

**HUMAN SERVICES**

**COMMISSION FOR THE BLIND AND VISUALLY IMPAIRED**

**Prevention Services Program of the Commission for the Blind and Visually Impaired**

**Proposed Readoption with Amendments: N.J.A.C. 10:94**

**Proposed New Rules and Repeals: N.J.A.C. 10:94-3.8 and 3.12**

Authorized By: Jennifer Velez, Commissioner, Department of Human Services.

Authority: N.J.S.A. 30:1-2, 30:6-1 et seq., and 52:14B-3(1) et seq.

Calendar Reference: See Summary below for explanation of exception to calendar requirement

Proposal Number: PRN 2014-173.

Submit comments by December 19, 2014, to:

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The agency proposal follows:

**Summary**

N.J.A.C. 10:94 sets forth the rules describing the Commission for the Blind and Visually Impaired's Prevention Services Program (Prevention Program). The Commission for the Blind and Visually Impaired ("Commission" or "CBVI") was designated by N.J.S.A. 30:6-1 to provide "all means which it deems feasible for ameliorating the condition of the blind and visually

impaired within the State.” Pursuant to N.J.S.A. 52:14B-5.1.b, N.J.A.C. 10:94 is scheduled to expire on September 20, 2014. As the Department has filed this notice of rules proposed for readoption prior to that date, the expiration date is extended 180 days to March 19, 2015, pursuant to N.J.S.A. 52:14B-5.1.c(2).

The proposed amendments, new rules, and repeals provide a description of the services rendered by the Commission’s Prevention Program. The amendments, new rules, and repeals are also intended to more clearly inform the public of the specific prevention services offered by the Commission and the standards and procedures that govern the delivery of these services. Additionally, the rules are designed to inform the public of the rights and responsibilities of the Commission and its clients in the provision and receipt of services.

A summary of the rules proposed for readoption follows:

#### **Existing Rules Proposed for Readoption**

N.J.A.C. 10:94-1 describes the purpose and scope of the Prevention Program and the definitions of terms and words used in the chapter.

N.J.A.C. 10:94-2 describes the eye health services provided in the Prevention Program, establishes who determines a medical eye emergency and how services are provided when an eye emergency has been determined, describes who is eligible for optical aides or devices and ocular prostheses and how they are provided, the medical aides and devices provided to staff to assess, evaluate, and train clients to meet medical needs, and hospital and surgical procedures for providing surgical services.

N.J.A.C. 10:94-3 describes types of vision screenings and target populations and sets forth where screenings are conducted and who is targeted. Procedures are delineated for each type of screening, when refraction is indicated, the requirements for contracting with eye health

physicians and related documentation required for contracting with eye health physicians as vendors in the screening programs, and payments to eye health physicians for cancelled screening programs.

N.J.A.C. 10:94-4 describes the purpose and scope of the Commission's low vision program, low vision terms, the low vision program guidelines used to establish eligibility for low vision services, and Medicaid client guidelines for providing low vision services for clients who have Medicaid.

N.J.A.C. 10:94-5 describes services to client's families and the reasons for providing services to family members and explains the condition under which transportation services are provided.

### **Proposed Amendments, Repeals and New Rules**

At N.J.A.C. 10:94-1.1(a), the words "medically" and "medical" are removed since the term implies through surgical or therapeutic means. Vision may also be improved with provision of corrective lenses in the absence of pathology or need for medical services.

At N.J.A.C. 10:94-1.1(b), several changes have been proposed to better describe the nature of screenings provided. N.J.A.C. 10:94-1.1(b)6, "general vision screening" is deleted. Recodified N.J.A.C. 10:94-1.1(b)6 is referred to as "Migrant Eye Screening Program," rather than "migrant screening," to better reflect the importance of the assessment of the eye and this change is made throughout the chapter. Proposed new N.J.A.C. 10:94-1.1(b)7 shall be referred to as the "On-Site Eye Screening Program," rather than the "mobile eye unit program" (existing N.J.A.C. 10:94-1.1(b)8), to better reflect that these screenings are performed at specific sites in the community and this change is made throughout the chapter. Proposed new N.J.A.C. 10:94-1.1(b)8 shall be referred to as the "Early Childhood Vision Screening" (ECVS), rather than the

“pre-school vision screening” (existing N.J.A.C. 10:94-1.1(b)9), program to better reflect the age group of the population served at these screenings from three to five years of age to three to six years of age and this change is made throughout the chapter. Recodified N.J.A.C. 10:94-1.1(b)9, the “diabetic program” shall now be referred to as the “Diabetic Eye Disease Detection Program,” to reflect the mission of this type of screening as described in the Memorandum of Agreement with the Department of Health and this change is made throughout the chapter.

At N.J.A.C. 10:94-1.2 the definition of “needy patient” is expanded to include those clients in need of corrective lenses and eye health treatment services.

At N.J.A.C. 10:94-2.2(b), a hospital is able to provide the equivalent service of an ambulatory care center for eye health emergencies, provided they adhere to the fee schedule set forth for ambulatory care centers in N.J.A.C. 10:91-7.1.

At N.J.A.C. 10:94-2.2(f), the words “and as preapproved by the Service Center Manager or designee” are added to specify the process for authorization for emergency surgery.

At N.J.A.C. 10:94-2.2(g), the addresses have been changed to reflect the current office locations, the designation of which have been changed from “regional offices” to “service centers” to better reflect their similarity of roles. The Central Service Center is now based in Freehold and the Southern Service Center is based in Cherry Hill. Phone and fax numbers have been eliminated as they may change and are available on the CBVI website.

At N.J.A.C. 10:94-2.2(i), resources available to caseworkers for consumer use are described to include “Commission or community volunteer services.” The words “Commission or” are removed as the Commission does not provide such services.

At N.J.A.C. 10:94-2.3(b), the screening unit formerly referred to as “Project Prevention” is renamed Project BEST (Better Eye Health Services and Treatment) and this change is made throughout the chapter.

At N.J.A.C. 10:94-2.3(d), the words “In cases of” are redundant and have been removed.

At N.J.A.C. 10:94-2.4(b)2, language is added to clarify the types of adaptive medical equipment used for assessment and training of blind consumers. The examples given include talking glucometers, devices to assist in filling insulin syringes, and pill containers marked in Braille.

N.J.A.C. 10:94-2.4(c), requiring approval from a client’s physician to dispense a medical aide or device, has been removed since Eye Health Nurses instruct and do not provide direct medical services and this has no impact on devices that need to be prescribed.

At N.J.A.C. 10:94-3.1, the heading of the subchapter is changed from “Vision Screening and Eye Examination Programs” to “Vision and Eye Screening Programs” to better reflect the dual purpose of the program, that is, to screen for functional issues, such as reduced visual acuity, as well as pathological changes of the eye. All references to the term “examination” have been removed and replaced with “screening” to better reflect the intent and scope of these events and these changes are made throughout the chapter. In addition, the term “outreach” is removed from this section inasmuch as it is not included in the subchapter heading. While an inferred role of the screening program, there is no further use of the term throughout the chapter.

At N.J.A.C. 10:94-3.1(b), the headquarters from which services are coordinated in Newark is referred to as the “Administrative” office rather than “Statewide” and the subsection is amended to specify the location.

