

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

HEMOCARE SERVICES

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

Definition:

Homecare Services includes assistance with eating, bathing, dressing, personal hygiene, and the activities of daily living. This service may include assistance with preparation of meals, but does not include the cost of the meals themselves. When specified in the plan of care, this service may also include such housekeeping chores as bed-making, dusting, and vacuuming, which are incidental to the care furnished, or which are essential to the health and welfare of the individual, rather than the individual's family. Homecare providers must meet state standards for this service.

Billing Codes:

<u>JACC</u>	<u>Service/Unit</u>	<u>Rates Per Unit</u>	<u>Limitations</u>
J1200	1 hour weekday weekend or holiday	\$24.52	Per ISA
J1205	RN initial assessment	\$35.00	Per ISA, initial only
J1290	RN reassessment	\$35.00	Per ISA

HOMECARE 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 Medicare Certified Home Health Agency licensed by NJ DOH, per N.J.A.C. 8:42*
- 1.b Evidence of Liability Insurance and Worker’s Compensation Coverage

Section 2

- 2.a Homecare Agency with Health Care Service Firm License from the NJ DL&PS, per N.J.A.C.13:45B*
- 2.b Accredited by National Home Caring Council, Commission on Accreditation for Home Care Inc., The Joint Commission and/or the Community Health Accreditation Program
- 2.c Evidence of Liability Insurance and Worker’s Compensation Coverage

*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_____