CHAPTER 86

MEDICAL DAY CARE SERVICES

Authority

N.J.S.A. 30:4D-6b(12), (17), 7, 7a, 7b and 7c; 30:4D-12; Reorganization Plan 001-1996; 42 U.S.C. § 1396a; 42 CFR § 440.90.

Source and Effective Date

R.2001 d.5, effective November 30, 2000.
See: 32 N.J.R. 3053(a), 33 N.J.R. 55(a).

Chapter Expiration Date

Chapter 86, Medical Daycare Services, was extended by gubernatorial directive from November 30, 2005 to November 30, 2006. See: 38 N.J.R. 294(c).

Chapter Historical Note

Chapter 86, Medical Day Care Services, was originally codified in Title 10 as Chapter 65, Intermediate Care Standards. Chapter 65 was adopted as R.1973 d.132, effective July 1, 1973. See: 5 N.J.R. 10(a), 5 N.J.R. 190(a).

Chapter 65, Intermediate Care Standards, was repealed by R.1979 d.126, effective March 29, 1979. See: 10 N.J.R. 190(b), 11 N.J.R. 248(b).

Chapter 65, Medical Day Care Services Manual, was adopted as new rules by R.1979 d.325, effective August 16, 1979. See: 11 N.J.R. 280(a), 11 N.J.R. 448(e).

Pursuant to Executive Order No. 66(1978), Subchapter 1, General Provision, was readopted as R.1984 d.332, effective July 23, 1984. See: 16 N.J.R. 1443(a), 16 N.J.R. 2131(a).

Pursuant to Executive Order No. 66(1978), Subchapter 2, HCPCS Codes, was readopted as R.1984 d.508, effective November 15, 1984. See: 16 N.J.R. 2336(a), 16 N.J.R. 3031(b).

Pursuant to Executive Order No. 66(1978), Chapter 65, Medical Day Care Manual, was readopted as R.1989 d.504, effective August 25, 1989. See: 21 N.J.R. 1794(a), 21 N.J.R. 3005(a).

Chapter 65, Medical Day Care Manual, was repealed and Chapter 65, Medical Day Care Services Manual, was adopted as new rules by R.1991 d.87, effective February 19, 1991, operative March 1, 1991. See: 22 N.J.R. 3327(b), 23 N.J.R. 448(a).

Pursuant to Executive Order No. 66(1978), Chapter 65, Medical Day Care Services Manual, was readopted as R.1996 d.6, effective November 30, 1995. See: 27 N.J.R. 3540(a), 28 N.J.R. 184(b).

Pursuant to Executive Order No. 66(1978), Chapter 65, Medical Day Care Services, was readopted as R.2001 d.5, effective November 30, 2000, and Chapter 65 was recodified as N.J.A.C. 8:86 by R.2001 d.5, effective January 2, 2001. See: Source and Effective Date. See, also, section annotations.

CHAPTER TABLE OF CONTENTS

SUBCHAPTER 1. GENERAL PROVISIONS

8:86-1.1 Purpose and scope
8:86-1.2 Definitions
8:86-1.3 Program participation
8:86-1.4 Required services
8:86-1.5 Staff
8:86-1.6 Recipient review, evaluation and identification
8:86-1.7 Records
8:86-1.8 Basis of payment
8:86-1.9 Disaster plan

SUBCHAPTER 2. HCPCS CODES

8:86-2.1 Introduction
8:86-2.2 HCPCS Codes

APPENDIX A MEDICAID PROVIDER APPLICATION

APPENDIX B PARTICIPATION AGREEMENT

APPENDIX C OUTLINE FOR WRITTEN NARRATIVE STATEMENT ON PROPOSED MEDICAL DAY CARE CENTER

APPENDIX D MEDICAL DAY CARE ON-SITE REPORT

APPENDIX E MEDICAID PARTICIPANT PROFILE

APPENDIX F QUARTERLY DISCHARGE INFORMATION

APPENDIX G HEALTH INSURANCE CLAIM FORM

APPENDIX H FISCAL AGENT BILLING SUPPLEMENT

SUBCHAPTER 1. GENERAL PROVISIONS

8:86-1.1 Purpose and scope

(a) The Medical Day Care Program is concerned with the fulfillment of the health needs of Medicaid recipients and/or those who are served under the Division's Home Care Expansion Program and who could benefit from a health services alternative to total institutionalization. Medical day care is a program of medically supervised, health related services provided in an ambulatory care setting to persons who are non-residents of the facility, and who, due to their physical and/or mental impairment, need health maintenance and restorative services supportive to their community living. Pediatric medical day care services are available only for technology-dependent and/or medically unstable children who require continuous, rather than part-time or intermittent, care of a licensed practical or registered professional nurse in a developmentally appropriate environment.

(b) In order to be eligible for services through the Medical Day Care Program, an individual must be eligible for one of the following: community Medicaid, New Jersey Care ... Special Medicaid Programs (including the medically needy segment), certain home care programs including Community Care Program for the Elderly and Disabled (CCPED), Model Waivers, the AIDS Community Care Alternatives Program (ACCAP), the Traumatic Brain Injury Program, or the ABC Program for medically fragile children. Persons enrolled in the Home Care Expansion Program are likewise eligible for medical day care services.

Amended by R.1994 d.427, effective August 15, 1994.
See: 26 N.J.R. 1427(a), 26 N.J.R. 3474(a).

8:86-1.2 Definitions

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

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"Administration—medical day care center" means an identifiable administrative unit within the medical day care center headed by a Director/Administrator, responsible for the overall conduct of all day care program activities.

"Division" means the Division of Medical Assistance and Health Services within the New Jersey Department of Human Services.

"Medicaid District Office" means one of the Division's county-based offices located throughout the State administering the New Jersey Medicaid Program. See MDO Directory at the end of N.J.A.C. 10:49, Administration.

"Medical day care center" means an identifiable part of a nursing facility, or a hospital affiliated facility, or a freestanding ambulatory care facility, or such other facility which is licensed by the New Jersey State Department of Health and Senior Services in accordance with its Manual for Standards for Licensure of Adult Day Health Care Facilities, N.J.A.C. 8:43F-2, which possesses a valid and current provider agreement from the Division and which provides services as described at N.J.A.C. 8:86-1.4.

1. "Pediatric medical day care center" means a medical day care center which additionally conforms to N.J.A.C. 10:122 (Department of Human Services, Division of Youth and Family Services) Manual of Requirements for Child Care Centers.

"Prior authorization" means the approval process by the Medicaid District Office prior to the provision of services. In the context of medical day care, prior authorization shall only be used as outlined in N.J.A.C. 8:86-1.3(c)1 or upon Division discretion with new medical day care centers.

"Volunteer" means a person who gives his or her time and services regularly without remuneration.

Amended by R.1994 d.427, effective August 15, 1994.
See: 26 N.J.R. 1427(a), 26 N.J.R. 3474(a).
Amended by R.2001 d.5, effective January 2, 2001.
See: 32 N.J.R. 3053(a), 33 N.J.R. 55(a).
In "Medical day care center" and "Prior authorization", amended N.J.A.C. reference.

8:86-1.3 Program participation

(a) A medical day care center operated by a public or private agency or organization, either proprietary or non-profit, or a subdivision of such an agency or organization, shall meet the following requirements in order to participate in the New Jersey Medicaid Program and the Home Care Expansion Program:

1. Licensure and approval by the New Jersey State Department of Health and Senior Services in accordance with the Manual of Standards for Licensure of Adult Day Health Care Facilities of the New Jersey State Department of Health and Senior Services, (N.J.A.C. 8:43F-2);

2. Approval as a medical day care center provider by the Division. This includes, at a minimum, the completion of the New Jersey Medicaid Provider Application FD-20 (Appendix A, incorporated herein by reference), the Participation Agreement FD-218 (Appendix B, incorporated herein by reference), and a written narrative Statement on the Proposed Medical Day Care Center (Appendix C, incorporated herein by reference). On-going participation as a Division provider is contingent upon continued approval by the Division of Medical Assistance and Health Services;

3. Completion, on a quarterly basis of a Medical Day Care Participant Profile, FD-321, (Appendix E, incorporated herein by reference) and a Quarterly Discharge Form, FD-322, (Appendix F, incorporated herein by reference) on each recipient who attends medical day care for five or more days during the quarter;

4. Preparation of a cost study, annually detailing expenditures of the medical day care center. Medical day care center costs shall be segregated from other operational costs. (Division reimbursement rates may be based on cost study information or on a percentage of nursing facility per diem rates.)

i. All direct and indirect costs associated with hospital affiliated medical day care centers shall be reported separately by the hospital on New Jersey State Department of Health and Senior Services cost findings for payment purposes and shall not be considered an allowable cost under the Diagnosis Related Group (DRG) program.

(b) The Division shall conduct an on-going evaluation of the center's Day Care Program by on-site visits to the medical day care center. A Medical Day Care On-Site Report MCNH-89 (Appendix D, incorporated herein by reference) shall be completed by Division staff and a copy shall be forwarded to the center.

(c) Division staff may request a plan of correction if the center is evaluated as providing sub-standard services and/or inadequate documentation of these services. The plan of correction shall address deficiencies noted by Division staff, and shall be submitted to the Division by the center by the requested date.

1. If a follow-up on-site visit reveals that the plan of correction is not being implemented, a ban on new admissions to the center or other such action as the Division deems necessary may be considered. For example, prior authorization of services may be imposed. Continued non-compliance with the Division's standards may result in the termination of the provider agreement, with a 30-day notice of termination sent to the facility by the Division. Providers wishing to request hearings under this section are referred to N.J.A.C. 10:49-10 and the Uniform Administrative Procedure Rules, N.J.A.C. 1:1.

(d) Caregivers of medical day care recipients may be contacted by Division staff to determine appropriateness of care and satisfaction with services provided.

Amended by R.2001 d.5, effective January 2, 2001.
See: 32 N.J.R. 3053(a), 33 N.J.R. 55(a).
In (c)1, amended N.J.A.C. reference.

