

- ii. By telephone to the NHSN number at (800) 893-0485, option 2; or
- iii. (No change.)

8:56-2.2 Confidentiality regarding CDC HAI data

- (a) (No change.)
- (b) An ambulatory surgery facility shall authorize the Department to access CDC HAI data from NHSN that contains patient identifying information.
- (c) (No change.)

8:56-2.3 Enrollment and training requirements for NHSN

- (a)-(b) (No change.)
- (c) Each administrator shall:
 1. Complete the NHSN enrollment process established in the NHSN Facility Administrator Enrollment Guide;
 - 2.-4. (No change.)
- (d) Each authorized user shall:
 1. Complete the NHSN enrollment process established in the NHSN Facility Administrator Enrollment Guide; and
 2. (No change.)
- (e) (No change.)

8:56-2.4 Process for data collection and reporting of CDC HAI data

- (a) (No change.)
- (b) Each administrator and/or authorized user shall:
 1. Adhere to the NHSN data collection and reporting requirements established in the document entitled NHSN Facility Administrator Enrollment Guide.
 2. (No change.)
- (c) (No change.)
- (d) A health care facility shall report the required data for a calendar quarter in accordance with CMS data reporting requirements, which may be found on the internet at www.cdc.gov/NHSN/CMS/index.html.

8:56-2.6 HAI data required to be reported and access to HAI data

- (a) (No change.)
- (b) Each health care facility shall report CMS HAI data, as stated in the Department's notification, described in (c) below, that the Commissioner, in consultation with the QIAC, selects from the list of process quality measures established in the Specifications Manual for National Hospital Quality Measures (Version 5), incorporated herein by reference, as amended and supplemented.
 1. (No change.)
- (c) (No change.)
- (d) The Department's written notification, pursuant to (c) above, shall be through the following methods:
 1. Sending a notification letter or e-mail to each health care facility's chief executive officer and administrator; and
 2. Posting the notification letter or e-mail on the Department's website at <http://www.state.nj.us/health/healthcarequality>.
- (e) Each health care facility shall grant access to HAI data required by the CMS and the CDC to the New Jersey State HAI Group through the confer rights process.

8:56-2.7 Data accuracy and retention

- Recodify existing (b) and (c) as (a) and (b) (No change in text.)

SUBCHAPTER 3. UTILIZATION OF REPORTED DATA

8:56-3.1 Department use of reported data

- (a) The Department shall utilize procedures to allow appropriate comparison of the quality of care related to HAI across health care facilities that include, but are not limited to:
 1. Consideration of the number of device days to calculate device-associated infection ratios;
 - 2.-3. (No change.)
- (b) The Department shall make available to the public the results of the Department's analysis set forth in (a) above through:
 1. Inclusion of the results for general hospitals in the New Jersey Hospital Performance Report, written and published annually by the Department, and available through the following methods:
 - i. (No change.)

ii. Anyone wishing to obtain multiple copies of the New Jersey Hospital Performance Report for a fee, as provided by N.J.S.A. 47:1A-5, may send a written request to: Office of the Commissioner, Office of Health Care Quality Assessment, New Jersey Department of Health, PO Box 360, Trenton, NJ 08625-0360; or call (800) 418-1397; or

iii. Via the interactive online version of the New Jersey Hospital Performance Report available at <http://web.doh.state.nj.us/hpr>; and

2. Inclusion of the results for ambulatory surgery facilities on the Department's website at <http://www.state.nj.us/health/healthcarequality>.

HIGHER EDUCATION

(a)

HIGHER EDUCATION STUDENT ASSISTANCE AUTHORITY

Primary Care Practitioner Loan Redemption Program

Adopted Amendment: N.J.A.C. 9A:16-2.1

Proposed: December 7, 2015, at 47 N.J.R. 2903(a).

Adopted: April 19, 2016, by the Higher Education Student Assistance Authority, Anthony Falcone, Chairperson.

Filed: May 13, 2016, as R.2016 d.060, **without change**.

Authority: N.J.S.A. 18A:71C-32 et seq.

Effective Date: June 20, 2016.

Expiration Date: August 4, 2022.

Summary of Public Comments and Agency Responses:

The Higher Education Student Assistance Authority ("Authority" or "HESAA") received comments from Mishael Azam, Esq., Chief Operating Officer and Senior Manager, Legislative Affairs, Medical Society of New Jersey and Elizabeth A. Ryan, Esq., President and CEO, New Jersey Hospital Association. The comments are summarized below along with the Higher Education Student Assistance Authority's responses.

1. COMMENT: Ms. Azam advised that the Medical Society of New Jersey supports these amendments, as well as the goals of the Primary Care Practitioner Loan Redemption Program.

RESPONSE: The Higher Education Student Assistance Authority appreciates the support.

2. COMMENT: Ms. Ryan advised that while the New Jersey Hospital Association "appreciate[s] the intent of the proposed amendments to N.J.A.C. 9A:16-2.1 to permit potential participants to apply to the program before they move to New Jersey, [they] believe expanding and updating the list of eligible service locations and ensuring loan redemption priority for New Jersey-trained practitioners are more pressing program needs." She requests that the Program "give priority to New Jersey based resident physicians and other healthcare providers when awarding loan redemption[s] ..."

RESPONSE: The amendment to N.J.A.C. 9A:16-2.1(a) is made to encourage practitioners to practice in New Jersey's underserved areas and to eliminate delays in accepting participants into the Program. As Ms. Ryan stated in her comments, "the loan redemption program is a great incentive to attract and retain the best-trained healthcare professionals ..." While this amendment assists in attracting the best and the brightest in the country to New Jersey, the outreach for potential participants is focused on New Jersey medical schools. In addition, many potential practitioners attend school in New Jersey but do not establish New Jersey residency while in school. This amendment provides an incentive for potential participants to remain in New Jersey or move back to New Jersey.

