

CHAPTER 94

**PREVENTION SERVICES PROGRAM OF
THE COMMISSION FOR THE BLIND
AND VISUALLY IMPAIRED**

Authority

N.J.S.A. 30:1-12, 30:6-1 et seq. and 52:14B-3(1) et seq.

Source and Effective Date

R.2007 d.316, effective September 20, 2007.
See: 39 N.J.R. 2184(a), 39 N.J.R. 4399(a).

Chapter Expiration Date

In accordance with N.J.S.A. 52:14B-5.1.c(2), Chapter 94, Prevention Services Program of the Commission for the Blind and Visually Impaired, expires on March 19, 2015. See: 46 N.J.R. 2059(a).

Chapter Historical Note

Chapter 94, formerly Medicaid Only Manual, was recodified as N.J.A.C. 10:71, effective March 16, 1987. See: 19 N.J.R. 466(e).

Chapter 94, Prevention Services Program of the Commission for the Blind and Visually Impaired, was adopted as new rules by R.2002 d.139, effective May 6, 2002. See: 33 N.J.R. 2070(a), 34 N.J.R. 1717(a).

Chapter 94, Prevention Services Program of the Commission for the Blind and Visually Impaired, was readopted as R.2007 d.316, effective September 20, 2007. See: Source and Effective Date. See, also, section annotations.

In accordance with N.J.S.A. 52:14B-5.1b, Chapter 94, Prevention Services Program of the Commission for the Blind and Visually Impaired, was scheduled to expire on September 20, 2014. See: 43 N.J.R. 1203(a).

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SUBCHAPTER 1. OVERVIEW OF PREVENTION SERVICES

10:94-1.1 Purpose and scope

(a) This chapter contains the rules of the Commission for the Blind and Visually Impaired regarding the prevention services program. The goal of this program is to save sight and restore vision whenever it is medically possible. Blindness and vision loss can be prevented with proper medical eye care. To this end, the Commission for the Blind and Visually Impaired conducts and sponsors a variety of educational programs and eye health screenings throughout the State in order to detect vision problems.

(b) Prevention services provided under this program include, but are not limited to, the following:

1. Eye health nursing services;
2. Emergency services;
3. Provision of optical aids or devices and ocular prosthesis;
4. Provision of equipment, medical aids and devices;
5. Out patient hospital and surgical services;
6. General vision screening;
7. Migrant screening;
8. Mobile eye unit program;
9. Pre-school vision screening;
10. Diabetic program; and
11. Low vision program.

(c) The individual services plan (ISP) shall be the mechanism the Commission for the Blind and Visually Impaired will utilize in developing the eye health services to be provided, and is designed to ensure client participation in the development of this plan.

10:94-1.2 Definitions

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

“Approved hospital” means a hospital that:

1. Is licensed as a general hospital by the State of New Jersey (when only a specific identifiable part of a multi-service institution is licensed, only the section licensed is considered a qualified provider);
2. Is qualified to participate under Title XVIII of the Social Security Act, or is determined currently to meet the requirements for such participation and has in effect a hospital utilization review plan applicable to all patients who receive medical assistance under Title XIX;
3. Is accredited by the Joint Commission on Accreditation of Hospitals (JCAH) or by the Committee on Hospitals of the American Osteopathic Association; and
4. Has signed an agreement to participate and abide by the rules and regulations of the health services program.

Hospitals outside the State of New Jersey must meet conditions specified in paragraphs 2 and 3 above and be licensed by the appropriate agency under the laws of the respective state. This definition applies to institutions licensed as a general hospital.

“CBVT” means the Commission for the Blind and Visually Impaired.

“Custom made glasses” means any spectacles, which are prismatic, bonded or drilled.

“Good cause” means substantial reason; one that affords a legal excuse; legally sufficient ground or reason.

“Inpatient hospitalization” means treatment of a person registered for hospital bed occupancy in an approved hospital.

“Low vision” means reduced visual acuity and/or abnormal visual fields from a disorder in the visual system.

“Low vision client” means an individual with an eye disorder, which reduces visual performance and cannot be corrected by conventional methods.

“Low vision follow-up examination” means examinations provided to clients with aids, to monitor progress and problems.

“Low vision service” means a series of comprehensive tests, evaluations and multidisciplinary referrals provided for the low vision patient, which has as its objective a prescription of low vision aids and instruction/training programs to enhance the low vision patient’s performance.

“Needy patient” means a client in need of medication who does not have any coverage for the purchase of same.

“Optical or accessory low vision aids” means devices which rely on the use of lenses and include spectacles prescribed as low vision physical comfort. This category includes lamps, reading stands and other such devices and light absorbing lenses, for example, NOIR glasses.

“Outpatient hospitalization or same day procedures” means treatment of a person registered in the outpatient department in an approved hospital or free standing clinic in order to obtain services other than those requiring bed occupancy as an inpatient.

“Projection or electronic low vision aids” means devices, which employ projective (for example, view scan, overhead projector) or electronically based (for example, closed circuit television) methods in order to magnify printed material.

SUBCHAPTER 2. EYE HEALTH NURSING PROGRAM**10:94-2.1 Eye health services**

(a) Eye health services include a wide range of services designed to meet the medical and health care needs of clients.

(b) Persons in need of eye health and medical care who meet the established visual and residency criteria shall be eligible for eye health services pursuant to N.J.A.C. 10:91-2.1 and 2.6.

(c) Eye health services shall be available to persons who do not meet the visual criteria, if surgery, diagnostic intervention, and/or ophthalmologic treatment will prevent serious vision loss, and is recommended by a medical specialist.

