

N.J.A.C. 10:94

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 50 No. 11, June 4, 2018

New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 94. PREVENTION SERVICES PROGRAM OF THE COMMISSION FOR THE BLIND AND VISUALLY IMPAIRED

Title 10, Chapter 94 -- Chapter Notes

Statutory Authority

CHAPTER AUTHORITY:

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

History

CHAPTER SOURCE AND EFFECTIVE DATE:

R.2015 d.112, effective July 20, 2015.

See: 46 N.J.R. 2059(a), 47 N.J.R. 1867(c).

CHAPTER HISTORICAL NOTE:

Chapter 94, formerly Medicaid Only Manual, was recodified as N.J.A.C. 10:71, effective March 16, 1987. See: 19 N.J.R. 466(e).

Chapter 94, Prevention Services Program of the Commission for the Blind and Visually Impaired, was adopted as new rules by R.2002 d.139, effective May 6, 2002. See: 33 N.J.R. 2070(a), 34 N.J.R. 1717(a).

Chapter 94, Prevention Services Program of the Commission for the Blind and Visually Impaired, was readopted as R.2007 d.316, effective September 20, 2007. See: 39 N.J.R. 2184(a), 39 N.J.R. 4399(a).

In accordance with N.J.S.A. 52:14B-5.1b, Chapter 94, Prevention Services Program of the Commission for the Blind and Visually Impaired, was scheduled to expire on September 20, 2014. See: 43 N.J.R. 1203(a).

Chapter 94, Prevention Services Program of the Commission for the Blind and Visually Impaired, expired on March 19, 2015, and was adopted as new rules by R.2015 d.112, effective July 20, 2015. As a part of R.2015 d.112, Subchapter 3, Vision Screening and Eye Examination

Programs, was renamed Vision and Eye Screening Programs, effective July 20, 2015. See: Source and Effective Date. See, also, section annotations.

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This file includes all Regulations adopted and published through the New Jersey Register, Vol. 50 No. 11, June 4, 2018

New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 94. PREVENTION SERVICES PROGRAM OF THE COMMISSION FOR THE BLIND AND VISUALLY IMPAIRED > 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 possible. Blindness and vision loss can be prevented with proper 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. Eye health nursing services;
2. Emergency services;
3. Provision of optical aids or devices and ocular prosthesis;
4. Provision of equipment, medical aids and devices;
5. Outpatient hospital and surgical services;
6. Migrant Eye Screening Program;
7. On-Site Eye Screening Program;
8. Early Childhood Vision Screening;
9. Diabetic Eye Disease Detection Program; and
10. Low vision program.

(c)The 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.

History

HISTORY:

Amended by R.2015 d.112, effective July 20, 2015.

See: 46 N.J.R. 2059(a), 47 N.J.R. 1867(c).

Rewrote the section.

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This file includes all Regulations adopted and published through the New Jersey Register, Vol. 50 No. 11, June 4, 2018

New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 94. PREVENTION SERVICES PROGRAM OF THE COMMISSION FOR THE BLIND AND VISUALLY IMPAIRED > SUBCHAPTER 1. OVERVIEW OF PREVENTION SERVICES

§ 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.

"Approved hospital" means a hospital that:

1. Is licensed as a general hospital by the State of New Jersey (when only a specific identifiable part of a multi-service institution is licensed, only the section licensed is considered a qualified provider);
2. Is qualified to participate under Title XVIII of the Social Security Act, or is determined currently to meet the requirements for such participation and has in effect a hospital utilization review plan applicable to all patients who receive medical assistance under Title XIX;
3. Is accredited by the Joint Commission on Accreditation of Hospitals (JCAH) or by the Committee on Hospitals of the American Osteopathic Association; and
4. Has signed an agreement to participate and abide by the rules and regulations of the health services program.

Hospitals outside the State of New Jersey must meet conditions specified in paragraphs 2 and 3 above and be licensed by the appropriate agency under the laws of the respective state. This definition applies to institutions licensed as a general hospital.

"CBVI" means the Commission for the Blind and Visually Impaired.

"Custom made glasses" means any spectacles, which are prismatic, bonded or drilled.

"Good cause" means substantial reason; one that affords a legal excuse; legally sufficient ground or reason.

"Inpatient hospitalization" means treatment of a person registered for hospital bed occupancy in an approved hospital.

"Low vision" means reduced visual acuity and/or abnormal visual fields from a disorder in the visual system.

"Low vision client" means an individual with an eye disorder, which reduces visual performance and cannot be corrected by conventional methods.

"Low vision follow-up examination" means examinations provided to clients with aids, to monitor progress and problems.

"Low vision service" means a series of comprehensive tests, evaluations and multidisciplinary referrals provided for the low vision patient, which has as its objective a prescription of low vision aids and instruction/training programs to enhance the low vision patient's performance.

"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.

"Optical or accessory low vision aids" means devices which rely on the use of lenses and include spectacles prescribed as low vision physical comfort. This category includes lamps, reading stands and other such devices and light absorbing lenses, for example, NOIR glasses.

"Outpatient hospitalization or same day procedures" means treatment of a person registered in the outpatient department in an approved hospital or free standing clinic in order to obtain services other than those requiring bed occupancy as an inpatient.

