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EXECUTIVE

November 16, 1956

Honorable Edward J. Patten
Secretary of State
State House
Trenton, New Jersey

Dear Secretary Patten:

Enclosed herewith for filing is the following regulation of the
Bureau of Assistance of the Division of Welfare of this Department:

MUNICIPAL AID REGULATION 2.300A

ADMINISTRATION
General Assistance Allowances

Very truly yours,

DEPARTMENT OF INSTITUTIONS AND AGENCIES

John W. Tramburg

John W. Tramburg, Commissioner

JWT:4

CC: Brendan T. Bryne, Secretary to the Governor ✓
Mr. Elmer V. Andrews, Director, Division of Welfare
Mrs. Elizabeth Feehan, Assistant to the Commissioner

Handwritten signature

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State of New Jersey
 Department of Institutions and Agencies
 Division of Welfare

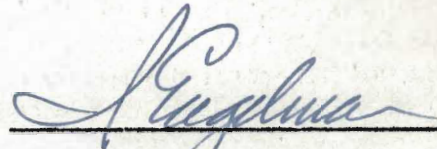
BUREAU OF ASSISTANCE

REGULATION # ~~Municipal Aid 2.300A~~ISSUED: _____
(Date)REV.: 11/26/56
(Date)TITLE: ADMINISTRATIONSUBJECT: General Assistance AllowancesSTATUTORY REFERENCE: 11:8-111

Attached is revised section X, pages 5 through 18, replacing pages 5, 6-6a, 6b, 7-7a, 7b-7c, 7d-7e and incorporating Attachment No. 2 issued 1/56 and Attachment No. 3 issued 4/1/56. The Attachments No. 2 and No. 3 are hereby cancelled. The following existing pages to 2.300A are to be renumbered by pen and ink.

Page 8 to page 19
 " 8a to page 20
 " 9 to page 21
 " 9a to read 22
 " 10 to page 23
 " 11 to page 24
 " 12 to page 25

Also attached is a Table of Contents to replace the existing Index.
 The Index is hereby cancelled.


 _____, Chief
 Bureau of Assistance

Approved:

By: John H. Trumburg



State of New Jersey
DEPARTMENT OF INSTITUTIONS AND AGENCIES
TRENTON 25

BUREAU OF ASSISTANCE
148 WEST STATE STREET

November 26, 1956

TO: MUNICIPAL DIRECTORS OF WELFARE

RE: Revisions to Regulation 2.300A, Municipal Budget Manual

Attached is one copy of Section X, Variable Needs, revised, and a Table of Contents for regulation 2.300A. Additional copies for staff will be forwarded where appropriate.

Section X has been reorganized to present material in more logical order for ready reference and to achieve the following changes to which your attention is particularly directed.

Authorizes three new variable needs items - Personal Incidentals, Laundry and Telephone;

Eliminates the previous maximum fees for dental services and eyeglasses. The maximum fee for eye examination is provided in the schedule of maximum allowances for Diagnostic Examinations;

Brings the policy on boarding care for adults into conformity with the policy for the categorical assistance programs;

Brings the policy on patient care in private and public medical institutions into conformity with the policy in Old Age Assistance, Disability Assistance and Blind Assistance; and

Incorporates the contents of Attachments No. 2 and No. 3 to 2.300A.

The changes authorized by this revision shall be effective in all cases receiving payments on or after December 1, 1956, whether new or currently active cases.

Please check the following instructions carefully when inserting the new material in your manual:

Remove and destroy -

Index to 2.300A;

Pages 5, 6-6a, 6b, 7-7a, 7b-7c, 7d-7e;

Attachment No. 2, "Schedule of Maximum Fees for Special Medical Services," issued 1/56;

Attachment No. 3, "Allowances for Special Medical Care Needs for Patients in Licensed Nursing Homes and Public Medical Institutions (Chronically Ill)", issued 4/1/56.

