

(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. 10:94-3.2);
2. On-site Eye Examination Unit Program (see N.J.A.C. 10:94-3.3);
3. Pre-school Vision Screening Program (see N.J.A.C. 10:94-3.4); and
4. Diabetic Eye Disease Detection Program (see N.J.A.C. 10:94-3.5).

(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".

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.