(d) The Commission’s eye health nurse shall render the services in (d)1 through 14 to clients. The eye health nurse shall:

1. Assess individual client needs and community health resources that can address those needs;
2. Develop individual service plans to meet client’s needs;
3. Establish linkages with the appropriate health service providers and arrange or assist clients in arranging the needed service such as:
 - i. Locating health care providers;
 - ii. Locating sources of transportation to health care providers; and
 - iii. Investigating the availability of financial assistance such as similar benefits;
4. Apply knowledge and experience to monitor health care to attain the appropriate medical intervention and to prevent complications;

5. Oversee the provision of health related services and assess outcome and client's changing needs;

6. Work in conjunction with other service providers that can best address client's needs;

7. Provide counseling and support to clients and their families;

8. Provide health education to clients and families on client's eye disorder and disease progression, diet, medication, care, treatment and expected outcome;

9. Make pre-and post-operative home visits, and offer guidance to maintain health;

10. Teach and demonstrate the use of optical aids and devices;

11. Undertake follow-up responsibilities with clients to ensure proper use of low vision aids;

12. Assist in making arrangements for needed surgery and hospitalizations, as appropriate;

13. Provide in-service training to community agencies, programs and organizations on eye health issues, treatment and Commission services; and

14. Provide evaluation and instruction in the use of adaptive health equipment.

Amended by R.2007 d.316, effective October 15, 2007.

See: 39 N.J.R. 2184(a), 39 N.J.R. 4399(a).

In (c), inserted " , diagnostic intervention,".

10:94-2.2 Emergency services

(a) The determination of an eye emergency, for example, acute glaucoma, retinal detachment, ruptured globe or lacerated lid, or sudden loss of vision, shall be made by a physician.

(b) The Commission for the Blind and Visually Impaired shall pay for emergency surgery at a freestanding same-day surgical center if all of the following conditions are met:

1. The Commission is notified prior to the surgery being performed, or during the time that the patient is at the surgical center if it is a medical emergency;

2. The patient is subsequently determined to be eligible for assistance from the Commission pursuant to N.J.A.C. 10:91-2.1 and 2.6; and

3. If the particular surgical procedure is not listed on the Commission's medical fee schedule (see N.J.A.C. 10:91-7.1), caseworkers should follow the procedures outlined in N.J.A.C. 10:91-7.1(c).

(c) CBVI shall not pay hospitalization cost.

(d) If client's surgery must take place at a hospital as inpatient, clients shall be advised to apply to the hospitals

indigent program for the cost of the same (see N.J.A.C. 10:94-2.5(a)).

(e) Caseworkers shall advise surgical centers and physicians of the conditions listed in (b) above as soon as emergency patients are referred to them.

(f) There shall be no payment for surgeries which have occurred prior to the Commission's authorization for payment, except as the conditions of emergency surgery, described in (b) above apply.

(g) When an emergency occurs at a time that Commission offices are closed, surgical centers or physicians shall fax to the appropriate regional office, the patient's name, address, telephone number, eye information, recommended treatment and need for financial assistance with emergency surgery. Regional office fax numbers are as follows: Northern Region-Newark—973-648-7674 (Bergen, Hudson, Essex, Morris, Passaic, Sussex, Warren); Central Region-Toms River—732-255-0949 (Hunterdon, Mercer, Middlesex, Monmouth, Ocean, Somerset, Union); and Southern Region-Camden—856-614-3075 (Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Salem). In addition, surgical centers or physicians shall follow-up with a phone call to the appropriate regional office on the next business day. Regional office phone numbers are as follows: Northern Region-Newark—973-648-2111; Central Region-Toms River—732-255-0720; and Southern Region-Camden—856-614-3000.

(h) The Commission shall assist eligible clients with eye medication as follows:

1. The Commission shall pay for any pharmaceutical prescription for the purpose of treatment of ocular disease only one time, covering up to a three-month supply per prescription. The financial need standard shall apply pursuant to N.J.A.C. 10:91-3;

2. Clients shall be referred to other resources, such as Medicaid, Pharmaceutical Assistance for the Aged and Disabled (PAAD) New Jersey Family Care, or a "needy patient" service of a pharmaceutical company; and

3. Medication shall always be sent to a client's doctor, never to a client directly or to any other party in instances where a client receives "needy patient" service from a pharmaceutical company.

(i) The Commission shall pay for emergency transportation for eye care for eligible clients by the least costly, suitable conveyance in the absence of other immediately available resources. Clients shall be referred by caseworkers to other resources, such as Medicaid, New Jersey Family Care, Commission or community volunteer services or county para-transits, for assistance.

Amended by R.2007 d.316, effective October 15, 2007.

See: 39 N.J.R. 2184(a), 39 N.J.R. 4399(a).

In (a), substituted "ruptured" for "lacerated" preceding "globe" and inserted "lacerated" preceding "lid"; and in (h)1, inserted "pharmaceutical" and "for the purpose of treatment of ocular disease".

10:94-2.3 Provision of optical aids or devices and ocular prostheses

(a) An optical aid or device shall be deemed to be a lens, lens combination, prism, mirror, or electro-optical instrument, which, by virtue of its optical properties, raises the patient's level of visual performance. Eligibility for an optical aid or device shall be established as specified in N.J.A.C. 10:91-2.1.

(b) Eyeglasses shall be purchased for eligible clients as specified in (a) above. In addition, New Jersey residents who demonstrate financial need and have no other means to purchase corrective eyeglasses and whose corrected visual acuity is 20/70 or less, shall be provided eyeglasses under the follow-up procedures of Project Prevention (see N.J.A.C. 10:94-3.1(a)) as long as funds are available.

(c) Wavelength-specific photo-chromatic lenses shall be purchased in cases of severe photophobia and abnormal light/dark adaptation, resulting in cases such as, but not limited to, retinitis pigmentosa, diabetic retinopathy, maculopathies, and uveitis.

(d) Contact lenses, cases for which shall be individually reviewed and approved by the Commission's regional or Statewide office and the Commission's administrative medical consultant, shall be purchased for eligible clients as follows:

1. In cases of keratoconus;
2. In cases of monocular aphakia to restore single binocular vision;
3. In cases of binocular aphakia, where employability or other significant factors may be present; and
4. In cases of aphakia or surgical aphakia, when an intraocular lens could not be implanted.

(e) Ocular prostheses, that is, artificial eyes, shall be purchased for eligible clients upon the recommendation of the examining ophthalmologist. Replacement of an ocular prosthesis may be made after a five-year period or sooner, and shall be approved by the Commission's administrative medical consultant.