8:86–1.4 Required services

(a) At a minimum, the following services shall be provided by the center for participation in the Medical Day Care Program.

1. Consultative services as follows:

i. If the Division staff identifies that the recipient has significant, unresolved or recurring problems, the center shall be required to arrange for and/or provide appropriate consultation in any service area, as identified by the Division, until problems are corrected.

2. Dietary services as follows:

i. The nutritional status and dietary needs of each recipient shall be evaluated by a qualified dietitian upon admission to the program. Those recipients on a physician-ordered special diet, or those identified as having specific nutritional needs, shall have an evaluation of their nutritional status every 90 days, except that this evaluation shall be performed every 60 days in a pediatric medical day care center. Results of the assessment and evaluation shall be documented in each recipient's record.

(1) The center shall provide each recipient with a minimum of one meal per day, as well as nutritionally appropriate snacks. The food served each day shall supply at least one-third of each recipient's daily nutritional requirement as recommended by the Nutrition Board of the National Academy of Sciences, National Research Council.

(2) All food served shall be stored and prepared in accordance with acceptable professional standards and be of appropriate temperatures.

(3) Recipients shall receive assistance to eat when necessary. Adaptive feeding devices shall be available to those who need them.

(4) The pediatric medical day care center shall provide a speech-language pathologist who shall evaluate and monitor each child's ability to chew and swallow food when this is deemed necessary by the center's registered professional nurse and ordered by the attending physician.

ii. Special diets and supplemental feedings shall be available as ordered by the recipient's physician. These dietary requirements shall be included in the participant's individualized multidisciplinary plan of care.

iii. On-going communication shall be established between the center's staff and the dietitian.

iv. Dietary and nutritional counseling and education shall be provided for each recipient and those involved with their care. Documentation of this education shall include the content of the program and a list of recipients.

3. Medical services as follows:

i. The center's administrator/director, with the medical director of the center, shall establish written medical and administrative policies governing the provision of medical services to the recipients. The medical director shall be responsible for, but not be limited to, the following:

(1) Developing and amending these medical policies as needed;

(2) Supervising the provision of medical services;

(3) Advising the center director regarding medical and related problems;

(4) Establishing procedures for medical matters, such as medical supervision, storage of medication, emergency coverage, emergency services, records, use of consultants, patient review, rehabilitative services, medication and discharge planning. Procedures shall be located in the center director's office and at the nurses' station, readily available to staff;

(5) Establishing relationships with appropriate personnel in other institutions, such as general or special hospitals, rehabilitation centers, home health agencies, clinics, case management sites, laboratories, and related community resources. This would include, but not be limited to, arrangements for emergency room services unavailable within the center. The pediatric medical day care center must have arrangements for the provision of services by appropriate pediatric specialists (for example, pulmonologists, cardiologists); and

(6) Providing staff with training and consultation on medically related topics.

ii. The medical day care center shall provide:

(1) A medical evaluation of all recipients, provided or arranged for by the medical director as needed, but at least every six months or in the case of children served in a pediatric medical day care center, every 60 days. The documented components of the medical evaluation for children shall be a history and physical, including developmental status, immunization status, laboratory data and a clear identification of medical needs. (Note: Physician services for the Community Care Program for the Elderly and Disabled/Home Care Expansion Program recipients

are not reimbursed by the New Jersey Medicaid program.)

(A) Any medical services required (including podiatry services, see N.J.A.C. 10:57) shall be coordinated by the recipient's attending physician.

(B) If the recipient has no attending physician, the medical director shall assist the recipient to secure one.

(C) In the event that an attending physician cannot be obtained to regularly care for the recipient, the recipient may choose the medical director as his or her attending physician, provided the medical director becomes the recipient's attending physician with all the responsibilities attendant to such a role over a 24–hour period on a continuing basis.

(D) It is only in this new role as attending physician that the medical director can bill the New Jersey Medicaid Program on the Health Insurance Claim Form, 1500–N.J., (Appendix G, incorporated herein by reference) for services provided to the Medicaid recipient.

(E) The medical director shall not bill the New Jersey Medicaid Program separately for any service performed for any Medicaid recipient in a medical day care center while serving solely in his or her capacity as medical director.

(2) An individual medical record on each recipient.

(3) Medical orders for treatment of recipients which shall include medication, diet, activities permitted, and therapies, such as physical therapy, occupational therapy, and speech-language pathology services.

4. Nursing services as follows:

i. A registered professional nurse shall be available on the premises of the medical day care center at all times when the center is operating. Additional registered professional nurses shall be present in centers where the daily attendance exceeds 60 participants. (See N.J.A.C. 8.86–1.5(b) for staff-recipient ratio in pediatric medical day care centers.) The registered professional nurse shall be responsible for the supervision of ancillary nursing staff.

ii. The registered professional nurse shall be responsible for, but not be limited to, the following:

(1) Interviewing the recipient and caregivers in order to evaluate the recipient's health status and health care needs;

(2) Maintaining the standards of nursing practice including, but not limited to: monitoring of identified medical conditions, administration and supervision of prescribed medications and treatments; coordination of rehabilitative services; development of a restorative nursing plan; monitoring of clinical behavior and nutritional status; assisting with the maintenance or redevelopment of the activities of daily living skills; monitoring growth and development; implementing infection control procedures; and communicating findings to the attending physician;

(3) Managing medical emergencies (see N.J.A.C. 8:86–1.4(a)3i(4));

(4) Documenting the nursing services provided, including the initial assessment and evaluation of the recipient's health care needs, development of the nursing component in the individualized plan of care, evaluation of the recipient's progress in reaching established goals and defining the effectiveness of the nursing component in the individualized plan of care;

(5) Overseeing the development of the initial individualized multidisciplinary plan of care;

(6) Alerting others involved with the recipient's care about changes in status and the need to change the individualized multidisciplinary plan of care;

(7) Developing community medical referral resources and maintaining on-going communication with those providers;

(8) Linking the recipient to necessary health care services outside the program;

(9) Coordinating the services provided by other staff to meet the mutually identified health care and psychosocial needs of each recipient;

(10) Providing inservice training to center staff about the recipient's health care needs;

(11) Developing and implementing a quality assurance program in conjunction with the multidisciplinary team;

(12) Providing health education for a recipient's family or primary caregiver; and

(13) Serving as an advocate to assist the recipient/caregiver to resolve problems.

iii. The center's nursing staff shall assure that nursing services provided to recipients are coordinated with health services currently received at home, as well as with existing community health agencies and services available to recipients in time of need.

5. Personal care services as follows:

i. To insure quality personal care, the center staff shall make daily checks to assure that recipients are maintaining personal hygiene, receiving medications as prescribed (which includes assuring the renewal of prescriptions as necessary and the disposition of outdated or discontinued drugs), and participating in appropriate social and recreational activities.

ii. Personal care services shall include education in and assistance with activities of daily living (ADL) (for example, walking, eating, toileting, grooming) and supervision of personal hygiene. In pediatric medical day care centers for children, activities of daily living include appropriate developmental stimulation, diaper changing and toilet training.

6. Pharmaceutical services as follows:

i. The center shall designate a pharmaceutical consultant who shall be responsible for the following:

(1) Establishing written policies and procedures to insure the safe use, storage, integrity, administration, control and accountability of all drugs stored or administered in the facility;

(2) Reviewing the records of all recipients at least every 90 days to assure that the medication records are accurate, up-to-date and that these records indicate that medications are administered or self-administered in accordance with physician's orders, except that in pediatric medical day care centers, the review of records shall be every 60 days;

(3) Reviewing records at least every 90 days to assure drug regimen, laboratory tests, special dietary requirements, and foods used or administered concomitantly with other medications to the same recipients, are monitored for potential adverse reaction, allergies, drug interaction, contraindications, rationality, drug evaluation, and test modification; and that all irregularities or recommended changes are documented on the recipient's record and reported to the medical director or attending physician, except that in pediatric medical day care centers, the review of records shall be at least every 60 days;

(4) Providing and documenting inservices and consultation with staff and recipients of the center as required to assure compliance with pharmaceutical compliance and utilization; and

(5) Devoting a minimum of one hour a month to carry out these responsibilities; maintaining a written record of activities, findings and recommendations.

7. Rehabilitative services as follows:

i. Rehabilitative services, which include physical therapy, occupational therapy, and speech-language pathology services, shall be provided by the center to those recipients whose need for these services has been definitely described in the individualized plan of care and ordered by the attending physician.

ii. Physical therapy and speech-language pathology services provided by the center are not included in the per diem rate for medical day care. However, they are reimbursable and may be billed separately.

iii. Occupational therapy shall be included in the per diem rate paid for medical day care.

8. Social services as follows:

i. A social worker shall be responsible for the development and implementation of the social services component. In addition to clinical services, this includes policy development and the integration of social services with health services.

ii. The social work staff shall provide, but not be limited to, the following social services:

(1) Interviewing the recipients and caregivers to obtain a clinical and social assessment and evaluation of needs and problems;

(2) Providing individual, family and group counseling in reference to psychological, social, financial, legal, vocational, and educational needs of the recipient;

(3) Assisting with obtaining concrete services; for example, housing, shopping, clothing etc.;

(4) Developing support groups and educational programs for caregivers and recipients;

(5) Providing crisis intervention;

(6) Providing family outreach;

(7) Coordinating recipient's treatment plans with other community resources;

(8) Providing inservice training to staff on recipient/caregiver psychosocial needs;

(9) Developing and implementing a quality assurance program;

(10) Participating in professional organizations and seminars;

(11) Participating in all recipient case conferences; for example, pre-admissions and post-admissions, problem-oriented cases; and

(12) Documenting assessments, treatment plans, evaluations and clinical notes.

9. Therapeutic activities as follows:

i. The center staff, under the direction of the activities coordinator, shall provide a planned program of social, physical, spiritual, psychological and cognitive activities. These activities shall reflect and be adapted to the needs, interests and capabilities of the recipients.

