

NEW JERSEY

Overview

The New Jersey Department of Health and Senior Services (DHSS) licenses all facilities that provide adult day health services (ADHS), regardless of payment source. The state's administrative code contains both the standards for facility licensure and the Medicaid rules for ADHS, which are described in this profile.

Social adult day care (ADC) centers do not have to be licensed but must meet all local building code requirements. The Department of Human Services Division of Aging Services recommends that providers wishing to furnish ADC review the National Adult Day Services Association's guidelines to learn what services should be included. The principle source of funding for social ADC in New Jersey is through Social Services Block Grants. The Division of Aging Services apportions funding to 21 Area Agencies on Aging, which in turn contract with ADC providers in their county. ADC is also provided under the state's Assistance for Community Caregiving--a non-Medicaid program to support elderly persons who require assistance with activities of daily living (ADLs) and are at risk for nursing home placement.

New Jersey covers ADHS, called medical day care services, under the Medicaid State Plan and under an 1115 waiver program called managed long-term services and supports (MLTSS). MLTSS also covers social ADC when required for at least 5 consecutive hours daily (exclusive of transportation time) up to 5 days per week.

DHSS administers a solely state-funded adult day services program for persons with Alzheimer's disease, dementia, or memory disorders (hereafter, called the Alzheimer's Program). The department enters into letters of agreement with social ADC agencies and licensed ADHS providers, who must comply with the rules for this program, which can be found in the citations at the end of this profile.

Definitions

Adult day health services facility means a facility or a distinct part of a facility licensed to provide preventive, diagnostic, therapeutic, and rehabilitative services under medical supervision to meet the needs of functionally impaired adult participants who are not related to the members of the governing authority by marriage, blood, or adoption. ADHS facilities may not provide services to participants for more than 12 hours a day.

Adult day services (Alzheimer's Program) means a community-based group program designed to meet the needs of functionally or cognitively impaired adults through an individual care plan structured to provide a variety of health, social, and

related supportive services in a protective setting during any part of a day, but for less than 24 hours.

Medical day care is a program of medically supervised, health-related services provided in an ambulatory care setting to persons who are non-residents of the facility in which the medical day care program is located, and who, because of their physical and/or mental impairment, need health maintenance and restorative services to support their community living.

Social adult day care emphasizes social and recreational activities in a group setting, and provides some health monitoring. Participants attending social ADC usually do not need medical attention during the day but may need supervision for safety and assistance with ADLs.

Parameters for Who Can Be Served

All participants in ADHS facilities must be age 16 years or older. ADHS providers may serve individuals who need ongoing skilled nursing services and/or physical, occupational, or speech therapy, and assistance with one or more ADLs, but who do not need services 24 hours a day on an inpatient basis in a hospital or nursing facility, except under special circumstances. Persons can be served only if their needs can be satisfactorily met by the ADHS program.

Providers may not admit or retain participants who: (1) are suffering exclusively from substance abuse or misuse; and (2) manifest such a degree of behavioral disorder that they are a danger to themselves or others, or whose behavior may interfere with other participants' health, safety, or well-being.

Inspection and Monitoring

When a written application for licensure is approved and the facility is ready for occupancy, DHSS conducts an on-site survey at its discretion to determine compliance with the rules. Licenses are issued for 1 year or less as determined by the Department. The license, unless suspended or revoked, must be renewed annually on the anniversary date of the issuance of the original license. Facilities are inspected in connection with the annual renewal of the license, although inspections may be more than a year apart due to scheduling delays.

Survey visits may be made to a facility at any time by the Department's authorized representatives. Such visits may include, but not be limited to, a review of all facility documents and participants' records, as well as conferences with participants and staff.

The department or its designee may also conduct periodic surveys of facilities on behalf of the U.S. Department of Health and Human Services or other federal agency

for purposes of evaluating compliance with all applicable federal regulations or Medicare and Medicaid certification regulations.

Required and Optional Services

All ADHS programs furnish socialization, social activities, nutrition services, and supervision to ensure safety. They also monitor participants' health and functioning at a basic level to determine if the program can continue to meet participants' health and functional needs. The table below lists additional required and optional services.

Required and Optional Services	Adult Day Health Services	
	Required ¹	Optional ²
ADL Assistance	X	
Health Education and Counseling	X	
Health Monitoring	X	
Medication Administration	X	
Nursing Services	X	
Physical Therapy, Occupational Therapy, or Speech Therapy		X*
Skilled Nursing Services		X*
Social Services	X	
Transportation	X	
1. Pharmaceutical and medical services are also required if they are part of the care plan and ordered by a physician. 2. Services with an asterisk (*) are required by Medicaid.		

Medication Provisions

Medication administration means a procedure in which a prescribed medication is given to a participant by an authorized person in accordance with all laws and rules governing such procedures. The complete procedure of administration includes removing an individual dose from a previously dispensed, properly labeled container (including a unit dose container), verifying it with the prescriber's orders, giving the individual dose to the participant, seeing that the participant takes it, and recording the required information, including the method of administration.

Medications must be accurately administered by properly authorized licensed nursing staff, who must ensure that the right drug is administered to the right person, in the right dose, through the right route of administration, at the right time.

Staffing Requirements

Type of Staff. At a minimum, the facility must have an *administrator/director*, a *registered professional nurse*, a *social worker*, and an *activities director*. The facility must designate a *pharmaceutical consultant*, who is not the pharmacy provider and does not have an affiliation with the pharmacy provider, and a physician to serve as the facility's *medical consultant*. If the food service supervisor is not a dietitian, the

administrator must designate a *consultant dietitian* who will review the dietary services on a regularly scheduled basis, make recommendations, assess the nutritional needs of participants, and provide nutritional counseling.

