

**New Jersey Department of Human Services
 Division of Aging Services
 Medicaid Waiver
 P.O. Box 807
 Trenton, NJ 08625-0807**

**ASSISTED LIVING (AL) FACILITY
 NOTIFICATION OF ROOM AND BOARD (R&B) SUPPLEMENTATION**

Submit within 15 days of effective date to: New Jersey Department of Human Services Division of Aging Services P.O. Box 807 Trenton, NJ 08625-0807	Or FAX to the Quality Assurance Unit (QAU) at: <p style="text-align: center;">(609) 588-7683</p>
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Name of Assisted Living (AL) Facility		Telephone Number
Name of AL Resident/Medicaid Participant		Medicaid Number
		Admission Date
Effective Date of R&B Supplementation agreement if after admission:	Is a Medicaid unit available at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Unit to which upgraded, must match room designation on fee schedule:	Monthly cost of upgrade:	
Consequence of Non-Payment:		
Name of Voluntary Third-Party Payer	Relationship	Telephone Number
Address		
Signature		Date
Name of AL Facility Representative		Title
Signature		Date

Once submitted, a representative from the Division will contact you within two weeks if there are questions regarding this notification. Otherwise, the Notification of R&B Supplementation is acceptable.

c: CWA
 Medicaid Participant File