At N.J.A.C. 10:94-3.2(b), the words “eye health” are removed to be consistent with the functional title of a screener (Field Representative). The term “certified” is replaced with “trained” to accurately reflect the level of instruction given before one becomes a screener for the Commission. The Commission does not have certifying capability and this change is made throughout the chapter.

At N.J.A.C. 10:94-3.2(e), the words “primary and secondary target populations” are replaced with the words “primary and secondary target areas,” to better reflect that this is a geographical reference.

At N.J.A.C. 10:94-3.3(a), the words “is a Federally-funded eye examination and follow-up service that shall be provided, in conjunction with the New Jersey Department of Education” have been removed since this funding source no longer exists. The words “provides eye screenings and follow up assessment and treatment services” are added to more accurately reflect the function of the screening unit.

At N.J.A.C. 10:94-3.3(b)1, the stipulation that a migrant worker reside in the community for five years or less is removed and the phrase reside in “New Jersey while employed” are added to more accurately reflect required residency status for this program.

At N.J.A.C. 10:94-3.3(c)1, the terms “eye doctor and necessary equipment” are replaced with “personnel and equipment” to reflect that a doctor may or may not be present at the screenings, depending on availability.

At N.J.A.C. 10:94-3.3(d), the words “the school district’s responsibilities” are replaced with “the screening site responsibilities” because these screenings are no longer driven by the Department of Education. In addition, the words “children of migrant laborers” have been replaced with “migrant laborers and their families” to more accurately reflect that these

screenings are available for entire migrant worker families, not just the worker and student dependents.

At N.J.A.C. 10:94-3.3(d)4, the reference to providing students with transportation is deleted as this service is no longer available.

At recodified N.J.A.C. 10:94-3.3(d)4 the word “students” is removed. The words “and to purchase glasses, when the eye doctor indicates the need for all students covered by Medicaid or other insurance” have also been removed as those with Medicaid or other insurance shall use those resources first with the Commission serving as source of last dollar.

At N.J.A.C. 10:94-3.3(g)1, language is merged into N.J.A.C. 10:94-3.3(g) to consolidate the role of the school nurse in view of language removed from subsequent parts of N.J.A.C. 10:94-3.3(g).

N.J.A.C. 10:94-3.3(g)2 is removed, as follow up information is no longer collected for students. The school nurse is responsible for follow up.

N.J.A.C. 10:94-3.3(h)5 and 6, referring to leaving a copy of the eye report with the school nurse or liaison and attaching a carbon copy, are removed, as this practice is no longer followed. The language was antiquated, as the agency has moved toward a paperless data system and paper copies will no longer be supplied. Paper eye screening forms and consent forms will be replaced with the electronic equivalent. These paragraphs have been replaced with proposed new N.J.A.C. 10:94-3.3(h)5.

Proposed new N.J.A.C. 10:94-3.3(h)5 requires the maintenance of the eye screening form inclusive of signed consent for CBVI files.

At recodified N.J.A.C. 10:94-3.3(h)6, the term “consumers” replaces the word “children,” as the migrant worker screening program is accessible to entire families. Additional language is consolidated, eliminating existing N.J.A.C. 10:94-3.3(h)7i and ii.

Proposed new N.J.A.C. 10:94-3.3(h)9, requiring entry in the Commission data system, demographic information and screening findings. This reflects the updated data gathering system used at the Commission.

Existing N.J.A.C. 10:94-3.3(h)10 is deleted because of the previous reference to the data system in use to gather demographic information.

At N.J.A.C. 10:94-3.4(a), the term “handicapped” is replaced with “special needs” and the phrase “centers for the handicapped and impoverished are as” are replaced with “Federally Qualified Health Centers, special needs schools, and community-based organizations” to more accurately reflect venues at which these screenings are provided.

At N.J.A.C. 10:94-3.4(c)2, the phrase “and institutional follow-up systems” are removed, inasmuch as screenings are not provided at “institutions” such as developmental centers or psychiatric hospitals.

At N.J.A.C. 10:94-3.4(c)3, the words “provision of” are removed as they are redundant.

At N.J.A.C. 10:94-3.4(d), the current language requires that all eligibility criteria must be met, but the amendment reflects that only one of three criteria must be met for referral for Commission services.

At N.J.A.C. 10:94-3.4(e)1, the phrase “to the appropriate service unit in a regional or Statewide office for continued service delivery” is replaced with “to the appropriate service unit in a service center for continued service delivery” is added to reflect the change in terminology describing “regional offices” as “service centers.”



At N.J.A.C. 10:94-3.4(f), the language has been changed to reflect the parties signing the screening agreement (between CBVI and the screening site). The previous agreement template has been deleted since language was archaic, referring to “the handicapped” and “those who are institutionalized.” The new version has been inserted to include references to screenings versus examinations, reference to the Department of Human Services (DHS) rules and agreement on the part of the screening site to comply with DHS indemnity language.

At N.J.A.C. 10:94-3.5(a), language specifying staff present at an ECVS is removed as volunteers are not utilized and the subsection is intended to describe the purpose of the screening. Subsections (a) and (e) are also amended to apply to children ages three to six, rather than three to five.

At N.J.A.C. 10:94-3.5(c)1, the venue for ECVS is clarified as being a “school” or community program and wording is changed to reflect more specifically the materials provided in advance of the screening.

At N.J.A.C. 10:94-3.5(c)2, the equipment used at ECVS sites are clarified and updated to include light boxes, random dot testers, color blindness charts, pass/fail letters, and referral letters for doctors, and to remove “eye patches.”

At N.J.A.C. 10:94-3.5(c)3, the words “and visual inspection of the eyes” is added to more fully describe the role of the screener.

At N.J.A.C. 10:94-3.6(a)3, the role of the technician at a Diabetic Eye Disease Detection Program screening is amended to include “visual acuity testing,” as this is a required test performed by the technician.

At N.J.A.C. 10:94-3.6(d)1, the material furnished to participants at screenings is clarified to include general information on eye health and post-screening instructions pertaining to the results of the screening, rather than specific information that is to be provided.

At N.J.A.C. 10:94-3.6(e), the word “send” has been deleted and replaced with “give” to clarify that a follow up letter completed by a community-licensed health provider for those who fail screenings are handed directly to the participant at the time of the screening rather than being sent through the mail. Language was added to state that the letters should be completed by the community-licensed health provider and be mailed or faxed back by the person failing the screening to screening unit, Project BEST (Better Eye Services and Treatment). The phrase “requesting information on the evaluation and/or treatment they receive from their medical provider for the eye problem” is redundant and has been removed from the same sentence inasmuch as giving the form to a person who fails a screening implies a request for information. Paragraph (f)3 is deleted as this step is not required because the participant is not yet a CBVI client and to be consistent with the proposed amendment to subsection (e).

At N.J.A.C. 10:94-3.7, the section heading is revised to “Procedures for On-Site Eye Screening Program.”

At N.J.A.C. 10:94-3.7(a), the term “On-Site Eye Screening Program” is defined as an umbrella program consisting of either a: 1. general eye-screening, at which a licensed eye health physician is present with a CBVI screener at a community-based event; 2. general vision screening, at which a CBVI screener is present without a licensed eye health physician; or 3. fixed-site monthly eye screening, at which a monthly screening is provided at the same site with a CBVI screener and a licensed eye physician present.

