

CHAPTER 35A

MATERNAL AND CHILD HEALTH CONSORTIA
LICENSING STANDARDS

Authority

N.J.S.A. 26:2H-1 et seq., specifically 26:2H-5.

Source and Effective Date

R.1992 d.346, effective September 8, 1992.
See: 24 N.J.R. 2027(a), 24 N.J.R. 3162(a).
Executive Order No. 66(1978) Expiration Date

Chapter 35A, Maternal and Child Health Consortia Licensing Standards, expires on September 8, 1997.

Chapter Historical Note

Chapter 35A, Maternal and Child Health Consortia Licensing Standards, became effective September 8, 1992.

See: Source and Effective Date.

See section and subchapter annotations for additional rulemaking.

SUBCHAPTER 1. GENERAL PROVISIONS

- 8:35A-1.1 Scope
- 8:35A-1.2 Definitions

SUBCHAPTER 2. LICENSURE PROCEDURES

- 8:35A-2.1 Certificate of Need
- 8:35A-2.2 Application for licensure
- 8:35A-2.3 Surveys and temporary license
- 8:35A-2.4 Full license
- 8:35A-2.5 Surrender of license
- 8:35A-2.6 Waiver
- 8:35A-2.7 Action against a license
- 8:35A-2.8 Hearings

SUBCHAPTER 3. GENERAL REQUIREMENTS

- 8:35A-3.1 Provision of services
- 8:35A-3.2 Compliance with laws and rules
- 8:35A-3.3 Ownership
- 8:35A-3.4 Submission of documents and data
- 8:35A-3.5 Policy and procedure manual
- 8:35A-3.6 Reportable events
- 8:35A-3.7 Notices

SUBCHAPTER 4. GOVERNING AUTHORITY

- 8:35A-4.1 Responsibility of the governing authority

SUBCHAPTER 5. ADMINISTRATION

- 8:35A-5.1 Appointment of administrator/executive director
- 8:35A-5.2 Administrator/executive director's responsibilities
- 8:35A-5.3 Staff qualifications

SUBCHAPTER 1. GENERAL PROVISIONS

8:35A-1.1 Scope

(a) The rules in this chapter pertain to all regional Maternal and Child Health Consortia (MCHC) which oversee and monitor regional maternal perinatal and child health service delivery networks.

(b) The purpose of this chapter is to provide maternal and child health services in a coordinated and cooperative prevention-oriented manner which is accessible, cost-effective and in accordance with N.J.A.C. 8:100-1.1 and 1.4.

8:35A-1.2 Definitions

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

“Central service facility” means a health care facility, regulated by the Department of Health, providing essential administrative and clerical support services to two or more direct providers of health care services in a region and which may also include some direct provision of health care services.

“Community Perinatal Center” means any licensed facility providing preconceptional, prenatal, intrapartum (including delivery of the patient), and postpartum care to women.

“Letter of agreement” means the document signed by both the Regional Perinatal Center and the Community Perinatal Center which defines the relationship between the two centers and specifies all tasks to be provided. If there is more than one hospital within the region able to meet the qualifications of a Regional Perinatal Center, then the Regional Perinatal Centers will first develop cooperative letters of agreement with each other; then with the Community Perinatal Centers within the region, facilitated by the Regional Maternal and Child Health Consortia. The letters of agreement are then submitted by the Regional Maternal and Child Health Consortia as part of the certificate of need application.

“Maternal and Child Health Consortium (MCHC)” means a voluntarily formed non-profit organization, incorporated under Section 501(c)(3) of the United States Internal Revenue Code, consisting of all inpatient, ambulatory perinatal and pediatric care providers and related community organizations in a maternal and child health service region, licensed as a central service facility by the Department of Health.

“Maternal and Child Health Service Region” means the perinatal and pediatric service delivery area defined by the concept of cooperative network formation. Contained within each region is at least one Regional Perinatal Center, one Regional Pediatric Center and the balance, Community Perinatal Centers.

"Maternal-fetal transport" means the transport of the high risk patient for maternal management.

"Member in good standing" means that acute care hospital member agency has made timely payment of MCHC financial assessments in accordance with the MCHC by-laws, which are based on a budget approved by the Department of Health pursuant to N.J.A.C. 8:35A-3.4(c).

"Perinatal" means the period before and after birth; defined in New Jersey and generally accepted as week 20 of gestation through the neonatal period.

"Regional Perinatal Center" means a licensed hospital which is the preferred provider of care to high risk mothers and high risk infants in the maternal and child health region. Such a facility is responsible for providing consultation, referral, transport and follow-up to the region.