(1) The center may involve volunteers in the implementation of the therapeutic activities program.

(2) The current monthly schedule of activities shall be posted at a location convenient to recipients, staff and families.

(3) Therapeutic activities shall include, but not be limited to:

(A) Discussion groups (reality orientation, remotivation);

(B) Arts and crafts;

(C) Specialty groups;

(D) Exercise groups;

(E) Educational programs;

(F) Participant council;

(G) Special events (parties, entertainment);

(H) Excursions or outings;

(I) Community service projects; and

(J) Individualized programs.

(4) The activities program shall be coordinated with occupational and physical therapy programs so that a total plan of care is provided to each recipient.

(5) The recipients and their families, when possible, shall be involved in the planning and implementation of the activities program.

(6) The activity staff shall:

(A) Participate in all recipient conferences;

(B) Participate in professional organizations and seminars;

(C) Document assessments, treatment plans, evaluations and clinical notes; and

(D) Develop and implement a quality assurance program.

10. Transportation services as follows:

i. The center shall provide transportation for recipients to and from their homes as well as to and from services provided indirectly by the center. No recipient's total daily commutation time shall exceed two hours.

ii. The medical day care center shall accommodate the special transportation needs and medical equipment used by the recipient.

iii. The cost of transportation services provided by the center shall be included in the per diem reimbursement for medical day care services. Medical day care transportation shall not be reimbursed as a separate service by the Division.

(b) A medical day care recipient is a person who is a Medicaid recipient, or a recipient who is served under the Division's Home Care Expansion Program, and who is eligible for services and is diagnosed as having an identifiable medical condition, lacks sufficient social support which impacts negatively on this condition and whose assessed physical and psychosocial needs:

1. Do not require services 24 hours a day on an inpatient basis in a hospital or nursing facility, except under special circumstances;

2. Cannot be met totally in any other ambulatory care setting, such as a physician's office, hospital out-patient department or in a partial care/partial hospitalization program;

3. Require and can be met satisfactorily by a seven-hour, including portal-to-portal travel time, day-long active medical day care program not to exceed five days per week, provided by licensed and non-licensed personnel;

i. Pediatric medical day care centers providing service for technology dependent and/or medically unstable children shall provide services a minimum of eight hours a day. In exceptional circumstances, if eight hours is contraindicated because of the medical condition of a child, the physician shall have approved no less than five hours attendance and this shall be documented in the child's medical record.

4. Are such that current health status would deteriorate without the direct services and health monitoring available at the center; and

5. Cannot be met while a resident of a residential health care facility (RHCF) setting except as follows:

i. If a resident of an RHCF was in medical day care prior to admission to the RHCF, medical day care services can continue for a limited period to allow for the adjustment into the RHCF;

ii. If a resident of an RHCF requires medical day care to encourage transition into a less structured residential setting such as a boarding home or an independent living arrangement, medical day care can be provided for a limited period;

iii. If a resident of an RHCF has been recently discharged from an acute care facility (general hospital, psychiatric hospital), medical day care services can be available for the purpose of "short term" (as determined by the Division) clinical monitoring; or

iv. If a resident of an RHCF shows evidence of an unstable clinical status which requires a short term structured therapeutic environment, medical day care services are available for a limited period.

6. Require continuous nursing services only available in a medical day care center serving technology dependent and/or medically unstable children.

i. A child served in a pediatric medical day care center shall meet the following criteria:

(1) Be technology dependent, requiring life-sustaining equipment or interventions, including a tracheostomy, ventilator, central venous pressure (CVP) line, hyperalimentation gastrostomy tube or a nasogastric tube; or

(2) Need ongoing treatment administered by a licensed registered professional nurse (RN) or licensed practical nurse (LPN) to maintain health, such as nebulizer treatments, administration of oxygen, apnea/cardiac monitoring, intermittent urinary catheterization; or

(3) Require the ongoing monitoring and assessment by an RN because of such care needs as seizure disorders or cardiac conditions.

Amended by R.1994 d.427, effective August 15, 1994.
See: 26 N.J.R. 1427(a), 26 N.J.R. 3474(a).
Amended by R.2001 d.5, effective January 2, 2001.
See: 32 N.J.R. 3053(a), 33 N.J.R. 55(a).
In (a)3ii(1)(A), (a)4i and (a)4ii(3), amended N.J.A.C. reference.

8:86–1.5 Staff

(a) The center shall have adequate staff capability to provide services and supervision to the recipients at all times. The composition of the staff shall depend in part on the needs of the recipients and on the number of recipients the program is serving. At a minimum, the center shall have a medical day care center administrator/director, a registered professional nurse, a social worker, an activities coordinator and a medical director, as well as having a registered pharmacist, speech language pathologist and qualified dietitian, as consultants. If the freestanding facility has no medical director, a licensed physician shall be appointed to serve in this capacity. Staff employed by a pediatric medical day care center shall have had recent pediatric experience and shall be provided with ongoing training regarding children with special needs. Staffing requirements are as follows:

1. The administrator/director shall be responsible for the overall conduct and management of all program activities and staff on a full-time basis; and

i. Be a qualified health professional, such as a nursing home administrator, physician, social worker, licensed nurse, licensed physical therapist, occupational therapist, or speech-language pathologist;

(1) In a pediatric medical day care center, the administrator/director shall be a qualified health professional, such as a physician, licensed social worker or licensed clinical social worker with a pediatric concentration; a registered professional nurse with a Master of Science in Nursing (MSN), or Bachelor of Science in Nursing (BSN), or Pediatric Nurse Practitioner (PNP), with recent pediatric experience.

(2) In a medical day care center serving adults, the administrator/director shall be experienced in the care of the elderly and disabled and knowledgeable regarding their physical, social and medical health needs; and

ii. Meet the minimum staff requirements defined by the New Jersey State Department of Health and Senior Services (see N.J.A.C. 8:43F–1.4).

2. The registered professional nurse shall be licensed by the New Jersey State Board of Nursing pursuant to N.J.S.A. 45:11–26 et seq. and shall have at least one year full-time or full-time equivalent experience in nursing supervision and/or nursing administration in a licensed health care facility, as defined by the New Jersey State Department of Health and Senior Services (see N.J.A.C. 8:43F–1.7). In a pediatric medical day care center one of the on duty registered professional nurses shall have, at a minimum, the following credentials:

i. Possess a Bachelor of Science in Nursing degree; or

ii. Have at least one year recent full-time pediatric experience.

3. A social worker shall possess a bachelor's or master's degree from a college or university approved by a State department of education with a major in one of the following: social work, psychology, sociology, or counseling as defined by the New Jersey State Department of Health and Senior Services (see N.J.A.C. 8:43F–1.18). For those persons without a master's degree in social work, at least one year of full-time or full-time equivalent social work experience in a licensed health care facility is required.

i. A social work consultant shall possess a master's degree in social work from a graduate school of social work accredited by the Council on Social Work Education and at least one year of full-time social work experience in a health care facility.

4. The activities coordinator shall meet the requirements of the New Jersey State Department of Health and Senior Services, N.J.A.C. 8:43F–1.13, for a patient activities director.

i. An activities consultant shall possess:

(1) A master's degree in any one of the following: recreation therapy, creative arts therapy, occupational therapy, health care administration, human services, or a related field and two years of experience in patient activities in a health care setting; or

(2) A bachelor's degree from a college or university, approved by a state department of education with a major in recreation therapy, creative arts therapy, occupational therapy or a related field and two years of paid full time experience in a clinical, residential, or community-based therapeutic recreation program, and three years experience as a consultant in a health care setting.

5. The medical director shall provide the medical consultation and supervision of the total health care program provided to the recipients. The medical director shall be licensed as a physician to practice medicine in the State of New Jersey (see N.J.A.C. 8:43–1.16). In a pediatric medical day care center, the medical director shall also be certified by the American Board of Pediatrics.

6. A pharmaceutical consultant shall be licensed by the New Jersey State Board of Pharmacy with a current license to practice in the State of New Jersey in accordance with N.J.A.C. 8:43F–1.14 and certified by the Joint Board for Certification of Consultant Pharmacists.

7. A dietitian shall be responsible for the direction, provision and quality of dietary services. Each dietitian shall be registered or eligible for registration by the Commission on Dietetic Registration (see N.J.A.C. 8:43F–1.6).

(b) For staff-recipient ratio, adequate staff is defined as a ratio of one regular full-time, or full time equivalent, staff person to nine recipients, calculated on the basis of the daily census for medical day care centers serving adults. In pediatric medical day care centers the ratio shall be one staff person to three children. There shall be at least two nurses on the premises of the pediatric medical day care center during all hours of operation. The ratio shall include the center administrator/director and all other personnel (except the medical director) who are involved in direct patient care, excluding volunteers. The maximum daily census in any pediatric medical day care center shall be 27 children.

1. Without compromising the above required staff-recipient ratio of one to nine for medical day care centers serving adults or one to three for pediatric medical day care centers, various staff positions could combine functions within one person, that is, the center administrator/director may be a social worker or activities coordinator, performing dual functions of the director/social worker or director/activities coordinator. In medical day care programs serving adults with 36 or more recipients, the director may not serve a dual function. New adult programs for start-up purposes, or with less than 10 recipients, may have no fewer than two full time staff persons. The registered professional nurse shall occupy one of these positions.

(c) For pediatric medical day care centers, all direct care staff shall have current certification in cardio-pulmonary resuscitation (CPR) and shall have had recent pediatric experience. Those without recent pediatric experience shall be educated by the center in growth and development and in the care of children with special needs. All direct care paraprofessional staff shall have been certified by the New Jersey State Board of Nursing as homemaker-home health aides, or certified by the Department of Health as nurse aides in accordance with N.J.A.C. 8:39. When there are technology dependent children served in the center, a registered professional nurse certified for intravenous administration must be available during the hours of operation.

