

CHAPTER 43A

**MANUAL OF STANDARDS FOR LICENSING OF
AMBULATORY CARE FACILITIES**

Authority

N.J.S.A. 26:2H-5 and 26:2H-8

Source and Effective Date

R.2002 d.142, effective May 20, 2002.
See: 33 N.J.R. 2619(a), 34 N.J.R. 1831(b).

Chapter Expiration Date

Chapter 43A, Manual Standards for Licensing of Ambulatory Care Facilities, expires on May 20, 2007.

Chapter Historical Note

Chapter 43A, Ambulatory Care Facilities, was adopted as R.1976 d.165, effective May 26, 1976. See: 8 N.J.R. 117(a), 8 N.J.R. 282(b).

The expiration date for Subchapter 14 was extended by R.1979 d.489, effective December 14, 1979. See: 11 N.J.R. 547(a), 12 N.J.R. 16(b).

The expiration date for Subchapter 14 was further extended by R.1980 d.273. See: 12 N.J.R. 407(c).

Pursuant to Executive Order 66(1978), Chapter 43A, Ambulatory Care Facilities, was readopted as R.1983 d.427, effective October 3, 1983. See: 15 N.J.R. 994(a), 15 N.J.R. 1662(a).

Pursuant to Executive Order No. 66(1978), Chapter 43A, Ambulatory Care Facilities, was readopted as R.1984 d.497, filed October 18, 1984. See: 16 N.J.R. 2208(a), 16 N.J.R. 3031(a).

Chapter 43A, Ambulatory Care Facilities, was repealed and Chapter 43A, Manual of Standards for Ambulatory Care Facilities, was adopted as new rules by R.1985 d.438, effective September 3, 1985. See: 16 N.J.R. 3254(a), 17 N.J.R. 2110(b).

Petition for Rulemaking. See: 19 N.J.R. 306(d), 19 N.J.R. 570(b).

Pursuant to Executive Order No. 66 (1978), Chapter 43A, Manual of Standards for Ambulatory Care Facilities, was readopted as R.1990 d.416, effective July 27, 1990. See: 22 N.J.R. 1496(a), 22 N.J.R. 2507(a).

Pursuant to Executive Order No. 66 (1978), Chapter 43A, Manual of Standards for Licensure of Ambulatory Care Facilities, was readopted as R.1993 d.443, effective August 16, 1993, and Subchapters 1 through 11 and 13 through 19 were repealed and new Subchapters 1 through 11 and 13 through 29 were adopted by R.1993 d.443, effective September 7, 1993. See: 25 N.J.R. 757(b), 25 N.J.R. 4140(a).

Pursuant to Executive Order No. 66(1978), Chapter 43A, Manual of Standards for Licensure of Ambulatory Care Facilities, expired on August 16, 1998.

Chapter 43A, Manual of Standards for Ambulatory Care Facilities, was adopted as new rules by R.1998 d.535, effective November 16, 1998. See: 30 N.J.R. 2558(a), 30 N.J.R. 4070(c).

Administrative correction. See: 31 N.J.R. 54(a).

Subchapter 30, Radiation Oncology, was adopted as new rules by R.2000 d.376, effective September 18, 2000. See: 31 N.J.R. 2729(a), 32 N.J.R. 3459(b).

Chapter 43A, Manual of Standards for Licensure of Ambulatory Care Facilities, expired on November 16, 2001.

Chapter 43A, Manual of Standards for Licensing of Ambulatory Care Facilities, was adopted as new rules by R.2002 d.142, effective May 20, 2002. See: Source and Effective Date.

Administrative correction. See: 34 N.J.R. 3022(a).

Subchapter 24, Renal Dialysis, was repealed and adopted as new rule, and Subchapter 32, Other Services, was adopted as new rule by R.2005 d.278, effective September 6, 2005. See: 37 N.J.R. 699(a), 37 N.J.R. 3348(a).