"Regional Perinatal Plan" means the plan developed by the Regional Maternal and Child Consortia which describes how prenatal, intrapartum, newborn and infant follow-up services are delivered in the region. The plan is submitted to the Department of Health as part of the certificate of need application made pursuant to N.J.A.C. 8:33C.

"Transport" means the process whereby the attending physician at the Community Perinatal Center assesses that the status of the patient has become acutely high risk and arranges for the transfer of the care of the patient to the specialist at the Regional Perinatal Center via moving the patient with an emergency vehicle.

Amended by R.1993 d.285, effective June 7, 1993.
See: 25 N.J.R. 1116(a), 25 N.J.R. 2554(a).

SUBCHAPTER 2. LICENSURE PROCEDURES

8:35A-2.1 Certificate of Need

(a) According to N.J.S.A. 26:2H-1 et seq., and amendments thereto, a regional Maternal and Child Health Consortia (MCHC) shall not be instituted, constructed, expanded, or licensed to operate except upon application for, and receipt of, a Certificate of Need issued by the Commissioner based upon criteria in N.J.A.C. 8:33C.

(b) Application forms for a Certificate of Need and instructions for completion, pursuant to N.J.A.C. 8:33 and N.J.A.C. 8:33C, may be obtained from:

Certificate of Need Program

Division of Health Planning and Resources Development

New Jersey State Department of Health

CN 360

Trenton, New Jersey 08625

(c) The MCHC shall implement all conditions imposed by the Commissioner as specified in the Certificate of Need approval letter. Failure to implement the conditions may result in the imposition of sanctions in accordance with N.J.S.A. 26:2H-1 et seq., and amendments thereto.

8:35A-2.2 Application for licensure

(a) Following receipt of a Certificate of Need, any person, organization, or corporation desiring to operate a MCHC shall make application to the Commissioner for a license on forms prescribed by the Department, in accordance with the requirements of this chapter. Such forms may be obtained from:

Director

Licensing and Certification

Division of Health Facilities Evaluation and Licensing

New Jersey State Department of Health

CN 367

Trenton, New Jersey 08625

(b) The applicant shall submit to the Department a non-refundable fee of \$500.00 for the filing of an application for licensure of a MCHC and for the annual renewal of the license.

(c) Each applicant for a license to operate a MCHC shall make an appointment for a preliminary conference at the Department with the Licensing and Certification Program.

8:35A-2.3 Surveys and temporary license

(a) When the written application for licensure is approved and the building is ready for occupancy, a survey of the MCHC by representatives of the Health Facilities Inspection Program of the Department may be conducted as follows to determine if the facility complies with the rules in this chapter:

1. The MCHC shall be notified in writing of the findings of the survey, including any deficiencies found; and

2. The MCHC shall notify the Health Facilities Inspection Program of the Department when the deficiencies, if any, have been corrected, and the Health Facilities Inspection Program will schedule one or more resurveys of the facility prior to occupancy.

(b) A temporary license may be issued to a MCHC when the following conditions are met:

1. At the discretion of the Department, a preliminary conference (see N.J.A.C. 8:43A-2.2(c)) for review of the conditions for licensure and operation may take place between the Licensing and Certification Program and representatives of the MCHC, who will be advised that the purpose of the temporary license is to allow the Department to determine the facility's compliance with N.J.S.A. 26:2H-1 et seq. and the rules pursuant thereto;

2. Written approvals are on file with the Department from the local zoning, fire, health, and building authorities; and

3. Survey(s) by representatives of the Department indicate that the MCHC complies with the rules in this chapter.

(c) A temporary license may be issued to a MCHC for a period of six months and may be renewed by the Department, if the applicant is determined by the Department to be in compliance with all applicable rules and regulations.

(d) The temporary license shall be conspicuously posted in the MCHC.

(e) The temporary license is not assignable or transferable, and it shall be immediately void if the MCHC ceases to operate or if its ownership changes.

(f) Survey visits may be made to a MCHC at any time by authorized staff of the Department. Such visits may include, but not be limited to, the review of all MCHC documents and patient records and conferences with patients.

8:35A-2.4 Full license

(a) A full license shall be issued on expiration of the temporary license, if surveys by the Department have determined that the MCHC is operated as required by N.J.S.A. 26:2H-1 et seq. and by the rules pursuant thereto.

(b) A license shall be granted for a period of one year.

