

Rules + Regulations
File
Thompson

January 16, 1962

Honorable Robert J. Burkhardt
Secretary of State
State House
Trenton, New Jersey

Dear Secretary Burkhardt:

Enclosed herewith for filing are sections of the Manual of Administration issued by the Bureau of Assistance, Division of Welfare of this Department.

We direct your special attention to the enclosed copy of Transmittal Letter #31, which gives a detailed listing of new material; specific instructions for insertions; and pen and ink changes to the present manual.

Sincerely yours

John W. Trumburg
John W. Trumburg
Commissioner

JWT:4

CC: Secretary to the Governor ✓
Mr. Irving Engelman, Director, Division of Welfare
Miss Alberta Ford, Acting Secretary, State Board of Control

CHIEF EXECUTIVE
OFFICE OF

JAN 23 8 42 AM '62

STATE OF NEW JERSEY
RECEIVED

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January 16, 1962

Honorable Robert J. Barchi
Secretary of State
State House
Trenton, New Jersey

Dear Secretary Barchi:

Enclosed herewith for filing are sections of the Manual of Administrative Instructions issued by the Bureau of Archives, Division of History of this Department.

We direct your special attention to the enclosed copy of Transmittal Letter #1, which gives a detailed listing of new material; specific instructions for instructions; and new and old changes to the present manual.

Sincerely yours

Signature of John W. Thompson
John W. Thompson
Commissioner

JWT:th

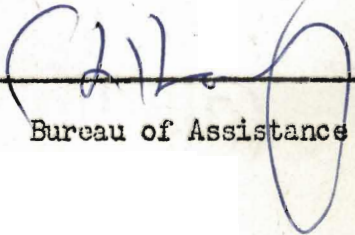
cc: Secretary to the Governor
Mr. Irving Engelman, Director, Division of History
Miss Alberte Ford, Acting Secretary, State Board of Control

RECEIVED
STATE OF NEW JERSEY
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OFFICE OF
CHIEF EXECUTIVE

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

BUREAU OF ASSISTANCE

REGULATION # Manual of AdministrationISSUED: 1/62
(Date)REV.: _____
(Date)TITLE: None - Related to policy and procedure for OAA, DA, ADCSUBJECT: Various (identified in Transmittal Letter #31)STATUTORY REFERENCE: R.S. 44:7-6, 42, and 44:10-3

, Chief
Bureau of Assistance

Approved:

By: 

State of New Jersey
Department of Institutions and Agencies
Division of Welfare-Bureau of Assistance

TRANSMITTAL LETTER #31
MANUAL OF ADMINISTRATION

January 22, 1962

TO: COUNTY WELFARE BOARDS

Attached is one copy of the following new material, staff copies of which are being forwarded under separate cover:

Sub-chapter

2430.	National Health Organizations - National Multiple Sclerosis Society
2570.	Vendor Payments for Health Care Services and Supplies (Temporary)
2570.(ADC)	" " " " " " " " " "

Explanatory Comment

Section 2431, National Multiple Sclerosis Society, presents a policy statement developed in cooperation with the New Jersey Chapters of the Society. The policy is effective 1/1/62.

Sub-chapter 2570, Vendor Payments for Health Care Services and Supplies (Temporary) will not be effective until March 1, 1962. The policy and procedure is being issued in advance to provide for orientation of bookkeeping and other staff members, for printing of required forms, etc. Additional and revised procedures for Ruling No. 12 are under preparation and will be released under separate cover letter.

Instructions for Insertion

- 1) Insert sub-chapter 2430 immediately following sub-chapter 2410, Nursing Care - Visiting Nurse Services, page 2410.10 -p. 4.
- 2) Remove ADC Insert for 2570 (reverse), page dated 1/61; and insert revised ADC Insert, page dated 1/62.
- 3) Remove 2570 (white), Methods of Payment for Health Care Services and Supplies, page 2570-2571 dated 1/61; and insert new 2570, Vendor Payments for Health Care Services and Supplies, page 2570-2571.1 through page 2574-2575.2.