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SUBCHAPTER 1. DEFINITIONS AND
 QUALIFICATIONS

8:43A-1.1 Scope

The rules in this chapter pertain to all health care facilities which provide ambulatory care services including, but not limited to, primary care, hospital outpatient, ambulatory surgery, family practice, family planning, outpatient drug abuse treatment, chronic dialysis, computerized tomography, magnetic resonance imaging, extracorporeal shock wave lithotripsy, and radiological services. These rules also pertain to abortion facilities, comprehensive outpatient rehabilitation facilities, and birth centers. Ambulatory care facilities provide preventive, diagnostic, and treatment services to persons who come to the facility to receive services and depart from the facility on the same day. The rules in this chapter constitute the basis for the licensure of ambulatory care facilities by the New Jersey State Department of Health.

8:43A-1.2 Purpose

The goal of this chapter is to protect the health and safety of patients who receive ambulatory care services by establishing minimum rules and standards of care with which an ambulatory care facility must comply in order to be licensed to operate in New Jersey.

8:43A-1.3 Definitions

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

“Abortion facility” means a facility which performs termination of pregnancy, in accordance with N.J.A.C. 13:35-4.2, as a single modality. Facilities which offer multiple or comprehensive surgical services, inclusive of termination of pregnancy, are designated as ambulatory surgery facilities. Whereas all of the rules at N.J.A.C. 8:43A-12 apply to ambulatory surgery facilities, only those rules at N.J.A.C. 8:43A-12 which are relevant to the levels of anesthesia used in a particular abortion facility shall apply to that facility.

“Advance directive” means a written statement of the patient’s instructions and directions for health care in the event of future decision making incapacity. An advance directive may include a proxy directive or an instruction directive, or both.

“Affiliated community perinatal center” means a licensed hospital designated within a maternal and child health service region with which the birth center has a formal agreement for

transfer and back-up services. This hospital must be designated as either a community perinatal center—intermediate or intensive or a regional perinatal center, in accordance with N.J.A.C. 8:33C.

“Ambulatory care facility” means a health care facility or a distinct part of a health care facility in which preventive, diagnostic, and treatment services are provided to persons who come to the facility to receive services and depart from the facility on the same day.

“Ambulatory surgery facility” means a surgical facility in which ambulatory surgical cases are performed and which is licensed as an ambulatory surgery facility, separate and apart from any other facility license. (The ambulatory surgery facility may be physically connected to another licensed facility, such as a hospital, but is corporately and administratively distinct.)

“Ambulatory surgical case” and “same day surgical case” are synonymous terms for a surgical procedure performed on a patient in a surgical facility generally requiring anesthesia, with a facility-based post surgery period of at least one hour, and generally without the requirement of an overnight stay.

“Available” means ready for immediate use (pertaining to equipment) or capable of being reached (pertaining to personnel), unless otherwise defined.

“Birth center” means a health care facility or a distinct part of a health care facility which provides routine prenatal and intrapartum care to low-risk maternity patients who are expected to deliver neonates of a weight greater than 2,499 grams and of 36 weeks gestational age and who require a stay of less than 24 hours after birth. “Routine intrapartum care” means labor and delivery services not requiring surgical intervention.

“Bylaws” means a set of rules adopted by the facility for governing its operation. A charter, articles of incorporation, or a statement of policies and objectives is an acceptable equivalent.

“Cardiac rehabilitation program” means a health care service in which an individualized program of physical exercise is prescribed for each cardiac patient.

“Chronic dialysis” means dialysis rendered to a patient with end stage renal disease in whom recovery of renal function is not expected.

“Cleaning” means the removal by scrubbing and washing, as with hot water, soap or detergent, and vacuuming of infectious agents and of organic matter from surfaces on which and in which infectious agents may find conditions for surviving or multiplying.

“Clinical note” means a written, signed, and dated notation made by a health care professional who renders a service to the patient. Clinical notes are written into the patient’s medical record the day service is rendered.