(f) Payment by the Commission for eyeglasses, contact lenses and/or ocular prostheses shall be made according to the fee schedule amounts specified in N.J.A.C. 10:91-7.1.

Amended by R.2007 d.316, effective October 15, 2007.
See: 39 N.J.R. 2184(a), 39 N.J.R. 4399(a).

Rewrote (c); in the introductory paragraph of (d), inserted ", cases for which shall be individually reviewed and approved by the Commission's regional or Statewide office and the Commission's administrative medical consultant,"; in (d)2, deleted "and" from the end; in (d)3, substituted "; and" for ". These cases shall be individually reviewed and approved by the Commission's regional or Statewide office and the Commission's administrative medical consultant."; and added (d)4.

10:94-2.4 Provision of equipment, medical aids and devices

(a) Medical aids and devices shall be used by staff to assess and evaluate a client's ability or potential to learn to use medical aids and devices safely and independently and to train clients to meet medical needs safely and independently.

(b) Eye health nurses shall carry the following equipment to be used in the assessment, evaluation, and/or training of clients to meet medical needs and shall provide this equipment to clients as needed on an emergency basis:

1. A blood pressure gauge kit;
2. A variety of adaptive medical equipment; and
3. Syringes.

(c) Before any medical aid or device is provided to a client, the caseworker shall secure written approval from the client's physician.

(d) The initial purchase of medical aids and devices provided to a client shall not be subject to the Commission's financial need standard. The Commission's financial need standard shall apply to any subsequent purchase of additional, non-replacement, medical aids and devices required by clients pursuant to N.J.A.C. 10:91-3.

(e) Equipment, which replaces equipment already provided to a client, shall be the responsibility of the client to purchase. The Commission may order such equipment for a client, or the appropriate ordering information may be given to a client to order directly.

(f) If a client is financially unable to purchase an item, application may be made to the Client Assistance Fund as specified in N.J.A.C. 10:91-4.3(a) 15. Checks from the Fund shall be made payable to the vendor furnishing the equipment.

10:94-2.5 Hospital and surgical procedures

(a) A client must apply for charity care in a hospital, whether in-or out-patient. The Commission for the Blind and Visually Impaired does not cover hospital costs except for freestanding, same-day surgical centers.

(b) The surgeon's fee to be authorized is obtained from the Commission's fee schedule (see N.J.A.C. 10:91-7.1).

(c) The assistant surgeon's fee, if authorized, shall be determined by multiplying the surgeon's fee by 15 percent and must be approved by the Commission's administrative medical consultant.

(d) The anesthesiologist's fee shall be determined by multiplying the surgeon's fee by 20 percent.

(e) Other fees (not listed in the fee schedule) shall be obtained directly from the service provider by the case-worker, subject to approval by the Commission's administrative medical consultant (see N.J.A.C. 10:91-7.1(c)).

Amended by R.2007 d.316, effective October 15, 2007.
See: 39 N.J.R. 2184(a), 39 N.J.R. 4399(a).

In (c), substituted " , if authorized," for "to be authorized".

SUBCHAPTER 3. VISION SCREENING AND EYE EXAMINATION PROGRAMS

10:94-3.1 Vision screening and eye examination outreach program

(a) The Commission for the Blind and Visually Impaired has a historic commitment to providing eye disease prevention services. A major component of these efforts are the Commission's four vision screening and eye examination outreach programs:

1. Migrant Eye Screening Program (see N.J.A.C. 10:94-3.3);
2. On-site Eye Examination Unit Program (see N.J.A.C. 10:94-3.4);
3. Pre-school Vision Screening Program (see N.J.A.C. 10:94-3.5);
4. Diabetic Eye Disease Detection Program (see N.J.A.C. 10:94-3.6);

(b) The programs in (a) above are centralized under a Statewide umbrella program called "Project Prevention." These programs are coordinated out of CBVI's Statewide office in Newark at 153 Halsey Street on the seventh floor and can be accessed by calling 973-648-7400 or by written request to the fax number 973-648-3155.

Amended by R.2007 d.316, effective October 15, 2007.
See: 39 N.J.R. 2184(a), 39 N.J.R. 4399(a).

In (a)1, inserted "Eye", in (a)2, substituted "On-site" for "Mobile"; and in (b), substituted "seventh" for "fifth".
Administrative correction.
See: 40 N.J.R. 726(a).

10:94-3.2 Vision screening, eye examination and target populations

(a) Vision screening and examination programs shall be scheduled annually at various screening sites throughout the State and shall be designed to cover all 21 counties.

(b) Vision screening and examination programs shall be conducted by a prevention screening team which consist of a Commission Field Representative Eye Health, who is a certified vision screener (adult or pre-school) and/or a contract certified vision screener (adult or pre-school) and a contract eye doctor (see N.J.A.C. 10:94-3.10). The need for a contract eye doctor or a contract certified vision screener is determined by the Commission's Coordinator of Prevention Services or designee.

(c) Contract eye doctors are paid as set forth in N.J.A.C. 10:94-3.9.

(d) Contract certified vision screener services are purchased at the rate of a range of \$18.00 - \$30.00 using the procedure set forth in N.J.A.C. 10:91-5.4.

(e) The target populations, which are established based on current Federal census estimates, shall be served as follows:

1. Primary target areas having municipalities with more than 20 percent poverty or having a minority population in excess of 3,000 and 10 percent poverty; and
2. Secondary target areas having municipalities with more than 10 percent poverty population.

Amended by R.2007 d.316, effective October 15, 2007.
See: 39 N.J.R. 2184(a), 39 N.J.R. 4399(a).

In (d), substituted "a range of \$18.00 - \$30.00" for "\$25.00".

10:94-3.3 Migrant eye screening program

(a) The migrant-eye screening program (MSP) is a Federally-funded eye examination and follow-up service that shall be provided, in conjunction with the New Jersey Department of Education, to migrant laborers and their families.

(b) To qualify as migrant laborers, the migrant laborer shall:

1. Reside in the community for five years or less;
2. Be employed in the agricultural production of food; and
3. Relocate due to employment.