To Municipal Directors of Welfare
Re Revisions to Regulation 2.300A,
Municipal Budget Manual

11/26/56

Insert -

Table of Contents at front of 2.300A to replace the Index;
Revised pages 5 through 18.

Renumber by pen and ink the following existing pages -

Page 8 to read page 19 (Standards and Allowances for Food Requirements,
revised 11/1/56)
Page 8a to read page 20 (Definition of Activity Groupings, revised
11/1/56)
Page 9 to read page 21 (Allowances for Restaurant Meals, revised
11/1/56)
Page 9a to read page 22 (Allowances for Therapeutic Diets,
11/1/56)
Page 10 to read page 23 (Coal and Fuel Grant Schedule, revised
1/1/52)
Page 11 to read page 24 (Kerosene Schedule, revised 1/1/52)
Page 12 to read page 25 (Electric Grant Schedule),

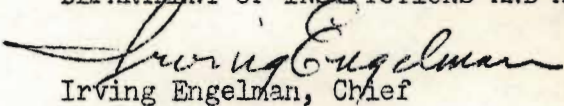
Retain -

Attachment No. 1, Form PA-4, "Authorization for Patient Care In a
Licensed Nursing Home or Public Medical Institution, etc.;" and
Special Supplement to 2.300A, "Regulations Governing Allowances for
Services of Visiting Nurse Associations," revised 6/15/56.

If you have any questions regarding these changes, please consult your Field
Representative or communicate with this office.

Very truly yours,

DEPARTMENT OF INSTITUTIONS AND AGENCIES


Irving Engelman, Chief
Bureau of Assistance

IE/MCRd

Approved
Elmer V. Andrews, Director
Division of Welfare

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X. VARIABLE NEEDS

General Policy

In addition to the basic requirements which are needed by all clients, many clients have additional needs which are essential for their health and welfare. The agency shall determine whether or not the client has such additional needs. If one or more of such additional needs exists, the agency shall actively assist the client in arranging for such need(s) to be met.

If the need(s) cannot be met through the use of personal resources, or community resources (public or private) which are readily available to the client at his request or the request of the agency, allowances from funds of the General Assistance program are authorized. Allowances for variable needs shall be included within the limitations and subject to the conditions given below. Such allowances shall be included in the assistance budget on a recurring or non-recurring basis, depending on the nature of the item and the circumstances of the case.

When the client is purchasing or receiving an essential service from a charitable or non-profit agency or organization, the amount to be paid or allowed for this service shall not exceed the lowest amount for which such agency or organization is supplying the service to non-assistance individuals. If the agency or organization is under contract to supply the service without charge, or is in fact supplying the service without charge to the community, or to a specified class of persons of which the assistance client is a member, then it shall be considered an available free service for the client and no monetary allowance for the service shall be included in the client's budget.

Whenever an allowance for a variable need is included, the need for the allowance and the basis for the amount of the allowance (standard allowance or verified actual cost where no allowance is specified) shall be explained in the case record.

1. Clothing

Clothing shall be recognized as a basic requirement for all persons applying for and receiving General Assistance, but shall be provided as the need for clothing arises. The clothing needs of an applicant and his family shall be considered and discussed with him at the point of application and thereafter whenever the need arises. In some instances an applicant who has income may be found to be eligible for supplementary assistance or for a clothing allowance only, because of the immediate need for clothing.

Allowances for clothing should be adequate to secure items at reasonable cost and of durable quality.

2. Personal Incidentals

The standards for personal incidentals are based on the Stecker Maintenance Standard for Personal Grooming and Sanitation (which has been revised to current needs), and the New Jersey Department of Health Standard for Medicine Chest Supplies. The standard includes the items required for personal cleanliness and grooming, first aid supplies, proprietary medicines, ointments, antiseptics, aspirin and laxatives, plus an additional allowance for transportation and such necessary miscellaneous expenditures as newspapers, writing paper and stamps, church and other group activities.