At N.J.A.C. 10:94-3.7(b)1, language is simplified to state that the consent form is signed by the consumer or legal designee.

N.J.A.C. 10:94-3.7(b)2 is replaced to reflect that demographic information and ocular and medical health histories must be provided as requested on the screening form.

N.J.A.C. 10:94-3.7(b)5 is replaced to clarify the role of the screener to include performing non-contact tonometry, as well as the requirement to provide follow-up referral for a pressure finding of 20 mmHG or higher.

Existing N.J.A.C. 10:94-3.7(b)6 through 10 and (c)1 through 7 are proposed to be merged and recodified into new paragraphs (c)1 through 11 with no substantive changes, other than described in the general changes above and the word “patient” is changed to “consumer” throughout to refer to persons receiving services from the Commission to be “consumers.”

Existing N.J.A.C. 10:94-3.8 is proposed for repeal and replaced with a new section that removes processes that are not the “best practices” for the screening of children.

Proposed new N.J.A.C. 10:94-3.8(a) requires that parental consent forms be completed for all screening participants below 18 years of age.

Proposed new N.J.A.C. 10:94-3.8(b) sets forth that the screening guidelines for other screening venues (migrant worker screenings) shall apply to participants below 18 years of age, except that tonometry shall not be performed and dilating drops shall not be administered.

At N.J.A.C. 10:94-3.9(a), the term “consumer” replaces the term “patient” to better reflect those served by CBVI. The phrase “and who are indigent, including needy patients covered by Medicaid and Medicare” is changed to “and who are indigent,” as indigence is defined in N.J.A.C. 10:94-3.9(b), to include those who have no insurance for routine eye care.

N.J.A.C. 10:94-3.9(c), regarding refractions, is deleted since the discretion of the licensed eye health provider shall determine when a refraction is performed as described in recodified N.J.A.C. 10:94-3.9(c) as described below, rather than for any other reason.

Recodified N.J.A.C. 10:94-3.9(c) further emphasizes that refractions are performed at the discretion of the licensed eye health provider with the stipulation that refractions shall not be performed for consumers who do not present with symptoms (asymptomatic refractive disorder).

At N.J.A.C. 10:94-3.10(a) and (b), “CBVI” is replaced with “the Commission” for the purpose of consistent reference to the agency.

At N.J.A.C. 10:94-3.10(d), the phrase “the following Vendor Rate Schedule” is replaced with “a vendor rate schedule” to refer to the document rather than its location in the subchapter.

At N.J.A.C. 10:94-3.10(e), the contracted rates for licensed eye health physicians have been decreased to \$300.00 per session from \$450.00 per session for “general eye screening sessions” (replacing the words “eye examinations to special sessions”) and decreased to \$350.00 per session from \$525.00 per session for “specialized screenings” (replacing the words “special eye examination or screening sessions”), such as in the Diabetic Eye Disease Detection Program. This change is made throughout the chapter. The Commission is also deleting the actual schedule from the subsection and replacing it with language detailing the contents of the schedule.

Existing N.J.A.C. 10:94-3.12 is proposed for repeal and replacement to reflect that the use of dilating drops is at the discretion of the licensed eye health physician, rather than having the rule state when they can or cannot be administered.

As the Department is providing a 60-day comment period on this notice of proposal, this notice is excepted from the rulemaking calendar requirement pursuant to N.J.A.C. 1:30-3.3(a)5.

### **Social Impact**

In State Fiscal Year 2013, the Commission served a total of 8,542 clients. During this period, the Commission provided eye screenings for the early detection of eye conditions to 42,369 individuals.

The rules proposed for readoption with amendments, new rules, and repeals will benefit the people of New Jersey by providing them with more geographically accessible, preventative eye health services.

The programs associated with these services identify and provide resources to individuals who are blind or visually impaired. The rules proposed for readoption with amendments, new rules, and repeals will further benefit these individuals by setting forth the application procedures for services and the criteria and standards used by the Commission in determining eligibility for services, clients rights and responsibilities and, where applicable, client responsibility in participating in paying for the cost of services.

Society benefits from the Commission's services through the agency's promotion of eye health and by assisting blind and visually impaired individuals to reach their full potential for leading independent and productive lives.

### **Economic Impact**

The rules proposed for re-adoption with amendments, new rules, and repeals will have a positive economic impact on eligible Commission consumers. The change in the standard of reimbursement from \$450.00 to \$300.00 for eye health screening sessions and from \$525.00 to \$350.00 for specialty screenings, in conjunction with modification of screening staffing and procedures within the on-site program, will enable the screening unit to serve many more residents of the State. Partnerships with community providers have been developed, so in some instances, they are able to provide the licensed eye health physicians at no cost to the Commission. Finally, recent grant awards have enabled the screening unit to provide increased services to additional underserved populations throughout the State.

CBVI spent approximately \$436,000 in State Fiscal Year 2013 to provide eye/vision screening and follow-up services to more than 42,369 individuals.

### **Federal Standards Statement**

The rules proposed for re-adoption with amendments, new rules, and repeals do not contain any standards or requirements that are subject to Federal requirements or standards. As a result, an analysis of the rules pursuant to Executive Order No. 27 (1994) is not required.

### **Jobs Impact**

The Commission does not anticipate an increase or decrease in jobs within the State of New Jersey as a result of the rules proposed for re-adoption with amendments, new rules, and repeals. Although the rules proposed for re-adoption with amendments, new rules, and repeals will not have any effect upon the creation or loss of jobs, it is expected to have an indirect impact on jobs. Through the early detection and treatment of potential vision loss, persons will be more productive and likely to be in the workforce.

### **Agriculture Industry Impact**

The rules proposed for readoption with amendments, new rules, and repeals will have no impact on the agriculture industry.

### **Regulatory Flexibility Analysis**

A regulatory flexibility analysis is required because N.J.A.C. 10:94-3.2, 3.3(f), 3.9, 3.10, and 4.3(g) impose reporting requirements of medical service providers who may be considered small businesses as the term is defined by the Regulatory Flexibility Act, N.J.S.A. 52:14B-16 et seq. Specifically, the rules require eye practitioners to complete eye reports and medical service vendors to provide the client's caseworkers with a written report that details the services rendered by the vendor before payment is made. The rules proposed for readoption with amendments, new rules, and repeals reflect procedures, standards and services as they apply to and benefit the rehabilitation of blind and visually impaired clients of the Commission. These reporting requirements are necessary in order to determine an individual's eligibility for Commission services, provide appropriate rehabilitation services to eligible clients and ensure the proper expenditure of public funds. The expense is considered minor, involving a minimal amount of time, postage, and materials. Existing staff can readily perform the reporting, recordkeeping, and other compliance requirements, as discussed in the Summary above. Professional services need not be engaged in order to meet the requirement. Since the requirements are both minimal and a necessary part of the evaluation and rehabilitation process, no differentiation based on the business size is provided in the rules proposed for readoption with amendments, new rules, and repeals.

### **Housing Affordability Impact Analysis**

The rules proposed for readoption with amendments, new rules, and repeals will have no impact on affordable housing in New Jersey and would not evoke a change in the average costs associated with housing as the rules pertain to the prevention services of the Commission.