(c) The Commission's responsibilities for service provision shall be:

1. To provide the eye doctor and necessary equipment to perform the examinations;
2. To provide testing for visual acuity and eye pathology, including refraction, ophthalmoscopy, external examination, and tonometry, if warranted;
3. To screen a minimum of 30 persons per session; and
4. To accept as referrals for Commission for the Blind and Visually Impaired services persons with serious sight limitations and other eye disorders.

(d) The school district's responsibilities for service provision for children of migrant laborers shall be:

1. To provide a quiet room, at least 10 feet long, able to be darkened, equipped with electrical outlets, two extension cords, three tables, two chairs, and a separate waiting room with approximately 10 chairs;
2. To obtain written consent from parents of all students scheduled to be examined and to explain that cycloplegic drops may be used;

3. To provide personnel to assist in escorting the students to and from the examination room;

4. To provide students with transportation to the examination site as needed; and

5. To provide follow-up for those students in need of further eye treatment and to purchase glasses, when the eye doctor indicates the need for all students not covered by Medicaid or other insurance.

(e) The Commission's MSP coordinator shall identify migrant children to be examined based on the following criteria:

1. Students who have never been examined by an eye doctor;

2. Students found by a school nurse to have a vision problem, or symptoms of eye problems;

3. Students recommended for follow-up examinations by the MSP eye doctor;

4. Students who had mild symptoms recorded on their previous eye report; and

5. Students who have and/or wear glasses.

(f) The MSP eye doctor's responsibilities for service provision shall be:

1. To perform eye examinations and write prescriptions, as appropriate;

2. To complete the Commission's eye report form for each student examined;

3. To complete and sign a letter of notification to parents and teachers for each student who receives eye drops; and

4. To explain examination results and recommended follow-up to school personnel, as needed.

(g) The school nurse or liaison's responsibilities following completion of a screening program shall be:

1. To provide follow-up services to ensure that students receive recommended treatment; and

2. To provide the Commission's MSP coordinator with the following information for each student in need of follow-up:

i. The follow-up date of the eye doctor's appointment;

ii. The name and address of eye doctor; and

iii. The results of the follow-up examination and treatment, if any.

(h) The Commission's MSP coordinator's responsibilities following completion of a screening program shall be:

1. To send a letter to the school nurse regarding the use of eye drops with students with the letter to be shared by the nurse with teachers and parents;

2. To review each eye report diagnosis and recommendation with the school nurse or liaison;

3. To leave all prescriptions with school nurse and/or liaison;

4. To inquire if any students being referred for follow-up care have Medicaid coverage and to indicate this information on the Commission's eye report form;

5. To leave the original copy of the eye report, attached to all previous reports, with school nurse or liaison;

6. To attach a carbon copy of the eye report to the parent's consent form and to retain for Commission files;

7. To complete the following forms for each program, including all children in need of follow-up:

i. Prescription form; and

ii. Referral forms;

8. To monitor follow-up services provided by the school nurse or liaison;

9. To transfer to appropriate regional office staff, all MSP referrals whose eye examination data indicate Commission eligibility; and

10. To develop a program folder, for each district that is screened, to include statistical reports for distribution to the Migrant Education Office in Trenton. The statistical report shall contain:

i. The age of participants;

ii. The area served;

iii. The sex distribution; and

iv. The total number of participants screened during the previous month.

Amended by R.2007 d.316, effective October 15, 2007.

See: 39 N.J.R. 2184(a), 39 N.J.R. 4399(a).

Section was "Migrant screening program". In (a), substituted "migrant-eye" for "migrant" and "Federally-funded" for "Federally funded".

10:94-3.4 On-site eye examination unit program

(a) The Commission's mobile unit program shall provide free on-site eye examinations to elderly, handicapped, minority and disadvantaged groups at, for example, public housing developments, senior citizen residences, institutionalized care facilities, centers for the handicapped and impoverished areas.

(b) Eye examinations shall be given to individuals not under the care of an eye specialist and who have not been examined in more than a year.

(c) The Commission shall be responsible for:

- 1. Provision of necessary testing equipment and an eye doctor to perform examinations;
- 2. Provision of a Commission field representative to organize programs and to direct referrals into Commission and institutional follow-up systems;
- 3. Provision of testing for visual acuity and eye pathology including refraction, ophthalmoscopy, external exam and tonometry as appropriate; and
- 4. Examination of approximately 30 to 35 participants at each session, on average.

(d) Referral criteria shall be as follows:

- 1. Individuals with visual acuity of 20/70 or less in the better eye with best correction or disabling hemianopsias, scotomas, or restricted fields where the diameter of the visual field subtends an angle no greater than 40 degrees;
- 2. Individuals with a potential to benefit from vocational rehabilitation services (see N.J.A.C. 10:95); and
- 3. Individuals with potentially sight threatening conditions, regardless of visual acuity, who may need assistance in securing treatment.

(e) Follow-up procedures shall be as follows:

- 1. For those individuals falling into the categories under (d)1, 2 and 3 above, follow-up shall be initiated by the Prevention Unit's follow-up specialist, particularly if there is an urgent medical need. Once eligibility has been determined and additional follow-up is required, the individual's case shall be transferred to the appropriate service unit in a regional or Statewide office for continued service delivery.

(f) The following agreement shall be developed and agreed to by the Commission and institutions and/or training facilities requesting mobile unit services:

AGREEMENT

Half of all blindness can be prevented. The elderly, the handicapped low-income persons, and those who are institutionalized—all are at high risk for visual impairment and blindness. Therefore, the New Jersey State Commission for the Blind and Visually Impaired and _____,

(Name of Institution)

agree to provide the following services in order to help prevent blindness and visual loss, to improve, restore, and conserve vision, and to maximize visual efficiency and functioning.

The New Jersey State Commission for the Blind and Visually Impaired will:

- 1. Provide eye examinations for residents and/or patients of the institution or nursing home specified above. Examinations will be conducted on site by eye specialists of the Commission's On-site Eye Examination Unit. Prescriptions for glasses or medications will be written as required;
- 2. Review and interpret findings of examinations with designated institutional or nursing home staff;
- 3. Provide written reports of all eye examinations, to include identification of those who require early or immediate attention;
- 4. Offer to evaluate blind or visually impaired residents and/or patients for educational or rehabilitation services; and
- 5. Provide financial or other assistance toward eye care or treatment for patients and/or residents determined by the Commission to be eligible for such assistance.