(c) The license shall be conspicuously posted in the MCHC.

(d) The license is not assignable or transferable, and it shall be immediately void if the MCHC ceases to operate or if its ownership changes.

(e) The license, unless suspended or revoked, shall be renewed annually on the original licensure date, or within 30 days thereafter but dated as of the original licensure date. The MCHC will receive a request for renewal fee 30 days prior to the expiration of the license. A renewal license shall not be issued unless the licensure fee is received by the Department.

(f) The license may not be renewed if local rules, regulations, and/or requirements are not met.

8:35A-2.5 Surrender of license

The MCHC shall notify the Department of Health at least 30 days prior to the voluntary surrender of a license. As directed under an order of revocation, refusal to renew, or suspension of license, the license shall be returned to the Licensing and Certification Program of the Department within seven working days after the voluntary surrender, revocation, non-renewal, or suspension of license.

8:35A-2.6 Waiver

(a) The Commissioner or his or her designee may, in accordance with the general purposes and intent of this chapter, waive sections of these rules if, in his or her opinion, such waiver would not endanger the life, safety, or health of patients or the public.

(b) A MCHC seeking a waiver of these rules shall apply in writing to the Director of the Licensing and Certification Program of the Department.

(c) A written request for waiver shall include the following:

1. The specific rule(s) or part(s) of the rule(s) for which waiver is requested;

2. Reasons for requesting a waiver, including a statement of the type and degree of hardship that would result to the MCHC upon compliance;

3. An alternative proposal which would ensure patient safety; and

4. Documentation to support the request for waiver.

(d) The Department reserves the right to request additional information before processing a request for waiver.

8:35A-2.7 Action against a license

(a) If the Department determines that operational deficiencies exist, it may require that all services provided within the MCHC cease. This may be done simultaneously with, or in lieu of, action to revoke licensure and/or impose a fine. The Commissioner or his or her designee shall notify the MCHC in writing of such determination.

(b) The provisions of this section shall apply to MCHC's with a temporary license and to MCHC's with a full license.

8:35A-2.8 Hearings

(a) If the Department proposes to suspend, revoke, deny, or refuse to renew a license, the licensee or applicant may request a hearing which shall be conducted pursuant to the Administrative Procedure Act, N.J.S.A. 52:14B-1 et seq. and 52:14F-1 et seq., and the Uniform Administrative Procedure Rules, N.J.A.C. 1:1.

(b) Prior to transmittal of any hearing request to the Office of Administrative Law, the Department may schedule a conference to attempt to settle the matter.

SUBCHAPTER 3. GENERAL REQUIREMENTS

8:35A-3.1 Provision of services

(a) The MCHC shall develop and implement a regional perinatal and pediatric plan in accordance with N.J.A.C. 8:33C, Certificate of Need: Regionalized Perinatal Services.

(b) The MCHC shall develop and implement a preterm labor prevention program, which shall include, but not be limited to, the following:

1. A computer-adaptable perinatal record, approved by the regional board of directors;
2. A comprehensive risk assessment protocol; and
3. Patient education and support services.

(c) The MCHC shall develop and implement a system for discharge planning, infant follow-up and child health care coordination in the MCHC region. This system shall assure post-discharge continuity of care and shall be linked to needed resources, such as:

1. Primary care services for all children in need of a primary care provider;
2. Referral to follow-up services for high risk infants which includes referral to high risk infant screening and tracking programs as appropriate;
3. Case management provided in coordination with Special Child Health Services County Case Management Units, as appropriate;
4. Public health nursing for home follow-up; and
5. Counseling services to parents, especially those experiencing perinatal or infant loss including, when appropriate, referral to the Sudden Infant Death Syndrome Resource Center established under N.J.S.A. 52:17B-88.

(d) The MCHC in conjunction with the designated Regional Perinatal Center shall coordinate and monitor the regional maternal and neonatal transport system. This system shall include written policies and procedures for the triage of mothers and/or infants to the most appropriate level of care in accordance with formal letters of agreement.

(e) The MCHC shall provide or coordinate on-going area wide professional education for all perinatal and pediatric service providers in the region, including at least regularly scheduled regional conferences. There shall be a mechanism for the annual assessment of the effectiveness of the regional education program.

