22 N.J.R. 355(a)

Provisions of emergency amendment R.1989 d.598 readopted with changes, effective February 5, 1990. In (b)1ii: added sentence regarding presumptive entitlement.

Administrative Correction to (b)1: deleted iii and iv; recodified existing v through ix to iii through vii; deleted x and recodified xi to viii.

See: 22 N.J.R. 2171(a).

Amended by R.1991 d.174, effective April 15, 1991 (operative May 1, 1991).

See: 22 N.J.R. 2078(a), 23 N.J.R. 1177(a).

Section was "Emergency grants". Revised EA program to include entitlement to past five-month benefits for those eligible recipients whose initial five-month EA period has expired, and to establish shared MWD and client responsibility toward development of a non-EA shelter arrangement.

Law Review and Journal Commentaries

Welfare. Judith Nallin, 134 N.J.L.J. No. 4, 56 (1993); 135 N.J.L.J. No. 16, 52 (1993).

Case Notes

Termination of temporary rental assistance after one year violated purpose of the program. L.T. v. New Jersey Dept. of Human Services, Div. of Family Development, 134 N.J. 304, 633 A.2d 964 (1993).

Reasonable extensions of temporary rental assistance from available funds should not be denied. L.T. v. New Jersey Dept. of Human Services, Div. of Family Development, 134 N.J. 304, 633 A.2d 964 (1993).

Twelve-month limit on receipt of temporary rental assistance General Assistance law. L.T. v. New Jersey Dept. of Human Services, Div. of Family Development, 134 N.J. 304, 633 A.2d 964.

Department should not deny reasonable extensions of temporary rental assistance unless claimants have failed to cooperate in pursuit of effective plans. L.T. v. New Jersey Dept. of Human Services, Div. of Family Development, 134 N.J. 304, 633 A.2d 964.

Termination of emergency assistance shelter benefits upon expiration of five-month period is valid if new programs make reasonably certain that individuals would find shelter elsewhere when emergency assistance runs out. Williams v. Department of Human Services, 116 N.J. 102, 561 A.2d 244 (1989), case retained 121 N.J. 589, 583 A.2d 297, entered 121 N.J. 667, 583 A.2d 351.

New Jersey General Assistance Law exists so that persons may not suffer unnecessarily from cold, hunger, sickness, or be deprived of shelter. Williams v. Department of Human Services, 116 N.J. 102, 561 A.2d 244 (1989), case retained 121 N.J. 589, 583 A.2d 297, entered 121 N.J. 667, 583 A.2d 351.

No emergency security deposit for illegal housing arrangements. L.P. v. Jersey City Municipal Welfare Agency, 92 N.J.A.R.2d (DEA) 45.

Emergency rental assistance extended for lack of notice. J.C. v. New Brunswick City Welfare Department, 92 N.J.A.R.2d (DEA) 41.

10:85-4.7 Homemaker service

(a) When illness, death or some other disruption in the normal living pattern of an eligible individual makes the provision of homemaker service essential, the director shall authorize payment for such service, provided it is not otherwise available without cost.

1. Method of payment: Payment for such service shall be made by direct contractual agreement between the welfare department and the agency or individual furnishing the service.

2. Maximum rate: Payment shall not exceed the most reasonable rate for which such service can be obtained in the community.

Case Notes

See for historical purposes Schultz v. Kott, 131 N.J.Super. 216, 329 A.2d 340 (App. Div. 1974).

10:85-4.8 Funeral and burial expenses

(a) The municipal welfare department shall make payments from General Assistance funds for the expenses of the funeral and burial of the persons identified in (a)1 below in accordance with the limitations set forth in (a)2 below.

1. An eligible person is:

i. A person who was an active recipient of General Assistance at the time of death; or

ii. A person whose eligibility had been established within 15 days prior to death, but for whom no payment of General Assistance had been issued; or

iii. A person who died while a patient in a general hospital and who had been receiving General Assistance at the time of admission to the hospital; or

iv. A person who had received General Assistance at any time within six months prior death.

2. Authorization of payments:

i. Allowances: The allowance for funeral services, exclusive of cemetery costs, is the actual amount charged or \$1,970.00 whichever is less. When ground burial is made of uncremated remains, the cemetery allowance also applies. The cemetery allowance is the sum of all cemetery charges or \$460.00, whichever is less. The maximum total of allowances for a decedent is the sum of the funeral allowance and the cemetery allowance as applicable.

ii. Payment: The payment to be made is the maximum total of allowances as reduced by all of the assets of the decedent, including cash on hand, funds in the hands of others, the value of real and personal property, and public and private death benefits; and as further reduced by the sum of all contributions from next of kin and other interested parties.