Amended by R.1994 d.427, effective August 15, 1994.
See: 26 N.J.R. 1427(a), 26 N.J.R. 3474(a).
Amended by R.2001 d.5, effective January 2, 2001.
See: 32 N.J.R. 3053(a), 33 N.J.R. 55(a).

8:86–1.6 Recipient review, evaluation and identification

(a) Each recipient in the Medical Day Care Program shall be seen by his or her attending physician as needed but at least every six months. A record of the physician's visit, findings, and recommendations shall be documented on the recipient's chart.

(b) Every 90 days the recipient's individualized plan of care shall be updated by the medical day care center staff to reflect the needs of the recipient for medical day care. This plan shall become part of the recipient's permanent record at the center.

(c) Medical Day Center staff shall verify that the recipient is a covered person on the first visit and at least monthly thereafter. This is done by viewing the Medicaid eligibility identification card (see N.J.A.C. 10:49–2.15).

Amended by R.2001 d.5, effective January 2, 2001.
See: 32 N.J.R. 3053(a), 33 N.J.R. 55(a).
In (c), amended N.J.A.C. reference.

8:86–1.7 Records

(a) As a minimum, the recipient's chart shall contain the following information:

1. An application for admission form;

2. A home visit assessment;

3. A medical history, record of physical examination, and medication record as recorded initially by the attending physician and updated every six months thereafter, citing general medical condition, disabilities and limitations. Also included shall be any consultations, reports of laboratory studies, and progress notes from therapies.

4. A nursing assessment/history, which shall be completed after the first five days of attendance or within a period of one month (whichever is less), and daily nursing observations for the first five days of attendance. A nursing summary and evaluation shall follow every 90 days for medical day care, and every 60 days for a pediatric medical day care center, thereafter, providing appropriate input into the Individualized Multidisciplinary Plan of Care;

i. This requirement does not preclude the completion, by the nurse, of clinical documentation as often as necessary to assure consistent follow-up to care needs.

5. A social assessment history, which shall be completed after the first five days of attendance or within a period of a month (whichever is less), and social summary and evaluation notes every 90 days for medical day care and every 60 days for a pediatric medical day care center;

6. An activity assessment and plan, which shall be completed after the first five days of attendance or within a period of a month (whichever is less), and activity summary and evaluation notes every 90 days for medical day care and every 60 days for a pediatric medical day care center;

7. Physical therapy, occupational therapy, speech-language pathology services and dietary progress notes as indicated;

8. A dietary assessment, which shall be completed within the first five days of attendance or within a period of one month (whichever is less). When the recipient's nutritional status requires dietary intervention, there shall be ongoing monitoring and summary and evaluation notes every 90 days for medical day care and every 60 days for a pediatric medical day care center;

9. A multidisciplinary individualized plan of care, which shall be completed after the first five days of attendance or within a period of one month (whichever is less) and updated every 90 days for medical day care and every 60 days for a pediatric medical day care center, with input from each discipline;

10. Clinical notes, which shall be required from each discipline. These notes shall be event-triggered and shall be written, signed and dated, when significant physical, emotional, mental, behavioral or social changes occur to the recipient, when problems arise and/or services are provided on an intensive basis. These notes shall include a description of signs, symptoms, treatments, services and the recipient's reactions. Clinical notes shall be written in the recipient's medical chart the day service is provided; and

11. An attendance record.

(b) The multidisciplinary individualized plan of care shall be written for each recipient, with input from the recipient, family, and interested community agencies. The plan shall state medical needs of the recipient as evaluated by the attending physician, with nursing, social service, activity and other service needs as determined by the center staff, with input from community agencies. Overall goals and services to be provided by the center to fulfill the needs expressed shall be indicated;

1. The multidisciplinary individualized plan of care shall:

i. Be signed by all center staff preparing or revising the plan;

ii. Be updated at least every 90 days, for medical day care, and every 60 days for a pediatric medical day care center, by each discipline;

iii. Identify psychosocial, medical and nursing needs and problems of the recipient and/or caregiver(s). Each discipline shall attend the multidisciplinary care conference held on each recipient and assess the specific area of expertise; and

iv. In addition to the problem/need identification, include goals specifically related to each problem/need and interventions that the specific discipline shall utilize to achieve the goals. Short-term goals shall be measurable, observable and include a target date not to exceed 90 days. Long-term goals shall also be measurable, observable and include a target date not to exceed one year.

(c) Summary and evaluation shall:

1. Be completed, signed and dated by each discipline every 90 days; and

2. Be a comprehensive review of the recipient's overall adjustment to the center which includes the following:

i. Attendance record;

ii. Physical, emotional, mental, behavioral and social functioning;

iii. Significant changes in the home situation;

iv. Services provided;

v. Referrals made;

vi. Contacts with the caregivers; and

3. Be an appraisal of the effectiveness of the intervention identified on the care plans. Each discipline shall assess the recipient's and caregivers' responses to these interventions, including responses to physician ordered treatments; for example, dressing changes, medications, etc. If the goals were not achieved, barriers shall be cited.

Amended by R.1994 d.427, effective August 15, 1994.
See: 26 N.J.R. 1427(a), 26 N.J.R. 3474(a).

8:86–1.8 Basis of payment

(a) The center providing Medical Day Care services shall agree to accept the reimbursement rates established by the Division as the total reimbursement for services provided to the Medicaid recipient and to the beneficiary enrolled in the Home Care Expansion Program (HCEP). In a nursing facility based program, the medical day care per diem rate is 45 percent of that nursing facility's per diem rate. In free-standing centers, the medical day care per diem rate is based on an average of the rates paid to nursing facility

medical day care providers or on a percentage of nursing facility rates in effect as of January 1 and July 1 each year. For hospital-affiliated centers, the medical day care rate is a negotiated per diem rate which shall not exceed the maximum medical day care per diem rate paid to nursing facility-based providers. The reimbursement rates set for any Medicaid recipient or an HCEP beneficiary in medical day care centers shall not exceed charges for non-Medicaid participants. The per diem reimbursement shall cover the cost of all services listed in N.J.A.C. 8:86–1.4 with the following exception:

1. Physical therapy and speech-language pathology services shall not be included in the per diem rate reimbursed for medical day care services. These therapies when provided by the medical day care center, shall be billed separately on the Health Insurance Claim Form, HCFA–1500.

(b) The Division shall not reimburse for medical day care services and partial care/partial hospitalization program services provided to a recipient on the same day.

(c) For Medicare/Medicaid coverage, the only services that are considered for payment under Medicare are physical therapy and speech-language pathology services since medical day care service is not a covered Medicare service. When the medical day care recipient is covered under both programs, only the Medicare Form UB–92/HCFA–1450 shall be completed showing the Health Services Program Case and Person Number.

(d) For third party liability, some insurance companies currently offer medical day care as a benefit. The center shall review the recipient's and family's insurance plans before submitting Medicaid claims to assure that insurance companies are billed before submitting to the Fiscal Agent.

Amended by R.1994 d.427, effective August 15, 1994.
See: 26 N.J.R. 1427(a), 26 N.J.R. 3474(a).
Amended by R.1996 d.6, effective January 2, 1996.
See: 27 N.J.R. 3540(a), 28 N.J.R. 184(b).
Amended by R.2001 d.5, effective January 2, 2001.
See: 32 N.J.R. 3053(a), 33 N.J.R. 55(a).
In (a), amended N.J.A.C. reference in the introductory paragraph.

8:86–1.9 Disaster plan

The facility disaster plan shall be posted at the nurses' station and other conspicuous locations throughout the medical day care center.

SUBCHAPTER 2. HCPCS CODES

8:86–2.1 Introduction

(a) The New Jersey Medicaid Program adopted the Health Care Financing Administration's (HCFA) Common Procedure Coding System (HCPCS). THE HCPCS codes as listed in this subchapter are relevant to certain Medicaid and HCEP medical day care services.

(b) These codes shall be used when requesting reimbursement for certain Medical Day Care Services.

8:86–2.2 HCPCS Codes

(a) HCPCS Codes for medical day care services are as follows:

HCPCS Code	Description
Z0300	Initial visit, speech-language pathology services
Z0310	Initial comprehensive speech-language pathology evaluation
Z0270	Initial visit, physical therapy
92507	Speech-language pathology services
97799	Physical therapy
W9002	Medical day care visit
Z1860	Medical day care visit for the AIDS Community Care Alternatives Program (ACCAP)
Z1863	Medical day care visit for technology dependent children
Z1864	Medical day care visit for medically unstable children

(b) Fees for medical day care centers are pre-approved by the Division, based on the reimbursement methodology described in N.J.A.C. 8:86–1.8, with each center's fees established in accordance with the setting in which the medical day care program is operated.

Amended by R.2001 d.5, effective January 2, 2001.
See: 32 N.J.R. 3053(a), 33 N.J.R. 55(a).
In (b), amended N.J.A.C. reference.

APPENDIX A

STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES
CN-712
TRENTON, NEW JERSEY 08625

MEDICAID PROVIDER APPLICATION

1. _____ 2. _____
Legal and/or Trade Name of Organization — Type of Business or Facility

3. _____
Address — Street — City — County — State — Zip Code

4. _____ 5. _____ 6. _____
SSA and/or Employer ID Number — Telephone Number — Length of Time at Above Address

7. _____ 8. _____
Billing Address, If Different — Name of Administrator, Chief Executive Officer, Director or Other Official

9. List the specific service(s) for which you are requesting approval for reimbursement under the Medicaid Program
_____
_____

10. Do you operate from more than one location? [ ] Yes [ ] No If yes, list all other subsidiary or affiliated organization below: (Name and address)
1. _____ _____
2. _____ _____
3. _____ _____
Please attach additional sheet if necessary.

11. Please indicate your preference to receive central or local reimbursement:
[ ] Reimbursement to each Satellite Location
[ ] Reimbursement to Central Location

Billing through a central location is allowable and left to the provider's discretion. However, if the provider chooses to bill centrally, pre-addressed claims MUST be utilized since they reflect the proper address and provider number for that location.