A full-time administrator/director must be available on the premises of the facility during the hours when participant care services are being provided. An alternate must be designated in writing to act in the absence of the administrator.

The director of nursing services must be a registered professional nurse and must not perform the functions of any other position while functioning as the director of nursing services. The director--or a designated registered professional nurse--must be on duty and available in the facility at all times when the facility is operating and services are being provided.

Additional licensed professional personnel must be present in facilities where the daily attendance exceeds 60 participants. Additional licensed nursing personnel and unlicensed assistive personnel must be provided in accordance with the facility's policies and procedures for determining staffing levels on the basis of an assessment of participants' acuity.

Staffing Ratios. ADHS facilities must provide at least one full-time, or full-time equivalent direct care staff member for every nine participants. Additional staff must be provided as needed based on the daily census and participants' acuity. The facility must have adequate staff capability to provide services and supervision to participants at all times.

The Alzheimer's Program requires a minimum staff-to-participant ratio of 1:5 in programming for participants with dementia.

Training Requirements

The facility must develop and implement a staff orientation plan and a staff training and education plan, including plans for each service, and must designate person(s) responsible for ongoing training. All personnel must receive orientation at the time of employment and at least annual in-service education regarding, at a minimum, emergency plans and procedures, the facility's infection prevention and control services, and elder abuse. The facility must document ongoing in-service training of all staff.

Alzheimer's Program providers must provide an orientation to new staff within 30 days of employment, which, in addition to covering their job responsibilities, includes: (1) methods of dealing with the specific problems encountered in the care of people with Alzheimer's disease, such as communicating with participants, necessary safety measures, and common behavior concerns; and (2) an overview of the progression of dementia and the different types of dementia. Staff must also regularly attend specialized training through, for example, associations or universities, in order to have

the most current information about people with Alzheimer's disease and other dementias.

Location of Licensing, Certification, or Other Requirements

New Jersey Administrative Code, Chapters 8:43E and 8:43F: General Licensure Procedures and Standards for Licensure of Adult and Pediatric Day Health Services Facilities. New Jersey Department of Health and Senior Services. [2011, 2012]

http://www.nj.gov/health/healthfacilities/documents/lc/njac8-43f_2006_8-43e.pdf

New Jersey Administrative Code, Chapter 86: Adult Day Health Services. New Jersey Department of Health and Senior Services. [March 15, 2010]

<http://njlmn2.rutgers.edu/sites/default/files/NJAC-8-86-AdultDayHealthServices.pdf>

New Jersey Administrative Code, Title 8, Chapter 92: Adult Day Services Program for Persons with Alzheimer's Disease or Related Disorders. New Jersey Department of Health and Senior Services. [July 7, 2014]

This document has no URL. A google search for N.J.A.C 8:92 State of New Jersey will bring up a site from which the document can be downloaded as a Word document.

New Jersey Department of Human Services, Division of Aging Services website: Social Adult Day Care Services.

<http://www.nj.gov/humanservices/doas/home/sadcfact.html>

Adult Day Social Program in New Jersey: Frequently Asked Questions.

http://www.nj.gov/humanservices/doas/documents/asdc_faq.pdf

Information Sources

Theresa Edelstein
Regulatory Consultant
Leading Age New Jersey

Nancy Day
New Jersey Department of Human Services

Margaret Vilardo McLean
Office of Community Options
New Jersey Department of Human Services

REGULATORY REVIEW OF ADULT DAY SERVICES: FINAL REPORT, 2014 EDITION

Files Available for This Report

FULL REPORT

Executive Summary <http://aspe.hhs.gov/daltcp/reports/2014/adultday14es.cfm>
HTML <http://aspe.hhs.gov/daltcp/reports/2014/adultday14.cfm>
PDF <http://aspe.hhs.gov/daltcp/reports/2014/adultday14.pdf>

SEPARATE STATE PROFILES

[**NOTE:** These profiles are available in the full HTML and PDF versions, as well as each state available as a separate PDF listed below.]

Alabama	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-AL.pdf
Alaska	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-AK.pdf
Arizona	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-AZ.pdf
Arkansas	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-AR.pdf
California	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-CA.pdf
Colorado	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-CO.pdf
Connecticut	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-CT.pdf
Delaware	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-DE.pdf
District of Columbia	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-DC.pdf
Florida	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-FL.pdf
Georgia	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-GA.pdf
Hawaii	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-HI.pdf
Idaho	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-ID.pdf
Illinois	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-IL.pdf
Indiana	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-IN.pdf
Iowa	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-IA.pdf
Kansas	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-KS.pdf
Kentucky	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-KY.pdf
Louisiana	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-LA.pdf

Maine	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-ME.pdf
Maryland	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-MD.pdf
Massachusetts	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-MA.pdf
Michigan	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-MI.pdf
Minnesota	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-MN.pdf
Mississippi	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-MS.pdf
Missouri	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-MO.pdf
Montana	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-MT.pdf
Nebraska	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-NE.pdf
Nevada	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-NV.pdf
New Hampshire	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-NH.pdf
New Jersey	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-NJ.pdf
New Mexico	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-NM.pdf
New York	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-NY.pdf
North Carolina	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-NC.pdf
North Dakota	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-ND.pdf
Ohio	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-OH.pdf
Oklahoma	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-OK.pdf
Oregon	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-OR.pdf
Pennsylvania	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-PA.pdf
Rhode Island	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-RI.pdf
South Carolina	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-SC.pdf
South Dakota	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-SD.pdf
Tennessee	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-TN.pdf
Texas	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-TX.pdf
Utah	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-UT.pdf
Vermont	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-VT.pdf
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Washington	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-WA.pdf
West Virginia	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-WV.pdf
Wisconsin	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-WI.pdf
Wyoming	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-WY.pdf