

State of New Jersey
Department of Institutions and Agencies
Division of Welfare

BUREAU OF ASSISTANCE

REGULATION # _____

County Series No. 3

ISSUED: Feb. 15, 1952
(Date)

REV.: 8/18/54, 9/17/54, 10/54
(Date)
1/55, 3/55, 1/1/56

TITLE: Disability Assistance-Temporary Instructions

SUBJECT: _____

STATUTORY REFERENCE: R.S. 44:7-6

Revisions: Sections 15, 16 and 17

Forms ODA-26 and ODA-27

Table of Contents

Cancelled: Forms ODA-26A, ODA-26B and ODA-27A.

Henry Engel, Chief
Bureau of Assistance

Date: December 30, 1955

Approved:

By: *F. Lovell Bixby*
F. Lovell Bixby, Ph.D., Acting Commissioner

Date:



State of New Jersey

DEPARTMENT OF INSTITUTIONS AND AGENCIES

TRENTON 8

BUREAU OF ASSISTANCE
148 WEST STATE STREET

December 30, 1955

TO: COUNTY WELFARE DIRECTORS

RE: Revisions to County Series No. 3:

1. Table of Contents
2. Sections 15, 16 and 17
3. Forms ODA-26, 26A, 26B, 27, 27A, PA-4

Attached is one copy of the revisions to the above policy material for insertion in County Series No. 3. Additional copies for the use of staff are being forwarded under separate cover.

In relation to Section 16. Procedures for Patient Care in Public Medical Institutions, please note that sub-section L. "Change of Residence in Relation to Patient Care," has been deleted. This material will shortly be re-issued as new Section 28. There are, therefore, cross references throughout revised Sections 16 and 17 to the new Section 28. There will be no substantial change in the content of the current sub-section L. and you are to continue to operate as instructed therein until you receive new Section 28.

In respect to the series of Forms ODA-26 and 27, you have already been advised by letter dated December 23, 1955, which accompanied new Budget Manual Sections 325 through 325.6B, that the new Form PA-4 replaces both the ODA-26 and 27.

In revised Section 17, you will note reference to the use of Form ODA-26 (Rev. 1/56) for use in Certification for Patient Care in Family Home. This designation is replacing the previous Form ODA-26B, sample of which appears as Attachment 12. The content of the form remains unchanged. In reproducing this form for your own use please see that it is designated as Form ODA-26 (Rev. 1/56).

Furthermore, Section 24. Review of Continuing Eligibility requires use of Forms 26A and 27A for recertification of "patient status" in private and public medical institutions respectively. These two forms are hereby cancelled and attached is a sample for a new Form ODA-27 (Rev. 1/56), (Attachment 9) which hereafter shall be used in place of the former ODA-26A and 27A. Please use this sample in reproducing this form for your own use.

You are also requested to make appropriate pen and ink corrections to sub-section 4) Patient Status, of Section 24. wherever the phrases "ODA-27A" or "ODA-26A" appear so that they all read "ODA-27 (Rev. 1/56)."

To County Welfare Directors
Re Revisions to County Series No. 3

12/30/55

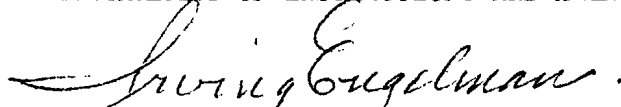
Please instruct staff to insert the new and revised material as follows:

1. Remove and destroy Table of Contents, pages I through VI and insert the revised Table of Contents, pages I through VI.
2. Remove current Sections 15, 16 and 17, pages 25 through 48 and insert the revised Sections 15, 16 and 17, pages 25 through 42. Please note that pages 43 through 48 are not in use due to this revision.
3. Remove current Attachment 8 (Sample Form ODA-27) and current Attachment 10 (Sample Form ODA-26) and insert new Attachment 8 (Sample Form PA-4). Note that there is no replacement for current Attachment 10.
4. Remove current Attachment 9 (Sample Form ODA-27A) and current Attachment 11 (Sample Form ODA-26A), and insert revised Attachment 9 (Sample Form ODA-27 - Rev. 1/56). Note that there is no replacement for current Attachment 11.
5. Make pen and ink correction on current Attachment 12 so that the designated number reads "Form ODA-26 (Rev. 1/56)."

If there are any questions about this material, please communicate with us by telephone.

Very truly yours,

DEPARTMENT OF INSTITUTIONS AND AGENCIES



Irving Engelman, Chief
Bureau of Assistance

IE/MCRd

Approved: 12/28/55
Elmer V. Andrews
Director of Welfare

State of New Jersey
Department of Institutions and Agencies
Division of Welfare-Bureau of Assistance
Trenton 8, New Jersey

Disability Assistance
Temporary Instructions
County Series No. 3

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15. ELIGIBILITY OF RESIDENTS OF INSTITUTIONS

(Note: Applies
to both O.A.A.
and D.A.)

