



Thompson

State of New Jersey
DEPARTMENT OF INSTITUTIONS AND AGENCIES
TRENTON 7

December 15, 1955.

Mr. Robert Burkhardt
Executive Secretary to the Governor
State House, Trenton

Dear Mr. Burkhardt:

With reference to the Rules and Regulations of the Division of Welfare of this Department, I am enclosing herewith new Budget Manual Sections 325 through 325.6b and a new Budget Manual Form P.A. 4.

Very truly yours

John W. Tramburg
John W. Tramburg,
Commissioner

JWT:5

Enc.

DEPARTMENT OF INSTITUTIONS AND AGENCIES

Division of Welfare

ISSUED: December 12, 1955, Effective
January 1, 1956

TITLE: Assistance Budget Manual

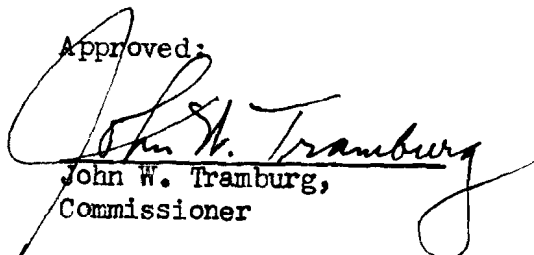
SUBJECT: Budget Manual Sections 325 through 325.6b and Budget Manual
Form P.A. 4.

STATUTORY REFERENCE: R.S. 30:4B-2, 30:4C-4, 30:5-36, 30:6-3, 44:7-6, 44:7-12



Elmer V. Andrews
Director of Welfare

Approved:



John W. Tramburg,
Commissioner

N. J. Department Institutions and Agencies Categorical Assistance Manual

1/56

325. Expenses Incident to Patient Care in a Licensed Nursing Home or Public Medical Institution.

- 325.1 It is recognized that a client because of a defect, disease or impairment may need patient care in a licensed nursing home or a public medical institution. (Public medical institution as used in this section refers to those public medical institutions which are certified for the care of the chronically ill).
- 325.2 The maximum allowable monthly rate that a client shall pay (regardless of source or sources of such payments) for patient care in either a licensed nursing home or public medical institution is \$168.00.
- 325.3 The maximum allowable monthly rate for patient care shall be construed to be an inclusive rate for room, board, bed and bath-room linens, nursing care, laundry of client's personal clothing (but not dry cleaning cost*), personal services, supervision as required by the nature of the client's illness, therapeutic diets, all drugs (including prescriptions), dressings, application or administration of all drugs and dressings, medical supplies (cellu cotton, chux and other types of pads that an operator may choose to use to save labor or linen are included within the meaning of medical supplies) and physician's fees. The maximum allowable monthly rate shall also include any laboratory, diagnostic, x-ray, dental or other service(s) which are available for all patients in the public medical institution except where Section 325.6b is applicable.
- 325.4 A monthly allowance for patient care in a licensed nursing home or public medical institution shall be included in the client's budget only if all of the following exist:
- a) Client has a defect, disease or impairment, the existence of which has been verified by medical information.
 - b) A physician's recommendation that client is in need of patient care in either a licensed nursing home or public medical institution. The recommendation from the physician shall include the following information: Client's diagnosis, the client's physical limitations and shall specify the various nursing services that client needs thus identifying to the local agency, the client's need for patient care in a licensed nursing home or public medical institution.

* Client's personal incidental allowance provides for dry cleaning costs.

N. J. Department Institutions and Agencies Categorical Assistance Manual

1/56

It is recognized that the physician's recommendation for patient care in a licensed nursing home or public medical institution is of primary importance, however, the agency shall also evaluate the social information. The physician may not be aware that the kind of care that the client needs may be available in the home of a relative or in a boarding home.

- c) Care in a licensed nursing home or public medical institution is essential to the client's health and welfare. (The fact that a person is already residing in a licensed nursing home or public medical institution is not in itself conclusive evidence that he is in need of patient care or that continued patient care in a licensed nursing home or public medical institution is needed).
- d) There is no person available who will perform the services and care without cost to the client and the service is not otherwise available without cost to the client.
- e) The client is not receiving care and treatment for tuberculosis or psychosis in the licensed nursing home or public medical institution as a result of a diagnosis of tuberculosis or psychosis.

325.5 The budget of a client who is purchasing patient care in either a licensed nursing home or public medical institution shall include the allowances for patient care, clothing, (unless Section 206.25 is applicable), personal incidentals and allowances for the appropriate special circumstance items identified below:

- Indebtedness if Section 312 is applicable
- Insurance if Section 313 is applicable
- Property Repair & Improvement if Section 318 is applicable
- Clothing if Section 320 is applicable
- Storage if Section 321 is applicable
- Transportation if Section 324 is applicable.

325.6 Only in the situations as identified in 325.6a and 325.6b may special circumstance allowances for items of medical care be included in the budget of a client who is purchasing patient care in a licensed nursing home or public medical institution.

325.6a It is recognized that a client who is a patient in a licensed nursing home or public medical institution may need:

1. Dental service and dentures
2. Blood plasma
3. Hearing aids
4. Eye examinations by a specialist, eye glasses and other prosthesis
5. Chiropody service (other than normal pedicure services).
6. Laboratory services
7. X-ray services
8. Prosethetics.

A special circumstance allowance for the above medical needs based on actual cost shall be included in the client's budget only if all of the following exist:

1. It is essential to the health and welfare of the client; and
2. it has been recommended in writing by a licensed physician; and
3. it is not otherwise available without cost to the client.

