

CHAPTER 166

PEDIATRIC MEDICAL DAY CARE SERVICES

Authority

N.J.S.A. 30:4D-6b(12), 6b(17), 7, 7a, 7b, 7c and 12; Reorganization Plan 001-1996; 42 U.S.C. § 1396a; and 42 CFR 440.90.

Source and Effective Date

R.2009 d.346, effective November 16, 2009 (operative April 1, 2010). See: 40 N.J.R. 6328(a), 41 N.J.R. 4257(a).

Chapter Expiration Date

In accordance with N.J.S.A. 52:14B-5.1b, Chapter 166, Pediatric Medical Day Care Services, expires on November 16, 2016. See: 43 N.J.R. 1203(a).

Chapter Historical Note

Chapter 87, Pediatric Medical Day Care Services, was adopted as new rules by R.2009 d.346, effective November 16, 2009 (operative April 1, 2010). See: Source and Effective Date.

Chapter 87 of Title 8, Pediatric Medical Day Care Services, was recodified as Chapter 166 of Title 10 by administrative change, effective June 16, 2014. As a part of the recodification, administrative changes were made throughout concerning cross-references, agency names and addresses, and the elimination of text rendered redundant or moot by the transfer of authority. See: 46 N.J.R. 1643(a).

CHAPTER TABLE OF CONTENTS

SUBCHAPTER 1. GENERAL PROVISIONS

- 10:166-1.1 Purpose and scope
- 10:166-1.2 Definitions

SUBCHAPTER 2. PROVIDER PARTICIPATION IN MEDICAID AND PROVIDER SANCTIONS AND REMEDIES

- 10:166-2.1 Standards for provider participation in Medicaid
- 10:166-2.2 Evaluation of provider and quality assurance
- 10:166-2.3 Sanctions and remedies
- 10:166-2.4 PMDC facility fair hearings and informed dispute resolution

SUBCHAPTER 3. PROCEDURES FOR DETERMINING CLINICAL ELIGIBILITY FOR PMDC

- 10:166-3.1 Functional assessment of Medicaid beneficiaries
- 10:166-3.2 PMDC clinical eligibility for Medicaid beneficiaries receiving private-duty nursing
- 10:166-3.3 PMDC clinical eligibility for Medicaid beneficiaries being discharged from a neonatal intensive care unit
- 10:166-3.4 Procedure for referral to and authorization of PMDC
- 10:166-3.5 Fair hearing for Medicaid beneficiaries who are denied PMDC

SUBCHAPTER 4. BASIS OF PAYMENT

- 10:166-4.1 Reimbursement rate
- 10:166-4.2 Billing codes

SUBCHAPTER 5. PMDC SERVICES

- 10:166-5.1 General provisions
- 10:166-5.2 PMDC facility services

SUBCHAPTER 6. FINANCIAL REPORTING

- 10:166-6.1 Cost report preparation and timing of submission
- 10:166-6.2 Financial statements
- 10:166-6.3 Audit

APPENDIX A. PRIMARY HEALTH CARE PROVIDER REPORT ON MEDICAID BENEFICIARY

APPENDIX B. PEDIATRIC MEDICAL DAY CARE FACILITY COST REPORT

SUBCHAPTER 1. GENERAL PROVISIONS

10:166-1.1 Purpose and scope

(a) The purpose of this chapter is to provide standards for Medicaid reimbursement and Medicaid clinical eligibility for pediatric medical day care (PMDC) services.

1. PMDC is a program that provides medically necessary services in an ambulatory care setting to children who reside in the community and who, because they are technology-dependent and/or medically complex, require continuous rather than part-time or intermittent care of a registered professional nurse in a developmentally appropriate environment and whose needs cannot be met in a regular day care or pre-school handicapped program.

(b) This chapter applies to children who are Medicaid beneficiaries applying for authorization or reauthorization to participate in PMDC.

(c) This chapter applies to PMDC facilities that seek to participate in and receive reimbursement for providing PMDC services and to maintain their active Medicaid provider status.

10:166-1.2 Definitions

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

“Administrator” means a PMDC facility administrator appointed pursuant to N.J.A.C. 8:43J-3.1.

“Advanced practice nurse” means “advanced practice nurse” pursuant to N.J.A.C. 8:43J-1.2.