A. Citation of Laws

1) Federal - Social Security Act amendments of 1950 to section 6 of Title I, section 1006 of Title X and section 1406 of Title XIV.

2) State - Chapter 7 of Title 44 as supplemented and amended by Chapter 139, Laws of 1951, Chapter 24, Laws of 1952, and Chapter 213, Laws of 1953.

Chapter 11 of Title 30 as amended by Chapter 211, Laws of 1952, and Chapter 212, Laws of 1953.

B. Explanation of Laws

Eligibility
in Public
Institutions

1) The assistance provisions of both federal and state law bar payments of Old Age and Disability Assistance to needy persons otherwise eligible if they are residing in public institutions generally, but permit such payments to patients in eligible public medical institutions (other than institutions or hospitals for tuberculosis or mental disease, or any institution in which the person is being cared for or treated as the result of a diagnosis of tuberculosis or psychosis.)

Federal matching of grants in such cases is conditioned on the establishment by the State agency of definitions and standards by which public medical institutions can be identified and distinguished from other public institutions, and definitions and standards by which patient status can be identified and distinguished from other types of institutional residence such as custodial care only.

Eligibility
in Private
Institutions

2) Under state law, a person residing in a private institution is not eligible for assistance unless

a. He is a patient (but not as a result of a diagnosis of tuberculosis or psychosis) in an eligible private medical institution (i.e. any approved private medical institution, excluding, however, institutions for tuberculosis or mental disease and excluding institutions coming within the definition of a hospital to which payment or distribution of funds is permitted to be made by counties or municipalities of this State pursuant to any provision of Chapter 5 of Title 44 of the Revised Statutes); or

b. He is a resident of an eligible non-medical institution;

and

c. If the institution is operated on a non-profit or charitable basis, and is a medical institution (as

referred to under a.) or is a non-medical institution (as referred to under b.) or the institution includes identified medical and non-medical sections, then the institution must also have qualified under Ruling No. 17 of the Bureau of Assistance, and the conditions of the client's presence there must meet the provisions of Ruling No. 17.

Intent of
State Law

C. Intent of State Law

It is the intent of Title 44:7, Revised Statutes, that Old Age and Disability Assistance recipients shall be cared for in so far as possible in their own or other suitable family homes. It is clear, however, that certain clients require care and services which they cannot obtain except where established standards are adhered to and special personnel and equipment available; or the client's social and emotional needs can best be met by residence in a supervised congregate living arrangement. The law recognizes these situations and provides for payments to clients who live in approved public or private institutions as specified in B., preceding.

D. Definition of Terms

The following definitions have been established by law or by the Department to meet the requirements of the law:

Institution
Defined

1) Institution

An "institution" means and includes:

a. Any group living arrangement, whether in single or multiple dwellings, whether public or private, whether incorporated or unincorporated, whether for profit or non-profit, operated at the direction of or under the management of an individual or individuals, corporation, society, association, fraternal or sectarian auspices, in which food, shelter and personal care (other than nursing care) are furnished on a continuous basis to four or more persons unrelated to the operator, or in which food, shelter and personal care including nursing care are furnished on a continuous basis to two or more persons unrelated to the operator.

or

b. Any establishment or facility already licensed or approved by the Department of Institutions and Agencies.

Examples of
Institutions

Under the terms of the above definition the following are institutions:

(1) Any asylum, home, sanitarium, sanatorium, retreat, hospital, nursing home, convalescent home, or any other

establishment or facility licensed, or approved by the Department of Institutions and Agencies to receive, care for or treat persons who are insane, suffering from mental disorders, or who are crippled, convalescent or infirm, or who are in need of obstetrical or other medical or nursing care.

(2) Any unlicensed establishment which operates under a name or title that includes any term such as hospital, nursing home, convalescent home or rest home, or which by advertisement or any other means holds out to the public that it is equipped to provide medical, nursing or convalescent care.

(3) Any unlicensed establishment known as a home for the aged and/or infirm, operated by an individual, society, association, corporation, or under fraternal or sectarian auspices.

(4) Any unlicensed establishment known as a mission or retreat in which food and shelter are furnished on a continuous basis to the residents.

(5) Any penal or correctional institution.

(6) Public or private hospitals of any kind.

(7) Rehabilitation centers or infirmaries providing in-living facilities.

(8) Any boarding or family home in which two or more persons unrelated to the operator are patients as defined in 5) of this sub-section.

(9) Any boarding home or family home in which there are four or more persons unrelated to the operator, and in which personal care other than food and shelter is provided on a continuous basis.

Examples of Facilities
Not Within the Meaning
of Institution

Under the terms of the above definition, the following are not institutions:

(1) Hotels, motels, tourist courts or rooming houses.

(2) Apartment houses, cooperative residences or cooperative residence colonies.

(3) Boarding homes or family homes in which there are fewer than four persons unrelated to the operator, provided, however, that not more than one of such persons is a patient.