(f) The MCHC shall establish a region-wide program for quality assurance which assures total quality improvement and includes regularly collecting and analyzing data to help identify health service problems and their extent, and recommending, implementing, and monitoring corrective actions on the basis of these data. This program shall include, but not be limited to:

1. A uniform regional system for automated data collection;
2. Management by a specific subcommittee which shall meet at least quarterly;
3. Policies and procedures for collecting, abstracting and reporting data to the subcommittee for use in quality assurance activities; and
4. Criteria for review of perinatal and pediatric statistics and pathology, including, but not limited to, the following:
 - i. Transports with death;
 - ii. Non-compliance with rules regarding birth weight and gestational age;
 - iii. Cases in which no prenatal care was received;
 - iv. All maternal deaths;
 - v. All fetal deaths over 2,500 grams not diagnosed as having known lethal anomalies;
 - vi. Selected pediatric deaths and/or adverse outcomes;
 - vii. Immunization of children two years of age in accordance with the provisions of N.J.A.C. 8:57 (Chapter 14 of the State Sanitary Code); and
 - viii. Admissions for ambulatory care sensitive diagnoses in children.

(g) Each consortium shall establish a committee of its members to resolve conflicts arising among consortium members or between a member and the consortium. The consortium shall establish policies and procedures for conflict resolution, including committee meeting times and composition, what constitutes a conflict of interest, and provision that:

1. Any facility or group of facilities affiliated with the Consortium may bring an issue for resolution to the committee.
2. The recommendations of the committee, if accepted by the parties, constitute the decision of the consortium. At the request of a party, the recommendations may be forwarded to the full board for consideration, as described in the consortium's policies and procedures.

3. Conflicts that are not resolved by the consortium to the satisfaction of all parties to the conflict may be referred to the Commissioner of Health for a recommendation. If the parties agree prior to the Commissioner's review, the decision will be binding.

8:35A-3.2 Compliance with laws and rules

(a) If the MCHC directly provides medical nursing services to patients, the MCHC shall request prior approval from the Department. The MCHC shall meet the applicable sections of N.J.A.C. 8:43A, Manual of Standards for Licensure of Ambulatory Care Facilities.

(b) The MCHC shall comply with patient confidentiality requirements as specified in Hospital Licensing Standards, N.J.A.C. 8:43G-4.1(a)21. The MCHC shall assure that all patient care records it possesses will be kept confidential. Information in the patient's records shall not be released to anyone outside the MCHC without the patient's approval, unless another health care facility to which the patient was transferred requires the information, or unless the release of the information is required and permitted by law, a third-party payment contract, a medical peer review, or the New Jersey State Department of Health. The MCHC may release data about the patient for studies containing aggregated statistics when the patient's identity is masked.

(c) The MCHC shall comply with applicable Federal, State, and local laws, rules, and regulations.

8:35A-3.3 Ownership

(a) The ownership of the MCHC and the property on which it is located shall be disclosed to the Department. Proof of this ownership shall be available in the MCHC. Any proposed change in ownership shall be reported to the Director of the Licensing and Certification Program of the Department in writing at least 30 days prior to the change and in conformance with requirements for Certificate of Need applications.

(b) No MCHC shall be owned, managed, or operated by any person convicted of a crime relating adversely to the person's capability of owning, managing, or operating the MCHC.

8:35A-3.4 Submission of documents and data

(a) The MCHC shall, upon request, submit in writing any documents which are required by the rules in this chapter to the Director of the Licensing and Certification Program of the Department, including formal letters of agreement from the member facilities of the MCHC region.

(b) The MCHC shall maintain and submit to the Department statistical data as required by the Department pursuant to the Administrative Procedure Act and N.J.A.C. 1:30.

(c) The MCHC shall submit an annual budget plan for its next calendar year to the Department by October 1 for the

Department's review and approval. The budget plan may be approved if the MCHC identifies all projected salary and non-salary costs necessary to implement both the regional perinatal plan and functions listed in N.J.A.C. 8:35A-3.1, and revenue sources that include assessments of all member acute care hospitals that are adequate to support the expenses submitted in the budget plan.

Amended by R.1993 d.285, effective June 7, 1993.
See: 25 N.J.R. 1116(a), 25 N.J.R. 2554(a).

8:35A-3.5 Policy and procedure manual

(a) A policy and procedure manual(s) for the organization and operation of the MCHC shall be developed, implemented, and reviewed at intervals specified in the manual(s). Each review of the manual(s) shall be documented, and the manual(s) shall be available in the MCHC to representatives of the Department at all times. The manual(s) shall include at least the following:

1. A written statement describing the MCHC's objectives and the services provided by the MCHC;
2. An organizational chart delineating the lines of authority, responsibility, and accountability for the administration of the MCHC;
3. Definition and specification of business hours, hours of operation, and full working week;
4. A system for referral of patients to sources of secondary and tertiary health care; and
5. Policies and procedures for the maintenance of personnel records for each employee, including, at a minimum, the employee's name, previous employment, educational background, credentials, license number with effective date and date of expiration (if applicable), certification (if applicable), verification of credentials, records of physical examinations, job description, records of staff orientation and staff education, and evaluations of job performance.