Since follow-up (implementation of the eye specialist's recommendations) is essential to the success of the above services, (Name of Institution) will:

- 1. Take all required steps to assure that the eye specialist's recommendations are implemented, both with reference to care of eye pathology, as well as to provision of glasses and referral for routine or periodic examinations.
- 2. Forward completed follow-up records for designated patients to the Commission for the Blind and Visually Impaired within two months of the date of examination by the Commission's eye specialists.

FOR: THE NEW JERSEY STATE COMMISSION FOR THE BLIND AND VISUALLY IMPAIRED	FOR: THE INSTITUTION
Name:	Name:
Signature: Date:	Signature: Date:
Title:	Title:
Address of Institution:	Address of the Prevention Unit:

Amended by R.2007 d.316, effective October 15, 2007.
See: 39 N.J.R. 2184(a), 39 N.J.R. 4399(a).

Section was "Mobile eye examination unit program". In the AGREEMENT in (f), deleted "or Nursing Home" following "Institution" and "INSTITUTION" throughout and substituted "On-site" for "Mobil".

10:94-3.5 Pre-school vision screening program (PSP)

(a) The pre-school vision screening program (PSP) is a Commission service that shall be provided free to pre-school children ages three to five. The PSP shall provide, through the PSP coordinator and supervised trained volunteers, visual acuity and muscle imbalance examinations in order to detect symptoms of amblyopia and other eye conditions that may cause visual impairment or loss.

(b) The PSP screening shall be performed at established pre-school centers and community programs.

(c) The Commission shall be responsible for:

1. Providing the pre-school center and community program staff with instructions for use in teaching children the method(s) to be used to evaluate the children's vision at scheduled screenings;
2. Providing the equipment to be used at scheduled screenings, such as, eye charts and eye patches;
3. Testing the visual acuity of each child;
4. Testing each child for muscle imbalance; and
5. Furnishing the pre-school centers and community programs with relevant literature on vision testing of pre-schoolers and vision problems in children, for distribution to parents.

(d) All children determined to be in need of eye treatment shall be registered with the Commission as referrals for service(s). The Commission's PSP coordinator shall:

1. Advise the child's parent or guardian of the need to obtain a complete eye examination of the child by an eye doctor;
2. Refer to the Commission's Prevention Unit's follow-up specialist any child whose parent or guardian indicates a need for financial assistance in order to obtain the required eye examination and/or medical eye treatment; and
3. Refer to the Commission's education services program those children whose eye report indicates, because of their visual impairment, eligibility for services as specified in N.J.A.C. 10:91-2.3.

(e) As a service of the preschool vision-screening program, the Commission shall establish priority screening of primary target groups (PTG) of three to five year old children from low-income families.

(f) Low-income families are families whose assets and income shall not exceed the assets and income listed on the Commission's financial participation worksheet as specified in N.J.A.C. 10:91-3.1(d).

(g) The PTG target areas are as specified in N.J.A.C. 10:94-3.1(b)1 and 2. Children from low-income families living outside the target areas may also be served.

(h) PTG vision screenings shall be a cooperative activity between the Commission and groups, such as women's clubs, parent teacher associations and child care centers. These groups shall be responsible for assistance with activities, such as publicity, screening site selection, vision screening and follow-up.

(i) To qualify for a PTG screening, a program shall reach a documented majority of children from low-income families. An example of documentation shall be a statement from the director of a child-care center that the majority of families

served by the center are low-income families. Any Head Start program shall qualify for a PTG screening.

10:94-3.6 Diabetic eye disease detection program

(a) The diabetic eye disease detection program is a free service co-sponsored by the Commission for the Blind and Visually Impaired and the New Jersey Department of Health and Senior Services. It promotes outreach activities for the early detection of individuals with diabetic eye disease in partnership with community-based organizations throughout the State. The program arranges for the follow-up needed to address the complications associated with diabetic disease.

(b) The Commission shall ensure appropriate personnel for the program to include:

1. A general ophthalmologist; and or an ophthalmologist specializing in retinal diseases; and or an optometrist certified by New Jersey Optometric Association for retinal examinations;
2. Registered nurses;
3. A technician (for tonometry);
4. Volunteers for non-medical assistance; and
5. A follow-up specialist.

(c) The Commission shall ensure appropriate equipment for the program.

(d) The Commission shall provide the following services to encourage participants found to have medical/eye problems to seek needed treatment:

1. The Commission shall furnish participants with information advising:
 - i. They should be seen annually by an eye specialist;
 - ii. They should be seen regularly by an eye specialist;
 - iii. They require further evaluation by a retinal eye specialist; or
 - iv. Immediate evaluation by a retinal eye specialist is recommended.

2. The Commission shall furnish a list of local eye specialists, if needed;

3. The Commission shall furnish information about self-help groups;

4. For those found to have abnormal blood pressure, the Commission shall refer them to co-sponsoring hospital's hypertension screening unit; and

5. The Commission shall furnish screening results to a participant's physician, if requested by the participant.

(e) The Commission shall send follow up letters to all participants who were determined to have an eye problem requesting information on the evaluation and/or treatment they receive from their medical provider for the eye problem.

(f) The following participants shall be referred to the appropriate Commission office for follow up:

1. Those who are found with diabetic eye disease and need treatment and cannot afford the treatment;
2. Those whose eye examination data suggests Commission eligibility for other services; and
3. Those who have not responded to follow-up letters from the diabetic eye disease detection program within 120 days of the screening.

10:94-3.7 Procedures for all vision examinations of adults ages 18 and older/on-site eye examination unit

(a) All procedures for vision examinations of adults ages 18 and older conducted by the mobile eye examination unit are approved by the Commission's Medical Administrative Consultant and the Commission's Coordinator of Prevention Services. These procedures shall be observed and performed by the prevention screening team (see N.J.A.C. 10:94-3.2(b)).