Director
 Certificate of Need and Acute Care Licensure
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(b) The Department shall charge separate nonrefundable fees for the filing of an application for licensure and for each annual licensure renewal of an ambulatory care facility in accordance with the following schedule:

<u>Service</u>	<u>Application</u>	<u>Renewal</u>
1. Chronic dialysis	\$4,000	\$4,000
2. Ambulatory surgery	\$4,000	\$4,000
3. Magnetic resonance imaging	\$4,000	\$4,000
4. Computerized axial tomography	\$4,000	\$4,000
5. Family planning (principal)	\$1,200	\$ 200
6. Family planning (satellite)	\$ 600	\$ 100
7. Abortion	\$1,750	\$ 750
8. Birth center	\$1,750	\$ 750
9. Extracorporeal shock wave lithotripsy	\$4,000	\$4,000
10. Comprehensive outpatient rehabilitation	\$1,750	\$ 750
11. Drug abuse treatment	\$1,750	\$ 750
12. Primary care (principal)	\$1,750	\$ 750
13. Primary care (satellite)	\$ 875	\$ 375
14. Megavoltage radiation oncology	\$4,000	\$4,000
15. Orthotripsy	\$4,000	\$4,000
16. Positron emission tomography	\$4,000	\$4,000
17. Sleep center	\$4,000	\$4,000

(c) The total application fee shall be calculated by adding together the individual fees, as set forth in (b) above, for each service sought to be included on the facility's license. The total application fee shall not exceed the maximum cap set forth at N.J.S.A. 26:2H-12, as may be amended from time to time.

(d) The total annual renewal fee shall be calculated by adding together the individual fees, as set forth in (b) above, for each service included on the facility's license. The total annual renewal fee shall not exceed the maximum cap set forth at N.J.S.A. 26:2H-12, as may be amended from time to time.

(e) In the event that an ambulatory care facility is at any time approved by the Commissioner to provide a service other than those specifically listed in this section, the application and license renewal fees for such service shall be \$3,500 and \$2,500, respectively, unless the Commissioner, by regulation, specifically designates some other fee(s).

(f) Only those ambulatory care facilities which provide family planning or primary care services shall be eligible to file an application for licensure of a satellite facility.

1. Each satellite facility shall be separately licensed.
2. A satellite facility shall be licensed to provide only family planning and/or primary care services.

(g) The Department shall charge a nonrefundable fee for the filing of an application to add services to an existing ambulatory care or satellite facility. The application fee for

each service to be added shall correspond with the fee for that service as set forth in (b) above. The total application fee for the addition of services shall not exceed the maximum cap set forth at N.J.S.A. 26:2H-12, as may be amended from time to time.

(h) The Department shall charge a nonrefundable fee of \$375.00 for the filing of an application to reduce services at an existing ambulatory care or satellite facility.

(i) The Department shall charge a nonrefundable fee of \$1,500 for the filing of an application for the transfer of ownership of an ambulatory care or satellite facility.

(j) The Department shall charge a nonrefundable fee of \$375.00 for the filing of an application for the relocation of an ambulatory care or satellite facility.

(k) Each applicant for a license to operate a facility shall complete all information requested on the licensure application. An appointment for a preliminary conference shall be requested with the Licensing, Certification and Standards Program to review the conditions for licensure and operation.

(l) All applicants for licensure under this chapter must demonstrate that they have the capacity to operate an ambulatory care facility in accordance with the rules of this chapter. An application for a license may be denied if the applicant cannot demonstrate that the premises, equipment, personnel, including principals and management, finances, rules and bylaws, and standards of health care are fit and adequate and that there is reasonable assurance that the health

care facility will be operated in accordance with the standards required by these rules. The Department shall consider an applicant's prior history in operating a health care facility either in New Jersey or in other states in making this determination for all facilities eligible for licensure under this chapter. Any evidence of licensure violations representing a serious risk of harm to patients shall be considered by the Department, as well as any record of criminal convictions representing a risk of harm to the safety and welfare of patients pursuant to the enforcement provisions as set forth at N.J.A.C. 8:43E-5.1.

(m) Each ambulatory care facility shall be assessed a biennial inspection fee in accordance with the schedule set forth below. This fee shall be assessed in the year the facility will be inspected, along with the annual licensure fee for that year. The fee shall be added to the initial licensure fee for new facilities. Failure to pay the inspection fee shall result in nonrenewal of the license for existing facilities and the refusal to issue an initial license for new facilities. This fee shall be imposed only every other year even if inspections occur more frequently and only for the inspection required to either issue an initial license or to renew an existing license. This fee shall not be imposed for any other type of inspection.