### **Smart Growth Development Impact Analysis**

The rules proposed for readoption with amendments, new rules, and repeals will have an insignificant impact on smart growth and there is an extreme unlikelihood that the rules would evoke a change in housing production in Planning Areas 1 or 2, or within designated centers, under the State Development and Redevelopment Plan in New Jersey as the rules pertain to the prevention services of the Commission.

**Full text** of the rules proposed for readoption may be found in the New Jersey Administrative Code at N.J.A.C. 10:94.

**Full text** of the rules proposed for repeal may be found in the New Jersey Administrative Code at N.J.A.C. 10:94-3.8 and 3.12.

**Full text** of the proposed amendments and new rules follows (additions indicated in boldface **thus**; deletions indicated in brackets [thus]):

#### SUBCHAPTER 1. OVERVIEW OF PREVENTION SERVICES

##### 10:94-1.1 Purpose and scope



(a) This chapter contains the rules of the Commission for the Blind and Visually Impaired regarding the prevention services program. The goal of this program is to save sight and restore vision whenever it is [medically] possible. Blindness and vision loss can be prevented with proper [medical] eye care. To this end, the Commission for the Blind and Visually Impaired conducts and sponsors a variety of educational programs and eye health screenings throughout the State in order to detect vision problems.

(b) Prevention services provided under this program include, but are not limited to, the following:

1.-4. (No change.)

5. [Out patient] **Outpatient** hospital and surgical services;

[6. General vision screening;]

[7.] **6. Migrant [screening] Eye Screening Program;**

[8. Mobile eye unit program;

9. Pre-school vision screening;]

**7. On-Site Eye Screening Program;**

**8. Early Childhood Vision Screening;**

[10.] **9. Diabetic [program] Eye Disease Detection Program;** and

[11.] **10.** (No change in text.)

(c) The [individual services plan] **Individual Service Plan (ISP)** shall be the mechanism the Commission for the Blind and Visually Impaired will utilize in developing the eye health services to be provided, and is designed to ensure client participation in the development of this plan.

## 10:94-1.2 Definitions

The following words and terms, when used in this chapter, shall have the following meanings unless the context clearly indicates otherwise.

...

"Needy patient" means a client in need of **corrective lenses, eye health and treatment services, and** medication, who does not have any coverage for the purchase of same.

...

## SUBCHAPTER 2. EYE HEALTH NURSING PROGRAM

### 10:94-2.2 Emergency services

(a) (No change.)

(b) The Commission for the Blind and Visually Impaired shall pay for emergency surgery at a freestanding same-day surgical center **or, if no other option is available on an emergency basis, a hospital that agrees to accept the ambulatory care center fee schedule as set forth in N.J.A.C. 10:91-7.1 may be utilized on a case-by-case basis,** if all of the following conditions are met:

1. The Commission is notified prior to the surgery being performed, [or during the time that] **even if** the patient is at the surgical center, if it is a medical emergency;

2. -3. (No change.)

(c) (No change.)

(d) If client's surgery must take place at a hospital as inpatient, clients shall be advised to apply to the hospitals' indigent program, **if needed,** for the cost of the same (see N.J.A.C. 10:94-2.5(a)).

(e) (No change.)

(f) There shall be no payment for surgeries [which] **that** have occurred prior to the Commission's authorization for payment, except as the conditions of emergency surgery, described in (b) above apply **and the service center manager or designee have given prior authorization for the procedure.**

(g) When an emergency occurs at a time that Commission offices are closed, surgical centers or physicians shall fax to the appropriate [regional office] **service center**, the patient's name, address, telephone number, eye information, recommended treatment, and need for financial assistance with emergency surgery. [Regional office fax numbers are as follows: Northern Region-Newark--973-648-7674 (Bergen, Hudson, Essex, Morris, Passaic, Sussex, Warren); Central Region-Toms River --732-255-0949 (Hunterdon, Mercer, Middlesex, Monmouth, Ocean, Somerset, Union); and Southern Region-Camden—856-614-3075 (Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Salem).] In addition, surgical centers or physicians shall follow-up with a phone call to the appropriate [regional office] **service center** on the next business day. [Regional office] **Service center** phone numbers are [as follows: Northern Region-Newark—973-648-2111; Central Region-Toms River--732-255-0720; and Southern Region-Camden 856-614-3000] **available on the CBVI website, <http://www.state.nj.us/humanservices/cbvi/facilities/>.**

(h) (No change.)

(i) The Commission shall pay for emergency transportation for eye care for eligible clients by the least costly, suitable conveyance in the absence of other immediately available resources. Clients shall be referred by caseworkers to other resources, such as Medicaid, New Jersey Family Care,

[Commission or] community volunteer services, or county [para-transits] **paratransits**, for assistance.

#### 10:94-2.3 Provision of optical aids or devices and ocular prostheses

(a) (No change.)

(b) Eyeglasses shall be purchased for eligible clients as specified in (a) above. In addition, New Jersey residents who demonstrate financial need and have no other means to purchase corrective eyeglasses and whose corrected visual acuity is 20/70 or less, shall be provided eyeglasses under the follow-up procedures of Project [Prevention] **BEST (Better Eye Services and Treatment)** (see N.J.A.C. 10:94-3.1(a)), as long as funds are available.

(c) (No change.)

(d) Contact lenses, cases for which shall be individually reviewed and approved by the Commission's [regional or Statewide office] **service center** and the Commission's administrative medical consultant, shall be purchased for eligible clients [as follows] **who have:**

[1. In cases of keratoconus;]

**1. Keratoconus;**

2. [In cases of monocular] **Monocular** aphakia to restore single binocular vision;

3. [In cases of binocular] **Binocular** aphakia, where employability or other significant factors may be present; and

4. [In cases of aphakia] **Aphakia** or surgical aphakia, when an intraocular lens could not be implanted.

(e)-(f) (No change.)

#### 10:94-2.4 Provision of equipment, medical aids, and devices

(a) (No change.)

(b) Eye health nurses shall carry the following equipment to be used in the assessment, evaluation, and/or training of clients to meet medical needs and shall provide this equipment to clients as needed on an emergency basis:

1. (No change.)

2. A variety of adaptive medical equipment (**including, but not limited to, talking glucometers, devices to assist in filling insulin syringes, and pill containers marked in Braille**); and

3. (No change.)

[(c) Before any medical aid or device is provided to a client, the caseworker shall secure written approval from the client's physician.]

Recodify existing (d), (e), and (f) as **(c), (d), and (e)** (No change in text.)

### SUBCHAPTER 3.VISION **AND EYE** SCREENING [AND EYE EXAMINATION] PROGRAMS

#### 10:94-3.1 Vision **and eye** screening [and eye examination outreach] programs

(a) The Commission for the Blind and Visually Impaired has a historic commitment to providing eye disease prevention services. A major component of these efforts [are] **is** the Commission's four vision screening and eye [examination outreach] **screening** programs:

1. (No change.)

2. On-site Eye [Examination Unit] **Screening** Program (see N.J.A.C. 10:94-3.4);

3. [Pre-school] **Early Childhood** Vision Screening Program (see N.J.A.C. 10:94-3.5);

4. (No change.)