-6-

Differential standards and monetary allowances are established in relation to age of children, employment, blindness, and for persons living in public and private medical institutions.

SCHEDULE OF MONTHLY ALLOWANCES
FOR PERSONAL INCIDENTALS

(Schedule of Monthly Allowance for Personal Grooming and Sanitation, Medicine Chest Supplies and Miscellaneous)

<u>AGE AND ACTIVITY</u>	<u>(Based on 5/56 pricing)</u> <u>MONTHLY ALLOWANCES</u>
Infant - 3 years	\$1.50
4 - 9 years	2.80
10 - 12 years	3.30
Girls: 13 - 18 years	5.20
Boys: 13 - 18 years	5.20
Adult: Not gainfully employed	5.20
Adult: Blind - not gainfully employed	7.20
Adult: Any client (including blind) living in a Private Medical Institution	3.95*
Adult: Any client (including blind) living in a Public Medical Institution	2.90*
<u>Gainfully employed Person</u>	<u>9.70**</u>

*Medicine Chest Supplies are not included since these items are supplied by public and private medical institutions.

**Gainfully Employed Person - Any person regardless of age, sex or activity whose gross monthly income from employment or self-employment is \$50. or more.

3. Ice Refrigeration

Whenever ice is used for refrigeration, the authorized allowance is the actual cost of the ice, and shall be included in the budget as a utility.

4. Restaurant Meals

Allowances to purchase meals in restaurants shall be made in accordance with conditions and allowances specified on page 21 of this regulation.

5. Therapeutic Diets

An allowance for a therapeutic diet when prescribed in writing by a physician shall be recognized in the budget of the client in accordance with conditions and allowances specified on page 22 of this regulation.

6. Room and Board

a. Adults

- 1) When a client is living in an arrangement in which he is paying his pro rata share of the expenses of the household and may or may not be doing part of the work as a normal member of the family group, or when the client is living in the home of a parent, spouse or child he does

not have a room and board arrangement. In all such situations, the client's budget shall be itemized in accordance with the standard authorized allowances.

2) An allowance for room and board with or without personal services shall be understood to be a flat rate to include the purchase of food, shelter, fuel, utilities, household supplies, bed and bathroom linens and the incidental services and supplies that are necessary for providing these items.

3) When a client is paying or arranging to pay a flat rate for room and board without additional personal service, the monthly allowance shall be the contract amount agreed upon between the client and the proprietor but shall not exceed \$65. per month.

4) When it is necessary for a client who has a handicap or major infirmity (for example, certain blind persons, certain persons discharged from mental institutions, and other handicapped persons who require careful understanding, supervision and attention) to purchase, in addition to room and board extensive personal services on a regular and continuous basis, the monthly allowance for room and board plus such personal services as verified shall not exceed \$80.00.

5) Budget allowances for a client who is purchasing room and board, with or without personal services, shall include in addition to board, personal incidentals, clothing and any other variable need item as needed. Under such arrangements the allowable added cost of a prescribed therapeutic diet is authorized in addition to the allowance for board and care.

b. Children

When it is necessary to pay for room, board and care for children in the home of unrelated persons, or in the home of relatives other than parents or grandparents, the authorized allowance for this service is:

\$42.50 monthly for children up to and including age 12

47.50 monthly for children 13 years and older

In addition to the above allowance, appropriate allowances for clothing and other necessary variable needs shall be provided; and the allowable cost, if any, of a prescribed therapeutic diet is authorized.

Exception:

In the event that adequate care arrangements cannot be made at the above rates because of the special care problem presented by the child, the director of welfare may advise the Bureau of the facts in the case (by telephone if placement is urgent) and consideration will be given to approval of a higher allowance. The request for approval of a higher rate should include, whenever possible, a report from the physician, psychiatrist or psychologist, as appropriate, if the problem is related to a physical or mental disability.