<u>Service</u>	<u>Inspection Fee</u>
1. Chronic dialysis	\$2,000
2. Ambulatory surgery	\$2,000
3. Magnetic resonance imaging	\$2,000
4. Computerized axial tomography	\$2,000
5. Family planning (principal)	\$200
6. Family planning (satellite)	\$200
7. Abortion	\$1,000
8. Birth center	\$200.00
9. Extracorporeal shock wave lithotripsy	\$2,000
10. Comprehensive outpatient rehabilitation	\$1,000
11. Drug abuse treatment (outpatient)	\$300
12. Primary care (principal)	\$200
13. Primary care (satellite)	\$200
14. Megavoltage radiation oncology	\$2,000
15. Orthotripsy	\$2,000
16. Positron emission tomography	\$2,000
17. Sleep center	\$1,000
18. Other	\$1,000

Amended by R.2004 d.160, effective April 19, 2004.
See: 35 N.J.R. 4838(a), 36 N.J.R. 1962(a).

In (b), rewrote the table; in (e), (h), (i) and (j), increased fees; in (l), substituted "In accordance with N.J.A.C. 8:33-4.10(d)1 through 11, all" for "All"; in (m), rewrote the table.

Amended by R.2005 d.278, effective September 6, 2005.
See: 37 N.J.R. 699(a), 37 N.J.R. 3348(a).

In (a), added "the Department's website address ... or from" following "forms may be obtained from", and changed mailing address; rewrote (l).

Cross Reference

Health care facilities, hospitals assessed a per adjusted admission charge, ambulatory care services, see NJSA 26:2H-18.57.

8:43A-2.3 Types of services requiring a license

(a) None of the following services or centers shall be provided by an ambulatory care facility unless the facility license indicates that the service is provided by the facility:

1. Ambulatory surgery facility;
2. Family planning services;
3. Birth center;
4. Chronic dialysis services;
5. Diagnostic radiological center and/or magnetic resonance imaging services;
6. Extracorporeal shock wave lithotripsy services;
7. Drug abuse treatment services;
8. Primary care services, including family practice, pediatric, and/or prenatal, postpartum, or gynecological services;
9. Comprehensive outpatient rehabilitation facility; and
10. Abortion facility.

(b) The license issued by the Department shall specify the services which the facility is licensed to provide. The facility shall obtain a determination of the applicability of Certificate of Need rules prior to requesting that any service be added to the license. The facility shall provide only those services for which it is licensed or authorized to provide by the Department.

(c) Any person, organization, or corporation applying for a license to operate an ambulatory care facility shall specify on the application the services to be provided.

(d) As of the effective date of this chapter, each facility shall specify, upon annual renewal of its license, the types of services to be provided, if the facility wishes to change the specification of services on the facility license.

(e) If a facility wishes to add any health care service during the annual licensure period, including any health care service not listed in (a) above, the facility shall obtain the authorization of the Licensing, Certification, and Standards Program of the Department prior to providing the additional service. Such authorization shall be based upon compliance with this chapter, and may be contingent upon an on-site inspection by representatives of the Department. This rule applies regardless of whether or not it is determined that a Certificate of Need is required.

8:43A-2.4 Newly constructed or expanded facilities

(a) Any ambulatory care facility which intends to undertake any alteration, renovation, or new construction of the physical plant, whether a Certificate of Need is required or not, shall submit plans to the Health Plan Review Program of the Department of Community Affairs for review and

i. This dimensional requirement shall apply to those facilities licensed March 6, 2006 or later.

ii. In the case of new construction or renovation involving at least 25 percent of the physical plant, ambulatory renal dialysis units shall be required to conform to the standards provided in this section.

(e) There shall be a separate soiled utility room within the ambulatory dialysis suite.

1. The soiled utility room shall contain a minimum of 120 square feet and shall contain a sink equipped for handwashing.

i. This dimensional requirement shall apply to those facilities licensed March 6, 2006 and thereafter.

ii. In the case of new construction or renovation involving at least 25 percent of the physical plant, ambulatory renal dialysis units shall be required to conform to the standards provided in this section.

(f) A separate janitors' closet shall be provided exclusively for the ambulatory dialysis suite.

1. The closet shall contain a floor receptor or service sink and storage space for housekeeping supplies and equipment.

(g) A separate, handicapped accessible toilet room with handwashing facilities shall be provided for patients.