3. COMMENT: Ms. Ryan recommends expanding and updating the list of eligible service locations. She recommends adding municipalities with a high percentage of households below the Federal poverty level and believes this expansion would encourage more physicians to stay in the State.

RESPONSE: Pursuant to N.J.S.A. 18A:71C-35, the Commissioner the Department of Health, after consultation with the Commissioners the

Departments of Corrections and Human Services, designates and ranks the State-designated underserved areas. The Authority is not authorized to amend the designation or rankings.

Federal Standards Statement

A Federal standards analysis is not required since the adopted amendments are not subject to any Federal requirements or standards with the exception of those governing loan redemptions Federally funded through a matching grant pursuant to the Public Health Services Act, 42 U.S.C. § 254q-1. The rules governing the Primary Care Practitioner Loan Redemption Program are consistent with the terms and conditions of contracts under the Public Health Services Act; therefore, a Federal standards analysis is not applicable.

Full text of the adoption follows:

9A:16-2.1 Eligibility

- (a) To be eligible for participation in the program, an applicant must:
1. Maintain residency in the State of New Jersey throughout participation in the program;
2. Maintain a license to practice as a primary care practitioner in the State of New Jersey throughout participation in the program;
3.-5. (No change.)

HUMAN SERVICES

(a)

DIVISION OF MENTAL HEALTH AND ADDICTION SERVICES

Pre-Placement Program

Readoption with Amendments: N.J.A.C. 10:38A

Proposed: January 19, 2016, at 48 N.J.R. 104(a).
Adopted: April 13, 2016, by Elizabeth Connelly, Acting Commissioner, Department of Human Services.
Filed: May 16, 2016, as R.2016 d.064, without change.
Authority: N.J.S.A. 30:1-12, 30:4-27.19, and 30:4-63.
Effective Dates: May 16, 2016, Readoption; June 20, 2016, Amendments.
Expiration Date: May 16, 2023.

Summary of Public Comment and Agency Response:
No comments were received.

Federal Standards Statement

A Federal standards analysis is not required because the rules readopted with amendments are not subject to any Federal requirements or standards.

Full text of the readopted rules can be found in the New Jersey Administrative Code at N.J.A.C. 10:38A.

Full text of the adopted amendments follows:

SUBCHAPTER 1. GENERAL PROVISIONS

10:38A-1.2 Definitions

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

... "Division" shall mean the New Jersey Division of Mental Health and Addiction Services.
...

SUBCHAPTER 3. PROGRAM STANDARDS

10:38A-3.1 Program standards and requirements

- (a)-(i) (No change.)
(j) Whenever a patient successfully completes a Pre-Placement with a provider, he or she shall be removed from that program status and, upon the treatment team's approval, shall be discharged from the hospital and

no longer subject to return to the hospital according to the standard contained in these rules (see (e) above). Patients who have completed the Pre-Placement Program and have been discharged from the hospital and whose subsequent behavior indicates that they require psychiatric hospitalization must be screened in accordance with the procedures and standards contained in the Mental Health Screening Law (N.J.S.A. 30:4-27.1 et seq.).

(k) (No change.)

APPENDIX

SAMPLE PPV AGREEMENT

PSYCHIATRIC HOSPITAL

PRE-PLACEMENT VISIT (PPV) PROGRAM

FACTS SHEET & PPV AGREEMENT

IMPORTANT INFORMATION ABOUT PPV's:

- 1.-10. (No change.)
11. If it appears that the client may be in need of immediate mental health intervention after s/he has been discharged from PPV status and the hospital, the home provider shall contact the local Screening Center for assistance.

PRE-PLACEMENT VISIT PROGRAM AGREEMENT

I, _____, agree to accept _____
(Provider Name) (Patient Name)
into _____
(Name and Address of Facility)

facility on a * ___-day PPV. I have been informed about the PPV program and agree to abide by its rules.

* The length of the PPV may be adjusted during the PPV considering input from the client and agreement between the Treatment Team and the housing provider.

(Signature of Provider) (Date) (Signature of Client) (Date)

(Signature of Witness/Social Worker) (Date)

CHILDREN AND FAMILIES

(b)

DIVISION OF CHILD PROTECTION AND PERMANENCY

Resource Care

Readoption with Amendments: N.J.A.C. 10:122B

Proposed: January 4, 2016, at 48 N.J.R. 22(a).
Adopted: April 12, 2016, by Allison Blake, Ph.D., L.S.W., Commissioner, Department of Children and Families.
Filed: May 16, 2016, as R.2016 d.062, without change.
Authority: N.J.S.A. 9:3A-7.f, 30:4C-4(h), and 30:4C-26.a.
Effective Dates: May 16, 2016, Readoption; June 20, 2016, Amendments.
Expiration Date: May 16, 2023.

Summary of Public Comment and Agency Response:
No comments were received.

Federal Standards Statement

The requirements in the rules readopted with amendments are not in excess of those imposed by Federal law. The rules implement various sections of Title IV-E of the Social Security Act, 42 U.S.C. §§ 671 et seq.

42 U.S.C. § 671(a)(10) requires that the State have a plan that provides for standards for foster homes, including standards for the protection of civil rights for any foster home receiving funds through Title IV-E. 42 U.S.C. § 671(a)(11) requires that the State have a plan that provides for