

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-5.1b, Chapter 94, Prevention Services Program of the Commission for the Blind and Visually Impaired, expires on September 20, 2014. See: 43 N.J.R. 1203(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.

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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 prostheses;
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.

“CBVI” 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;