(b) Cases ineligible for purposes of State aid: It is recognized that municipal directors, who are also exercising the functions previously charged to the overseer of the poor, encounter situations where burials must be provided at public expenses for persons who do not come within the classifications specified in (a)1 above. Such burials are governed by statutes unrelated to the General Assistance Program. Payments for them are not eligible for State aid. The statutes include:

1. N.J.S.A. 44:1-157, which states: "When a person shall die in a municipality without leaving money or other means sufficient to defray his funeral expenses, the overseer of the poor of the municipality . . . shall employ some person to provide for and superintend the burial of the deceased person, and the necessary and reasonable expenses as fixed by the governing body chargeable therewith shall be paid by it upon the order of the overseer . . ."

2. N.J.S.A. 40A:9-49.1, which states: "Notwithstanding any provision of law, rule or regulation to the contrary, when an indigent person dies without a surviving spouse, parent or emancipated child and in a municipality other than his resident municipality, the resident county of the indigent decedent is responsible for the necessary and reasonable expenses for the burial. For the purposes of this act, "indigent decedent" means a person who dies without leaving an ascertainable estate sufficient to pay part or all of the person's burial expenses and whose burial expenses are not payable by the State pursuant to P.L. 1959, c.86 (N.J.S.A. 44:10-1 et seq.), P.L. 1947, c.156 (N.J.S.A. 44:8-107 et seq.) or P.L. 1973, c.256 (N.J.S.A. 44:7-85 et seq.), or by the county pursuant to N.J.S.A. 40A:9-49."

As amended, R.1980 d.436, effective October 7, 1980.

See: 12 N.J.R. 191(b), 12 N.J.R. 663(c).

(a)1i was \$500 and (a)1iii was \$350.

As amended, R.1982 d.287, effective September 7, 1982.

See: 14 N.J.R. 463(a), 14 N.J.R. 980(c).

(a)1i Ceiling of total cost increased to \$900.00, \$800.00 deleted.

Amended by R.1986 d.427, effective October 20, 1986.

See: 18 N.J.R. 1170(a), 18 N.J.R. 2125(a).

Substantially amended.

Amended by R.1988 d.39, effective January 19, 1988.

See: 19 N.J.R. 1619(b), 20 N.J.R. 194(a).

(b)1 deleted and new (b)1-2 inserted.

Petition for Rulemaking.

See: 26 N.J.R. 4104(b).

10:85-4.9 (Reserved)

R.1987 d.132, effective March 16, 1987.

See: 18 N.J.R. 2301(a), 19 N.J.R. 451(b).

Repealed by R.1990 d.33, effective January 16, 1990.

See: 21 N.J.R. 3221(b), 22 N.J.R. 218(a).

SUBCHAPTER 5. MEDICAL CARE

10:85-5.1 Medical service payment

(a) The director of welfare shall authorize payment for medical care and professional practitioner services if such care and services are deemed necessary and appropriate and, for services rendered after July 1, 1988, if the bill for each such service reaches the municipal welfare office within one year after the date of the service. For services rendered after July 1, 1991, the bill for each such service must reach the municipal welfare office within six months after the date of the service. The MWD may seek the advice of the Division of Family Development (DFD) GAP Unit in determining whether particular elements or programs of care or service are necessary and appropriate.

1. In no instance will the rate exceed that payable under the Medicaid Program. Only services covered by the Medicaid Program shall be authorized under this program for payment.

i. Payment of medical bills which is or may be paid from any benefits provided through the Medical Assistance Program (Medicaid) of the State of New Jersey or any other state shall not be authorized.

2. Medical bills, which have been paid by the client or on his or her behalf, are not subject to reimbursement by the MWD.

3. In the event that payment is obtained from a third party by or for any client for whom the MWD has made medical payments, the welfare agency shall seek recovery of such payment from the beneficiary.

4. The director of welfare may authorize payment of other medical insurance premiums.

5. Persons eligible for Medicare benefits must have health services billed to the appropriate carrier (Pennsylvania Blue Cross/Blue Shield) by the provider before submitting bills to the MWD for consideration. The amount of the Medicare deductible may be paid by the MWD.