Effect of Unauthorized Allowances

When the amount paid for board and care for adults or children exceed the maximum allowances authorized in this regulation, and regardless of whether or not the agency pays any part of this amount, any assistance payment to or on behalf of such client will not be subject to State matching unless specific prior approval has been secured from the Bureau.

Institutional Care (Mentally Deficient Child)

In the instance of a mentally deficient child who has been committed through the County Adjustor to a State institution and who is awaiting placement therein, the municipal welfare department should consult the Bureau of Mental Deficiency, Dr. Maurice G. Kott, Chief [Export 2-2131, extension 511]. That Bureau will be able to recommend private institutional facilities suitable for the particular child, and will know the minimum rate for care charged by the recommended institutions.

The municipal welfare department is authorized to arrange for care of the child in any such private institutional facility so recommended at the minimum rate. The final plan should be cleared with the office of the County Adjustor of the county of the child's legal settlement. Ascertain whether the county will contribute toward the cost of the committed child's maintenance in the private institution, the amount which the county would otherwise be obligated to provide for admission to the State institution. In some counties it is the practice for the County Adjustor's Office to authorize such contribution.

The municipal welfare department is authorized to pay the minimum rate charged by the institution, reduced by the amount of any contribution by the county and by the amount of any contribution available from the child's family or other private sources. An allowance so arrived at will be subject to State matching as a proper expenditure from General Assistance funds.

7. Medical Care Needs

General Policy: By law [44:8-124] medical care is specifically identified as an item of need authorized to be met. Furthermore the law [44:8-125] provides for the granting of assistance to supplement inadequate income. It shall therefore be understood that individuals or families who are normally self-supporting may receive assistance to defray the cost of medical care and related services, where there is insufficient income to meet such costs as determined by State budgetary standards.

a. Physician's Services (General Practitioners)

Allowances for physician's services are subject to the following maxima and conditions:

<u>Office Visit</u>	\$3.00
<u>Home Visit</u>	4.00
<u>Multiple Visit</u> - per patient for service to two or more clients during one visit [See additional instructions below regarding clients in congregate living arrangements.]	3.00

Distance Visit - for visits to clients living in excess of 5 miles from nearest available physician. 5.00

Night Visit - for visits on calls received after 11: p.m. 5.00

Clients in Congregate Living Arrangements - Fee for visits to individual clients in congregate living arrangements (viz. licensed nursing homes, non-profit or charitable homes, boarding homes, etc.) shall be the allowance for Home Visit, Night Visit or Multiple Visit, as appropriate, provided that

- 1) The individual fee is not payable to a physician who is the owner, or operator, or a stockholder in the institution, and
- 2) The individual fee is not payable to a physician who is employed or retained by the institution on a fixed compensation basis, and provided that
- 3) The "multiple visit" fee is understood to apply in any situation where two or more clients are served on the occasion of a single visit to the establishment, and is allowable only when there is individualized examination and/or service for each client involved. The "multiple visit" fee does not apply to situations where the operator of the establishment arranges with a physician for "routine visits" or "rounds" involving a periodic and merely cursory check of all or a large group of the house population.

Ineligible Services

No additional allowances to physician's are authorized for medications, drugs or supplies dispensed by the physician himself.

Allowances are not authorized for services rendered by a municipal physician employed on a salary basis if the nature of such employment requires him to provide such service to assistance clients.