(b) A member of the prevention screening team shall:

1. Have available a consent form for such examination signed by the next of kin, guardian or agent if the individual being screened is unable to give consent for a vision examination;
2. Have available an adequate history, including indications of any allergies and of all medications;
3. Review available record of any other medical testing that has been performed;
4. Take distance and near visual acuity with and without glasses;
5. Perform external examination and cover test;
6. Examine pupils and examine extra-ocular muscles;
7. Perform funduscopy, record type, and record cup/disc ratio;
8. Perform slit lamp examination and non-contact tonometry or applanation tonometry and record tension;
9. Perform visual fields by confrontation; and
10. When indicated, refer to an eye doctor for more definitive perimetric studies.

(c) The examining eye doctor shall:

1. When not contraindicated, dilate with 2 1/2 percent Neo-synephrine with or without 1/2 percent Mydracil, as desired;

2. Refract, record and present prescriptions for glasses or medications if needed to the patient or individual responsible for the patient;

3. Advise patient as to slight blurring from dilating drops;

4. If necessary, present precautionary statement regarding blurred vision to the individual responsible for the patient;

5. Advise patient of examination results and answer any questions patient may have;

6. Refer patient to a local eye doctor for any situation which cannot be handled fully on the Mobile Eye Examination Unit; and

7. Review and interpret examination findings and recommendations with the Commission worker, and as indicated, with the parent, teacher, nurse, social worker, or other designated professional staff person.

Amended by R.2007 d.316, effective October 15, 2007.

See: 39 N.J.R. 2184(a), 39 N.J.R. 4399(a).

Section was "Procedures for all vision examinations of adults ages 18 and older/mobile eye examination unit". In (b)8, deleted "Schiotz" preceding "applanation".

10:94-3.8 Procedures for all vision examinations of children/on-site eye examination unit and migrant eye examination program

(a) All procedures for vision examinations of children conducted by the mobile eye examination unit are approved by the Commission's Medical Administrative Consultant and the Commission's Coordinator of Prevention Services. These procedures shall be observed and performed by the prevention screening team (see N.J.A.C. 10:94-3.2(b)):

(b) The prevention screening team shall:

1. Obtain a signed parental permission to perform a vision examination of the child before any screening can take place;
2. Obtain from the parent, guardian or their representative, an adequate medical history, including any allergies;
3. Review available record of any other medical testing that has been performed;
4. Take visual acuity with and without glasses;
5. Perform external examination and cover test;
6. Examine pupils and examine extra-ocular muscles;
7. Perform funduscopy and record cup/disc ratio;
8. Perform slit lamp examination;
9. Perform routine finger tension and perform non-contact tonometry or applanation tonometry, if cup/disc ration warrants, and record tension;

10. Perform visual fields by confrontation, when indicated; and

11. Perform manifest refraction and record.

(c) The examining eye doctor shall:

1. Dilate with 1 percent Mydriacyl, perform cycloplegic refraction, and record findings;

2. Dilate all new students and all hyperopes on subsequent annual or biannual visits;

3. Check appropriate positive and negative boxes for use in later statistical surveys;

4. Present prescriptions for glasses or medications if needed to the parent, guardian or their representative;

5. Present to the parent, teacher or other designated professional staff person, a precautionary statement regarding blurred vision following dilating drops; and

6. Review and interpret examination findings and recommendations with the Commission worker and, as indicated with the parent, teacher, school nurse, social worker, or other designated professional staff person.

Amended by R.2007 d.316, effective October 15, 2007.

See: 39 N.J.R. 2184(a), 39 N.J.R. 4399(a).

Section was "Procedures for all vision examinations of children/mobile eye examination unit and migrant eye examination program". In (b)9, deleted "Schiotz" preceding "applanation".

10:94-3.9 Policy on refraction/on-site eye examination unit and migrant eye examination program

(a) Refractions shall be done for patients who will not be referred for further eye examinations by reason of pathology and who are indigent, including needy patients covered by Medicaid and Medicare.

(b) Indigence shall be pre-determined by a co-sponsoring agency or Commission representative and a notation will accordingly be made on the form presented to the eye doctor. Indigent individuals are those who have no health insurance coverage for routine eye care or follow up, or who cannot readily access eye care.

(c) Refractions shall be done for patients, whether indigent or not, who, because of physically or mentally limiting conditions, cannot be examined by, or cannot travel to, a private doctor without difficulty or special hardship.

(d) In the judgment and at the discretion of the examining eye doctor, refractions may not be done for anyone who requires a minimal change in prescription.

Amended by R.2007 d.316, effective October 15, 2007.

See: 39 N.J.R. 2184(a), 39 N.J.R. 4399(a).

Section was "Policy on refraction/mobile eye examination unit and migrant eye examination program".

10:94-3.10 Requirements for contract eye doctors

(a) Contract eye doctors shall provide CBVI with a copy of his or her current State of New Jersey medical or optometric license on an annual basis.

(b) Contract eye doctors shall provide CBVI with a copy of the face sheet of their malpractice carrier with expiration date on an annual basis.

(c) Contract eye doctors shall have a current State of New Jersey W-9 Questionnaire.

(d) Contract eye doctors shall abide by the eye screening protocols outline in N.J.A.C. 10:94-3.7, 3.8 and 3.9, which have been approved by the agency's medical consultant.

(e) Contract eye doctors shall fill out the following Vendor Rate Schedule every State fiscal year and submit it to the Commission's Coordinator of Prevention Services:

VENDOR RATE SCHEDULE

VENDOR RATE SCHEDULE

DOCTOR _____ DATE _____
 ADDRESS _____
 AGENCY _____
 CONTRACT _____
 CONTRACT NUMBER _____
 FEDERAL I.D. NO. _____
 MEDICAL/OPTOMETRIC LICENSE NO. _____

The rate(s) contained herein with the State of New Jersey, Department of Human Services, Commission for the Blind and Visually Impaired is subject to the conditions contained in Section II.

