

New Jersey Department of Human Services
Division of Aging Services
Provider Application Section III: Services

ATTENDANT CARE EVALUATION

*Read carefully the description of services and requirements.
If you do not qualify, please do not apply.*

Definition:

Attendant Care means hands-on care, of both a supportive and health related nature, specific to the needs of a medically stable, physically handicapped participant. Supportive services are those that substitute for the absence, loss, diminution, or impairment of a physical or cognitive function. This service may include skilled or nursing care to the extent permitted by State law. Housekeeping activities, which are incidental to the performance of care, may also be furnished as part of this activity.

Supervision may be furnished directly by the participant, when the person has been trained to perform this function, and when the safety and efficacy of consumer – provided supervision has been certified in writing by a registered nurse or otherwise as provided in State law. This certification must be based on direct observation of the consumer and the specific attendant care provider, during the actual provision of care. Documentation of this certification will be maintained in the participant's individual plan of care.

Attendant Care Evaluation means the evaluation by a Registered Nurse of a program enrollee's knowledge of the task to be performed; and of the enrollee's ability to appropriately direct the Client-Employed-Provider candidate in the performance of that task.

Service Limitations/Exclusions Include:

- Only Registered Nurses may perform Attendant Care Evaluations.

Billing Codes:

<u>JACC</u>	<u>Service/Unit</u>	<u>Rates Per Unit</u>
J9856	1 Attendant Care Evaluation	Up to \$75.00

ATTENDANT CARE EVALUATION PROVIDER QUALIFICATIONS

The applicant must submit evidence that it meets **all** items within the following section(s).

Please check off **ONE** section in which you are applying

Section 1 ☐ Section 2 ☐ Section 3 ☐ Section 4 ☐ Section 5 ☐

Section 1

- 1.a ☐ Medicare Certified Home Health Agency licensed by NJ DOH, per N.J.A.C. 8:42*
- 1.b ☐ Employs Registered Nurses licensed in New Jersey who will perform Attendant Care Evaluations
- 1.c ☐ Submits evidence that evaluator credentials are vetted
- 1.d ☐ Evidence of Liability Insurance and Worker's Compensation Coverage
- 1.e ☐ Fee Schedule

Section 2

- 2.a ☐ Homemaker Agency with Health Care Service Firm License from the NJ DL&PS, per N.J.A.C.13:45B*
- 2.b ☐ Is Accredited by National Home Caring Council, Commission on Accreditation for Home Care Inc., The Joint Commission, and/or the Community Health Accreditation Program
- 2.c ☐ Employs Registered Nurses licensed in New Jersey who will perform Attendant Care evaluations
- 2.d ☐ Submits evidence that evaluator credentials are vetted
- 2.e ☐ Evidence of Liability Insurance and Worker's Compensation Coverage
- 2.f ☐ Fee Schedule

Section 3

- 3.a ☐ Adult Family Care Agency licensed by NJ DOH, per N.J.A.C. 8:43B*
- 3.b ☐ Employs Registered Nurses licensed in New Jersey who will perform Attendant Care evaluations
- 3.c ☐ Submits evidence that evaluator credentials are vetted
- 3.d ☐ Evidence of Liability Insurance and Worker's Compensation Coverage
- 3.e ☐ Fee Schedule

Section 4

- 4.a ☐ Health Care Service Firm License from the NJ DL&PS, per N.J.A.C.13:45B*
- 4.b ☐ Business entity with evidence of authority to conduct such business in NJ, i.e. NJ Tax Certificate, Trade Name Registration and/or Ownership proof
- 4.c ☐ Employs Registered Nurses licensed in New Jersey who will perform Attendant Care evaluations
- 4.d ☐ Submits evidence that evaluator credentials are vetted
- 4.e ☐ Evidence of Liability Insurance and Worker's Compensation Coverage
- 4.f ☐ Fee Schedule

Section 5

- 5.a ☐ Registered Nurse licensed in New Jersey
- 5.b ☐ Submits evaluator credentials, to include valid New Jersey RN license number and effective dates
- 5.c ☐ Experience in performing the type of work for the target population
- 5.d ☐ Evidence of Liability Insurance and Worker's Compensation Coverage
- 5.e ☐ Fee Schedule

*Submit photocopy as evidence.

**Check all evidence submitted with application.
Incomplete applications and / or applications submitted without required
documentation and evidence will be returned.**

CERTIFICATION

FOR THE PURPOSE OF ESTABLISHING ELIGIBILITY TO RECEIVE DIRECT PAYMENT FOR SERVICES TO RECIPIENTS UNDER THE NEW JERSEY JACC PROGRAM, I CERTIFY THAT THE INFORMATION FURNISHED ON THIS APPLICATION IS TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT IF ANY OF THE STATEMENTS MADE BY ME IN THIS APPLICATION ARE WILLFULLY FALSE, I AM SUBJECT TO PUNISHMENT, INCLUDING BUT NOT LIMITED TO DISQUALIFICATION FROM THE NEW JERSEY JACC PROGRAM. I AGREE TO NOTIFY THE NEW JERSEY DEPARTMENT OF HUMAN SERVICES, DIVISION OF AGING SERVICES OF ANY CHANGES IN THE INFORMATION CONTAINED IN THIS APPLICATION.

Name and Title of Applicant

Representative _____

Signature _____ Date _____