(b) The programs in (a) above are centralized under a Statewide umbrella program called "Project [Prevention] **BEST – Better Eye Health Services and Treatment.**" These programs are coordinated out of CBVI's [Statewide] **Administrative** office in Newark at 153 Halsey Street on the [seventh] **fifth** floor and can be accessed by calling 973-648-7400 or by written request to the fax number 973-648-3155.

10:94-3.2 Vision **and eye** screening[, eye examination] **program** and target populations

(a) Vision **and eye** screening [and examination] programs shall be scheduled annually at various screening sites throughout the State and shall be designed to cover all 21 counties.

(b) Vision **and eye** screening [and examination] programs shall be conducted by a [prevention] screening team, which consists of a Commission Field Representative [Eye Health], who is a [certified] **trained** vision screener [(adult or pre-school)] and/or a contract [certified] **trained** vision screener [(adult or pre-school)] and a contract eye doctor (see N.J.A.C. 10:94-3.10). The need for a contract eye doctor or a contract [certified] **trained** vision screener is determined by the Commission's Coordinator of [Prevention Services] **Project BEST** or designee.

(c) (No change.)

(d) Contract [certified] **trained** vision screener services are purchased at the rate of a range of \$18.00 - \$30.00 using the procedure set forth in N.J.A.C. 10:91-5.4.

(e) The **primary** target [populations] **areas**, which are established based on current Federal census estimates, shall be served as follows:

1. [Primary target areas having municipalities] **Municipalities** with more than 20 percent poverty or having a minority population in excess of 3,000 and 10 percent poverty (**primary**); and

2. [Secondary target areas having municipalities] **Municipalities** with more than 10 percent poverty population (**secondary**).

### 10:94-3.3 Migrant [eye screening program] **Eye Screening Program**

(a) The [migrant-eye screening program] **Migrant Eye Screening Program** (MSP) [is a Federally-funded eye examination and follow-up service that shall be provided, in conjunction with the New Jersey Department of Education,] **provides eye screenings and follow-up assessment and treatment services** to migrant laborers and their families.

(b) To qualify as migrant laborers, the migrant laborer shall:

1. Reside in [the community for five years or less] **New Jersey while employed;**

2.-3. (No change.)

(c) The Commission's responsibilities for service provision shall be:

1. To provide the [eye doctor and necessary] **personnel and** equipment to perform the [examinations] **screening;**

2.-4. (No change.)

(d) The [school district's] **screening site** responsibilities for service provision for [children of] migrant laborers **and their families** shall be:

1. (No change.)

2. To obtain written consent from parents of all students scheduled to be [examined] **screened** and to explain that cycloplegic drops may be used;

3. To provide personnel to assist in escorting the students to and from the [examination] **screening** room; **and**

[4. To provide students with transportation to the examination site as needed; and]

[5.] **4.** To provide follow-up for those [students] in need of further eye treatment [and to purchase glasses, when the eye doctor indicates the need for all students not covered by Medicaid or other insurance].

(e) (No change.)

(f) The MSP eye doctor's responsibilities for service provision shall be:

1. To perform eye [examinations] **screenings** and write prescriptions, as appropriate;

2.-4. (No change.)

(g) The school nurse or liaison's responsibilities following completion of a screening program shall be[:

1. To] **to** provide follow-up services to ensure that students receive recommended treatment[; and].

[2. To provide the Commission's MSP coordinator with the following information for each student in need of follow-up:

i. The follow-up date of the eye doctor's appointment;

ii. The name and address of eye doctor; and

iii. The results of the follow-up examination and treatment, if any.]

(h) The Commission's MSP coordinator's responsibilities following completion of a screening program shall be:

1.-4. (No change.)



[5. To leave the original copy of the eye report, attached to all previous reports, with school nurse or liaison;

6. To attach a carbon copy of the eye report to the parent's consent form and to retain for Commission files;]

**5. To maintain the eye screening form inclusive of the signed consent for CBVI files;**

[7.] **6.** To complete [the following] **a referral** form[s] for each program, including all [children] **consumers** in need of follow-up;

[i. Prescription form; and

ii. Referral forms;]

Recodify existing 8. and 9. as **7. and 8.** (No change in text.)

[10. To develop a program folder, for each district that is screened, to include statistical reports for distribution to the Migrant Education Office in Trenton. The statistical report shall contain:

i. The age of participants;

ii. The area served;

iii. The sex distribution; and

iv. The total number of participants screened during the previous month.]

**9. To enter, in the Commission data system, demographic information and screening findings.**

10:94-3.4 [On-site eye examination unit program] **On-Site Eye Screening Program**

(a) The Commission's [mobile unit program] **On-Site Eye Screening Program** shall provide free on-site eye [examinations] **screenings** to elderly, [handicapped] **special needs**, minority, and disadvantaged groups at, for example, public housing developments, senior citizen residences, institutionalized care facilities, [centers for the handicapped and impoverished areas] **Federally Qualified Health Centers, special needs schools, and community-based organizations.**

(b) Eye [examinations] **screenings** shall be given to individuals not under the care of an eye specialist and who have not been examined in more than a year.

(c) The Commission shall be responsible for:

1. [Provision of necessary testing] **Testing** equipment and an eye doctor to perform [examinations] **screenings**;
2. Provision of a Commission field representative to organize programs and to direct referrals [into] **to the** Commission [and institutional follow-up systems];
3. [Provision of testing] **Testing** for visual acuity and eye pathology including refraction, ophthalmoscopy, external exam, and tonometry as appropriate; and
4. [Examination] **Screening** of approximately 30 to 35 participants at each session, on average.

(d) Referral criteria shall be as follows:

1. (No change.)
2. Individuals with a potential to benefit from vocational rehabilitation services (see N.J.A.C. 10:95); [and] **or**
3. Individuals with potentially [sight threatening] **sight-threatening** conditions, regardless of visual acuity, who may need assistance in securing treatment.

(e) Follow-up procedures shall be as follows:

1. For those individuals falling into the categories under (d)1, 2, and 3 above, follow-up shall be initiated by the [Prevention Unit's] **Project BEST's** follow-up specialist, particularly if there is an urgent medical need. Once eligibility has been determined and additional follow-up is required, the individual's case shall be transferred to the appropriate service unit in a [regional or Statewide office] **service center** for continued service delivery.

(f) [The following] **An** agreement shall be [developed and agreed to by the Commission and institutions and/or training facilities requesting mobile unit services:] **signed by CBVI and the screening site.**

[AGREEMENT

Half of all blindness can be prevented. The elderly, the handicapped low-income persons, and those who are institutionalized—all are at high risk for visual impairment and blindness. Therefore, the New Jersey State Commission for the Blind and Visually Impaired and \_\_\_\_\_, agree to provide the following services in order to help  
(Name of Institution)  
prevent blindness and visual loss, to improve, restore, and conserve vision, and to maximize visual efficiency and functioning.