SECTION I		RATES	
EFFECTIVE PERIOD FROM	TO	RATE AMOUNT PER SESSION	APPLICABLE TO
		\$450	Eye examinations to screening sessions
		\$525	Special eye examination or screening sessions

SECTION II GENERAL

A. LIMITATIONS: Use of rate(s) contained in this schedule is subject to any statutory or Administrative limitations. Acceptance of the rate(s) agreed to herein is predicated on the conditions: (1) that no costs other than those costs incurred by the Vendor were included in its category as finally accepted and that such costs are allowable under the governing costs principles; (2) that similar types of costs have been accorded consistent accounting treatment; and (3) that the information submitted by the Vendor which was used as a basis for acceptance of the rate(s) agreed to herein is not subsequently found to be materially incomplete or inaccurate.

B. NOTIFICATION TO STATE AGENCIES: Copies of this document may be provided to other State offices and County Welfare Agencies as a means of notifying them of the agreement.

C. SPECIAL REMARKS:

The agreement may be revised or amended in situations of unusual circumstances (that is, excessive travel) and to be added for special eye examination or screening session by Mobile Eye Examination Unit, Migrant Eye Examination Program, or Diabetic Eye Disease Detection Program.

The examination or screening sessions" shall refer to and be defined by current, existing policies and practices.

BY THE VENDOR

BY THE COMMISSION FOR
THE BLIND & V.I.

Name

Signature of Coordinator of Prevention Services

OPHTHALMOLOGIST OPTOMETRIST

Title (circle one)

DATE

Signature/Fiscal Administrator
DATE

(f) Contract eye doctors shall fill out the following Open Purchase of Service Vendor Agreement every State fiscal year and submit it to the Commission's Coordinator of Prevention Services.

**OPEN PURCHASE OF SERVICE
VENDOR AGREEMENT**

ON-SITE EYE EXAMINATION UNIT

MIGRANT EYE EXAMINATION PROGRAM

DIABETIC EYE DISEASE DETECTION PROGRAM

**OPEN PURCHASE OF SERVICE
VENDOR AGREEMENT**

DOCTOR _____

AGENCY LOCATION _____

CONTRACT NUMBER _____

CONTRACT PERIOD _____

AGREEMENT between the signatory provider (hereinafter "provider") and the Commission (hereinafter "Commission") for the provision of services.

The provider hereby agrees to provide services as described in Vendor Rate Schedule, under "Applicable To," to persons participating in an eye examination or screening program sponsored by the Commission, and the Commission agrees to purchase such services under the following terms and conditions:

1. **STATE APPROVAL AND CERTIFICATION.** The provision of services under this Agreement is contingent upon the Commission's prior evaluation and approval of the operations of the provider.

2. **CONTINUING APPROVAL.** The provider shall comply with all State and/or Federal standards, including such amended or additional requirements, as may be applicable to the delivery of services under this Agreement. Provider agrees to comply with all Federal, State and local laws, rules and regulations including specifically, but not limited to, the requirements specified for fiscal, life/safety, and program responsibility, billing, records, controls, reports and monitoring procedures. In addition, the provider shall provide services to program participants in accordance with generally accepted standards of professional quality and those set forth in the Commission's Evaluation Report.

3. **DOCUMENTATION, BOOKS, RECORDS AND ACCOUNTS.** The provider shall furnish such documentation as the Commission may require in order to determine the proper amount of payment. In addition, the provider shall make available for inspection, its books, records and account to such parties as the Commission or the Departments of Human Services, Health or Education. Said books, records, and accounts shall be retained by the provider in accordance with the requirements of Part 74 of Title 45 of the Code of Federal Regulations.

4. **NON-DISCRIMINATION.** The provider shall make available and provide services without regard to race, color or national origin. The provider will abide by the Federal Civil Rights Act of 1964, as amended and the New Jersey Law Against Discrimination, regulations thereunder, and Section 504 of the Rehabilitation Act of 1973.

5. **DISCLOSURE OF CLIENT INFORMATION.** The provider shall safeguard and treat as confidential, information concerning persons participating in a Commission sponsored program in accordance with the requirements of Title 45 of the Code of Federal Regulations, Section 205.50.

6. **RATE OF PAYMENT.** The Commission, upon receipt of proper documentation, shall pay the provider at the rate specified in the Vendor Rate Schedule of this agreement and made a part hereof.

7. **FEES.** The provider will impose no fees on persons covered under the Agreement other than those described in the New Jersey Comprehensive Annual Services Program plan.

8. **SUBCONTRACTS.** Subcontracts permitted by the Agreement shall be subject to the requirements of this Agreement and the provider is responsible for the performance of any subcontractor.

9. **INDEMNIFICATION.** The provider shall be solely responsible for and shall keep, save and hold the State of New Jersey harmless from all claims, loss, liability, expenses or damage resulting from all mental or physical injuries or dis-

abilities, including death to employees of the provider or recipients of the provider's, or to any other person, or from any damage to any property sustained in connection with the delivery of the provider's services which results from any acts or omissions, including servants or independent contractors, or from the provider's failure to provide for the safety and protection of its employees, whether or not due to negligence, fault or default of the provider. The provider's liability under this Agreement shall continue after the termination of the Agreement with respect to any liability, loss, expense or damage resulting from acts occurring prior to termination.

10. REIMBURSEMENT. Reimbursement by the Commission under this Agreement is subject to legislative appropriation.

11. CONFLICT OF LAWS. This Agreement shall be interpreted under the laws of the State of New Jersey.

12. SOLICITATION. The provider shall not solicit screening participants for his or her own practice, nor use Project Prevention as a vehicle to procure CBVI services for his or her own patients.

This Agreement is subject to any amendment, which the Office of the Attorney General may require as a matter of State Law or State Policy.

The terms of this Agreement have been read by the person(s) whose signature are affixed hereto and who have agreed to comply with the conditions of the Agreement as specified above.

BY THE PROVIDER	BY THE COMMISSION FOR THE BLIND & V.I.
Signature	Signature/Coordinator of Prevention Services
OPHTHALMOLOGIST	OPTOMETRIST
Title (Circle One)	Date
Date	Signature/Fiscal Administrator Date

Amended by R.2007 d.316, effective October 15, 2007.
See: 39 N.J.R. 2184(a), 39 N.J.R. 4399(a).
In the second column of Section I of the Vendor Rate Schedule in (e), inserted "PER SESSION" and substituted "\$450" for "\$300" and "\$525" for "\$350"; in the third column of Section I of the Vendor Rate Schedule in (e), deleted "PER SESSION"; in the Open Purchase Of Service Vendor Agreement in (f), substituted "ON-SITE" for "MOBILE", and added (f)12.