Allowances are not authorized for physician's services rendered to clients after admission to and while confined in public or private general hospitals, in any public institution, or to clients who are patients in the Out-Patient Departments of hospitals.

b. Diagnostic Examinations

Following are the maximum fees to be allowed when special examinations are recommended by the attending physician and such examinations are not available to the client without cost through public or private facilities:

General medical and report	\$5.00
" " " " reexamination	3.00
Specialist's examination and report (All specialties including psychiatric, neurological, ophthalmological, etc.)	10.00
When cardiac report, together with electro-cardiograph examination and interpretation is necessary, an <u>additional</u> fee to that paid for examination and report	5.00

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When physical examination by specialist must be made at residence of client because of degree of disability, an additional fee of \$5.00

Laboratory Examination

Complete Blood Chemistry, 6 tests	15.00
Blood Chemistry, 4 tests	10.00
Blood Chemistry, 2 tests	5.00
Sugar Tolerance	10.00
Complete Blood Count	5.00
Hemogram CBC, Sed.rate, hematocrit, reticulocyte count	15.00
Sputa study for organisms (Concentrated)	5.00
Culture and exam	5.00
Feces (include occult blood) for organism or fat	5.00
Sternal Puncture	10.00
Urinalysis, complete, including microscopic	3.00

Special Tests

Basal Metabolism	5.00
Spinal fluid	10.00
Gastric content	10.00
Myelogram procedure (Complete diagnosis)	35.00

X-Ray and InterpretationSkull

Skull	15.00
<u>Neck</u> cervical vertebrae	10.00

Chest

Chest survey film anterior, posterior, lateral	10.00
Special chest study for pulmonary, cardiac, rib fractures, barium swallow, stereoscopic, etc. (at least 2 films)	15.00
Esophagram study and chest survey film	15.00
Bronchogram Lipidol	25.00
Angio cardiogram with preliminary films	40.00
" " without " "	25.00
Dorsal spine	10.00

Abdomen

Gastrointestinal tract - Complete X-Ray Study including fluoroscopy and Barium Enema, with cholecystogram	50.00
Without Barium Enema	40.00
Barium Enema	15.00
Gall Bladder Series (Graham Technic)	15.00
Intravenous Uregram	20.00
Pelvis and Hip Joints	15.00
Spine, entire	30.00
Lumbar, sacral, coccygeal	10.00
Extremities, 2 views	10.00

c. Miscellaneous Medical Care Services

The following may be included in the client's budget only when the item or service has been recommended in writing by a licensed physician:

- 1) Drugs (except those otherwise provided in an allowance for patient care [basic or negotiated rate] in a medical institution);
- 2) Blood, blood plasma, infusions
- 3) Hearing aids
- 4) Prosthetics
- 5) Oxygen

The following may be included in the client's budget when recommended in writing either by a licensed physician or an appropriate licensed practitioner:

- 6) Dental service and dentures
- 7) Eyeglasses and other visual prosthetics
- 8) Chiropody service (other than normal pedicure service)

In respect to the above items or service, [1) through 8)], the authorized allowance is

- a) The maximum price or fee established by the local agency as part of a formal medical care plan in association with professional groups, or as the result of working agreement with or notice to the vendors of such goods and services, or
- b) The actual cost of the item or service.

In respect to allowances based on actual cost, if the quoted cost appears to the agency to be unreasonable, or if the item or service is one for which a normal or prevailing cost in the community is not known, it is recommended that two or more estimates be obtained. It is, of course, recognized that emergency situations may arise in which the item or service must be authorized and procured without obtaining estimates in advance. In such situations, every effort shall be made to procure the item or service at minimum cost, or to effect reasonable adjustment of charges which appear to be excessive.

d. Visiting Nurse Services

Allowances for services of Visiting Nurse Associations may be made upon written order of the attending physician provided the client is not entitled to such services without cost. For specific instructions and maximum allowances see Special Supplement to this regulation (2.300A, revised 6/15/56)

e. Patient Care (Chronically Ill)

1) General Policy

It is recognized that a client because of a defect, disease or impairment, may require care in a proprietary licensed nursing home or public medical institution for the care of the chronically ill. [For patient care in general hospitals (public or private) serving the acutely ill see M.A. 2.301, 2.301A, 2.301B.]

