

CHAPTER 63**LONG-TERM CARE SERVICES****Authority**

N.J.S.A. 30:4D-6a(4)(a)b(14); 30:4D-7, 7a, b and c; 30:4D-12; Section 1919 of the Social Security Act; 42 U.S.C. 1396r.

Source and Effective Date

R.1994 d.624, effective November 23, 1994.
See: 26 N.J.R. 3614(a), 27 N.J.R. 156(a).

Executive Order No. 66(1978) Expiration Date

Chapter 63, Long-term Care Services, expires on November 23, 1999.

Chapter Historical Note

Chapter 63, originally Skilled Nursing Home Services Manual, was adopted as R.1971 d.163, effective September 22, 1971. See: 3 N.J.R. 206(b). Chapter 63 was repealed and a new Chapter 63, Long-Term Care Services Manual, was adopted as R.1979 d.126, effective March 29, 1979. See: 10 N.J.R. 190(b), 11 N.J.R. 248(b). Pursuant to Executive Order No. 66(1978), Subchapter 1, General Provisions, was readopted as R.1984 d.123, effective March 21, 1984, and Subchapter 3, Cost Study, Rate Review Guidelines and Reporting System for Long-Term Care Facilities was readopted as R.1984 d.573, effective November 29, 1984. See: 16 N.J.R. 204(a), 16 N.J.R. 896(a); 16 N.J.R. 2484(a), 16 N.J.R. 3437(a). Pursuant to Executive Order No. 66(1978), Chapter 63 was readopted as R.1989 d.622, effective November 29, 1989. See: 21 N.J.R. 2752(a), 21 N.J.R. 3918(a).

Pursuant to Executive Order No. 66(1978), Chapter 63 was readopted as R.1994 d.624. See: Source and Effective Date. As a part of R.1994 d.624, Subchapters 1, 2, 2A and 4, and Appendix I were repealed and new Subchapters 1 and 2, and Appendices A through Q were adopted; Subchapter 5 was recodified as Subchapter 4; effective January 3, 1995. See: 26 N.J.R. 3614(a), 27 N.J.R. 156(a). See, also, section annotations.

CHAPTER TABLE OF CONTENTS**SUBCHAPTER 1. GENERAL PROVISIONS**

- 10:63-1.1 Scope
- 10:63-1.2 Definitions
- 10:63-1.3 Program participation
- 10:63-1.4 Private pay
- 10:63-1.5 Occupancy level
- 10:63-1.6 Termination of a NF provider agreement
- 10:63-1.7 Administrative appeal of denial, termination or nonrenewal of NF certification or Medicaid Provider Agreement
- 10:63-1.8 Admission, transfer and readmission; general
- 10:63-1.9 Waiting list
- 10:63-1.10 Involuntary transfer initiated by the facility
- 10:63-1.11 NF authorization process
- 10:63-1.12 Clinical audit
- 10:63-1.13 Clinical and related records
- 10:63-1.14 Absence from facility due to hospital admission or therapeutic leave; bed reserve
- 10:63-1.15 Complaints
- 10:63-1.16 Utilization of resident's income for cost of care in the NF and for PNA
- 10:63-1.17 Residents rights
- 10:63-1.18 Medicare/Medicaid

SUBCHAPTER 2. NURSING FACILITIES SERVICES

- 10:63-2.1 Nursing facility services; eligibility

- 10:63-2.2 Delivery of nursing services
- 10:63-2.3 Physician services
- 10:63-2.4 Rehabilitative services
- 10:63-2.5 Resident activities
- 10:63-2.6 Social services
- 10:63-2.7 Pharmaceutical services; general
- 10:63-2.8 Consultations and referrals for examination and treatment
- 10:63-2.9 Mental health services
- 10:63-2.10 Dental services
- 10:63-2.11 Podiatry services
- 10:63-2.12 Chiropractic services
- 10:63-2.13 Vision care services
- 10:63-2.14 Laboratory; X-ray, portable X-ray and other diagnostic services
- 10:63-2.15 Medical supplies and equipment
- 10:63-2.16 Consultant services; general
- 10:63-2.17 Transportation services
- 10:63-2.18 Bed and board
- 10:63-2.19 Housekeeping and maintenance services
- 10:63-2.20 Non-covered services
- 10:63-2.21 Special care nursing facility (SCNF)

SUBCHAPTER 3. COST STUDY, RATE REVIEW GUIDELINES AND REPORTING SYSTEM FOR LONG-TERM CARE FACILITIES

- 10:63-3.1 Purpose and scope
- 10:63-3.2 Timing
- 10:63-3.3 Rate components
- 10:63-3.4 Equalized costs
- 10:63-3.5 Raw food costs
- 10:63-3.6 General service expenses
- 10:63-3.7 Property operating expenses
- 10:63-3.8 Special amortization
- 10:63-3.9 Routine patient care expenses
- 10:63-3.10 Property—capital costs
- 10:63-3.11 Buildings and fixed equipment
- 10:63-3.12 Land
- 10:63-3.13 Moveable equipment
- 10:63-3.14 Maintenance and replacements
- 10:63-3.15 Property insurance
- 10:63-3.16 Target occupancy levels
- 10:63-3.17 Restricted funds
- 10:63-3.18 Adjustments to base period data
- 10:63-3.19 Inflation
- 10:63-3.20 Total rates
- 10:63-3.21 Appeals process
- 10:63-3.22 Transitional relief for salary region adjustment; State Fiscal Year 1993
- 10:63-3.23 Transitional relief for salary region adjustment; State Fiscal Year 1994
- 10:63-3.24 Transitional relief for salary region adjustment; State Fiscal Year 1995