12. Do you require a Certificate of Need under the Health Facilities Planning Act from the New Jersey Department of Health? [ ] Yes [ ] No If yes, have you applied for the Certificate? Attach copy of Certification of Need. If no, explain why you don't require a Certificate.

13. If your business or facility requires a license(s), list type of license(s), license number(s), effective date of license(s), and attach a non-returnable copy.

14. CERTIFICATION, ACCREDITATION OR APPROVAL - - Specify type and attach copy. For Example JCAH (Hospitals); New Jersey Department of Health (Clinics); Office of Community Services (Mental Health Clinics); State Board of Dentistry (Dental Clinics); State Board of Pharmacy (Providers offering Pharmaceutical Services); American Board for Certification in Orthotics and Prosthetics (Prosthetist and/or Orthotist) See also question 15.

15. Approved by Medicare? [ ] Yes [ ] No If yes, attach copy of your approval, if applicable. If no, have you applied for Medicare approval? [ ] Yes [ ] No attach documentation.

FD-20 C2 (Rev. 3-77) Medicaid 3026-M Ed. 8-81

16. Are you currently or have you ever been an approved provider of services under the New Jersey Medicaid (Title XIX) Program? If yes, list type of service(s) provided and current status. If you were approved at one time and no longer participate, explain the reason(s).

17. Indicate legal status of your organization: Profit Corporation [ ], Non-Profit Corporation [ ], Partnership [ ], Sole Proprietor [ ], Government [ ], Other [ ]. If other please specify:

18. Do you or does your organization have any legal or professional relationships with any other health care organization(s) or facility(ies)? [ ] Yes [ ] No If yes, list all such relationships below:

19. Does any member of your organization have a ten percent or greater financial interest in any other organization or practice of an individual providing services under the New Jersey Medicaid Program? If yes, list name of individual and/or organization.

20. Do you charge for goods and/or services? TO ALL [ ], TO NONE [ ], TO CERTAIN GROUPS ONLY [ ]. If you charge to all or only certain groups, please explain your arrangements and attach copy of your fee schedule.

21. List days and hours of operation.

22. List the Names, SSA Number, License Number and Degree(s) for all Professional Staff in the Organization. Include Physicians, Dentists, Psychologists, Registered Physical Therapists, Optometrists, etc. If more space is needed attach additional sheets.

Name	SSA NO.	License No.	Degree, e.g., MD, DO, DDS, RPT, PhD, CPO, OD, etc.

23. FOR THE PURPOSE OF ESTABLISHING ELIGIBILITY TO RECEIVE DIRECT PAYMENT FOR SERVICES TO RECIPIENTS UNDER THE NEW JERSEY MEDICAID (TITLE XIX) PROGRAM: I CERTIFY THAT THE INFORMATION FURNISHED ON THIS APPLICATION IS TRUE, ACCURATE, AND COMPLETE.

24. _____ Signature of Provider _____ Title _____ Date

FOR DIVISION USE ONLY

[ ] Approve [ ] Disapprove [ ] Other _____ Initial _____ Date

[ ] Approve [ ] Disapprove [ ] Other _____ Initial _____ Date

APPENDIX B

STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

PARTICIPATION AGREEMENT
NEW JERSEY HEALTH SERVICES PROGRAM
MEDICAL DAY CARE PROGRAM

NAME OF FACILITY _____
ADDRESS _____
STATE LICENSE NO. _____ MEDICAID PROVIDER NO.: NF _____
MDC _____
HMDC _____

This Contract, made and entered into by and between the Department of Human Services through the Division of Medical Assistance and Health Services, hereinafter designated as the Department, and the above-named facility, a provider of services, whose address is as stated above, hereinafter designated as the Facility, Witnesseth:

Whereas, various persons eligible for benefits under the New Jersey Health Services Program (Medicaid) are in need of medical day care, as more specifically set forth in Program regulations and guidelines; and,

Whereas, Section 1902(a)(27) of Title XIX of the Social Security Act requires states to enter into a written agreement with every person or institution providing services under the State Plan for Medical Assistance (Title XIX); and,

Whereas, pursuant to N.J.S.A. 30:4D–1 et seq., the Department is responsible for the administration of the Medicaid Program and is authorized thereunder to take all necessary steps for the proper and efficient administration of the New Jersey Medicaid Program; and,

Whereas, to participate in the New Jersey Medicaid Program, a Medical Day Care Facility must: (1) be licensed under the laws of New Jersey as a non-residential Adult Day Health Care Center by the Department of Health; (2) be currently meeting on a continuing basis standards for licensure; (3) be administered by a qualified health professional; (4) meet on a continuing basis Federal and State standards for participation and more specifically Medical Day Care standards in Title XIX; (5) accept the terms and conditions of participation set out herein.

A. FACILITY AGREES:

1. That it will render all services which are required for participation in the Medical Day Care Program, including as a minimum: medical services, nursing services, social services, transportation, personal care services, dietary services, therapeutic activities, pharmaceutical and rehabilitative services;

2. That it will accept the Medical Day Care rate approved under the Medicaid Program as payment in full and will not make any additional charges to the participant or others on his behalf for Medicaid covered services, except for authorized physical therapy and speech-language therapy which are not included in the per diem reimbursement and must be billed separately. Medical Day Care Centers will be reimbursed in accordance with methods and procedures set forth in State regulations either on the basis of cost study information or a percentage of the nursing facility per diem rate, except for the hospital affiliated Medical Day Care Center which will be reimbursed at a negotiated per diem rate not to exceed the maximum Medical Day Care rate paid to nursing facility based providers;

3. That it will promptly initiate and terminate billing procedures, pursuant to applicable regulations, when individuals covered under this Program enter or leave the Facility or are assessed at a different level of care;

4. That it will limit billing procedures under this Program to those eligible and authorized participants and for those days on which Medical Day Care services have been received;

5. That it will make available to the appropriate State and/or Federal personnel or their agents, at all reasonable times and places in New Jersey, all necessary records, including but not limited to the following:
   a. Medical records as required by Section 1902(e)(28) of Title XIX of the Social Security Act, and any amendments thereto;
   b. Records of all treatment, drugs, and services for which vendor payments are to be made under the Title XIX Programs, including the authority for and the date of administration of such treatments, drugs, or services;
   c. Documentation in each participant's record which will enable the Department to verify that each charge is due and proper prior to payment;
   d. Financial records of the Facility, including data necessary to determine appropriate reimbursement rates;
   e. All other records as may be found necessary by the Department in compliance with any Federal or State law, rule or regulation promulgated by the United States Department of Health and Human Services or by the Department;

6. That it will comply with the disclosure requirements specified in 42 CFR 455.100 through 42 CFR 455.106;

7. That the maximum number of daily participants will be in accordance with the Department's regulations and the licensure standards of the Department of Health;

8. That it will cooperate fully in permitting and assisting representatives of the Department to make assessments and evaluations of services needed by and provided to participants in general, and of individual participants who are recipients of Medical Day Care services;

9. That it will secure and arrange for other health services as may be available for Medicaid patients pursuant to Program regulations;

10. That it will comply with State and Federal Medicaid laws, rules and regulations promulgated pursuant thereto;

11. That it will cooperate fully in permitting and assisting representatives of the Department in determining continuing conformity with the Federal and State standards applicable to non-residential Medical Day Care Facilities;

12. That it will notify the Department, within five working days, of any change in the status of its license to operate as issued by the Department of Health;

13. That it will notify the Department, within five working days, of any professional staff changes;

14. That it will notify the Medical Day Care participants, in writing, thirty days prior to the Facility's termination as a Medicaid Provider;

15. That it will immediately provide the Medicaid Program with written notice of any change in ownership and/or operation of the Facility, including changes in leases, officers and directors, stock ownership or sale of the Facility when:

    Corporation (Profits)
    a. There is acquisition by or transfer of ownership through purchase, contract, donation, gift, stock option, etc., of 25% or more of a corporation's outstanding stock (preferred or common).
    b. There is acquisition of the physical assets of the Facility by a newly formed or existing corporation.

    Partnership
    a. There is acquisition by or transfer of ownership of 10% or more of the existing partnership's total capital interest.
    b. There is acquisition of the physical assets of the Facility by a newly formed or existing partnership.

    Proprietorship
    a. There is purchase of the physical assets of the Facility.

    Corporation (Non–Profit)
    a. There is a change in the officer, trustee, directors or board members of the Facility.

16. To comply with the requirements of Title VI of the Civil Rights Acts of 1964 and Section 504 of the Rehabilitation Act of 1973 and any amendments thereto; and Section 1909 of P.L. 92–603, Section 242(c) which makes it a crime and sets the punishment for persons who have been found guilty of making any false statement or representation of a material fact in order to receive any benefit or payment under the Medical Assistance Program. (The Department of Human Services is required by Federal regulation to make this law known and to warn against false statements in an application/agreement or in a fact used in determining the right to a benefit, or converting a benefit to the use of any person other than one for whom it was intended.)

17. That breach or violation of any one of the above provisions shall make this entire agreement subject to immediate cancellation at the Department's discretion, in keeping with the procedures adopted by the

Division in accordance with the New Jersey Administrative Procedures Act.

B. DEPARTMENT AGREES:

18. That it will pay for authorized services provided by the Facility in keeping with the availability of State appropriations, on the basis of care required by the eligible individual as determined by the Department acting under the applicable regulations, but in no event will payment be made for any individual determined not to require Medical Day Care services;

19. That it will reimburse the Medical Day Care Center through the appropriate fiscal agent in accordance with methods and procedures set forth in State regulations, either on the basis of cost study information or a percentage of the nursing facility per diem rates; reimbursement for the hospital affiliated Medical Day Care Center will be at a negotiated per diem rate not to exceed the maximum Medical Day Care Center rate paid to nursing facility based providers;

20. That it will make such payments in accordance with applicable laws and regulations as promptly as is feasible after a proper claim is submitted and approved;

21. That it will give, subject to paragraph 17, the Facility 30 days' notice of any impending changes in its status as a participating Medical Day Care Facility;

22. That it will notify the Facility of any change in Title XIX rules and regulations as it relates to the Facility's program, and will work with the individual Facility with the view toward providing the best care available within the limitations of the law and available money;

23. That the Facility may terminate its participation in the Medicaid Program at the expiration of this agreement upon a minimum of 60 days' written notice to the Department.