(b) The policy and procedure manual(s) shall be available and accessible to all staff and the public.

8:35A-3.6 Reportable events

(a) The MCHC shall report to the Department of Health the termination of employment of the administrator/executive director, and the name and qualifications of the administrator's replacement, within seven days of the termination.

(b) The MCHC shall report to the Department of Health whenever a hospital is not a member in good standing, within 15 days of the delinquency.

Amended by R.1993 d.285, effective June 7, 1993.
See: 25 N.J.R. 1116(a), 25 N.J.R. 2554(a).

8:35A-3.7 Notices

(a) The MCHC shall conspicuously post a notice that the following information is available in the facility during business hours to patients and the public:

1. All waivers granted by the Department;
2. The list of deficiencies from the last annual licensure inspection and certification survey report (if applicable), and the list of deficiencies from any valid complaint investigation during the past 12 months;
3. The names and addresses of the members of the governing authority; and
4. The hours of operation and the business hours of the MCHC.

SUBCHAPTER 4. GOVERNING AUTHORITY**8:35A-4.1 Responsibility of the governing authority**

(a) The MCHC shall have a governing authority, appointed in accordance with N.J.A.C. 8:33C, which shall assume legal responsibility for the management, operation, and financial viability of the MCHC. The governing authority shall be responsible for, but not limited to, the following:

1. Adoption and documented review of written by-laws, or their equivalent, in accordance with a schedule established by the governing authority;
2. Development and documented review of all policies and procedures, in accordance with a schedule established by the governing authority;
3. Establishment and implementation of a system whereby patient and staff grievances and/or recommendations, including those relating to patient rights, can be identified. This system shall include a feedback mechanism through management to the governing authority, indicating what action was taken;
4. Determination of the frequency of meetings of the governing authority and its committees, or equivalent, conducting such meetings, and documenting them through minutes;
5. Delineation of the duties of the officers of any committees, or equivalent, of the governing authority. When the governing authority establishes committees, their purpose, structure, responsibilities, and authority, and the relationship of the committee to other entities within the MCHC, shall be documented;
6. Establishment of the qualifications of members and officers of the governing authority, the procedures for electing and appointing officers, and the terms of service for members, officers, and committee chairpersons or equivalent; and

7. Development of an allocation and collection system to ensure adequate revenue from the acute care hospital members of the MCHC who have been assessed dues in accordance with the by-laws necessary to fund the budget approved by the Department of Health.

Amended by R.1993 d.285, effective June 7, 1993.
See: 25 N.J.R. 1116(a), 25 N.J.R. 2554(a).

SUBCHAPTER 5. ADMINISTRATION**8:35A-5.1 Appointment of administrator/executive director**

The governing authority shall appoint an administrator or executive director who shall be accountable to the governing authority.

8:35A-5.2 Administrator/executive director's responsibilities

(a) The administrator shall be responsible for, but not limited to, the following:

1. Planning for, and administration of, the managerial, operational, fiscal, and reporting components of the MCHC as determined by the governing authority; and
2. Establishing and maintaining liaison relationships and communication with MCHC staff and services, with support services and community resources, and with patients.

8:35A-5.3 Staff qualifications

(a) Each MCHC shall have:

1. An administrator/executive director who has a master's degree and at least three years of administrative or supervisory experience in health care planning or administration or financing, at least one year of which shall have been in maternal and child health services;
2. A registered professional nurse with a master's degree in nursing, public health or administration from an accredited college or university and certification by the National Certification Corporation for the Obstetric, Gynecologic and Neonatal Nursing Specialties or the American Nurses Association, and two years of experience in clinical maternal and child nursing; and
3. Staff adequate to perform the functions of N.J.A.C. 8:35A-3.1 and the regional perinatal plan, including, but not limited to:
 - i. A research/data specialist with training in research methods and experience in data analysis; and
 - ii. A community outreach coordinator with a bachelor's degree from an accredited college or university with one year's experience in community outreach.

Amended by R.1993 d.285, effective June 7, 1993.
See: 25 N.J.R. 1116(a), 25 N.J.R. 2554(a).