To County Welfare Boards
Re Transmittal Letter #31

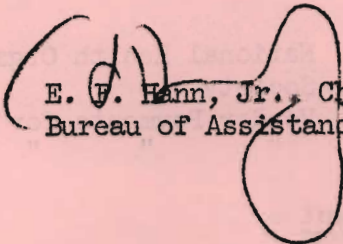
1/22/62

Pen and Ink Amendments

On Table of Contents for Chapter 2400, following item 2410.16, enter 2430, National Health Organizations; under that enter 2431, National Multiple Sclerosis Society.

On Table of Contents for Chapter 2500, Assistance Payments, page iii, change the entry for 2570 to read "Vendor Payments for Health Care Services and Supplies."

Very truly yours


E. F. Hann, Jr., Chief
Bureau of Assistance

EFH:MCRd

Approved
Irving Engelman, Director
Division of Welfare

Part II

The Individual and Public Assistance

2400

Health Care

2430. NATIONAL HEALTH ORGANIZATIONS

This sub-chapter will provide statements of understanding with various voluntary health organizations (e.g., State or local chapters of national societies, foundations, etc.) regarding availability of services to public assistance clients, and conditions under which allowances to purchase such services by or on behalf of clients may be authorized.

2431. National Multiple Sclerosis Society

.1 New Jersey Chapters

There are four chapters of the National Multiple Sclerosis Society serving various areas of the State:

Atlantic-Cape May Chapter, 201 N. Derby Avenue, Ventnor City
Serves - Atlantic and Cape May Counties

Central New Jersey Chapter, 48 N. Overbrook Avenue, Trenton 8
Serves - Burlington, Hunterdon, Mercer, Middlesex and Mornmouth
Counties

Greater Camden Chapter, 116 North Third Street, Camden
Serves - Camden and Gloucester Counties

Upper New Jersey Chapter, 9 Clinton Street, Newark 2
Serves - Bergen, Essex, Hudson, Morris, Somerset, Sussex, Union,
Passaic, and Warren Counties

.2 Multiple Sclerosis Chapters' Policy on Persons Served

The MS chapters provide or secure diagnostic services, and various medical care and ancillary services on a fee basis according to the patient's ability to pay.

Under a policy recently adopted by the Chapters, persons who are recipients of public assistance are not entitled to such services without cost.

However, certain services, such as counselling for the patient and his family, recreational activities, etc. may be provided without cost to medically diagnosed MS patients regardless of their financial status or public assistance status, when these services are included within the program of an individual chapter.

.3 Use of Multiple Sclerosis Chapters as a Resource

a. In compliance with the principle stated in section 2404, assistance allowances cannot be authorized for services provided by the staff of an MS Chapter or purchased through an MS Chapter.

2431. National Multiple Sclerosis Society (Contd.)

.3 a. (Contd.)

However a CWB may wish to consult an MS Chapter about available health care services for a recipient with multiple sclerosis. Such services may be arranged by a CWB directly with the vendor subject to the normal limitations on health services.

b. It is suggested that the appropriate MS Chapter be consulted about a recipient who is a multiple sclerosis patient as to whether "free" counselling or recreational services are available from that chapter.

Intentionally Deleted

Part II

The Individual and Public Assistance

2500 Assistance Payments - Vendor Payment for Health Care Services and
Supplies (Temporary)

2570. VENDOR PAYMENT FOR HEALTH CARE SERVICES AND SUPPLIES (TEMPORARY)

Applies in ADC

Part II	The Individual and Public Assistance
2500	Assistance Payments - Vendor Payments for Health Care Services and Supplies (Temporary)

2570. VENDOR PAYMENTS FOR HEALTH CARE SERVICES AND SUPPLIES (TEMPORARY)

General Statement of Policy

Medical care as all other services purchased from public funds, shall be provided to eligible recipients only on the basis of a properly executed authorization by the county welfare board (or authorized personnel) in advance of incurring liability for payment from public funds, excepting for emergency treatment, general authorizations and ordinary drugs.

