

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

**ENVIRONMENTAL ACCESSIBILITY ADAPTION**

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

**Definition:**

Those physical adaptations to the home, required by the individual's plan of care, which are necessary to ensure the health, welfare and safety of the individual, or which enable the individual to function with greater independence in the home and without which the individual would require institutionalization.

Such adaptations may include the installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, or installation of specialized electric and plumbing systems, which are necessary to accommodate the medical equipment and supplies that are necessary for the welfare of the individual.

Excluded are those adaptations or improvements to the home that are of general utility, and are not of direct medical or remedial benefit to the individual, such as carpeting, roof repair, central air conditioning, etc. Adaptations that add to the total square footage of the home are excluded from this benefit.

All services shall be provided in accordance with applicable State or local building codes. Evidence of permits and approval must be available as required.

The EAA Provider must:

- Conduct an on-site visit with the care manager and JACC participant at the home to ensure repairs are necessary, are completed to satisfaction, and meet housing codes.
- Ensure permits are acquired if needed.
- Plan, schedule, inspect and monitor the assigned repair work.
- Ensure all services are provided in accordance with applicable State, Local and Americans with Disability Act (ADA) and/or ADA Accessibility Guidelines (ADAAG) and Specifications.
- Authorization of final payment for repairs/replacement to the contractor will only occur upon project completion and satisfaction of the consumer and care manager.

**Billing Codes:**

<b><u>JACC</u></b>	<b><u>Service/Unit</u></b>	<b><u>Rates Per Unit</u></b>
J9795	1 Job	Usual and Customary Charge

**ENVIRONMENTAL ACCESSIBILITY ADAPTION 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 1**

- 1.a  Business entity with evidence of authority to conduct such business in NJ, i.e. NJ Tax Certificate or Trade Name Registration
- 1.b  Any license required by law to engage in the service (i.e. Master Plumbers, general contractor, etc.)
- 1.c  Evidence of Liability Insurance and Worker's Compensation Coverage
- 1.d  Fee Schedule

**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 \_\_\_\_\_