1. Each 21-station increment requires a minimum of one handicapped-accessible toilet to be provided.

2. Toilet room locations shall be distributed throughout the treatment area for patient access.

(h) A staff breakroom/lounge/locker room shall contain a sink, a workcounter, a refrigerator, storage cabinets and equipment for serving nourishments, as clinically required by the patient.

1. Toilet facilities with handwashing facilities shall also be provided.

2. The breakroom/lounge/locker room shall be sized in accordance with the anticipated amount of employees.

(i) The nurses' station shall be designed and located so as to permit visual observation of each patient station.

(j) Door(s) to patients' toilet room(s) shall be equipped with hardware which permits access from the exterior by staff in any emergency.

(k) If home training rooms are provided, each room shall be equipped with a sink for handwashing.

(l) If chronic kidney disease counseling (CKD) services are provided, the facility shall provide space for the provision of CKD counseling services which affords patient privacy and which is separate from the hemodialysis treatment area(s).

(m) Storage space shall be provided for wheelchairs and stretchers out of the direct line of traffic to permit unobstructed egress.

(n) A room shall be provided for storage of equipment used in the patient care area.

(o) An examination room shall be provided with a minimum of 80 square feet of clear floor area exclusive of the work counter and lavatory for handwashing.

1. Facilities licensed by March 6, 2006, shall not be subject to the dimensional requirements of this provision.

2. In the case of new construction or renovation involving at least 25 percent of the physical plant, ambulatory renal dialysis units shall be required to conform to the standards provided herein.

(p) Office space shall be provided for administration, medical and nursing services, social work services, and dietary counseling services.

(q) Space for conferences, consultation, and other purposes shall be provided.

(r) A waiting area with access to a telephone, toilet facilities, and a drinking fountain shall be provided.

(s) Each toilet facility for patients shall be served by an emergency call system. Calls shall activate a signal at the nurses' station.

(t) There shall be a medication administration station for the ambulatory dialysis service.

1. The medication administration station shall contain handwashing facilities, a work counter, a refrigerator, and locked storage for biologicals, medications, and syringes.

i. Provisions shall be made for the controlled storage, preparation, and administration of medications.

2. Each 21-station increment requires a minimum of one drug distribution station.

i. The distribution stations shall be interspersed throughout the treatment area for easy staff access.

(u) Patient records shall be kept in a secure area.

Administrative corrections.
See: 37 N.J.R. 3348(a), 38 N.J.R. 294(b).

8:43A-24.16 Emergency generator and water supply

(a) An emergency generator shall be provided in a room which shall have a one-hour fire rating with an approved fresh air intake and an explosion release. All machines shall be connected to the emergency generator so that all machines will operate for at least four hours following a power shutdown or outage.

8:43A-24.17 Requirements for pediatric dialysis services

(a) The physical plant requirements for pediatric dialysis services shall be established as follows:

1. If pediatric dialysis services are provided, they shall be located in a treatment area separate from the services provided to adults except if peritoneal dialysis is the service in which case, training and back-up care may be integrated into an adult unit. Pediatric patients are defined as patients who are less than 14 years of age.

2. The area housing the pediatric dialysis unit shall be enclosed with fixed partitions that extend from finished floor to ceiling. Vision panels in partitions are required.

3. The pediatric dialysis unit shall have handwashing facilities that are separate from the adult unit.

4. If pediatric patients are treated, the facility shall use equipment, supplies, and emergency devices to include blood pressure cuffs, dialyzers, and bloodlines approved for use on pediatric patients.

(b) All patients admitted to the facility under the age of 18 for renal dialysis services shall be evaluated by a pediatric nephrologist. Any patient 13 years old or under shall be under the care of a pediatric nephrologist at all times. After the initial evaluation and at the discretion of the pediatric nephrologist, the treatment of patients 14 to 18 years old may be referred to nephrologists who specialize in the care of adult dialysis patients.

(c) The requirements for nursing care shall be established as follows:

1. The facility shall maintain documentation of competencies in general pediatrics and/or pediatric nephrology for all licensed professional nurses responsible for providing care to a pediatric renal patient. Such individuals shall demonstrate current competencies in pediatric care.

2. Patients age 13 and under must be dialyzed by a registered nurse.

3. Patients over the age of 13 and whose weight is greater than 30 kilograms may be dialyzed by a licensed practical nurse or patient care technician only after a registered nurse has assessed this patient and only under the supervision of a registered nurse.