The New Jersey State Commission for the Blind and Visually Impaired will:

1. Provide eye examinations for residents and/or patients of the institution or nursing home specified above. Examinations will be conducted on site by eye specialists of the Commission's On-site Eye Examination Unit. Prescriptions for glasses or medications will be written as required;

2. Review and interpret findings of examinations with designated institutional or nursing home staff;

3. Provide written reports of all eye examinations, to include identification of those who require early or immediate attrition;

4. Offer to evaluate blind or visually impaired residents and/or patients for educational or rehabilitation services; and

5. Provide financial or other assistance toward eye care or treatment for patients and/or residents determined by the Commission to be eligible for such assistance.

Since follow-up (implementation of the eye specialist's recommendations) is essential to the success of the above services, (Name of Institution) will:

1. Take all required steps to assure that the eye specialist's recommendations are implemented, both with the reference to care of eye pathology, as well as to provision of glasses and referral for routine or periodic examinations.

2. Forward completed follow-up records for designation patients to the Commission for the Blind and Visually Impaired within two months of the date of examination by the Commission's eye specialists.

FOR:  
THE NEW JERSEY STATE  
COMMISSION FOR THE BLIND AND  
VISUALLY IMPAIRED

Name:

Signature:

Date:

FOR:  
THE INSTITUTION

Name:

Signature:

Date:

Title:

Title:

Address of Institution

Address of the Prevention Unit:]

**Agreement between**

---

**Name of the agency requesting eye health services**

**And**

**NEW JERSEY DEPARTMENT OF HUMAN SERVICES'**

**COMMISSION FOR THE BLIND AND VISUALLY IMPAIRED**

**By accepting this agreement NEW JERSEY DEPARTMENT OF HUMAN SERVICES'  
COMMISSION FOR THE BLIND AND VISUALLY IMPAIRED**

**agrees to:**

- **Provide services in the areas of eye health and eye safety by offering vision screenings for adults and children at no cost with a concerted effort to provide these services to historically underserved sectors of the population (low income, elderly, minorities, people with diabetes and individuals with special needs).**

- **Perform health education and subsequent off-site case management for ongoing applicable vision services.**

- **Provide a contact person for the purposes of confirming successful client referrals and ensuring collaborative planning and communication between agencies.**

- **Comply with all the requirements of the Department of Human Services of the State of New Jersey and all other federal, state, and local laws, rules, and regulations, including, but not limited to: confidentiality, federal and state anti-kickback and self**

**referral prohibitions, regulatory and accreditation organizations, relating to the services provided pursuant to this Agreement.**

**By accepting this agreement**

---

**Name of the agency requesting eye health services**

**agrees to:**

- **Contract with an eye specialist when mutually agreed for the physical examination portion of the vision/eye screenings for on-site eye screening and diabetic eye disease detection programs.**
- **Provide a non-smoking physical site to include light controlled quiet room, at least 15 feet long with surge.**
- **Protected electric outlets, two tables, adequate number of chairs, a sink, a waste basket and convenient parking.**
- **Perform on-site patient registration for minimum of 30 consumers and provide staff throughout the screening.**
- **Comply with all the requirements of the Department of Human Services of the State of New Jersey and all other federal, state, and local laws, rules, and regulations, including, but not limited to: confidentiality, federal and state anti-kickback and self referral prohibitions, regulatory and accreditation organizations, relating to the services provided pursuant to this Agreement.**
- **Comply with the DHS indemnity language: The provider shall be solely responsible for and shall keep, save and hold the State of New Jersey harmless from all**

claims, loss, liability, expenses or damage resulting from all mental or physical injuries or disabilities, including death to employees of the provider or recipients of the provider's, or to any other person, or from any damage to any property sustained in connection with the delivery of the provider's services which results from any acts or omissions, including servants or independent contractors, or from the provider's failure to provide for the safety and protection of its employees, whether or not due to negligence, fault or default of the provider. The provider's liability under this Agreement shall continue after the termination of the Agreement with respect to any liability, loss, expense or damage resulting from acts occurring prior to termination.

- Provide a contact person for the purposes of confirming successful client referrals and for ensuring planning and communication between agencies.
- *Cancellation must be confirmed at least 2 weeks prior to the scheduled date.*

This agreement shall be in effect upon signature by both parties until \_\_\_\_\_, unless terminated by either program/institution in accordance with the terms below.

This agreement may be modified or amended, at anytime, by mutual written agreement of authorized persons of both programs/institutions. This agreement may be terminated by either program/institution upon written notice given no later than thirty (30) days prior to the termination date. \_\_\_\_\_

Name of the agency requesting eye health services

New Jersey Department of Human  
Services' Commission for the Blind

**and Visually Impaired**

---

**Authorized Signature**

**Authorized Signature**

---

**Title**

**Title**

---

**Date**

**Date**

10:94-3.5 [Pre-school vision screening program (PSP)] **Early Childhood Vision Screening (ECVS) Program**

(a) [The pre-school vision screening program (PSP) is a Commission service that] **ECVS** shall be provided free to [pre-school] children ages three to [five. The PSP shall provide, through the PSP coordinator and supervised trained volunteers,] **six years and include** visual acuity and muscle imbalance examinations in order to detect symptoms of [ambylyopia] **amblyopia** and other eye conditions that may cause visual impairment or loss.

(b) [The PSP screening] **ECVS** shall be performed at established pre-school centers and community programs.

(c) The Commission shall be responsible for:

1. [Providing the pre-school center] **Scheduling the screening and providing the school** and community program staff with [instructions for use in teaching children the method(s) to be



used to evaluate the children's vision at scheduled screenings] **a description of the program, forms, and parental consents;**

2. Providing the equipment to be used at scheduled screenings, such as, eye charts, [and eye patches] **light boxes, random dot testers, color blindness charts, pass/fail letters, and referral letters for a doctor;**

3. Testing the visual acuity **and visual inspection of the eyes** of each child;

4.-5. (No change.)

(d) All children determined to be in need of eye treatment shall be registered with the Commission as referrals for service(s). The Commission's [PSP] **ECVS** coordinator shall:

1.-3. (No change.)

(e) As a service of the [preschool vision-screening program] **Early Childhood Vision Screening Program**, the Commission shall establish priority screening of primary target groups (PTG) of three to [five year old] **six-year-old** children from low-income families.

(f)-(h) (No change.)

(i) To qualify for a PTG screening, a program shall reach a documented majority of children from low-income families. An example of documentation shall be a statement from the director of a [child-care] **child care** center that the majority of families served by the center are low-income families. Any Head Start program shall qualify for a PTG screening.

#### 10:94-3.6 Diabetic [eye disease detection program] **Eye Disease Detection Program**

(a) The [diabetic eye disease detection program] **Diabetic Eye Disease Detection Program** is a free service co-sponsored by the Commission for the Blind and Visually Impaired and the New

Jersey Department of Health [and Senior Services]. It promotes outreach activities for the early detection of individuals with diabetic eye disease in partnership with community-based organizations throughout the State. The program arranges for the follow-up needed to address the complications associated with diabetic disease.

(b) The Commission shall ensure appropriate personnel for the program to include:

1.-2. (No change.)

3. [A technician] **Technicians** (for tonometry **and visual acuity testing**);

4.-5. (No change.)

(c) No change.)

