

- ii. Diagnoses;
  - iii. A physician's treatment plan and renewal of treatment plan every 90 days;
  - iv. Interim physician orders as necessary for medications and/or treatment;
  - v. An initial nursing assessment by a registered nurse within 48 hours of initiation of services;
  - vi. A six-month nursing reassessment;
  - vii. A nursing care plan;
  - viii. Signed and dated progress notes describing recipient's condition; and
  - ix. Evidence that recipient was given information regarding advance directives.
3. Direct supervision of the private-duty nurse shall be provided by a registered nurse at a minimum of one visit every 30 days at the recipient's home during the private-duty nurse's assigned time. Additional supervisory visits shall be made as the situation warrants.
4. Clinical records maintained in the recipient's home by the private-duty nurse shall contain at a minimum the following:
- i. Diagnoses;
  - ii. A physician treatment plan and interim orders;
  - iii. A copy of the initial nursing assessment and six month reassessment;
  - iv. A nursing care plan;
  - v. Signed and dated current nurse's notes describing the recipient's condition and documentation of all care rendered; and
  - vi. A record of medication administered.
5. Personnel files shall be maintained for all private-duty registered nurses and licensed practical nurses and shall contain at a minimum the following:
- i. A completed application for employment;
  - ii. Evidence of a personal interview;
  - iii. Evidence of a current license to practice nursing;
  - iv. Satisfactory employment references;
  - v. Evidence of a physical examination; and
  - vi. Ongoing performance evaluation.
6. On-site monitoring visits shall be made periodically by Division staff to the private-duty nursing agency to review compliance with personnel, recordkeeping and service delivery requirements.

Amended by R.1994 d.41, effective January 18, 1994.

See: 25 N.J.R. 2803(a), 26 N.J.R. 364(c).

Amended by R.1997 d.277, effective July 7, 1997.

See: 29 N.J.R. 1454(a), 29 N.J.R. 2831(a).

#### **10:60-2.10 Basis for reimbursement for Model Waiver services**

(a) A provider of private-duty nursing services and personal care assistant services shall be reimbursed by the New Jersey Medicaid program on a fee-for-service basis for services provided. Providers shall be precluded from receiving additional reimbursement for the cost of these services above the fee established by the Medicaid program.

1. All costs associated with the provision of private-duty nursing and personal care assistant services by home health agencies shall be included in the routine Medicare/Medicaid cost-reporting mechanism.

(b) The Health Insurance Claim Form, 1500 N.J., is used when billing for case management, private-duty nursing services and personal care assistant services.

1. The provider at all times shall reflect its standard charges on the Health Insurance Claim Form, 1500 N.J., even though the actual payment may be different.

(c) Home health services are billed on the UB-82 HCFA-1450 form (see Fiscal Agent Billing Supplement).

(d) See N.J.A.C. 10:60-4 for codes to be used when submitting claims for waiver services for Model Waiver Program, I, II or III.

Amended by R.1994 d.41, effective January 18, 1994.

See: 25 N.J.R. 2803(a), 26 N.J.R. 364(c).

#### **10:60-2.11 Procedures used as financial controls**

(a) Total program costs shall be restricted by limits placed on the maximum number of recipients served State-wide in each of the three programs.

(b) A case manager shall be responsible for the development of the service plan with each recipient/family and with input from the provider agencies and the Medicaid professional staff. The case manager shall be responsible for monitoring the cost of the service package.

(c) The cost of Medicaid services provided shall not exceed the cost of institutionalization for the recipient.

#### **10:60-2.12 AIDS Community Care Alternatives Program (ACCAP)**

(a) The AIDS Community Care Alternatives Program (ACCAP) is a renewable Federal waiver program which offers home and community-based services to recipients with Acquired Immune Deficiency Syndrome (AIDS) and children up to the age of five who are HIV positive.

(b) The waiver, prepared by the Division of Medical Assistance and Health Services in response to the Omnibus Budget Reconciliation Act of 1981 (P.L. 97-35) and the Omnibus Budget Reconciliation Act of 1986 (P.L. 99-509),

encourages the development of community-based services. The purpose of the program is to help eligible recipients to remain in, or to return to, the community rather than be cared for in a nursing facility or hospital setting.