(4) Boarding homes in which there are four or more persons unrelated to the operator, but which provide no care

or personal service other than food or shelter, provided, however, that not more than one of such persons is a patient.

(5) Any family home in which all members are related to each other by blood or marriage, regardless of the number of occupants.

Eligible
Public Medical
Institutions

2) Eligible Public Medical Institutions

An eligible public medical institution is any institution, or specified section thereof, within this State, which is certified by the Department of Institutions and Agencies as an approved public medical institution. Such approvals are extended to two major classes of public medical institutions:

- a. Facilities Providing Care for The Chronically Ill, and
- b. Facilities for Treating Acute Illness.

Eligible Pri-
vate Medical
Institution

3) Eligible Private Medical Institution

An eligible private medical institution is an establishment, or section thereof, within this State which is licensed under Chapter 11, Title 30, Revised Statutes (except hospitals to which payment or distribution of funds is permitted to be made by counties or municipalities of this State pursuant to any provision of Chapter 5, Title 44, Revised Statutes), or otherwise certified by the Department of Institutions and Agencies as an approved private medical institution.

Eligible Private
Non-Medical
Institution

4) Eligible Private Non-Medical Institution

An eligible private non-medical institution is any establishment (other than a public institution) which provides four or more persons unrelated to the operator with food, shelter, and personal care and which has been approved by the Department of Institutions and Agencies pursuant to the provisions of Chapter 212, Laws of 1953.

Patient
Defined

5) Patient

A patient, for purposes of these regulations, is defined as a person who, by reason of an acute or chronic illness or injury, crippling condition, state of convalescence, or infirmity, is in fact receiving or is in need of medical and nursing care on a continuous basis.

E. Certification of Institutions, Evidence of Certification

Evidence of
Certified Pub-
lic Medical
Institution

1) Eligible Public Medical Institution

Classification and certification of public medical institutions, or sections thereof, is the responsibility of the Department, exercised through the Bureau of Inspection.

Attached to this regulation is a list of certified public medical institutions which will be revised as necessary. In addition, the Bureau of Inspection regularly notifies the management of such institutions, the responsible governmental unit, the appropriate county welfare board, and the Bureau of Assistance of the status of these institutions and the approved bed capacity. Any question may be cleared with the Bureau of Assistance or the Bureau of Inspection.

Eligible Private Medical Institution

2) Eligible Private Medical Institution

Clients residing in or who wish to enter a nursing or convalescent home, or the infirmary section of any other private institutional facility, are not eligible to receive assistance payments unless evidence of Department license or approval is determined by

- a. A posted license or permit to operate in a nursing or convalescent home; or
- b. A letter of approval in a non-profit or charitable home, plus a letter of approval from the Bureau of Assistance showing qualification under Ruling No. 17;
- c. Clearance by telephone or letter with the Bureau if the institution does not appear on regularly published lists of licensed or approved institutions, or cannot show the evidence described in a. or b., above.

Eligible Private Non-medical Institutions

3) Eligible Private Non-medical Institutions

Clients residing in or who wish to enter a private non-medical institution are not eligible to receive assistance payments unless evidence of Department approval is determined by

- a. A permanent or temporary certificate or letter of approval, and
- b. In a non-profit or charitable home, a letter of approval plus a letter of approval from the Bureau of Assistance showing qualification under Ruling No. 17.

(Note: Applies
to O.A.A.
and D.A.)

16. PROCEDURES FOR PATIENT CARE IN PUBLIC MEDICAL INSTITUTIONS

A. Right to Apply

Right to
Apply

Any individual living in the certified or non-certified section of an eligible public medical institution, or who plans to enter the certified section of such institution, has the right to apply for Old Age or Disability Assistance if he believes he meets the eligibility requirements for the respective assistance program.

Registration

B. Registration of Applications

An application for assistance may be registered regardless of where the client is living at the time he applies, but if he wishes to receive assistance as a patient in a public medical institution his eligibility must be completely established, and he must be resident in the certified medical section of such institution prior to the receipt of assistance payments. (See sub-section H.)

Application
Interview

C. Plan for Application Interview

1) Residents in Eligible Public Medical Institution

When the welfare board receives an inquiry from or on behalf of an individual who is already a resident in an eligible public medical institution, the individual shall be advised of the date on which a representative of the welfare board will call to interpret the assistance program (D.A. or O.A.A. as appropriate), and to assist him in filing an application if he decides to apply. Otherwise follow the procedure set forth in section 7 of this regulation.

Non-Resident

2) Individuals Who Wish to Enter Eligible Public Medical Institution

When an inquiry or application is received from or on behalf of an individual who is not a resident of but who plans to enter an eligible public medical institution, the procedures provided in section 7 of this regulation apply.