4. All patient assessments are the responsibility of the registered nurse.

5. Nurse-patient ratios shall be established as follows:

i. For patients whose weight is less than 20 kilograms, the nurse-patient ratio shall be one to one;

ii. For patients whose weight is 20 to 40 kilograms, the nurse-patient ratio shall be one to two; and

iii. For patients whose weight is greater than 40 kilograms, the nurse-patient ratio shall be one to three.

(d) The pediatric care plan shall be established as follows:

1. The pediatric care plan shall be developed by a multidisciplinary team as set forth in N.J.A.C. 8:43G-30.12.

i. The pediatric patient care plan shall address those issues specific to but not limited to growth and development, nutrition, and patient and family education.

ii. All pediatric renal patients shall be seen and evaluated by a transplantation team within 90 days of admission.

(e) The requirements for infection control practices and procedures shall be established as follows:

1. Patients shall receive all age appropriate immunizations with documentation noted in the record. If immunizations are not administered, the reasons must be documented.

2. Varicella vaccine shall be administered to all patients over the age of 12 months who have not had documented varicella infection or documented varicella antibody titer.

8:43A-24.18 Renal dialysis quality assurance plan

(a) In addition to the requirements set forth in N.J.A.C. 8:43A-18, the facility shall develop a quality assurance plan that includes all areas of service, management and operations, which shall be monitored by the governing body.

(b) The governing body is responsible for the following:

1. Establishment of program goals and objectives;

2. Oversight of program implementation, revision and effectiveness;

3. Allocation of sufficient time and resources to accomplish objectives and attain goals;

4. Inclusion of all attending physicians and other categorical key personnel in program operation; and

5. Quality assurance activities shall demonstrate that facility staff evaluate the provision of dialysis care and patient services, set treatment goals, identify opportunities for improvement, develop and implement improvement plans, and evaluate implementation until resolution is achieved.

(c) At a minimum, the quality assurance plan shall analyze those indicators required by the Trans-Atlantic Renal Council (109 South Main Street, Cranbury, New Jersey 08512). These indicators can be found in the Medicare ESRD Network Organizations Manual (Revision 2, September 12, 2003), incorporated herein by reference, as amended and supplemented, which is available for download from the Centers for Medicare and Medicaid Services website at www.cms.hhs.

8:43A-31.6 Laundry staff education and training

(a) If applicable, requirements for the laundry staff education program shall be as provided in N.J.A.C. 8:43G-5.9.

(b) If applicable, orientation for new laundry employees shall include protocols for handling and receiving soiled laundry and clean linen.

8:43A-31.7 Laundry quality improvement methods

(a) There shall be a program of quality improvement for the laundry service that is coordinated with the facility quality improvement program and includes regularly collecting and analyzing data to help identify problems and their extent, and recommending, implementing, and monitoring corrective actions on the basis of these data. (See N.J.A.C. 8:43A-18, Quality Assurance Program).

(b) Facilities that contract with a commercial laundry service shall use quality improvement measures to ensure that the standards of N.J.A.C. 8:43A-31.2 through this section are met.

SUBCHAPTER 32. OTHER SERVICES

8:43A-32.1 General provisions

The following standards shall apply to health care services not specifically addressed in these rules. All ambulatory care facilities shall comply with N.J.A.C. 8:43A-1 through 11 and 13 through 19.

8:43A-32.2 Services not described in this chapter

(a) In the case of a licensing application for a health care service for which the Department has no specific licensing standards, the Commissioner may impose additional requirements beyond the requirements contained in this chapter, in order to protect the health of the inhabitants of the State.

(b) If a licensing applicant proposes to utilize a new technology for which the Department has no specific licensing standards, then the applicant shall provide the Department with manufacturer's specifications for the equipment or technology proposed and documentation of compliance with these specifications.