6. Payment for medical bills which are or may be paid through no-fault insurance benefits shall not be authorized.

(b) Physicians, dentists and other health care providers: The director of welfare shall authorize payment for services provided by licensed physicians (M.D. or D.O.), dentists and other health care providers including podiatrists, optometrists, pharmacists, opticians, prosthetists and orthotists who have not been deleted for cause from the current list of approved Medicaid providers, unless such services are specifically prohibited under (b)2 below. The DFD/GAP Unit will advise all MWDs of deletions from the approved list and of any reinstatements.

1. Amount of payment: The amount of the payment which the MWD shall authorize for any medical product or service shall be the lowest amount for which the service or product or a comparable service or product can be reasonably supplied to the recipient but in no event shall total payment for each service or product be more than the rate indicated as a maximum by the DFD/GAP Unit.

i. Municipalities to which N.J.A.C. 10:85-5.8 applies will be charged for prescriptions at the Medicaid rate for the product. (See N.J.A.C. 10:85-5.8(e) and 6.8(d).)

2. Payments not authorized: Payment to physicians, dentists or other health care providers shall not be authorized for the following services:

i. Inpatient hospital care: Payment shall not be authorized for professional services (for example, physicians, dentists, podiatrists) rendered to persons receiving inpatient hospital care.

ii. Outpatient or clinic care: Payment shall not be authorized for professional services rendered in the outpatient department of a hospital.

iii. Institutional care: Payment shall not be authorized for professional services rendered to residents of public medical institutions.

iv. Municipal/county physician care: Payment shall not be authorized for services rendered by practitioners who are employed by a municipality or county for the purpose of treating recipients of general assistance or other low-income inhabitants of the community.

v. Private duty nursing: Payment shall not be authorized for private duty nursing, whether in the home, hospital or elsewhere.

vi. Pedicure service: Payment shall not be authorized for normal pedicure service.

3. Obtaining a physician and so forth: When an appropriate clinic is not available without charge, the patient shall be provided the opportunity to select a physician, dentist or podiatrist of his/her choice. In the event that a person has no such practitioner or his/her personal practitioner is not available, the director of welfare may assist in obtaining a physician, dentist or podiatrist. The MWD may consult the DMAHS District Office to learn the names of practitioners participating in the Medicaid Program. (The practitioner shall be advised that payment cannot exceed the current Medicaid rate.)

4. Consultation by a specialist: Payment shall be authorized for services provided by a medical specialist whose advice and recommendations are requested by another physician or by the municipal welfare department with respect to the non-hospital evaluation and/or treatment of a patient. (See (b)1 above regarding maximum fee.)

i. Prior authorization: Payment for consultation services shall be approved only when performed by a qualified specialist who has received prior authorization from the municipal director of welfare to perform such services.

(c) Independent clinics: The director of welfare shall authorize payment for physician services and other professional provider services, X-ray (diagnostic therapeutic, and so forth) and laboratory services, at the Medicaid rate or at a lesser rate if such has been negotiated between the clinic and the MWD.

(d) Mental health services: For all mental health services, the payment shall be deemed to cover all services of the provider. It does not cover prescription costs. If the MWD has negotiated a rate with the mental health agency or provider which is no higher than the rate which would otherwise be payable and which takes into account any funding by the municipality or county, that rate shall be used for all participants receiving services from that provider. In all other instances, payment to other providers shall be at the Medicaid rate.

1. Partial Care Program (see N.J.A.C. 10:37-5.46 through 5.51): Partial Care is a program serving people who need more than hourly outpatient services and less than inpatient hospitalization. Some clients are served to avoid inpatient hospitalization; for others the program serves as a transition from institutional to community living. Clients usually receive services five days per week. This level of service is reduced as the client becomes more independent. Minimum attendance is one-half day per week. Services offered usually include case management, medication supervision, group therapy, activities of daily living (ADL), socialization, skill development, and prevocational activities. Program participants are divided into two Target Groups:

i. Target Group I (see N.J.A.C. 10:37-5.2) consists of:

(1) Individuals currently in a State/County/Local psychiatric hospital who could live in the community with appropriate services.

(2) Individuals in the community with a history of psychiatric hospitalization, who are in serious risk of rehospitalization.

(2) Individuals in the community who are mentally, emotionally, and functionally impaired and in serious risk of psychiatric hospitalization.