C. DEPARTMENT AND FACILITY MUTUALLY AGREE:

24. That, in the event the Federal and/or State laws should be amended or judicially interpreted so as to render the fulfillment of this agreement on the part of either party infeasible or impossible, or if the parties to this agreement should be unable to agree upon modifying amendments which would be needed to enable substantial continuation of the Title XIX Program as a result of amendments or judicial interpretations, then, and in that event, both the Facility and the Department shall be discharged from further obligation created under the terms of this agreement, except for equitable settlement of the respective accrued interests up to the date of termination.

25. That this agreement shall be transferable and assignable upon a change in ownership and/or operation:

26. That, in the event the participating Facility is sold, the Department shall make no division of the reimbursable proceeds for services rendered to Medicaid recipients between buyer and seller, but rather will reimburse the provider of record as of the billing month for all services rendered. Said Provider shall make the necessary adjustments;

27. This agreement shall be effective on and will continue unless terminated or amended prior thereto (1) by mutual consent of the parties, (2) for cause under applicable clauses herein, or (3) because of Federal and/or State government withdrawal from Program participation.

28. To be complete by the Facility,

_____
Facility

_____
Address

_____
Authorized Signature

_____
Title

29. _____
Division of Medical Assistance and Health Services
Department of Human Services

APPENDIX C

MEDICAL DAY CARE
OUTLINE FOR WRITTEN NARRATIVE STATEMENT ON
PROPOSED MEDICAL DAY CARE CENTER

1. Describe the philosophy, goals and objectives for providing medical and ancillary health services to a non-resident population on a day care basis.
2. Describe the physical facilities to be used for the proposed Medical Day Care Center (diagram acceptable).
3. Describe the proposed Medical Day Care Program, including hours of operation; services to be provided, in-house and/or arrangement and staff who will be implementing the program.
4. Provide staff position descriptions and state qualifications of personnel selected for each position.
5. State total number of participants who will be served by Medical Day Care and give anticipated daily population.
6. Submit a projection of costs to be incurred by the Medical Day Care Program. State the period of projection and provide the basis of cost allocation if applicable.
7. Will the Medical Day Care Center be funded by other than Title XIX; i.e., Title XX and Title III?
8. Is the proposed Medical Day Care Program a new service of your facility or an expansion of an existing Day Care Program?
9. Additional comments relevant to the application for Medical Day Care under the New Jersey Medicaid Program.

APPENDIX D

STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

MEDICAL DAY CARE ON-SITE REPORT

Name of Program _____ Survey Date _____
Address _____ Telephone Number _____
Facility Administrator _____ Initial Approval Date _____
Medical Day Care Center Director _____ Latest Contract Renewal Date _____
Current Total Enrollment _____
Avg. Daily Attendance _____ Medicaid Census _____
Number of Paid Staff _____ Number of Volunteers _____
(full-time)
Registered Nurse: Yes ☐ No ☐ Social Worker: Yes ☐ No ☐
Activity Coordinator: Yes ☐ No ☐ Medical Director: Yes ☐ No ☐
Check Each Item if Applicable:

Service Provided	Yes	No
1. Medical		
2. Nursing		
3. Social		
4. Transportation		
5. Personal Care		
6. Dietary		
7. Social Activities		
8. Rehabilitative Services		
9. Dental		
10. Podiatry		

Records

11.	Admission Form	_____	_____
12.	Individualized Plan or Care	_____	_____
	Updated Every 90 Days	_____	_____
13.	Initial Physical Exams	_____	_____
	Every 90 Days	_____	_____
14.	Medical Orders	_____	_____
15.	Current Lab Reports	_____	_____
16.	Nurses Notes	_____	_____
	Daily 1st 5 days	_____	_____
	Every 30 days	_____	_____
17.	Social History	_____	_____
18.	Social Progress Notes	_____	_____
	Every 90 days	_____	_____
19.	Initial Activity Plan	_____	_____
20.	Activity Progress Notes	_____	_____
	Every 90 days	_____	_____
21.	Therapy Progress Notes	_____	_____
22.	Discharge Plan	_____	_____
23.	Emergency Provisions	_____	_____
24.	Disaster Plan	_____	_____

Comments: Indicate deficient areas according to item number in preceding section.

_____

_____

_____

_____

Team Recommendations to Facility:

_____

_____

_____

_____

Projected Revisit: _____

Facility Staff Present:

_____

_____

_____

_____
Medical Consultant

_____
RSN/RNS

_____
ASWS

APPENDIX E

State of New Jersey
Department of Human Services
Division of Medical Assistance and Health Services

Medicaid Participant Profile—Medical Day Care

1. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ ☐☐☐☐☐☐☐☐☐☐☐☐
Last Name First Name

2. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
Participant's Street Address or Mailing Address

3. ☐☐☐☐☐☐☐☐☐☐☐☐☐ 4. ☐☐☐☐☐☐☐☐☐☐☐☐☐ 5. ☐☐☐☐☐
City County Zip Code

6. ☐☐/☐☐/☐☐☐☐ 7. ☐ 8. ☐☐ 9. ☐☐ 10. ☐
Month / Day / Year of Birth Sex Martial Status Race Veteran Status

11. ☐☐☐☐☐☐☐☐☐☐☐-☐☐ 12. ☐☐☐-☐☐-☐☐☐☐
HSP (Medicaid) Case No. Social Security #

13. Waiver program? ☐ CCPED ☐ Model Waiver ☐ ACCAP ☐ N/A

13a. Level of care in waiver program ☐ ☐ (For Division Use Only)

13b. Attended day care before waiver? ☐ yes ☐ no

13c. If yes, how did participant pay? ☐☐ Other: _____

14. Living arrangement: ☐☐ Other: _____

15. Primary caregiver: ☐☐ Other: _____

16. Prior status: ☐☐ Other: _____

16a. If nursing home, give prior nursing home HSP# where different from current HSP#:
☐☐☐☐☐☐☐☐☐☐☐-☐☐ (For Division Use Only)

17. Primary diagnosis: _1 _2 _3 _4 _5 _6 _7 _8 _9 _10 _11 _12 _13 _14 _15 _16 _17 _18 _19 _20 _21 _22 _23 _24 _25 Other: _____

18. Secondary diagnoses: _1 _2 _3 _4 _5 _6 _7 _8 _9 _10 _11 _12 _13 _14 _15 _16 _17 _18 _19 _20 _21 _22 _23 _24 _25 Other: _____

19. Services required: _1 _2 _3 _4 _5 _6 _7 _8 _9 _10 _11 _12 _13 _14 _15 _16 _17 _18 _19 _20 _21 _22 Other: _____ _____

19a. If client is receiving therapies (service #s 1, 9 or 10 above), check payment mechanism:
☐ Medicare ☐ Medicaid ☐ Private Insurance ☐ Other _____

19b. If the payor is private insurance, name carrier: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

20. Enrollment: ☐☐/☐☐/☐☐☐☐ (Month/Day / Year)

21. Reason for attendance: _1 _2 _3 _4 _5 _6 _7 _8 _9 _10 _11 _12 Other: _____

22. Source of referral: ☐☐ Other: _____

23. Maximum number of days/week approved by Medicaid: ☐

Center provider number: 3700☐☐ County of Provider: ☐☐☐☐☐☐☐☐☐☐
Date: _____ Completed by: _____

FD-321 (Rev 9/87)

State of New Jersey
Department of Human Services
Division of Medical Assistance and Health Services
Medicaid Participant Profile—Medical Day Care
Instructions for Participant Profile Sheet

PLEASE COMPLETE THIS FORM FOR MEDICAID PARTICIPANTS ONLY.

Please print all information, using blocks designated. Complete all applicable information. Print N/A in any blocks that are not applicable.

1. **Name**—Fill in last and first name. If name is longer than blocks allowed, fill in as much as possible.
2. **Participant's Street Address or Mailing Address**—Indicate as much of the street or mailing address as possible.
3. **City**—Indicate City of residence
4. **County**—Indicate County of residence
5. **Zip Code**—Indicate participant's zip code.
6. **Date of birth**—Indicate date of birth, giving month first, then day, then year.
7. **Sex**—Indicate M for male; F for female
8. **Marital Status**—Indicate marital status by using appropriate code:
   01. Married
   02. Never Married
   03. Divorced
   04. Separated
   05. Widowed
9. **Race**—Indicate race by using appropriate code:
   01. American Indian
   02. Asian or Pacific Islander
   03. Black, Non-Hispanic Origin
   04. Hispanic
   05. White/Non-Hispanic
   06. Other

10. Veteran Status: Indicate Y for Yes, N for No.

11. **Medicaid HSP #**—Indicate the Medicaid Identification # assigned to the participant.

12. **Social Security #**—Indicate participant's own social security number.

13. **Waiver Program Participants**: Indicate if participant is in a Medicaid waiver program. Check the appropriate program, or N/A.

13a. The level of care assigned to the waiver program participant will be filled in by the Division of Medical Assistance and Health Services (Medicaid).

13b. Did participant attend Medical Day Care before acceptance into the waiver? Indicate yes or no.

13c. If participant was in medical day care before participation in a waiver program, how did the participant pay?
- 01. Private pay
- 02. Private insurance. Please write in name of provider on blank line.
- 03. United Way
- 04. Social Service Block Grants (Title XX)
- 05. Older Americans Act (Title III)
- 06. Scholarship from center
- 07. Other. Specify.