For purposes of this temporary regulation emergency treatment or general authorizations which may be provided, prior to specific authorization by the CWB, shall be limited to:

- a. Emergency treatment of health care necessary for protection of the client.
- b. General authorizations provide for one physician's visit, in a calendar month, unless the CWB is operating under a policy requiring prior authorization for all visits except for emergency treatment. CWB health care plans in effect as of March 1, 1962 will be continued until the official release of the State Plan for Health Care Services.
- c. Ordinary drugs provide for necessary drugs and prescriptions other than rare, unusual, and expensive drugs for which State and County policy requires prior specific authorization. Such ordinary drugs within limits of the CWB plan may be rendered on order of a physician (i.e., includes osteopath, chiropodist, dentist) at any time in the course of attendance on a case, and without prior authorization for the particular prescription.
- d. All medical services other than emergency treatment, general authorization, and ordinary drugs (as specified above) shall be provided only upon advance authorization by the CWB. However, pending issuance of the State Plan for Health Care Services, the CWBs may continue other plans for general authorization without specific approval (visiting nurse, dental, eye, or other health care services.)

2571. Procedures for Specific Authorization

.1 Professional Practitioners

- a. The professional practitioners shall request prior authorization for additional treatment if necessary or any other health care

Part II

The Individual and Public Assistance

2500 Assistance Payments - Vendor Payments for Health Care Services and Supplies (Temporary)

2571. Procedures for Specific Authorization (Contd.)

- .1 a. (Contd.) services requiring specific authorization. Such requests should be made for all health care services other than emergency treatment, general authorizations (in effect as of March 1, 1962), and ordinary drugs; unless the CWB has included special care in the general authorizations (2570.1 sub-item d)

b. The requests for prior authorizations may be made by telephone or in writing on prescription forms, business forms, or stationery of the professional practitioners. The CWBs may approve such requests by telephone or in writing. It is recommended that a form letter or authorization form be used to issue such specific authorization. The State Plan when released will provide detailed instructions for services requiring specific authorizations, form to be used, and agency approval.

.2 Technical Therapists

Services by qualified technical therapists in the fields of physical therapy, occupational therapy, speech therapy, orthoptic training and other rehabilitation modalities as may be prescribed by professional practitioners may be approved on one authorization for periods up to two or three months. Prior authorizations beyond the current month shall be continued subject to the continued eligibility for assistance of the client.

.3 Prompt Decision on Requests for Authorization

Decisions as to acceptance or rejection of notification and request for specific authorization shall be made as promptly as possible.

.4 Effective Date of Authorization

The effective date of an authorization shall be the first date on which service has been provided under the specific authorization including services of emergency or general authorizations.

2572. Billing and Payment Procedures

.1 Use of Official Vouchers

Bills for health care services rendered recipients of CWB assistance (OAA, DA, and ADC) pursuant to proper authorization for providing such services shall be rendered the CWB on the official vouchers. Pending

Part II

The Individual and Public Assistance

2500 Assistance Payments - Vendor Payments for Health Care Services and Supplies (Temporary)

2572. Billing and Payment Procedures (Contd.)

.1 (Contd.) issuance of the State Plan existing procedures will be continued with respect to billing and payment for patient care in approved medical institutions (i.e., nursing homes, public medical institutions for chronic and acute care.)

.2 Time Periods for Submittal of Claims for Payment

Pending issuance of the State Plan it is recommended that the CWBs require claims for payments for services rendered on a calendar month basis. As an accommodation to the medical vendor where the treatment is complete except for minor costs in a subsequent month, the CWB may permit a single claim for payment. Where orthodontic or other prolonged treatment is approved the medical practitioner may render quarterly claims for payment.