A monthly allowance for patient care in a proprietary licensed nursing home or public medical institution for the care of the chronically ill is authorized only when

a) A physician certifies that the client has a defect, disease or impairment (other than tuberculosis or psychosis) and is in need of patient care, by completion of Form PA-4. [See Attachment No. 1 to this regulation.]

It is recognized that the physician's recommendation is of primary importance. However, the agency shall also evaluate the social situation, and when appropriate, discuss with the physician whether in his opinion the client can receive adequate care in the home of a relative or in a boarding home. Furthermore, the fact that a person is already residing in a proprietary licensed nursing home or public medical institution is not in itself conclusive evidence that he is in need of continuing patient care in such a facility.

b) There is no person available who will perform the necessary care and services without cost to the client.

d) Form PA-4 is completed in duplicate by the attending or staff physician and by the operator of the nursing home or superintendent of the institution, as appropriate, one copy being filed in the agency's case record, the second copy being retained by the nursing home or institution.

2) Patient Care Rate and Budget Allowances

a) Licensed Nursing Homes

(1) Maximum Basic Rate

The maximum allowable basic monthly rate that a client shall pay, regardless of source or sources of such payments, for patient care in a licensed nursing home (in the absence of an authorized special agreement or contract relating to such home - see subsection (2) below) is \$165.00.

The maximum allowable basic monthly rate for patient care in a licensed nursing home shall include room and board, bed and bathroom linens, nursing care, laundry of client's personal clothing, (but not dry cleaning costs) personal services, supervision as required by the nature of the client's illness, therapeutic diets, all vitamins, all common medicine chest supplies (such as and

including all mouth washes, all analgesics, all laxatives, all emollients, all burn ointments, all first aid creams, all protective creams and liquids, cough and cold preparations, all simple eye preparations, all antacids, dressings, the application or administration of all drugs, the administration of intravenous, subcutaneous, and/or intramuscular injections, infusions, etc., and all medical supplies (such as and including gauzes, bandages, tapes, plasters, compresses, cottons, sponges, hot water bags, ice bags, syringes, thermometers, catheters, cellulose cotton or any other types of pads used to save labor or linen, rubber gloves, etc.).

Under this plan the client's budget shall include in addition to the allowance for patient care, clothing and personal incidentals as needed, prescribed drugs (other than those included in the patient care rate), physician's services (unless the conditions cited in sub-section 7, above, prevail), and may include allowances for other special medical care items authorized in sub-section 7 b and c, above, and f, below.

(2) Alternate Plan - Inclusive Patient Care Rate

Under an alternate plan the Bureau may itself negotiate, and has also authorized each county welfare board, at its discretion, to act as agent for the Bureau in negotiating with any nursing home located in such county, a special agreement for an "inclusive patient care rate." Where a nursing home currently has in residence clients of other county or municipal welfare departments, the welfare board acting as negotiator will so inform and collaborate with such other department(s) in carrying on the negotiations.

Upon approval of any such special agreement, the Bureau will publish the "inclusive patient care rate" applicable to such home, to all public assistance agencies under its supervision, and the rate shall be binding upon them. As a safeguard, when arrangements for the care of a client are being made the agency should ascertain from the operator (and/or check with the County Welfare Board) whether or not an "inclusive patient care rate" has been established for that home.

An "inclusive patient care rate" means a rate of allowance to include all services covered by the basic rate, as defined under (1), above, and to include also prescribed drugs and/or physician's services. The maximum "inclusive patient care rate" which may be negotiated to include both these additional items is \$175.00.

An "inclusive patient care rate" so negotiated may be effective as of the second calendar month preceding the month in which it is approved by the Bureau if the parties so desire and recommend.

b) Public Medical Institution (Chronically Ill)

The maximum allowable monthly rate that a client shall pay, regardless of the source or sources of such payment, for patient care in an eligible public medical institution, shall be one-twelfth the annual per capita cost, or \$175.00, whichever is less. The rates for individual institutions are established by the Bureau through a specified procedure.