14. **Living Arrangement**—Indicate the individual's living arrangement by using the appropriate code:
- 01. Alone
- 02. With parents or adult children
- 03. With spouse
- 04. With other relatives
- 05. With non-relative
- 06. Residential Home or Boarding Home or Rooming House or Supervised Apartments
- 07. Foster Care
- 08. Residential Health Care Facility
- 09. Other (specify)

15. **Primary Caregiver**—Indicate who the primary caregiver is:
- 01. Spouse
- 02. Child
- 03. Sibling
- 04. Other relative
- 05. Friend
- 06. Neighbor
- 07. Parent
- 08. Foster Care
- 09. None
- 10. Boarding home sponsor in regular boarding home, or Supervisor of supervised apartments.
- 11. Residential Health Care Facility
- 12. Other. Specify. (Includes attendant care).

16. **Prior Status**—Indicate the location of the participant prior to enrolling in Medical Day Care
- 01. In community (includes any non-residential facilities and boarding homes)
- 02. In nursing home
- 03. In-patient hospital
- 04. In-patient rehabilitation
- 05. Residential drug treatment center
- 06. Residential health care facility
- 07. Residential facility for mental retardation or mental illness
- 08. Other, specify.

16a. The prior nursing home HSP#, where applicable, will be supplied by Medicaid.

17. **Primary Diagnosis**—Indicate the one primary diagnosis for the participant at

the point of entry into program, as stated by the attending physician. (Detailed explanations of diagnoses are attached).

01. Musculoskeletal System and Connective Tissue Diseases
02. Fractures
03. Other Orthopedic
04. Diabetes
05. Anemia
06. Other Nutritional and Metabolic Diseases
07. Cancer
08. Cardiovascular
09. Cerebrovascular Accidents (Stroke)
10. Traumatic brain injuries
11. Hearing Impaired
12. Eye disorders
13. Cerebral Palsy
14. Multiple Sclerosis
15. Other Neurosensory
16. Alzheimer's and other Organic Brain Syndrome
17. Mental Illness
18. Mental Retardation
19. Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC)
20. Gastrointestinal
21. Alcoholism and Alcoholism Related Diseases
22. Genitourinary
23. Respiratory
24. Skin Diseases
25. General physical deterioration, frailty
26. Other (specify) _____

18. **Secondary Diagnoses**: Indicate the secondary diagnoses for the participant at the point of entry into the program, as stated by the attending physician. Check as many as are required, using the same list as for number 17.

19. **Services required**—Indicate the services required by the participant's plan of care. Check all that apply.

01. Physical Therapy and Rehabilitation
02. Respite Care
03. Assistance Shopping
04. Personal Care
05. Supervision/administration of Medications
06. Education in ADLs/IADLs
07. Socialization
08. Requires supervision during day
09. Speech therapy
10. Occupational Therapy (including sheltered workshops)
11. Reality Orientation
12. Therapeutic nutrition/nutritional education
13. Bowel and bladder training (or assistance with toileting)
14. Health monitoring
15. Skilled Nursing (direct care)
16. Psychotherapy/counseling/support groups
17. Therapeutic recreation

18. Case management and/or resource referrals
19. Foot care/podiatry
20. Transportation to doctor/therapies
21. Translator (to Spanish, sign language, etc).
22. Other (specify)

19a. If client is receiving therapies (services #1, 9, or 10 above), check appropriate payment mechanism.

19b. If the payor is private insurance, name carrier.

20. **Date of Enrollment**—Indicate first date of attendance in Medical Day Care using numbers. (This would be the effective date on the prior authorization form FD-140).

21. **Reason for Attendance**—Indicate the most important reason(s) the participant attends Medical Day Care. Why does the client need the services you provide?
    01. Recent deterioration of medical status
    02. Loss of primary caregiver
    03. Accident/Injury
    04. Primary caregiver needs relief
    05. Increased dependency in ADLs and IADLs
    06. Caregiver employed outside home
    07. Social isolation
    08. Chronic physical health problems (includes "requires nursing daily")
    09. Psychiatric problems or depression
    10. Mental retardation
    11. Disorientation or confusion
    12. Other, specify.

22. **Source of referral.** Who contacted the center to refer the client?
    01. Hospital (in or outpatient)
    02. Doctor
    03. Social Day Care Center or Psychiatric Day Treatment or Senior Center
    04. Self
    05. Family or Relative or Friends or Other client or boarding home operator or other primary caregiver
    06. Nursing home
    07. Home Health or Homemaker Agency
    08. Social Service Agency or mental health agency or meals on wheels
    09. Church or clergy
    10. Medicaid District Office
    11. Your center or any center staff member actively recruited
    12. Other Medical Day Care Centers
    13. Community Care Program for the Elderly and Disabled (CCPED)
    14. Other state offices
    15. Other (specify) _____

23. **Days in attendance**: Indicate the maximum number of days/week that were approved by the Medicaid District Office for the participant to attend, as of the participant's date of enrollment.

DIAGNOSES

01. Musculoskeletal System and Connective Tissue Diseases—Includes diseases such as arthritis, Rheumatoid and allied conditions, Osteomyelitis, other diseases of joints, and Lupus.

02. Fractures—Includes all fractures, simple or compound, long or shorter term, and joint replacements.

03. Other Orthopedic—Includes such diseases as scoliosis, dislocations, sprains, congenital deformities of the bones and organs of movement, traumatic and congenital amputations of limbs, except amputation due to diabetes.

04. Diabetes—includes diabetes and its complications such as diabetic ulcer and amputation due to diabetes.

05. Anemia

06. Nutritional and Metabolic Diseases—Includes diseases such as Addison's disease, Cushing's disease, hypothyroidism, malnutrition and obesity, but not anemia or diabetes.

07. Cancer—includes malignant neoplasms of all sites

08. Cardiovascular—includes disease of the heart and blood vessels such as cardiovascular-renal diseases, hypertension, arteriosclerotic heart disease, congestive heart failures, pacemaker use and other heart diseases.

09. Cerebrovascular Accidents (Stroke)

10. Traumtic brain injuries—includes traumas with resulting brain injury, such as aneurism, lobotomy, gunshot wounds and car accidents, among others.

11. Hearing Impaired

12. Eye disorders—Cataracts, Glaucoma, blindness, etc.

13. Cerebral Palsy

14. Multiple sclerosis

15. Neurosensory—Includes diseases such as paraplegia, quadriplegia, hemiplegia, Parkinson's disease, epilepsy, ALS, neuralgia, seizure disorders, polio, spina bifida, and spinal cord injuries, among others.

16. Alzheimer's, Organic Brain Syndrome and other dementia.

17. Mental Illness—includes all mental illness, such as schizophrenia and depression.

18. Mental retardation—mental retardation from whatever cause, including Downs Syndrome

19. Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC)

20. Gastrointestinal—includes all non-alcohol related gastrointestinal diseases, such as ulcers, hernias, gastritis, colitis, fecal impaction; and other diseases of the buccal cavity, esophagus, stomach, intestines, peritoneum, liver (except alcohol related cirrhosis), gall bladder and pancreas.

21. Alcoholism and Alcoholism related diseases (such as cirrhosis)

22. Genitourinary—Includes all genitourinary diseases, such as infections of the kidney, ureters, bladder and urethra; prostatitis, and other diseases of the prostate or male genital organs; diseases of the breast, ovaries, fallopian tubes and other female genital organs.

23. Respiratory—Includes all respiratory diseases, such as tuberculosis, COPD, emphysema, bronchitis, and pneumonia.

24. Skin Diseases

25. General physical deterioration, frailty

26. Other (specify)

APPENDIX F

State of New Jersey
Department of Human Services
Division of Medical Assistance and Health Services

Quarterly Discharge Information
Medical Day Care

Please list each Medicaid client discharged during the quarter dated___/___/____ - ____ /__/_____ . For each client include HSP#, the date discharged, and where discharged to, using code number from the list below, or specifying other where appropriate.

Name	HSP (Medicaid)	Case No.	Date Discharged	Discharged to

Discharged to:
- 01 Nursing Home
- 02 Psychiatric Institute
- 03 Residential Health Care Facility
- 04 Hospital
- 05 Social Day Care Program
  - Community:
    - 06 No Longer Needs
    - 07 Unable to attend
    - 08 No Longer Interested
- 09 Moved
- 10 Died
- 11 Other. Please specify.

_____

Center provider number 3700_____ County_____

Date: _____ Completed by:_____

FD-322 (6/87)

APPENDIX G

HEALTH INSURANCE CLAIM FORM

READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

MEDICARE ☐ MEDICAID ☐ CHAMPUS ☐ OTHER ☐ OMB No. 0938-0008

PATIENT & INSURED (SUBSCRIBER) INFORMATION

1. PATIENT'S NAME (First name, middle initial, last name)
2. PATIENT'S DATE OF BIRTH
3. INSURED'S NAME (First name, middle initial, last name)
4. PATIENT'S ADDRESS (Street, city, state, ZIP code)
Telephone No
5. PATIENT'S SEX MALE ☐ FEMALE ☐
6. PATIENT'S MEDICARE/CHAMPUS NO. (Include any letters)
7. PATIENT'S RELATIONSHIP TO INSURED SELF ☐ SPOUSE ☐ CHILD ☐ OTHER ☐
8. PATIENT'S MEDICAID I.D. NO
9. OTHER HEALTH INSURANCE COVERAGE— YES ☐ NO ☐
Enter Name of Policyholder and Plan Name and Address and Policy Number
10. WAS CONDITION RELATED TO
A. PATIENT'S EMPLOYMENT YES ☐ NO ☐
B. ACCIDENTAL INJURY AUTO ☐ OTHER ☐
8a. INSURED'S GROUP NO. (Or Group Name)
11. INSURED'S ADDRESS (Street, city, state, ZIP code)
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE MEDICARE, CHAMPUS & MEDICAID (Read back before signing)
I Authorize the Release of any Medical Information Necessary to Process this Claim and Request Payment of Benefits in Accordance with Program Rules
For Federal Benefits I Request Payment Either to Myself or to the Person who Accepts Assignment Below
Assignment Check if other than patient ☐ Authorized Rep ☐ Relative ☐ Other
SIGNED DATE
13. I Authorize Payment of Medical Benefits to Undersigned Physician or Supplier for Service Described Below
SIGNED (Insured or Authorized Person)