(d) The Commission shall provide the following services to encourage participants found to have medical/eye problems to seek needed treatment:

1. The Commission shall furnish participants with **general** information [advising:

i. They should be seen annually by an eye specialist;

ii. They should be seen regularly by an eye specialist;

iii. They require further evaluation by a retinal eye specialist; or

iv. Immediate evaluation by a retinal eye specialist is recommended.] **on eye**

**health and post-screening instructions depending on the outcome of the screening;**

2.-5. (No change.)

(e) The Commission shall [send] **give** follow up letters to all participants who were determined to have [an] eye problems [requesting information on the evaluation and/or treatment they receive from their medical provider for the eye problem]. **These letters should be mailed or faxed back to Project BEST.**

(f) The following participants shall be referred to the appropriate Commission office for follow up:

1. Those who are found with diabetic eye disease and need treatment and cannot afford the treatment; **and**

2. Those whose eye [examination] **screening** data suggests Commission eligibility for other services[; and].

[3. Those who have not responded to follow-up letters from the diabetic eye disease detection program within 120 days of the screening.]

10:94-3.7 Procedures for [all vision examinations of adults ages 18 and older/on-site eye examination unit] **On-Site Eye Screening Program**

(a) All procedures [for vision examinations of adults ages 18 and older conducted by the mobile eye examination unit] **for the On-Site Eye Screening Program** are approved by the [Commission's Medical Administrative Consultant and the Commission's Coordinator of Prevention Services] **Commission**. These procedures shall be observed and performed by the [prevention] screening team (see N.J.A.C. 10:94-3.2(b)).

**1. General eye screening with a licensed eye physician present at the screening site:**

**These screenings will be performed by CBVI screeners and any licensed eye physician.**

**2. General vision screening: These eye screenings will be performed by CBVI eye screeners without an eye specialist present.**

**3. Fixed-site monthly eye screening: These eye screenings are held at the same site every month and performed by CBVI eye screeners and a licensed eye physician present.**

(b) A member of the [prevention] screening team shall:

1. Have available a consent form [for such examination signed by the next of kin, guardian or agent if the individual being screened is unable to give consent for a vision examination] **signed by the consumer or legal designee;**

[2. Have available an adequate history, including indications of any allergies and of all medications;]

**2. Complete demographic information and ocular and medical health histories as they appear on the screening form;**

3. (No change.)

4. Take distance and near visual acuity with and without glasses; **and**

5. Perform [external examination and cover test;] **non-contact tonometry. An intraocular pressure finding of 20 mmHg or greater must be referred for follow up.**

**(c) The licensed eye physician shall:**

Recodify existing 6.-8. as **1.-3.** (No change in text.)

[9.] **4.** Perform visual fields by confrontation[; and]. [10.] When indicated, refer to an eye doctor for more definitive parametric studies[.];

[(c) The examining eye doctor shall:]

[1.] **5.** When not contraindicated, dilate with 2 1/2 percent Neo-synephrine with or without 1/2 percent Mydracil, as desired;

[2.] **6.** Refract, record, and present prescriptions for glasses or medications if needed to the patient or individual responsible for the [patient] **consumer;**

[3.] **7.** Advise [patient] **the consumer** as to slight blurring from dilating drops;

[4.] **8.** If necessary, present precautionary statement regarding blurred vision to the individual responsible for the [patient] **consumer;**

[5.] **9.** Advise [patient] **consumer** of [examination] **screening** results and answer any questions [patient] **the consumer** may have;

[6.] **10.** Refer [patient] **the consumer** to a local eye doctor for any situation [which] **that** cannot be handled fully on the Mobile Eye [Examination] **Screening** Unit; and

[7.] **11.** (No change in text.)

### **10:94-3.8 Procedures for all vision examinations of Early Childhood Vision Screening Program and Migrant Eye Screening Program**

**(a) Parental consent forms shall be completed for all participants below 18 years of age.**

**(b) The screening guidelines as set forth for migrant worker screenings in N.J.A.C. 10:94-3.3 and adult on-site screenings below 18 years of age with the following modifications:**

**1. Tonometry shall not be performed; and**

**2. Dilating drops shall not be administered.**

10:94-3.9 Policy on [refraction/on-site eye examination unit and migrant eye examination program] **refraction**

(a) Refractions shall be done for [patients] **consumers** who will not be referred for further eye examinations by reason of pathology and who are indigent[, including needy patients covered by Medicaid and Medicare].

(b) Indigence shall be pre-determined by a co-sponsoring agency or Commission representative and a notation will accordingly be made on the form presented to the **licensed** eye [doctor] **physician**. Indigent individuals are those who have no health insurance coverage for routine eye care or follow up, or who cannot readily access eye care.

[(c) Refractions shall be done for patients, whether indigent or not, who, because of physically or mentally limiting conditions, cannot be examined by, or cannot travel to, a private doctor without difficulty or special hardship.]

[(d)] (c) In the judgement and at the discretion of the [examining] **licensed** eye [doctor] **physician**, refractions may not be [done for anyone who requires a minimal change in prescription] **performed for consumers with asymptomatic refractive error.**

10:94-3.10 Requirements for contract eye [doctors] **physicians**

(a) Contract eye [doctors] **physicians** shall provide [CBVI] **the Commission** with a copy of his or her current State of New Jersey medical or optometric license on an annual basis.

(b) Contract eye [doctors] **physicians** shall provide [CBVI] **the Commission** with a copy of the face sheet of their malpractice carrier with expiration date on an annual basis.

(c) Contract eye [doctors] **physicians** shall have a current State of New Jersey W-9 Questionnaire.

(d) Contract eye [doctors] **physicians** shall abide by the eye screening protocols outlined in N.J.A.C. 10:94-3.7, 3.8, and 3.9, which have been approved by the agency's medical consultant.

(e) Contract eye [doctors] **physicians** shall fill out [the following Vendor Rate Schedule] a **vendor rate schedule** every State fiscal year and submit it to the Commission's Coordinator of [Prevention] **Project BEST** Services[:].

[VENDOR RATE SCHEDULE

VENDOR RATE SCHEDULE

DOCTOR\_\_\_\_\_

DATE\_\_\_\_\_

ADDRESS\_\_\_\_\_

AGENCY \_\_\_\_\_

CONTRACT \_\_\_\_\_

CONTRACT NUMBER \_\_\_\_\_

FEDERAL I.D. NO. \_\_\_\_\_

MEDICAL/OPTOMETRIC LICENSE NO., \_\_\_\_\_

The rate(s) contained herein with the State of New Jersey, Department of Human Services, Commission for the Blind and Visually Impaired is subject to the conditions in Section II.

SECTION I		RATES	
EFFECTIVE PERIOD		RATE AMOUNT	
FROM	TO	PER SESSION	APPLICABLE TO
		\$450	Eye examinations to screening sessions
		\$525	Special eye examination or screening sessions

SECTION II GENERAL

A. LIMITATIONS: Use of rate(s) contained in this schedule is subject to any statutory or Administrative limitations. Acceptance of the rate(s) agreed to herein is predicated on the conditions: (1) that no costs other than those costs incurred by the Vendor were included in its category as finally accepted and that such costs are allowable under the governing costs principles; (2) that similar types of costs have been accorded consistent accounting treatment; and (3) that the information submitted by the Vendor which was used as a basis for acceptance of the rate(s) agreed to herein is not subsequently found to be materially incomplete or inaccurate.

