



State of New Jersey

N.J. DEPARTMENT OF INSTITUTIONS AND AGENCIES  
P. O. BOX 1237 TRENTON, 08625

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December 1, 1966

TO: ALL LICENSED AND APPROVED HOSPITALS  
RE: REGULATIONS FOR SPECIAL HOSPITAL CLASSIFICATION

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The Hospital Licensing Board, on October 7, 1966, recommended approval of Regulations for Special Hospital Classification. The recommendation was subsequently approved by the State Board of Control on October 26, 1966.

These regulations, which have been made a part of the Manual of Standards for Private Hospitals, are attached. We request that you acknowledge their receipt by signing and returning the form furnished below for this purpose. Any question regarding the regulations should be directed to our Bureau of Community Institutions.

Sincerely yours,

*Lloyd W. McCorkle*  
Lloyd W. McCorkle  
Commissioner

LWMcC:23  
Attachment

DETACH AND FORWARD TO:

Bureau of Community Institutions  
Department of Institutions and Agencies  
P. O. Box 1237  
Trenton, New Jersey 08625

This will acknowledge receipt of the Regulations for Special Hospital Classification adopted by the State Board of Control on October 26, 1966.

\_\_\_\_\_  
Signature of Administrator or  
Authorized Representative

\_\_\_\_\_  
Name of Hospital

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address of Hospital

STATE OF NEW JERSEY

Department of Institutions and Agencies

REGULATIONS FOR SPECIAL HOSPITAL CLASSIFICATION

GENERAL:

The following regulations, adopted by the State Board of Control on October 26, 1966, and effective on that date, are applicable to all groups, organizations, or individuals seeking license to operate a Special Hospital. The revised hospital application form of the Department shall be utilized to secure basic information from all new applicants.

These new standards and revised application form are not retroactive and shall not apply to Special Hospitals now under full license and in operation. In instances where plans for new Special Hospitals have been approved, such institutions shall be subject to the new regulations and shall provide the information called for in the revised application form, if actual construction does not begin within one year from the effective date.

These regulations shall not be construed to permit a general hospital of less than 100 beds to expand as a Special Hospital without meeting the minimum 100-bed requirement.

Plans and designs for new Special Hospitals shall not be approved nor shall licenses be issued by the Department unless there is compliance with the following regulations and unless such plans and designs contemplate that, upon completion, all required services shall be provided as specified in the following.

DEFINITION:

A Special Hospital is defined as a medical institution which assures provision of comprehensive specialized diagnosis, care and treatment and rehabilitation where applicable on an in-patient basis for one or more specific categories of patients. These categories may be based on: (1) diagnosis, (2) age, or (3) chronicity - or combinations of these. (Examples: (1) Eye, Cerebral Palsy, or Maternity; (2) Children; (3) Rehabilitation.)

CONDITIONS:

1. Special Hospitals shall conform to applicable administrative, professional, paramedical, ancillary, and institutional service requirements set forth in State regulations for general hospitals.

2. Provision of beds and limitation of admissions shall not be restricted to any one region, and shall be on a State-wide basis.
3. The physical plant of a Special Hospital shall meet not only applicable requirements of Section III of this manual, but also the applicable construction standards of the United States Public Health Service.
4. A Special Hospital shall be under the medical direction of a Board-eligible or Board-certified physician in the particular specialty or one of the specialities for which the Special Hospital is licensed. He shall, on a day to day basis, be responsible for and shall be present as necessary to insure active medical direction and supervision of the hospital.
5. Each medical department shall be under the direction of a specialist. Such specialist shall be eligible for certification by an appropriate American Specialty Board.
6. Where two or more special categories of patients are hospitalized, the Special Hospital shall be departmentalized organizationally under direction of corresponding medical department heads. There shall be a qualified consulting medical staff to assure comprehensive coverage of all medical needs of the patients.
7. Physician staffing shall be adequate to provide qualified physician-specialist supervision and care of all patients.
8. "By-laws of the medical staff" approved by the Medical Society of New Jersey and the American Hospital Association, and the organizational pattern provided in the manual of the Joint Commission on Accreditation of Hospitals may be used as a guide in establishment of the Special Hospital organization. No Special Hospital shall be licensed when its standards are not considered to be equivalent to those required by national bodies for accreditation of hospitals.
9. The Special Hospital shall have active utilization review procedures equivalent to those given in conditions of participation for hospitals under Title XVIII of the Social Security Amendments of 1965.

10. Special Hospitals shall provide out-patient medical consultation services on an appointment basis, in the specialties for which they are licensed, and shall accept, when medically indicated, patients seeking such services regardless of their ability to pay.
  11. Special Hospitals shall have suitable and effective arrangements for provision of x-ray, clinical laboratory and pathology services, (including autopsy services) and shall maintain formal arrangements, either within or outside the Special Hospital, for provision of services in applicable specialties equivalent to those required by State regulations for general hospitals.
  12. Formal arrangements shall be provided for the immediate transfer of patients to a general hospital or other appropriate medical facility when required.
  13. A Social Service Department shall be maintained adequate to assure expedient placement of patients in other facilities, adequate to provide for the health, social and economic needs of the patient, or to effect their discharge when hospitalization is completed. There shall be a definite policy for referral of a patient who needs community service on his discharge from the hospital.
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