PHYSICIAN OR SUPPLIER INFORMATION

14. DATE OF ILLNESS (FIRST SYMPTOM) OR INJURY (ACCIDENT) OR PREGNANCY (LMP)
15. DATE PATIENT FIRST CONSULTED YOU FOR THIS CONDITION
16. HAS PATIENT EVER HAD SAME OR SIMILAR SYMPTOMS? YES ☐ NO ☐
16a. IF AN EMERGENCY CHECK HERE ☐
17. DATE PATIENT ABLE TO RETURN TO WORK
18. DATES OF TOTAL DISABILITY FROM THROUGH
DATES OF PARTIAL DISABILITY FROM THROUGH
19. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE (e.g. public health agency)
19a. I.D. NUMBER
20. FOR SERVICES RELATED TO HOSPITALIZATION GIVE HOSPITALIZATION DATES ADMITTED DISCHARGED
21. NAME & ADDRESS OF FACILITY WHERE SERVICES RENDERED (If other than home or office)
21a. I.D. NUMBER
22. WAS LABORATORY WORK PERFORMED OUTSIDE YOUR OFFICE? YES ☐ NO ☐ CHARGES
23A. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY, RELATE DIAGNOSIS TO PROCEDURE IN COLUMN E BY REFERENCE NUMBERS 1, 2, 3, ETC OR DX CODE
1
2
3
4
23B. WAS THIS SERVICE PERFORMED AS A RESULT OF AN EPSDT PROGRAM REFERRAL? YES ☐ NO ☐
PRIOR AUTHORIZATION NO.

24. A. DATE OF SERVICE FROM	TO	B. *PLACE OF SERVICE	C. *T.O.S.	D. FULLY DESCRIBE PROCEDURES, MEDICAL SERVICES OR SUPPLIES FURNISHED FOR EACH DATE GIVEN (Explain Unusual Services Or Circumstances) PROCEDURE CODE (IDENTIFY)		E. DIAGNOSIS CODE	F. DAYS OR UNITS	G. CHARGES	H. CHECK IF FAMILY PLANNING	I. LEAVE BLANK

25. SIGNATURE OF PHYSICIAN OR SUPPLIER (I certify that the statements on the reverse apply to this bill and are made a part hereof.)
SIGNED
☐ MD ☐ DO ☐ DPM ☐ OD ☐ DC ☐ PhD
DATE
26. ACCEPT ASSIGNMENT YES ☐ NO ☐ (Medicare and CHAMPUS Only See Back)
27. TOTAL CHARGE
28. AMOUNT PAID
29. BALANCE DUE
30. PROVIDER SOCIAL SECURITY/I.D. NO
31. PHYSICIAN'S OR SUPPLIER'S NAME, ADDRESS & ZIP CODE
32. PATIENT'S ACCOUNT NO
33. EMPLOYER I.D. NO
34. REMARKS.
TELEPHONE NO

* PLACE OF SERVICE AND TYPE OF SERVICE (T.O.S.) CODES ON THE BACK

1500 N.J. ED.11-82

APPROVED BY AMA COUNCIL ON MEDICAL SERVICES
APPROVED BY THE HEALTH CARE FINANCING ADMINISTRATION, N.J. MEDICAID, AND CHAMPUS

HEALTH INSURANCE CLAIM FORM

REFERS TO GOVERNMENT PROGRAMS ONLY

MEDICARE AND CHAMPUS PAYMENTS: A patient's signature requests that payment be made and authorizes release of medical information necessary to pay the claim. If item 9 is completed, the patient's signature authorizes releasing of the information to the insurer or agency shown. In Medicare assigned or CHAMPUS participation cases, the physician agrees to accept the charge determination of the Medicare carrier or CHAMPUS fiscal intermediary as the full charge, and the patient is responsible only for the deductible, coinsurance, and non-covered services. Coinsurance and deductible are based upon the charge determination of the Medicare carrier or CHAMPUS fiscal intermediary if this is less than the charge submitted. CHAMPUS is not a health insurance program and renders payment for health benefits provided through membership and affiliation with the Uniformed Services. Information on the patient's sponsor should be provided in items 3, 6, 7, 8, 9, and 11.

MEDICAID PAYMENTS: Authorization to Release Information, and Payment Request. I certify that the service(s) covered by this claim has been received, and request that payment for these services be made on my behalf. I authorize any holder of medical or other information about me to release to the State Agency or its authorized Agents any information needed for this or a related claim.

SIGNATURE OF PHYSICIAN OR SUPPLIER (MEDICARE AND CHAMPUS)

I certify that the services shown on this form were medically indicated and necessary for the health of the patient and were personally rendered by me or were rendered incident to my professional service by my employee under immediate personal supervision, except as otherwise expressly permitted by Medicare or CHAMPUS regulations.

For services to be considered as 'incident' to a physician's professional service, 1) they must be rendered under the physician's immediate personal supervision by his/her employee, 2) they must be an integral, although incidental part of a covered physician's service, 3) they must be of kinds commonly furnished in the physician's offices, and 4) the services of non-physicians must be included on the physician's bills.

For CHAMPUS claims, I further certify that neither I nor any employee who rendered the services are employees or members of the Uniformed Services (refer to 5 USC 5536).

No Part B Medicare benefits may be paid unless this form is received as required by existing law and regulations (20 CFR 422.510).

NOTICE: Anyone who misrepresents or falsifies essential information to receive payment from Federal funds requested by this form may upon conviction be subject to fine and imprisonment under applicable Federal laws.

NOTICE TO PATIENT ABOUT THE COLLECTION AND USE OF MEDICARE AND CHAMPUS INFORMATION

We are authorized by HCFA and CHAMPUS to ask you for information needed in the administration of the Medicare and CHAMPUS programs. Authority to collect information is in section 205(a), 1872 and 1875 of the Social Security Act as amended and 44 USC 3101, 41 CFR 101 et seq. and 10 USC 1079 and 1086.

The information we obtain to complete Medicare and CHAMPUS claims is used to identify you and to determine your eligibility. It is also used to decide if the services and supplies you received are covered by Medicare or CHAMPUS and to insure that proper payment is made.

The information may also be given to other providers of services, carriers, intermediaries, medical review boards, and other organizations or federal agencies as necessary to administer the Medicare and CHAMPUS programs.

For example, it may be necessary to disclose information about the benefits you have used to a hospital or doctor.

With the one exception discussed below, there are no penalties under Social Security law for refusing to supply information. However, failure to furnish information regarding the medical services rendered or the amount charged would prevent payment of Medicare or CHAMPUS claims. Failure to furnish any other information such as name or claim number, would delay payment of the claim.

It is mandatory that you tell us if you are being treated for a work related injury so we can determine whether worker's compensation will pay for treatment. Section 1877(a)(3) of the Social Security Act provides criminal penalties for withholding this information.

MEDICAID PAYMENTS (PROVIDER CERTIFICATION)

I hereby agree to keep such records as are necessary to disclose fully the extent of services provided to individuals under the State's Title XIX plan and to furnish information regarding any payments claimed for providing such services as the State Agency may request.

SIGNATURE OF PHYSICIAN (OR SUPPLIER): I certify that the services covered by this claim were personally rendered by me or under my direct personal supervision (as defined by Program regulations); that the foregoing information is true, accurate and complete; and that the services covered by this claim and the amount charged therefore are in accordance with the regulations of the Medicaid Program; and that no part of the net amount payable under this claim has been paid; and that payment of such amount will be accepted as payment in full without additional charge to the patient or to others on his behalf, with the exception of authorized deductibles and coinsurance. I also certify that services have been furnished in full compliance with the non-discrimination requirements of Title VI of the Federal Civil Rights Act and Section 504 of the Rehabilitation Act of 1973.

I understand that payment and satisfaction of this claim will be from Federal and State funds, and that any false claims, statements, or documents, or concealment of a material fact, may be prosecuted under applicable Federal or State laws, or both.

PLACE OF SERVICE CODES:

(IH)	Inpatient Hospital
(OH)	Outpatient Hospital
(O)	Doctor's Office
(H)	Patient's Home
(DCF)	Day Care Facility (PSY)
(NCF)	Night Care Facility (PSY)
(NH)	Nursing Home
(SNF)	Skilled Nursing Facility
(A)	Ambulance
(OL)	Other Locations
(IL)	Independent Laboratory
(OMS)	Other Medical/Surgical Facility
(RTC)	Residential Treatment Center
(STF)	Specialized Treatment Facility
(KC)	Independent Kidney Care Treatment Center
(CL)	Clinic
(ER)	Emergency Room
(BH)	Boarding Home

TYPE OF SERVICE CODES:

1	Medical Care
2	Surgery
3	Consultation
4	Diagnostic X-Ray
5	Diagnostic Laboratory
6	Radiation Therapy
7	Anesthesia
8	Assistance at Surgery
9	Other Medical Service
0	Blood or Packed Red Cells
A	Used DME
M	Alternate Payment for Maintenance Dialysis
Y	Second Opinion on Elective Surgery
Z	Third Opinion on Elective Surgery

APPENDIX H

FISCAL AGENT BILLING SUPPLEMENT

AGENCY NOTE: The Fiscal Agent Billing Supplement is appended as a part of this chapter/manual but is not reproduced in the New Jersey Administrative Code. When revisions are made to the Fiscal Agent Billing Supplement, replacement pages will be distributed to providers and copies will be filed with the Office of Administrative Law. For a copy of the Fiscal Agent Billing Supplement, write to:

Unisys Corporation
CN–4801
Trenton, New Jersey 08650–4801

or contact:

Office of Administrative Law
Quakerbridge Plaza, Building 9
CN–049
Trenton, New Jersey 08625–0049

Amended by R.1994 d.427, effective August 15, 1994.
See: 26 N.J.R. 1427(a), 26 N.J.R. 3474(a).