“Asthma Guidelines” means the Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma, Full Report 2007 of the National Heart, Lung, and Blood Institute of the National Institutes of Health, US Department of Health and Human Services, 2007 edition, incorporated herein by reference, as amended and supplemented, available at <http://www.nhlbi.nih.gov/guidelines/asthma/asthgdln.htm>.

“Average daily census” means the total units of service billed by a PMDC facility per calendar quarter divided by the total number of days during the same calendar quarter in which a PMDC facility was open for operation.

“Business day” means any day other than a Saturday or a Sunday, and any day other than a day designated as a holiday by the Federal government or the State of New Jersey.

“Calendar quarter” means a period of three consecutive months within a calendar year, beginning on January 1 and ending on March 31; beginning on April 1 and ending on June 30; beginning on July 1 and ending on September 30; or beginning on October 1 and ending on December 31.

“Child” means an individual aged birth through the last day prior to his or her sixth birthday.

“Class III medical device” means a medical device that the Food and Drug Administration has categorized as “class III” pursuant to 21 CFR 860.3.

“CMS” means the Centers for Medicare and Medicaid Services, a United States Federal agency within the Department of Health and Human Services, which administers Medicare, Medicaid and the State Children’s Health Insurance Program.

“Cost report” means a document that contains PMDC facility information, such as facility characteristics, utilization data, cost and charges by cost center (in total and for Medicaid) and financial statement data prepared in accordance with N.J.A.C. 10:166-6.1.

“Department” means the New Jersey Department of Human Services.

“Device” means a device as that term is defined at Section 201(h) of the Federal Food, Drug and Cosmetic Act, 21 U.S.C. §321(h).

“Division” means the Office of Community Choice Options in the Division of Aging and Community Services of the Department, for which the contact information is as follows: Office of Community Choice Options, Division of Aging Services, NJ Department of Human Services, PO Box 807, Trenton, NJ 08625-0807, telefacsimile: (609) 984-3897.

“Facility” means a pediatric medical day care facility.

“Family” means individuals who are related by blood, marriage, civil union, domestic partnership or a legal process.

“Financial statement” means a formal statement of the financial status and net worth of a PMDC facility, setting forth and classifying assets, liabilities, revenue, expenses, sources and uses of funds, statement of changes in fund balance or net worth and notes as of a specified date prepared in accordance with N.J.A.C. 10:166-6.2.

“Fiscal agent” means an entity that processes and adjudicates provider claims on behalf of programs administered in whole or part pursuant to N.J.A.C. 10:49.

“Fiscal year” means the New Jersey State government’s accounting year, which begins July 1 and ends June 30.

“Functional assessment” means an evaluation of a Medicaid beneficiary’s health status performed by professional staff designated by the Department in accordance with N.J.A.C. 10:166-3.1.

“Inflation adjustment factor” means a figure used to adjust for inflation between the establishment date of the base reimbursement rate and the prospective rate period.

“Initial plan of care” means an “initial plan of care” pursuant to N.J.A.C. 8:43J-1.2.

“Interdisciplinary plan of care” means an “interdisciplinary plan of care” pursuant to N.J.A.C. 8:43J-1.2.

“Interdisciplinary team” means “interdisciplinary team” pursuant to N.J.A.C. 8:43J.

“Licensed nursing staff member” means a registered professional nurse and/or a licensed practical nurse under the employ of a facility.

“Licensed practical nurse” or “LPN” means a “licensed practical nurse” or “LPN” pursuant to N.J.A.C. 8:43J-1.2.

“Medicaid” means medical assistance provided under a State plan approved under Title XIX of the Social Security Act or otherwise authorized under Title XIX or Title XXI of the Social Security Act, including Medicaid Waiver programs authorized under sections 1115 and/or 1915 of the Social Security Act.

“Medicaid Administration Manual” means N.J.A.C. 10:49.

“Medicaid beneficiary” means a child whom the county board of social services has determined to be financially eligible to participate in Medicaid.

“Medical director” means “medical director” pursuant to N.J.A.C. 8:43J-1.2.

“Medically complex child” means a child who exhibits a severity of illness that requires ongoing skilled nursing intervention.

“Medication administration” means “medication administration” pursuant to N.J.A.C. 8:43J-1.2.

“Neonatal intensive care unit” or “NICU” means “neonatal intensive care unit” pursuant to N.J.A.C. 8:43J-1.2.

“Nursing director” means a “nursing director” pursuant to N.J.A.C. 8:43J-7.