Identification
of Patient
Status and Need
for Patient Care

D. Identification of Patient Status; Certification of Need for Patient Care

1) Applicant for Assistance

Whenever an application is registered for an individual resident in or who plans to enter an eligible public medical institution, the welfare board shall require completion of Budget Manual Form PA-4, "Authorization for Patient Care in Licensed Nursing Home or in a Public Medical Institution," by the staff physician and by the

superintendent of such institution as evidence that the applicant meets all three of the following criteria for patient status:

- a. Individual who is admitted to an eligible public medical institution, or to a certified section thereof, because of illness (other than tuberculosis or psychosis) and for whom there is planned continuing medical treatment, including nursing care, directed toward improvement in health, or for whom palliative medical measures are required though improvement in health or recovery cannot be expected;
- b. An individual who is in fact receiving professional medical treatment; and
- c. An individual who is free to leave at the conclusion of treatment, or at any other time.

2) Recipient of Assistance

Whenever an individual who is already receiving assistance is to enter an eligible public medical institution and continue to receive assistance, the welfare board shall require completion of Form PA-4.

3) Action When Form PA-4 is NOT Completed

Action When
PA-4 is NOT
Completed

- a. In any instance where the staff physician is unable or unwilling to certify on Form PA-4 that the individual does not require care and treatment for active tuberculosis, or care in an institution for mental disease, the welfare board shall deny the application, or discontinue any case already receiving assistance if the individual is to remain in the institution or is to enter the institution even though ineligible for assistance.
- b. If the staff physician fails to complete Form PA-4 for an applicant or recipient who wishes to leave a public institution and receive assistance in other than an eligible public or private medical institution the welfare board shall

(1) Refer such a D.A. case to the State Review Team for either initial determination of eligibility or review of continuing eligibility as appropriate;

(2) In an application for O.A.A. secure additional medical opinion as to the need for prolonged care and treatment in an institution for tuberculosis or mental disease. If the medical opinion confirms the need for such care the application shall be denied. Responsibility for further action in regard

to the plan for care and treatment for tuberculosis or mental condition shall rest first with the family, next with any public or private agency from which the client is already receiving assistance, or with the appropriate municipal official if he is not receiving assistance;

(3) In the case of an O.A.A. recipient secure an additional medical opinion within 30 days as to the need for care and treatment in an institution for tuberculosis or mental disease. If the additional medical opinion confirms the need for such care the client becomes ineligible for assistance beyond payment for the current month, or beyond the date of admission to an institution for tuberculosis or mental disease whichever is earlier. Responsibility for further action in regard to the plan for care shall be the same as in (2) above.

Exception: In the instance of an applicant for or recipient of OAA or DA who is diagnosed as having a mental condition other than psychosis, assistance may be granted or continued unless and until the client is admitted to an ineligible institution.

Filing of
Form PA-4

E. Filing of Form PA-4

- 1) Form PA-4 must accompany case material submitted to the State Review Team on any D.A. application.
- 2) The Form PA-4 shall be filed in the official case record of any applicant or recipient of assistance who is resident in an eligible public medical institution before payments of assistance are issued to him.
- 3) It is recommended that a second copy of Form PA-4 be completed for retention by the institution in its files.

Case
Record
Entries

F. Case Record Entries re: Certification of Institution and Patient Status

1) Applicants

In completing Form ODA-2D, Part III, Social Data Summary for new applications from individuals resident in or about to enter an eligible public medical institution, enter in Living Arrangements, a statement that the entire institution has been certified as an eligible public medical institution, or that the applicant is or will be cared for in the certified section of the institution, whichever is appropriate.

The institution, or section thereof, shall be identified by the name used on the approved list of eligible public medical institutions (Attachment No. 13).

Disability Assistance-Temp. Instructions - County Series No. 3

Note: If an applicant is resident in an ineligible institution but is to leave the institution prior to receipt of assistance, such information shall be stated clearly under Living Arrangements.

2) Recipients

If a recipient of assistance is to enter a public medical institution and continue to receive assistance, appropriate statements concerning certification of the institution and verification of patient status shall be included in the narrative report covering the new living arrangements.

Initial Medical Examination in D.A.

G. Special Procedures by Program

1) Disability Assistance-Initial Medical Examination

a. Resident in Institution

When an applicant for Disability Assistance is already a resident in an eligible public medical institution, Form ODA-2D, Part II Report of Examining Physician, shall be prepared by a staff physician of the institution without fee for such examination and/or report, regardless of whether the applicant is to remain in the institution or plans to leave the institution prior to or at the time of receipt of assistance.

b. Non-resident

When an applicant for Disability Assistance is not a resident of such institution but plans to enter one, the normal procedure for the initial medical examination as provided in Section 12 of this regulation applies.

Special Examination

c. Cost of Special Medical Examination

Any subsequent special medical examination required by the State Review Team in connection with initial determination of eligibility for either a resident or non-resident applicant is a matchable administrative expense as set forth in Section 13 of this regulation.

Certification of Need for Nursing Care D.A.

2) Certification of Need for Patient Care for

a. Recipient of Disability Assistance (non-resident)

When an individual is already receiving Disability Assistance outside an eligible public medical institution but plans to enter such an institution, a completed Form PA-4 will constitute certification of the need for patient care as well as identification as patient.