B. NOTIFICATION TO STATE AGENCIES: Copies of this document may be provided to other State offices and County Welfare Agencies as a means of notifying them of the agreement.

C. SPECIAL REMARKS:

This Agreement may be revised or amended in situations of unusual circumstances (that is, excessive travel) and to be approved for special eye examination or screening session rate by Mobile Eye Examination Unit, Migrant Eye Examination Program, or Diabetic Eye Disease Detection Program.

“Eye examination or screening sessions” shall refer to and be defined by current, existing policies and practices.

BY THE VENDOR

BY THE COMMISSION FOR THE BLIND & V.I.

Name

Signature of Coordinator of Prevention Services

OPHTHALMOLOGIST

OPTOMETRIST

Title (circle one)

DATE

Signature/Fiscal Administrator

DATE]

**1. The vendor rate schedule shall include the doctor’s name, address, agency name, contract number, Federal I.D. number, medical/optometric license number, and the date of submission.**

**i. The rate per session for general screening shall be \$300.00 per session.**

**ii. The rate per session for specialized screening shall be \$350.00 per session.**



(f) Contract eye doctors shall fill out [the following] **an** Open Purchase of Service Vendor Agreement (**Vendor Agreement**) every State fiscal year and submit it to the Commission’s Coordinator of [Prevention] **Project BEST** Services.

**1. The Vendor Agreement shall include the doctor’s name, agency location, contract number, and contract period.**

**2. The Commission will reimburse contract eye doctors at the rate specified in the vendor rate schedule at (e)1 above.**

**i. Reimbursement is subject to legislative appropriations.**

**3. Contract eye doctors are prohibited from imposing a fee on persons served pursuant to this section, other than those fees described in the New Jersey Comprehensive Annual Services Program plan.**

OPEN PURCHASE OF SERVICE

VENDOR AGREEMENT

ON-SITE EYE [EXAMINATION] **SCREENING** UNIT

MIGRANT EYE [EXAMINATION] **SCREENING** PROGRAM

DIABETIC EYE DISEASE DETECTION PROGRAM

[OPEN PURCHASE OF SERVICE VENDOR AGREEMENT]

DOCTOR \_\_\_\_\_

AGENCY LOCATION \_\_\_\_\_

CONTRACT NUMBER \_\_\_\_\_

CONTRACT PERIOD \_\_\_\_\_

AGREEMENT between the signatory provider (hereinafter “provider”) and the Commission (hereinafter “Commission”) for the provision of services.

The provider hereby agrees to provide services as described in [Vendor Rate Schedule, under “Applicable To,”] **N.J.A.C. 10:94-3.10** to persons participating in an eye [examination or] screening program sponsored by the Commission, and the Commission agrees to purchase such services under the following terms and conditions:

1. **STATE APPROVAL AND CERTIFICATION.** The provision of services under this Agreement is contingent upon the Commission’s prior evaluation and approval of the operations of the provider.

2. **CONTINUING APPROVAL.** The provider shall comply with all State and/or Federal standards, including such amended or additional requirements, as may be applicable to the delivery of services under this Agreement. Provider agrees to comply with all Federal, State and local laws, rules and regulations including specifically, but not limited to, the requirements specified for fiscal, life/safety, and program responsibility, billing, records, controls, reports and monitoring procedures. In addition, the provider shall provide services to program participants in accordance with generally accepted standards of professional quality and those set forth in the Commission’s Evaluation Report.

3. **DOCUMENTATION, BOOKS, RECORDS AND ACCOUNTS.** The provider shall furnish such documentation at the Commission may require in order to determine the proper amount of payment. In addition, the provider shall make available for inspection, its books, records and account to such parties as the Commission or the Departments of Human Services, Health or Education. Said books, records, and accounts shall be retained by the provider in accordance with the requirements of Part 74 of Title 45 of the Code of Federal Regulations.

4. NON-DISCRIMINATION. The provider shall make available and provide services without regard to race, color or national origin. The provider will abide by the Federal Civil Rights Act of 1964, as amended and the New Jersey Law Against Discrimination, regulations thereunder, and Section 504 of the Rehabilitation Act of 1973.

5. DISCLOSURE OF CLIENT INFORMATION. The provider shall safeguard and treat as confidential, information concerning persons participating in a Commission sponsored program in accordance with the requirements of Title 45 of the Code of Federal Regulations, Section 205.50.

6. RATE OF PAYMENT. The Commission, upon receipt of proper documentation, shall pay the provider at the rate specified in the Vendor Rate Schedule of this agreement and made a part hereof.

7. FEES. The provider will impose no fees on persons covered under the Agreement other than those described in the New Jersey Comprehensive Annual Services Program plan.

8. SUBCONTRACTS. Subcontracts permitted by the Agreement shall be subject to the requirements of this Agreement and the provider is responsible for the performance of any subcontractor.

9. INDEMNIFICATION. The provider shall be solely responsible for and shall keep, save and hold the State of New Jersey harmless from all claims, loss, liability, expenses or damage resulting from all mental or physical injuries or disabilities, including death to employees of the provider or recipients of the provider's, or to any other person, or from any damage to any property sustained in connection with the delivery of the provider's services which results from any acts or omissions, including servants or independent contractors, or from the provider's failure to provide for the safety and protection of its employees, whether or not due to

negligence, fault or default of the provider. The provider's liability under this Agreement shall continue after the termination of the Agreement with respect to any liability, loss, expense or damage resulting from acts occurring prior to termination.

10. REIMBURSEMENT. Reimbursement by the Commission under this Agreement is subject to legislative appropriation.

11. CONFLICT OF LAWS. This Agreement shall be interpreted under the laws of the State of New Jersey.

12. SOLICITATION. The provider shall not solicit screening participants for his or her own practice, nor use Project [Prevention] **BEST** as a vehicle to procure CBVI services for his or her own patients.

This Agreement is subject to any amendment, which the Office of the Attorney General may require as a matter of State Law or State Policy.

The terms of this Agreement have been read by the person(s) whose signature are affixed hereto and who have agreed to comply with the conditions of the Agreement as specified above.

BY THE PROVIDER

BY THE COMMISSION FOR THE BLIND  
& V.I.

Signature

Signature/Coordinator of Prevention Services

OPHTHAMOLOGIST  
Title (Circle One)

OPTOMETRIST

Date

Date

Signature/Fiscal Administrator

Date

10:94-3.11 Payment to eye [doctors] **physicians** for cancelled on-site unit or migrant program screenings

(a) The Commission shall pay half of the contracted fee of [\$450.00] **\$300.00** or [\$525.00] **\$350.00** to the eye [doctor] **physician** scheduled to perform an On-site [Unit] **Eye Screening** or Migrant [Program screening] **Eye Screening** in instances when the screening is cancelled within 24 hours of its scheduled start.

(b) The Commission shall not pay any eye [doctor] **physician** for a screening, which is cancelled because the eye doctor is unavailable.

**10:94-3.12 Administration of eye drops at Commission-sponsored eye screening programs**  
**Dilating drop will be administered at the discretion of the screening licensed eye physician after observation of anterior chamber structures with slit lamp. The doctor or licensed designee shall annotate the type of drop, time of instillation, and provide their signature on the eye screening form.**