(c) The program is Statewide with slots allocated to each county based upon the estimated number of AIDS recipients to be served.

(d) The Division of Medical Assistance and Health Services administers the overall program. Additionally, it has the responsibility for assessing a recipient's need for care and for determining which recipients will be served by the program.

Amended by R.1994 d.41, effective January 18, 1994.  
See: 25 N.J.R. 2803(a), 26 N.J.R. 364(c).

### 10:60-2.13 Application process for ACCAP

(a) Individuals who are not currently Medicaid eligible or recipients currently eligible for Medicaid through the Aid to Families with Dependent Children (AFDC) and who wish to apply for ACCAP, shall make application to the county welfare agency/board of social services located in the county where the individual resides.

(b) Supplemental Security Income (SSI) recipients who wish to apply for ACCAP shall make application to the appropriate Medicaid District Office serving their county of residence.

(c) Applications for children under the supervision of the Division of Youth and Family Services (DYFS) shall be initiated by DYFS.

### 10:60-2.14 Eligibility criteria

(a) Recipients eligible for ACCAP shall be:

1. Diagnosed as having AIDS, or be a child up to the age of five who is HIV positive;
2. In need of institutional care and meet, at a minimum, the nursing facility level of care criteria established by the New Jersey Medicaid Program (N.J.A.C. 10:63-1.3);
3. Categorically needy, that is, recipients who are Medicaid eligible in the community, except for those served under the Medically Needy segment of the New Jersey Care . . . Special Medicaid Programs; or enrolled in the GSHP or private HMO serving the Medicaid eligible population.
4. Optionally categorically needy, that is, recipients who have incomes which exceed the SSI community standard up to the institutional cap and have resources which fall within the institutional standard. There is no deeming of spousal income or parental income or resources in the determination of eligibility for ACCAP. While the spouse's resources are considered in the determination of eligibility, up to one-half of the total resources are protected for the use of the spouse.

i. Optionally categorically needy recipients under the age of 65 shall be determined disabled by the Social Security Administration (SSA) or by the Division of Medical Assistance and Health Services, Disability Review Section, using SSA disability criteria.

(b) Retroactive eligibility is not available to waiver recipients for those Medicaid services provided only by virtue of enrollment in the waiver program.

(c) All recipients determined to be eligible for ACCAP shall be issued a Medicaid Eligibility Identification card.

(d) In order for an applicant to be enrolled in the program, a waiver slot must be available.

Amended by R.1994 d.41, effective January 18, 1994.  
See: 25 N.J.R. 2803(a), 26 N.J.R. 364(c).

### 10:60-2.15 ACCAP services

(a) All Medicaid services, except for nursing facility services, are available under ACCAP in accord with an individualized plan of care. Additionally, the following services are available to the eligible recipient:

1. Case management: A process in which a public health nurse or social worker (MSW) in a community agency is responsible for planning, locating, coordinating and monitoring a group of services designed to meet the individual needs of the recipient being served.

i. Special Child Health Units under contract to the New Jersey State Department of Health shall provide case management services to children up to the age of 21.

ii. Recipients 21 years of age or older shall be referred to case management sites which provide case management services for New Jersey Medicaid's ACCAP.

iii. Case management shall not be provided when a recipient is in an inpatient hospital setting and the stay extends a full calendar month or beyond.

2. Private-duty nursing (PDN): Care provided by a registered professional nurse or licensed practical nurse. PDN is continuous rather than part-time or intermittent, provided in the community only, not in an inpatient hospital setting. A nurse shall be employed by a licensed home health agency, voluntary non-profit homemaker/home health aide agency, private employment agency and temporary-help service agency approved by Medicaid to provide PDN services. PDN services may be provided up to 16 hours per day, per person, but only when there is a live-in primary adult caregiver who accepts 24-hour per day responsibility for the health and welfare of the individual (see N.J.A.C. 10:60-2.9(b)2 for recordkeeping requirements) unless the sole purpose of the private duty nursing is the administration of IV therapy. A minimum of eight hours of hands-on care in any 24 hour period shall be provided by the primary caregiver.