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Such a case does NOT require further review by the State Review Team for purposes of establishing eligibility to receive D.A. payments after entering the institution.

O.A.A.

b. Applicant or Recipient of Old Age Assistance

In the case of an applicant for or recipient of Old Age Assistance (regardless of whether or not he already resides in the institution) a completed Form PA-4 will constitute certification of need for patient care as well as identification as patient.

H. Procedures for Budgeting and Payment for Patients in Eligible Public Medical Institutions

1) Patient Care Rate in Eligible Public Medical Institution

Determination of Rate

Patient Care
Rate Public
Medical
Institution

The maximum allowable monthly rate which a recipient may pay for care in an eligible public medical institution, regardless of the source or sources of such payment, shall be one-twelfth the annual per capita cost established for the particular institution, or the maximum allowable rate for patient care established in the Department Categorical Assistance Budget Manual (Chapter 300), whichever is less. [The specific procedures for establishing per capita cost of the respective institutions, and the specific rates for each of such institutions will be separately published by the Bureau.]

2) Budget Allowances

Budget
Allowances

Budget allowances for clients purchasing patient care in eligible public medical institutions shall be in accord with the provisions of Chapter 300 of the Department Categorical Assistance Budget Manual.

Sections 325.6 through 325.6d of the Budget Manual specify the conditions under which allowances may be made for certain special medical services in addition to the maximum "inclusive rate" for patient care in an eligible public medical institution. Authorized allowances for such special services are provided in attachment 7 to this regulation (County Series No. 3).

3) Payment of Assistance

Initial
Payments

a. Initial Payment to Applicant

The initial payment of assistance to applicants resident in or entering an eligible public medical institution shall be made in accord with the principle of

"advance payment" and the procedures of Ruling No. 14 where applicable.

b. Payment to Recipient Entering Eligible Public Medical Institution.

The principle of "advance payment" shall also apply in respect to the payment made to a recipient at the time he enters an eligible public medical institution. Such adjusted payment shall be made in accord with the appropriate sections of Ruling No. 14.

Payment to Client

4) Method of Payment

a. Grants of assistance to recipients who are patients in eligible public medical institutions shall be by check drawn to the order of the client.

b. Whenever cash income (including contributions from relatives or others) is available to the recipient to meet a portion of the cost of patient care, the institution will generally be expected to arrange for collection of such portion from the recipient or from the source from which the income is due and payable to the recipient. However, in instances where this method proves impractical, or in which the institution is unable or unwilling to collect such income, the welfare board shall accept responsibility for collecting such income for the recipient.

Termination of Payment

5) Termination of Payment

Payments of assistance to a recipient who is purchasing patient care in an eligible public medical institution shall be continued only so long as the recipient continues in "patient status" and is otherwise eligible for either DA or OAA.

Refunds

6) Refunds by Eligible Public Medical Institution

When a recipient dies or ceases to be in "patient status" (i.e. leaves the institution or is moved to a non-certified section of the institution) prior to the last day of the month, or of other period for which he has paid for patient care in advance, the institution shall refund the unearned portion of such payment. The refund shall be calculated as follows: That percentage of the amount allowed the recipient by the welfare board (for board and care in advance) which the number of unearned days bears to 30 (unearned days calculated from the date immediately following the date of death or removal.)

Paid to Welfare Board

The institution shall pay the refund to

a. The welfare board when the recipient dies or when he loses "patient status" but remains in the institution.

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or in any instance where the recipient becomes ineligible to receive assistance whether in or out of the institution;

Paid to
Recipient

b. The recipient if he leaves the institution but continues to be eligible to receive assistance outside the institution. In this situation it is the responsibility of the welfare board to make appropriate adjustment in budget and payment to meet need in the recipient's new living arrangement, taking into account as an available resource the amount refunded to him by the institution.

Refund of
Client's
Funds to
Welfare Board

7) Refund of Funds Belonging to Recipient

a. Deceased Recipient

The institution shall also refund to the welfare board any other funds belonging to a deceased recipient (and not subject to any prior claim or lien by the institution) which were in his possession, or in the custody of the institution at the time of his death.

I. Patient Index

1) Index

For purposes of ready identification of all cases in "patient status" for the use of both the local office and Bureau representatives, the welfare board shall maintain a separate card index with the following minimum subdivisions:

- a. Patients in eligible public medical institutions.
- b. Patients in eligible private medical institutions.
- c. Patients in family homes, other than own home.
- d. Patients in own home.

This index shall be kept up to date so that at any given time current information will be available.

J. Change of Residence in Relation to Patient Care

For policy and procedures regarding "freezing of county residence" for clients purchasing patient care, patient care and medical services purchased out-of-state, etc. refer to Section 28 of this regulation.