10:94-3.11 Payment to eye doctors for cancelled on-site unit or migrant program screenings

(a) The Commission shall pay half of the contracted fee of \$450.00 or \$525.00 to the eye doctor scheduled to perform an On-site Unit or Migrant Program screening in instances when the screening is cancelled within 24 hours of its scheduled start.

(b) The Commission shall not pay any eye doctor for a screening, which is cancelled because the eye doctor is unavailable.

Amended by R.2007 d.316, effective October 15, 2007.
See: 39 N.J.R. 2184(a), 39 N.J.R. 4399(a).

Section was "Payment to eye doctors for cancelled mobile migrant program screenings". Rewrote (a).

10:94-3.12 Instilling eye drops at Commission sponsored eye screening programs

(a) Due to concern about precipitating narrow angle glaucoma and/or instilling medication in glaucomatous eyes, the following shall apply:

1. Commission registered nurses have the right to refuse to administer medication if "good cause" is shown;
2. To make an accurate determination, prior to administering medication, each screening participant over the age of 35 shall be examined for the presence of glaucoma and/or an extremely narrow anterior chamber angle. If no evidence of glaucoma is found, the examining physician shall write and sign the order for the registered nurse to instill eye drops; and
3. If there is no evidence of glaucoma, "good cause" is not shown, and the registered nurses shall follow the orders of the examining physician.

SUBCHAPTER 4. LOW VISION PROGRAM

10:94-4.1 Purpose and scope

The purpose and scope of the Commission's low vision program shall be to provide specialized services to assist Commission clients in maximizing visual efficiency and functioning in daily living, social, educational, work and leisure activities.

10:94-4.2 Low vision terms

Low vision terms are defined in N.J.A.C. 10:94-1.2.

10:94-4.3 Low vision program

(a) The Commission primary caseworker or ancillary caseworker, with the approval of the primary caseworker, shall initiate a request for a low vision evaluation.

(b) Clients who meet the following criteria shall be eligible for a low vision evaluation:

1. 20/70 visual acuity in the better eye with best correction, or marked field restrictions if visual acuity is better than 20/70 (see N.J.A.C. 10:91-1.2); and
2. No upper cut-off, unless client is totally blind.

(c) Low vision services are provided for eligible clients every three years. Clients who have had a significant change, meaning a change in visual acuity or an increase in field

restriction that affects the individual's ability to work or care for themselves independently, within the past three years may have a low-vision examination as an exception to the rule.

(d) Financial criteria for eligible clients shall be as follows:

1. There shall be no cost to a client for the initial evaluation.
2. There shall be no cost for a client for up to three follow-up visits when a low vision examiner has recommended low vision aids.
3. The financial need standard as specified in N.J.A.C. 10:91-3 applies to the up to three follow-up visits when a low vision examiner has not recommended any low vision aids.
4. The financial need standard as specified in N.J.A.C. 10:91-3 applies for optical or accessory low vision aids.
5. The financial need standard as specified in N.J.A.C. 10:91-3 applies when purchasing projection or electronic low vision aids.

(e) The examining doctor shall provide the client with the low vision aids, devices and/or custom made glasses for which he or she has received a Commission authorized/invoice.

(f) The Commission shall reimburse the doctor for aids, devices and/or custom made glasses for financially eligible clients, but shall not be responsible for ordering items from vendors, or shipping items to doctors.

1. Any exceptions to the ordering and shipping provisions in (f) above are made on a case-by-case basis and shall require approval of the appropriate Commission supervisor and manager.

(g) If custom made glasses cannot be provided by a low vision doctor, the Commission shall endeavor to obtain the services of a cooperating optician to fabricate the custom made glasses and be reimbursed according to the Commission's fee schedule as specified in N.J.A.C. 10:91-7.1.

(h) The Commission's eye health nurse may be requested or assigned to act as a resource person for consultation with counselors, as needed, regarding:

1. The appropriateness of the low vision evaluation request;
2. The low vision evaluation results and recommendations, of aids/devices;
3. The instruction in use of aids and/or devices; and
4. The appropriateness of recommended low-vision aids and/or devices as related to the client's current level of functioning.

Amended by R.2007 d.316, effective October 15, 2007.
See: 39 N.J.R. 2184(a), 39 N.J.R. 4399(a).

In (g), substituted "provided" for "made up" and "fabricate the custom made" for "make up the".

10:94-4.4 Medicaid client

(a) The Commission shall not pay for low vision services, initial evaluation, aids, devices, or follow-up visits for Medicaid clients.

(b) Exceptions may be made on a case-by-case basis, if Medicaid refuses to pay, or if it is determined to be in the client's best interest for the Commission to accept financial responsibility.

(c) Responsibilities of the Commission's referring case-worker shall be:

1. To determine the appropriateness of a low vision evaluation;
2. To assist in locating a physician who accepts Medicaid;
3. To assist in arranging and getting client to the low vision appointment;
4. To send examining physician a copy of client's current eye report and blank low vision evaluation forms, when appropriate; and
5. To request copies of reports from examining physician when appropriate.

(d) The examining doctor shall be responsible for processing bill(s) for payment through Medicaid as per established Medicaid procedures.

SUBCHAPTER 5. OTHER SERVICES

10:94-5.1 Services to clients' families

Services to clients' families are supportive or non-cost services, which are directly or indirectly provided to the client's family as part of the actions required to achieve the goals outlined in the client's service plan. These services are usually transportation services where the client may need the assistance of a family member, professional family counseling services, or adaptive equipment such as a large dial telephone or other household items which other members of the family must use.

10:94-5.2 Transportation services

(a) Transportation is a supportive service that is provided only when the following conditions are present:

1. An urgent medical need has been identified;
2. Failure to provide such services may place the client's eye health at risk; and
3. No other means of transportation is available to the client in the community that will accommodate the urgency.