325.6b It is recognized that a client who is a patient in a licensed nursing home or public medical institution may need physical or functional occupational therapy. A special circumstance allowance based on actual cost, for physical or functional occupational therapy may be included in the budget of the client only if all of the following exist:

1. The physical and/or functional occupational therapy has been prescribed in writing by a licensed physican; and
2. the therapy is to be given under the direction and supervision of a licensed physician; and
3. the physical or occupational therapist providing the treatment must be a graduate of a school approved by the Council of Medical Education and Hospitals of the American Medical Association; and
4. the therapy is not otherwise available without cost to the client.

**AUTHORIZATION FOR PATIENT CARE IN A LICENSED NURSING HOME
OR IN A PUBLIC MEDICAL INSTITUTION FOR THE CHRONICALLY ILL**

To be completed by Public Assistance Agency

(Identify Agency)

Case Name..... Registration No.....

Home Address.....
STREET MUNICIPALITY COUNTY

Birthdate (or age)..... Sex: M F Veteran: Yes No
(CIRCLE CORRECT LETTER!) (CIRCLE CORRECT WORD)

Describe Current Living Arrangement.....

Name of Institution..... Admission Date.....

A. CERTIFICATION OF PHYSICIAN

THIS IS TO CERTIFY THAT THE ABOVE NAMED INDIVIDUAL REQUIRES PATIENT CARE IN A LICENSED NURSING HOME OR PUBLIC MEDICAL INSTITUTION FOR THE CHRONICALLY ILL BECAUSE:

1. **DIAGNOSIS (Complete)**.....
.....
.....

2. DEGREE OF INCAPACITY (Please Check each Applicable Item Below)

..... **BEDRIDDEN** **AMBULATORY**

<input type="checkbox"/> Bedfast & Helpless	<input type="checkbox"/> Entirely Independent	<input type="checkbox"/> With Other - Specify
<input type="checkbox"/> Sits up in bed	<input type="checkbox"/> Only with Wheelchair	<input type="checkbox"/> Only from Bed to Chair Without Help
	<input type="checkbox"/> With Aid of Appliances	<input type="checkbox"/> Cannot Use any Stairs

3. EATING

Feeds Self Unaided
 Needs Constant Help to Eat
 Partial Help to Eat
 Requires Special Diet

4. CONTINENCE STATUS

Continent
 Partially Incontinent
 Incontinent

5. MENTAL STATUS

Clear
 Confused occasionally or part of the time
 Confused most of the time

6. NURSING CARE AND SERVICES NEEDED

<input type="checkbox"/> Hypodermic Injections	<input type="checkbox"/> External Medication
<input type="checkbox"/> Dressings	<input type="checkbox"/> Bed Baths Only
<input type="checkbox"/> Temperature and/or Pulse Record	<input type="checkbox"/> Daily Enemas
<input type="checkbox"/> Catheterization	<input type="checkbox"/> Change Bed Position
<input type="checkbox"/> Oral Medication	<input type="checkbox"/> Rubs and Massages

7. CHARACTERISTICS OF MAJOR DISABILITY

Static or Stable Progressive Improving

8. Is Patient now receiving any Medication or Treatment? (If so, give details).....
.....

9. Is Surgery or Other Therapy contemplated? (If so, give details).....
.....

10. Is continued patient care in N. H. or P. Med. Inst. Necessary? (Check) YES..... NO.....

11. Is future discharge contemplated? (Check) YES..... NO.....

12. Could this patient be adequately cared for now in Boarding Home? YES..... NO.....
His own home? YES..... NO..... Other facility (describe).....

13. () 1. I further certify that in my opinion this individual does not require care and treatment for active tuberculosis.

() 2. Does not require care and treatment for a mental disease, defect or impairment in an institution for the mentally ill or mentally deficient.

W. D.

Date

B. STATEMENT OF INSTITUTION - - - - -

THIS IS TO CERTIFY THAT:

1. the individual named above entered this institution voluntarily onand is free to leave at any time upon his own decision; DATE
2. the individual will receive continuous medical treatment and nursing care in the section of this institution certified for the care of the chronically ill until and unless he is no longer in need of such care;
3. the portion of the monthly assistance payment to the individual which exceeds the allowable monthly ~~rate for board and nursing care~~ ^{inclusive rate} due the institution, will be available to the individual for his unrestricted use - and that if any funds belonging to the individual are held in safe keeping by the institution, a current identifiable account will be maintained and be open for inspection by the individual and by representatives of the public assistance agency;
4. if the individual dies, or leaves, or is to leave the institution, or is moved from the certified to an un-certified section of the institution the public assistance agency will be notified promptly; and that
5. if the individual dies, or leaves, or is moved from the certified to a non-certified section prior to the last day of any calendar month, or of other period for which payment has been received in advance, the institution will refund the unearned portion of such payment, the refund to be calculated as follows:
 - that percentage of the amount allowed the individual by the public assistance agency (for board and care in advance) which the number of unearned days bears to 30 (unearned days calculated from the day immediately following the date of death or removal.);
 - a) the refund will be made to the public assistance agency for any individual who dies or who is removed from the certified to a non-certified section of the institution, or in any instance of an individual who becomes ineligible to receive assistance;
 - b) the refund will be made to the individual if he leaves the institution but is to continue to receive assistance outside the institution.
6. and that the institution will also refund to the public assistance agency any other funds of a deceased individual (and not subject to any prior claim or lien by the institution) which were in his possession or in the custody of the institution at the time of his death, and that refund of any such funds will be made to any individual who leaves the institution.

DATE

.....
SUPERINTENDENT

.....
NAME OF INSTITUTION

.....
ADDRESS