(Note:Applies 17. PROCEDURES FOR PATIENT CARE IN ELIGIBLE PRIVATE MEDICAL INSTITUTIONS (OTHER THAN GENERAL HOSPITALS) AND IN FAMILY HOMES to OAA and DA)

A. Right to Apply

Any individual who is already a resident in an eligible private medical institution, or who wishes to enter such institution for care and treatment, has the right to apply for the program for which he believes he qualifies.

Intake
Procedures

B. Intake Procedures

The procedures set forth in Section 7 apply, except that when the welfare board receives an inquiry from or on behalf of an individual who is already resident in an eligible private medical institution, the individual shall be advised of the date on which a representative of the welfare board will call to interpret the assistance program (OAA or DA as appropriate), and to assist him in filing an application if he decides to apply.

Identifica-
tion Patient
Status Eli-
gible Private
Medical Insti-
tution

C. Identification of Patient Status; Certification of Need for Patient Care.

1) Applicant or Recipient

Whenever an applicant for or recipient of assistance (whether or not he is already resident in an eligible private medical institution) wishes to receive assistance while a patient in such institution, identification of patient status and of the need for patient care shall be accomplished by having Form PA-4 completed by the attending physician, and by the superintendent or operator of the institution.

DA Recipient

2) DA Recipient Entering Eligible Private Medical Institution

In the case of a recipient of DA who is to enter an eligible private medical institution, no further review by the State Review Team of the permanent and total disability factor is required.

3) Action When Form PA-4 is Not Completed

In any instance where the attending physician is unable or unwilling to certify on Form PA-4 that the client does not require care and treatment in an institution for tuberculosis or mental disease, the procedures in Section 16.D.3) shall apply.

Filing
Form PA-4

D. Filing Form PA-4

See Section 16.E. The same procedures apply.

Case Record
Entries

E. Case Record Entries re: Certification of Institution and Patient Status.

1) Applicants

In completing Form ODA-2D, Part III, Social Data Summary, for new applications from individuals resident in or about to enter an eligible private medical institution, enter under Living Arrangements a statement that the institution has been licensed, is operating under permit, or that applicant will reside in an approved infirmary section of the particular private institution. In the instance of a non-profit or charitable institution also state whether or not the institution has a letter showing qualification under Ruling No. 17 from the Bureau.

The institution, or section thereof, shall be identified by the name used on the approved lists of private medical institutions.

Note: If the applicant is resident in an eligible institution but is to leave the institution prior to receipt of assistance, such information shall be stated clearly under Living Arrangements.

Initial Medical
Examination in DA

F. Initial Medical Examination - Disability Assistance

In respect to applicants for DA who are residents in or who plan to enter an eligible private medical institution, the initial medical examination shall be made in accord with the provisions of Section 12, except that, if the applicant is currently resident in, but plans to leave

1) A public medical institution for the chronically ill, or a public general hospital; or

2) A State or county institution for the mentally ill, mentally deficient, or epileptic, the medical report for purposes of DA shall be prepared without fee by a staff physician of the institution.

G. Procedures for Budgeting and Payment for Patients in Eligible Private Medical Institutions

Budget
Allowances

1) Budget Allowances

Budget allowances for clients purchasing patient care in eligible private medical institutions shall be in accord with the provisions of Chapter 300 of the Department Categorical Assistance Budget Manual.

Sections 325.6 through 325.6d of the Budget Manual specify the conditions under which allowances may be made for certain special medical services in addition to the maximum

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"inclusive rate" for patient care in an eligible private medical institution. Authorized allowances for such special services are provided in attachment 7 to this regulation (County Series No. 3).

Payment;
Method;
Termination;
Refunds

2) Payment of Assistance, Method, Termination, Refunds

Follow the same principles and procedures provided in Section 16. H. 3), 4), 5), 6), and 7).

Patient
Index

H. Patient Index

See Section 16. I.

Change of
Residence

I. Change of Residence

See Section 28.

J. Procedures for Providing Patient Care Outside of Medical Institution

Nursing Care
Outside Medi-
cal Institu-
tion Eligi-
bility

1) Statement of Eligibility

No individual who is a patient as defined in Section 15 shall receive assistance in a non-medical institution or in the home of related or unrelated persons unless

a. The home is a boarding home in which not more than one individual, unrelated to the operator, is a patient (regardless of the source of such patient's support); or

b. The home is a family home in which not more than one individual, unrelated to the family, is a patient (regardless of the source of such patient's support); or

c. The home is a family home in which all members are related to each other by blood or marriage, regardless of the number of occupants.

Patient Care
in Home of
Unrelated
Persons

2) Patient Care in Home of Unrelated Persons

a. Nursing Care Rate

Rate

Whenever a client who is a patient is living, or arranges to live, in an eligible non-medical institution or in the home of unrelated persons, allowances to provide for nursing care may be included in the budget, provided that the monthly allowance for room and board plus special allowances for nursing service, shall not be greater than if the client were purchasing nursing care in a private medical institution at the maximum allowable rate, and provided either of the following conditions exist:

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(1) The operator of the home is either a registered nurse, a registered practical nurse, or a person certified by the attending physician as qualified to provide the necessary care, and is to provide the nursing service herself, or

(2) The operator arranges to hire some outside person or agency to provide the necessary nursing services and submits to the agency an itemized monthly account of the nursing services so purchased. [This does not preclude arrangements for direct submittal of bills by the vendor of the service (e.g. VNA) to the agency.]