8:43A-32.3 Waiver requests

If a licensing applicant believes that certain existing requirements of this chapter do not apply to the service proposed, then the applicant may request a waiver from those specific standards. Such requests shall follow the process outlined at N.J.A.C. 8:43A-2.9. Waiver forms are available at the Department's website address www.state.nj.us/health/hcsa/hcsaforms.html or from:

Director
 Certificate of Need and Acute Care Licensure
 Program
 Division of Health Care Quality and Oversight
 New Jersey State Department of Health and
 Senior Services
 PO Box 360
 Trenton, New Jersey 08625-0360

APPENDIX A

New Jersey State Department of Health
DRUG AND ALCOHOL ADMISSION RECORD H-4152

AJA-6
Jan. 91

Name of Client (First, Middle Initial, Last)		Serial Security Number	Telephone Number
Street Address		City	State Zip Code

1. Provider Number	2. Case # 1st 2nd 1st 2nd	3. Sex (M/F)	4. Birthdate (mmddyy)	5. In-House Case No. (optional)	6. Admission Date (mmddyy)
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IMPORTANT: After completion of above, separate the Admission Record (Parts 1 and 2) from the Discharge Record (Parts 3 and 4) **USE BALL POINT PEN ONLY.** All * fields require coded responses; see codes on the reverse side.

7. Client Type*	8. Treatment Setting at Intake*	9. Is use of methadone planned as part of treatment? 1 [] Yes 2 [] No	10. Reald. Code Co. Municip.	11. Post Office Zip Code
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12. Living Arrangements (Check ALL that apply)

A [] Alone	D [] With Parent(s)	G [] With Foster Parent(s)	J [] In Group Quarters
B [] With Children	E [] With Spouse	H [] With Other Relative(s)	K [] Homeless
C [] With Sibling(s)	F [] Living as Married	I [] With Friend(s)	

13. Legal Status (Check ALL that apply)

A [] No Legal Problem	C [] Probation	E [] DWI License Suspension	G [] DYFS/Family Court Case
B [] Case Pending (Criminal)	D [] Parole	F [] Jail/Prison Inmate	H [] Other-Specify _____

14. Household Income Per Year (Enter: 000 if None; 999 if unknown)	15. Household Size (No. of Persons)	16. Race*	17. Indicate Hispanic Origin* (5 if not applicable)
\$ _____,000	_____	_____	_____

18. Marital Status*	19. Highest School Grade Completed	20. Is Client a Full-Time Student? 1 [] Yes 2 [] No	21. Employment Status*	22. Referral Source*
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23. Number of Past Drug/Alcohol Treatment Episodes: _____
(Enter: 00 if None; 99 if unknown)

24. Self-Help Groups Ever Participated In (Check ALL That Apply)	25. Health Coverage*	26. Reimbursement Source*
A [] None B [] Narcotics Anonymous C [] Alcoholics Anonymous D [] Other Specify: _____	A _____ B _____	A _____ B _____ <small>[Agencies receiving public funds should note instructions]</small>

27. Check all drugs USED within the past 6 months ___ A. Alcohol ___ B. Heroin ___ C. Non-Prescription Methadone ___ D. Other Opiates or Synthetics ___ E. Cocaine/Crack ___ F. Marijuana/Hashish ___ G. Methamphetamine ___ H. Other Amphetamines ___ I. Other Stimulants ___ J. Benzodiazepines ___ K. Other Tranquilizers ___ L. Barbiturates ___ M. Other Sedatives or Hypnotics ___ N. PCP ___ O. Other Hallucinogens ___ P. Inhalants ___ Q. Over-the-Counter ___ R. Other	27a. Drugs ABUSED	Primary	Secondary	Tertiary
	Drug* (Use code letters at left)			
	Route of Administration* (see codes below)			
	Frequency* (see codes below)			
	Age at First Use (or if unknown)			
	ROUTE CODES:	FREQUENCY CODES:		
	1 - Oral	1 - Not Used In Past Month		
	2 - Smoking	2 - Less Than Weekly		
	3 - Inhalation	3 - 1-2 Times Per Week		
	4 - Intramuscular/ Sub-Cutaneous	4 - 3 to 6 Times Per Week		
	5 - Intravenous	5 - Daily		
		6 - 2 or More Times Per Day		

28. Does Client Smoke Tobacco? If yes, How many cigarettes per day?
No. = (Packs X 20)
Pipe = PP
Cigar = CC

1 [] Yes 2 [] No _____

29. SPECIAL USE	5	10	15	20	25	30	35
Name of Agency	Name of Worker						