

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

**SOCIAL ADULT DAY CARE**

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

**Definition:**

Social adult day care is a community-based group program designed to meet the needs of adults with functional impairments through an individual plan of care. It is a structured, comprehensive program that provides a variety of health, social, and related support services in a protective setting during any part of a day but less than 24 hour care.

Individuals who participate in social adult day care attend on a planned basis during specified hours. Social adult day care assists its participants to remain in the community, enabling families and other caregivers to continue caring at home for a family member with impairment. Social adult day care is a community-based group program designed to meet the needs of adults with functional impairments through an individual plan of care. It is a structured, comprehensive program that provides a variety of health, social, and related support services in a protective setting during any part of a day but less than 24 hour care.

**Service Limitations/Exclusions Include:**

- Limit of three (3) days per week, per Individual Service Agreement (ISA).
- Cannot be combined with Adult Day Health.

**Billing Codes:**

<b><u>JACC</u></b>	<b><u>Service/ Unit</u></b>	<b><u>Rates Per Unit</u></b>
J1235 (for TME)	1 day	\$31.12
J9853 (for NT)	1 day	\$31.12

## SOCIAL ADULT DAY CARE 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 3

### Section 1

- 1.a  Valid Medicaid provider number for Social Adult Day Care Services
- 1.b  Medicaid Provider # \_\_\_\_\_
- 1.c  Submit documented evidence that standards of Attachment 409B-1 are met
- 1.d  Evidence of Liability Insurance and Worker's Compensation Coverage

### Section 2

- 2.a  Submit documented evidence that standards of Attachment 409B-1 are met
- 2.b  Evidence of a formal agreement with a government entity to provide this service
- 2.c  Evidence of Liability Insurance and Worker's Compensation Coverage

### Section 3

- 3.a  Submit documented evidence that standards of Attachment 409B-1 are met
- 3.b  Business entity with evidence of authority to conduct such business in NJ, i.e. NJ Tax Certificate, Trade Name Registration and/or Ownership proof
- 3.c  Evidence of Liability Insurance and Worker's Compensation Coverage

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

**ATTACHMENT 409B-1: SOCIAL DAY EVALUATION CRITERIA**

**Submit evidence that you comply with all the following program components:**

**Facility**

- 1.a License or occupancy permit available
- 1.b Police and fire department responses agreements
- 1.c Safety and emergency management policies and procedures written

**Personnel**

- 2.a Program director designated
- 2.b Adequate staff to meet program needs of target population
- 2.c At minimum, nurse consultant identified

**Client Population**

- 3.a Criteria for target population established based on resources and program abilities of facility (ages, client capacity)

**Program Activities**

- 4.a Planned and ongoing age appropriate activities based on social, physical, and cognitive needs of the target population (provide an activity calendar)

**Individualized Plans of Care**

- 5.a Plans of care based on identified individual client needs, jointly developed with clients and family

**Social Services**

- 6.a Coordination with, and referrals to, available social service community agencies or Social Worker on staff who will periodically have contact with families

**Nutrition (provide a menu)**

- 7.a A minimum of one nutritionally balanced meal per day provided
- 7.b Special diet needs met
- 7.c Snacks provided as necessary

**Health Management**

- 8.a Initial health profile completed
- 8.a Monthly weights taken and other health related observations recorded as necessary

**Personal Care**

- 9.a Personal assistance as needed with mobility and ADLs

**NOTE: Failure to submit evidence for all components of the application will result in disqualification.**