.3 Requirements for Billing by Vendors

a. Under this temporary regulation as of March 1, 1962, all claims for payment of health care services shall be submitted to the CWB. It is recommended that the CWB require a separate claim for payment with respect to each physician's visit and for each prescription. With respect to other health care services, separate bills should be rendered for each client. Pending release of the State Plan the CWBs may continue the billing arrangements heretofore approved for nursing homes, hospitals (public), visiting nurse associations, etc.

b. The State Plan, to be released at a later date, will provide regular billing and payment schedules. Pending release of the State Plan, billing is recommended for each physician's visit, for each prescription, and on a monthly basis for all other health care services per client. The CWBs insofar as possible will schedule payment of health care services (when billed as above), if otherwise approved, in the month following the month of service. Bills for dental services or other professional procedures requiring a long period may be billed monthly or quarterly according to CWB approval.

c. The respective claims for payment shall be submitted on official vouchers of the CWB. Pending release of the State Plan the CWBs may use the recommended vouchers or continue the vouchers in use as of March 1, 1962. In any event official vouchers must be submitted for all claims for payment.

Part II The Individual and Public Assistance
2500 Assistance Payments - Vendor Payments for Health Care Services and Supplies (Temporary)

2572. Billing and Payment Procedures (Contd.)

.4 Analysis of Bills

Pending release of the State Plan which will provide for specific verifications, the CWB shall provide for analysis of bills according to program, classification, and other requirements (fees, prior authorization, etc.). The CWB in processing the respective claims shall also verify mathematical accuracy of billing, proper signatures, etc. CWBs with medical committees will establish local controls for review of the vendor claims.

.5 Method of Payment

- a. The method of payment shall be by a check drawn on the Assistance Account in a separate numbered series. The checks shall, in addition to Assistance Account identification, be marked Medical Care Vendor Account. (This may be marked by rubber stamp printing or addressograph printing on the regular assistance checks.)
- b. The CWB in accomplishing payment to the medical vendors shall identify by case number, voucher number, or other reference, the accounts paid.

.6 Procedures Following Payment

- a. After payment of the medical bills, one copy of the bill shall be filed by program and case number for subsequent filing in the case file. The bills may be filed in a separate file as a supplement to the case file or the bills may be posted to a medical case record card record. The CWBs posting the data to a medical case record card may destroy such copy following County, State and Federal fiscal audits.
- b. After payment of the medical bills the copy of the vouchers, assembled by vendor, which were used to determine the respective vendor payments shall be retained for fiscal purposes. This copy of the vouchers (representing payments processed and approved) will be retained for necessary audit and accounting in the same manner as other fiscal records (six years plus the current year). At the time of payment the vouchers shall be assigned a check payment number for record purposes.

2573. General Accounting Procedures

General accounting requirements, billing, and claims for State and Federal participation will be included in Ruling No. 12, the Accounting Manual.

Part II

The Individual and Public Assistance

2500 Assistance Payments - Vendor Payments for Health Care Services and
Supplies (Temporary)

2574. Statistical Studies

Pending issuance of the State Plan, selected statistical studies will be required by the State Bureau with a plan to accommodate preparation of

- a. Administrative controls, and guides for processing medical claims.
- b. Federal reporting.
- c. Administrative planning for rate fixing, guides for utilization, etc.

2575. Official Forms

.1 Official Vouchers

Sample copies of and instructions for use of the series of official vouchers are provided in Ruling No. 12_____. During the period of this temporary plan these voucher forms will be ordered by each CWB for its own use.

.2 Patient Cost Record Card

The State Plan (after reviewing the first few months of operation under this temporary plan) will in cooperation with the County Welfare Boards, establish a "Patients Cost Record Card".

For Information and Public Assistance
to the Health Care Services and
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Page 11
Statistical Summary
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and statistical studies will
plan to accommodate preparation

Testing results of the
performed by the ...
of

for processing medical claims.

Administrative ...

Federal reporting

also things, given

of Administration
... etc.

Official Forms

Official Vouchers

the system of official
During the
... forms will be ordered

Single copies of the
vouchers are provided to
... of this temporary
by each CMB for its own use

Instant Cost Report Card

The State Plan (new)
this temporary plan will be
... a ...