The maximum allowable monthly rate shall be understood to include all items included in the maximum basic rate for patient care in licensed nursing homes (see a) (1) above), and shall also include all prescribed drugs, physician's services, and any laboratory, diagnostic, x-ray, dental or other services which are available for all patients in the public medical institution.

Budget allowances for clients who are patients in public medical institutions shall include the allowance for patient care, clothing and personal incidentals as needed, and special medical care items or service as authorized in this sub-section 7, b and c, above and f, below, other than those included in the patient care rate as specified in this sub-section.

c) Effect of Unauthorized Allowances

When the amount paid for patient care exceeds the maximum allowances authorized in this regulation, and regardless of whether or not the agency pays any part of this amount, any assistance payment to or on behalf of such client will not be subject to State matching unless specific prior approval has been secured from the Bureau.

f. Physical and/or Functional Occupational Therapy

Allowances for physical or functional occupational therapy are authorized provided that

The physical and/or functional occupational therapy has been prescribed in writing by a licensed physician; and

The therapy is to be given under the direction and supervision of a licensed physician; and

The physical or occupational therapist providing the treatment is a graduate of a school approved by the Council of Medical Education and Hospitals of the American Medical Association.

The maximum allowances authorized for such therapy are as follows:

- 1) Where the therapist(s) performing the service is on the staff (i.e., in residence, on salary, or under contract) of a home or institution (other than a public medical institution) in which the client is receiving care, an allowance for payment to the home or institution of \$3.00 per treatment day.
- 2) Where the therapist(s) performing the service is a fully independent practitioner, serving the patient(s) by visitation at the home or institution (whether public or private) "on call", or at client's own home, an allowance for payment to the therapist of \$5.00 per treatment day.
- 3) "Treatment day", as used above, means any calendar day (but not exceeding six in any calendar week) during which the patient is provided with direct professional service(s) by the therapist(s).

g. Allowances for Special Services

1) It is recognized that some clients, or client groups, require special services because of illness, handicap, or infirmity. For the purposes of this regulation, special services include:

Errand Service - which is the cost of employing a person to do shopping, to tend a furnace or stove, to carry coal or wood or to perform similar errands or tasks;

Domestic Service - which is the cost of employing a person to perform part or all of the routine household tasks when the person who customarily performs such duties is ill or temporarily absent from the home;

Homemaker Service - which is the cost of employing a homemaker where a mother or mother person is ill or temporarily absent from the home and the homemaker is necessary in order that the family may continue to function as a family unit.

2) An allowance for any of the special services defined above may be included in the budget as a variable need when all of the following conditions exist.

a) The service is essential to the health and welfare of the client; and

b) The client or member of the client group who usually performs the service is incapacitated, infirm or absent from the home and no other member of the client group is able to perform the service; and

c) There is no other person available who will perform the service without cost; and

d) The allowance is not for wages to be paid to a legally responsible relative who is performing the service.

3) The monetary allowance for special services shall be at the most reasonable rate for which the service can be obtained in the community, plus the social security tax when the client is legally liable to pay the tax. Furthermore, if the service is purchased from an organized Homemaker Service agency, the allowance shall be at the lowest rate charged any person purchasing the service.

4) When it is necessary for the client to provide one or more meals daily for the person who performs the special services, the monetary allowance for such person's food shall be the appropriate portion of the standard allowance based on the number of meals which must be provided. Such allowance shall be calculated by dividing the monthly amount of the appropriate standard allowance by 90, and multiplying the resulting figure by the total number of meals supplied for the period covered by the allowance. Such allowance for meals shall be shown in the budget as a separate variable need and clearly identified.

8. Laundry

If a client cannot do his own laundry because of illness, infirmity, physical handicap, or lack of facilities, and this service is not available to him as an incident of his shelter arrangements, and no one else is assuming this responsibility, an allowance for laundry based on actual cost, but not in excess of the maximum provided in the schedule below, may be included in the budget.