Such services include hiring a registered nurse or practical nurse full or part-time to care for client, the services of a Visiting Nurse Association, etc.

Budget
Allowances

b. Budget Allowances in Home of Unrelated Persons

Basic and special circumstance allowances for clients receiving nursing care in eligible non-medical institutions, or in homes of unrelated persons, shall be in accord with the provisions of Ruling No. 3, Budget Manual, subject to the limitations set forth in a. of this sub-section.

Termination
of Payment:
Refunds

c. Termination of Payment: Refunds

The same principles and procedures apply as provided for individuals receiving patient care in public or private medical institutions. (See Section 16. H. 5, 6, and 7.)

Certification
for Nursing Care

d. Certification of Need for Patient Care in Home of Unrelated Persons

Whenever a patient is to receive nursing care in the home of unrelated persons, the certification of his need for such care shall be made by the attending physician on Form ODA-26 (Rev. 1/56), Certification for Patient Care in Family Home.

Filing of
Form ODA-26
(Rev. 1/56)

e. Filing of Form ODA-26 (Rev. 1/56)

Form ODA-26 (Rev. 1/56) shall be prepared in duplicate. One copy shall be filed in the case record before payments of assistance at the patient care rate are made. The duplicate shall be given to the operator, or head of the household to provide information regarding client's condition and kind of care required.

Patient
Index

f. Patient Index

See Section 16. I.

Change of
Residence

g. Change of Residence

See Section 28.

Nursing Care
in Home of
Related Persons:
Own Home

3) Patient Care in Home of Related Persons or Client's
Own Home

a. Statement of Policy

Whenever a client who is a patient is living in the home of related persons (legally responsible or non-responsible), or in his own home and requires nursing care, allowances to provide for nursing care may be included in the budget, provided that the total of all recurring allowances for both basic and special circumstance requirements is not greater than if the client were purchasing nursing care in a private medical institution at the maximum allowable patient rate; subject however, to the following additional limitation:

Care by Member
of Family Who
is Legally Re-
sponsible Rela-
tive

Where the nursing care is provided for the client by a legally responsible relative who is a member of the household, there shall be no allowance for wages to be paid to such relative. If the relative providing the care is herself in need, (as determined by the budgetary standards and allowances authorized in the Budget Manual), is not eligible for a categorical assistance program and has been refused a grant of General Assistance, an allowance may be included in the client's budget to equal the deficit in the relative's budget. Such allowance shall be entered as a recurring special circumstance requirement. However, if the relative providing the care is presumptively eligible for any assistance program and refuses to apply, no allowance for his requirements shall be included in the client's budget.

Budget
Allowances

b. Budget Allowances

Basic and special circumstance allowances for clients receiving nursing care in the home of related persons, or in his own home shall be in accord with the provisions of Ruling No. 3, Budget Manual, subject to the limitations set forth in a. of this sub-section.

Certification
for Nursing Care

c. Certification of Need for Patient Care

Whenever a client is to receive patient care in the home of related persons, or in his own home, the certification of his need for such care shall be made by the attending physician on Form ODA-26, (Rev.1/56), Certification for Patient Care in Family Home.

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Filing of
Form ODA-26
(Rev. 1/56)

d. Filing of Form ODA-26 (Rev. 1/56)

Form ODA-26 (Rev. 1/56) shall be prepared in duplicate. One copy shall be filed in the case record before payments of assistance, which include allowances for nursing care, are made. The duplicate shall be given to the person responsible for the client's care.

Patient
Index

e. Patient Index

See Section 16. I.

Change of
Residence

f. Change of Residence

See Section 28.

STATE OF NEW JERSEY
DEPARTMENT OF INSTITUTIONS AND AGENCIES
DIVISION OF WELFARE

Attachment 8

**AUTHORIZATION FOR PATIENT CARE IN A LICENSED NURSING HOME
OR IN A PUBLIC MEDICAL INSTITUTION FOR THE CHRONICALLY ILL**

To be completed by Public Assistance Agency _____

(Identify Agency)

Case Name _____ Registration No. _____

Home Address _____
Street Municipality County

Birthdate (or age) _____ Sex: M F Veteran: Yes No
(Circle correct letter) (Circle correct word)

Describe Current Living Arrangement _____

Name of Institution _____ Admission Date _____

A. CERTIFICATION OF PHYSICIAN

THIS IS TO CERTIFY THAT THE ABOVE NAMED INDIVIDUAL REQUIRES PATIENT CARE IN A LICENSED NURSING HOME OR PUBLIC MEDICAL INSTITUTION FOR THE CHRONICALLY ILL BECAUSE:

1. **DIAGNOSIS** (Complete) _____

2. **DEGREE OF INCAPACITY** (Please Check each Applicable Item Below)

BEDRIDDEN

AMBULATORY

_____ Bedfast & Helpless _____ Entirely Independent _____ With Other-Specify _____
_____ Sits up in bed _____ Only with Wheelchair _____ Only from Bed to Chair
_____ With Aid of Appliances _____ Without Help

3. **EATING**

4. **CONTINENCE STATUS**

5. **MENTAL STATUS**

_____ Feeds Self Unaided _____ Continent _____ Clear
_____ Needs Constant Help to Eat _____ Partially Incontinent _____ Confused occasionally
_____ Partial Help to Eat _____ Incontinent _____ or part of the time
_____ Requires Special Diet _____ Confused most of the time

6. **NURSING CARE AND SERVICES NEEDED**

_____ Hypodermic Injections _____ Oral Medication _____ Daily Enemas
_____ Dressings _____ External Medication _____ Change Bed Position
_____ Temperature and/or Pulse Record _____ Bed Baths Only _____ Rubs and Massages
_____ Catheterization

7. **CHARACTERISTICS OF MAJOR DISABILITY**

_____ Static or Stable _____ Progressive _____ Improving

8. **Is Patient now receiving any Medication or Treatment?** (If so, give details) _____

9. **Is Surgery or Other Therapy contemplated?** (If so, give details) _____

10. **Is continued patient care in N. H. or P. Med. Inst. necessary?** (Check ✓) YES _____ NO _____

11. **Is future discharge contemplated?** (Check ✓) YES _____ NO _____

12. **Could this patient be adequately cared for now in Boarding Home?** YES _____ NO _____

His own Home? YES _____ NO _____ Other facility (describe) _____

13. () 1. *I further certify that in my opinion this individual does not require care and treatment for active tuberculosis.*

() 2. *Does not require care and treatment for a mental disease, defect or impairment in an Institution for the mentally ill or mentally deficient.*

_____ M. D.

_____ Date

B. STATEMENT OF INSTITUTION

THIS IS TO CERTIFY THAT:

1. *the individual named above entered this institution voluntarily on _____ and is free to leave at any time upon his own decision;* Date

2. *the individual will receive continuous medical treatment and nursing care in the section of this institution certified for the care of the chronically ill until and unless he is no longer in need of such care;*

3. *the portion of the monthly assistance payment to the individual which exceeds the allowable monthly inclusive rate due the institution, will be available to the individual for his unrestricted use - and that if any funds belonging to the individual are held in safe keeping by the institution, a current identifiable account will be maintained and be open for inspection by the individual and by representatives of the public assistance agency;*

4. *if the individual dies, or leaves, or is to leave the institution, or is moved from the certified to an un-certified section of the institution the public assistance agency will be notified promptly; and that*

5. *if the individual dies, or leaves, or is moved from the certified to a non-certified section prior to the last day of any calendar month, or of other period for which payment has been received in advance, the institution will refund the unearned portion of such payment, the refund to be calculated as follows:*

that percentage of the amount allowed the individual by the public assistance agency (for patient care in advance) which the number of unearned days bears to 30 (unearned days calculated from the day immediately following the date of death or removal);

a) *the refund will be made to the public assistance agency for any individual who dies or who is removed from the certified to a non-certified section of the institution, or in any instance of an individual who becomes ineligible to receive assistance;*

b) *the refund will be made to the individual if he leaves the institution but is to continue to receive assistance outside the institution.*

6. *and that the institution will also refund to the public assistance agency any other funds of a deceased individual (and not subject to any prior claim or lien by the institution) which were in his possession or in the custody of the institution at the time of his death, and that refund of any such funds will be made to any individual who leaves the institution.*

DATE _____

SUPERINTENDENT

NAME OF INSTITUTION

ADDRESS

Form ODA-27
(Rev. 1/56)
Attachment 9

State of New Jersey
Department of Institutions and Agencies
Division of Welfare - Bureau of Assistance

RECERTIFICATION OF PATIENT STATUS
IN LICENSED NURSING HOME OR PUBLIC
MEDICAL INSTITUTION FOR CHRONICALLY ILL

From: _____
(Name of Institution)

To: _____ County Welfare Board County Registration
No. _____

Name of Patient _____
(First) (Middle) (Last)

THIS IS TO CERTIFY THAT:

the above named individual continues to receive medical treatment and
nursing care in the certified medical section of this institution.

Date _____

Operator or Superintendent

THIS IS TO CERTIFY THAT:

the above named individual continues to need medical treatment and
nursing care for the following disease(s), defect(s) or impairment(s):

DIAGNOSIS: Primary _____

Secondary: _____

- I further certify that in my opinion this individual
() does not require care and treatment for active tuberculosis;

() does not require care and treatment for a mental disease,
defect or impairment in an institution for the mentally ill
or mentally deficient.

Date _____

Staff Physician