SUBCHAPTER 4. AUDIT

- 10:63-4.1 Audit cycle
- 10:63-4.2 Audits
- 10:63-4.3 Final audited rate calculation

APPENDICES A THROUGH Q**SUBCHAPTER 1. GENERAL PROVISIONS****10:63-1.1 Scope**

This chapter addresses the provision of quality, cost-prudent health care services available to New Jersey Medic-

aid eligible children and adults in a nursing facility (NF) and addresses the provision of and reimbursement for services required to meet the individual's medical, nursing, rehabilitative and psychosocial needs to attain and maintain the highest practicable mental and physical functional status. Although the scope of the Long-Term Care Services chapter encompasses other long-term care facilities such as governmental psychiatric hospitals, inpatient psychiatric services/programs for the under 21 (residential treatment centers) and intermediate care facilities/mentally retarded (ICF/MRs), the following subchapters specifically address nursing facility services. However, the Fiscal Agent Billing Supplement applies to all the above cited long-term care facilities.

Case Notes

Radioactive application of regulation valid. In re: Medicaid Long Term Care Services Bulletin 84-2, 212 N.J.Super. 48, 513 A.2d 967 (App.Div.1986), certification denied 526 A.2d 125, 107 N.J. 31.

Denial of request for reclassification from low to medium salary region assignment not inequitable. *Rosewood Manor, Inc. v. Division of Medical Assistance and Health Services*, 93 N.J.A.R.2d (DMA) 20.

10:63-1.2 Definitions

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

“Advance directive” means a written instruction relating to the provision of health care when the individual is incapacitated, such as a living will or durable power of attorney for health care.

“Air fluidized therapy bed” means a device employing the circulation of filtered air through ceramic spherules (small, round ceramic objects).

“Case management” means a process by which the Division of Medical Assistance and Health Services Medical Social Care Specialist monitors the provision of nursing facility care to assure timely and appropriate provider responses to changes in care needs and delivery of coordinated services.

“Case mix” means a system of staffing and reimbursement for nursing services based on variation in patient acuity and care needs that influences the type and amount of service needed.

“Clinical audits” means a method of utilization control under the enforcement authority of Section 1902(a)(30)(A) of the Social Security Act, in accordance with 42 CFR 456.1(b)(1), to monitor the utilization of and payment for nursing facility care and services reimbursable under the Medicaid State Plan.

“Comprehensive assessment” means a process conducted by each member of the interdisciplinary team which, for each resident, identifies problems; determines care needs; and in conjunction with the resident and his or her significant other or legal representative, results in an interdisciplinary plan of care.

“Consultant pharmacist” means a pharmacist licensed by the New Jersey State Board of Pharmacy who meets the qualifications in N.J.A.C. 10:51-3.3.

“Conventional nursing facility”—see nursing facility.

“Department of Health” (DOH) means the New Jersey State Department of Health.

“Division of Developmental Disabilities (DDD)” means the Division of Developmental Disabilities within the New Jersey State Department of Human Services.

“Division of Mental Health and Hospitals (DMH & H)” means the Division of Mental Health and Hospitals within the New Jersey State Department of Human Services.

“Health Services Delivery Plan (HSDP)” means an initial plan of care prepared by the Regional Staff Nurse during the Pre-Admission Screening (PAS) assessment process which reflects the individual's current or potential health problems and required care needs.

“Interdisciplinary care plan” means the care plan developed by the interdisciplinary team which includes measurable objectives and time tables to meet the resident's medical, nursing, dietary and psychosocial needs that are identified through the comprehensive assessment process.

“Interdisciplinary team” means a team consisting of a physician and a registered professional nurse and may also include other health professions relative to the provision of needed services. The interdisciplinary team performs comprehensive assessments and develops the interdisciplinary care plan.

“Low airloss therapy bed” means a bed frame that is equipped with air sacs which are grouped into zones corresponding to various body areas. The air sacs are inflated by a constant flow of air, some of which is directed through the air sacs to the patient surface.

“Medicaid occupancy level” means the average number of Medicaid recipients and recipients of public assistance under P.L.1947, c. 156, as amended (C44.8-107 et seq.) residing in a NF divided by the total number of licensed beds in the facility during the billing month.

“Medical director” means a physician licensed under New Jersey State law who is responsible for the direction and coordination of medical care in a nursing facility.