

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

HOME DELIVERED MEAL SERVICES

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

Definition:

Nutritionally balanced meals delivered to the recipients' homes when this meal provision is more cost effective than having a personal care provider prepare the meal. These meals shall not replace nor is a substitute for a full day's nutritional regimen but shall provide at least 1/3 of the current Recommended Dietary Allowance established by the Food & Nutrition Board of the National Academy of Science, National Research Council. A unit of service equals one meal. No more than one meal per day will be reimbursed under the waiver.

Home delivered meals are provided to an individual at home, and included in the approved Plan of Care only when the recipient is homebound, unable to prepare the meal, and there is no other person, paid or unpaid, to prepare the meal. When a client's needs cannot be met by Title III provider due to geographic inaccessibility, special dietary needs, the time of day or week the meal is needed, or existing Title III provider waiting lists, a meal may be provided by restaurants, cafeterias, or caterers who comply with the NJ State Dept. of Health and local Board of Health regulations for food service establishments.

Service Limitations/Exclusions Include:

- Direct purchase of commercial frozen meals, "Ensure" or other food or nutritional supplements is not allowed.
- More than one provider may be used to meet the client's need.
- Reimbursement is based on an average cost per meal that includes food, labor, prep, and delivery. Separate charges for these services are not allowed.

Billing Codes:

<u>JACC</u>	<u>Service/Unit</u>
J9847	1 Meal

HOME DELIVERED MEAL SERVICES 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 1

- 1.a Title III Approved Provider of Meal service*
- 1.b Fee Schedule

Section 2

- 2.a Commercial recording identification as a food establishment with authority to conduct such business in New Jersey, i.e. NJ Tax Certificate, Trade Name Registration and/or Ownership proof
- 2.b Evidence of compliance with N.J.A.C. 8:24
- 2.c Evidence of Liability Insurance and Worker’s Compensation Coverage
- 2.d Business product/service literature
- 2.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 _____