MAXIMUM MONTHLY ALLOWANCES FOR LAUNDRY

<u>Type Finish</u>	<u>Monthly Allowance</u>
Wet Wash	\$1.10 per person
Rough Dry	1.25 " "
Finished	2.00 " "

These maximum allowances provide for 4 lbs. of laundry per person per week.

9. Household Furniture, Furnishings or Equipment

An allowance for the purchase, replacement or repair of essential household furniture, furnishings or equipment is authorized for inclusion in the client's budget if needed to assure the client's health and safety.

Before an allowance is made for such item(s), the agency should examine the situation to determine whether the article if repaired, would continue to give service which would justify the cost of repair, or whether replacement would be more economical and practical.

An allowance for the purchase, replacement or repair of these items shall be equal to the most reasonable minimum cost of items of satisfactory quality and functional value. Whenever feasible three price estimates shall be obtained.

10. Moving Expenses

Moving expenses equal to the verified actual cost may be allowed in cases of eviction, dispossession or legal resettlement, or when more economic quarters are available, or the present quarters are detrimental to the health of the community or to the assistance recipient.

11. Insurance

Life insurance may be carried by assistance recipients and the premiums included in the assistance budget. However, all policies are subject to adjustment through the Life Insurance Adjustment Bureau if the values exceed the following amounts:

Insurance carried by the head of the family may not exceed five hundred dollars (\$500.); the spouse or other members of the family over eighteen years of age, three hundred and fifty dollars (\$350.); and on children under eighteen years of age the insurance shall not exceed two hundred and fifty dollars (\$250.).

12. Telephone

An allowance to pay for telephone service may be included in the client's budget when the agency has established that

- a. The client's physical condition or the remoteness of his home requires telephone service to secure the necessities of life, and is essential for the safety of the client, or
- b. The client needs a telephone to maintain a business or employment, or to secure employment.

The monthly allowance for telephone service shall be the verified minimum exchange rate for rural or four party service, or the client's proportionate share of such minimum charge, whichever is applicable.

13. Burial Expenses

For purposes of State aid, the Bureau of Assistance authorizes burial expenses for a member of an active or reopened general assistance case, provided that the total cost is not in excess of \$200.00, and provided that all available resources of the deceased, including life insurance, O.A.S.I. death benefits, and contributions by relatives and others, are explored and are taken into account as applicable to the total cost. General assistance funds may be authorized to supplement such resources where supplementation is necessary, up to but not exceeding \$200.00.

Classes of persons eligible for consideration of payment of burial expenses according to the above provision are limited to:

- a. A person who is in active receipt of general assistance at the time of his death;
- b. A person who had applied within fifteen (15) days prior to death, but for whom no payment of general assistance had been issued;
- c. A person who dies while a patient in a general hospital or in any private institution to which he had been admitted for temporary care, and who had been receiving general assistance at the point of admission to such hospital or private institution;
- d. A person who had formerly received general assistance at any time within six months prior to death and who at the time of death is determined to be without resources in an amount sufficient to defray burial expenses up to but not in excess of a total cost of \$200.00;
- e. A woman who is in active receipt of public assistance under the Home Life Assistance program at the time of her death.

It is recognized that municipal directors of welfare who are also exercising the functions previously charged to the overseer of the poor, encounter situations where burials must be provided at public expense for persons who do not come within the classifications specified in the preceding paragraph. Such burials are governed by R.S. 44:8-157, which states: "when a person shall die in a municipality without leaving money or other means sufficient to defray his funeral expenses, the overseer of the poor of the municipality shall employ some person to provide for and superintend...the burial of the deceased person, and the necessary and reasonable expenses as fixed by the governing body chargeable therewith shall be paid by it upon the order of the overseer..."

Expenditures for such burials are not eligible for State aid under Chapter 156 of the Laws of 1947.