"Projection or electronic low vision aids" means devices, which employ projective (for example, view scan, overhead projector) or electronically based (for example, closed circuit television) methods in order to magnify printed material.

History

HISTORY:

Amended by R.2015 d.112, effective July 20, 2015.

See: 46 N.J.R. 2059(a), 47 N.J.R. 1867(c).

In definition "Needy patient", substituted "corrective lenses, eye health and treatment services, and medication," for "medication".

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This file includes all Regulations adopted and published through the New Jersey Register, Vol. 50 No. 11, June 4, 2018

New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 94. PREVENTION SERVICES PROGRAM OF THE COMMISSION FOR THE BLIND AND VISUALLY IMPAIRED > SUBCHAPTER 2. EYE HEALTH NURSING PROGRAM

§ 10:94-2.1 Eye health services

(a) Eye health services include a wide range of services designed to meet the medical and health care needs of clients.

(b) Persons in need of eye health and medical care who meet the established visual and residency criteria shall be eligible for eye health services pursuant to N.J.A.C. 10:91-2.1 and 2.6.

(c) Eye health services shall be available to persons who do not meet the visual criteria, if surgery, diagnostic intervention, and/or ophthalmologic treatment will prevent serious vision loss, and is recommended by a medical specialist.

(d) The Commission's eye health nurse shall render the services in (d)1 through 14 to clients. The eye health nurse shall:

1. Assess individual client needs and community health resources that can address those needs;
2. Develop individual service plans to meet client's needs;
3. Establish linkages with the appropriate health service providers and arrange or assist clients in arranging the needed service such as:
 - i. Locating health care providers;
 - ii. Locating sources of transportation to health care providers; and
 - iii. Investigating the availability of financial assistance such as similar benefits;
4. Apply knowledge and experience to monitor health care to attain the appropriate medical intervention and to prevent complications;
5. Oversee the provision of health related services and assess outcome and client's changing needs;
6. Work in conjunction with other service providers that can best address client's needs;
7. Provide counseling and support to clients and their families;

8. Provide health education to clients and families on client's eye disorder and disease progression, diet, medication, care, treatment and expected outcome;
9. Make pre-and post-operative home visits, and offer guidance to maintain health;
10. Teach and demonstrate the use of optical aids and devices;
11. Undertake follow-up responsibilities with clients to ensure proper use of low vision aids;
12. Assist in making arrangements for needed surgery and hospitalizations, as appropriate;
13. Provide in-service training to community agencies, programs and organizations on eye health issues, treatment and Commission services; and
14. Provide evaluation and instruction in the use of adaptive health equipment.

History

HISTORY:

Amended by R.2007 d.316, effective October 15, 2007.

See: 39 N.J.R. 2184(a), 39 N.J.R. 4399(a).

In (c), inserted ", diagnostic intervention,".

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This file includes all Regulations adopted and published through the New Jersey Register, Vol. 50 No. 11, June 4, 2018

New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 94. PREVENTION SERVICES PROGRAM OF THE COMMISSION FOR THE BLIND AND VISUALLY IMPAIRED > SUBCHAPTER 2. EYE HEALTH NURSING PROGRAM

§ 10:94-2.2 Emergency services

(a)The determination of an eye emergency, for example, acute glaucoma, retinal detachment, ruptured globe or lacerated lid, or sudden loss of vision, shall be made by a physician.

(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, even if the patient is at the surgical center, if it is a medical emergency;
- 2.**The patient is subsequently determined to be eligible for assistance from the Commission pursuant to N.J.A.C. 10:91-2.1 and 2.6; and
- 3.**If the particular surgical procedure is not listed on the Commission's medical fee schedule (see N.J.A.C. 10:91-7.1), caseworkers should follow the procedures outlined in N.J.A.C. 10:91-7.1(c).

(c)CBVI shall not pay hospitalization cost.

(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)Caseworkers shall advise surgical centers and physicians of the conditions listed in (b) above as soon as emergency patients are referred to them.

(f)There shall be no payment for surgeries 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 service center, the patient's name, address, telephone number, eye information, recommended treatment, and need for financial assistance with emergency surgery. In addition, surgical centers or physicians shall follow-up with a phone call to the appropriate service center on the next business day. Service center phone numbers are available on the CBVI website, <http://www.state.nj.us/humanservices/cbvi/facilities/>.

(h)The Commission shall assist eligible clients with eye medication as follows:

- 1.**The Commission shall pay for any pharmaceutical prescription for the purpose of treatment of ocular disease only one time, covering up to a three-month supply per prescription. The financial need standard shall apply pursuant to N.J.A.C. 10:91-3;
- 2.**Clients shall be referred to other resources, such as Medicaid, Pharmaceutical Assistance for the Aged and Disabled (PAAD) New Jersey Family Care, or a "needy patient" service of a pharmaceutical company; and
- 3.**Medication shall always be sent to a client's doctor, never to a client directly or to any other party in instances where a client receives "needy patient" service from a pharmaceutical company.

(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, community volunteer services, or county paratransits, for assistance.

History

HISTORY:

Amended by R.2007 d.316, effective October 15, 2007.

See: 39 N.J.R. 2184(a), 39 N.J.R. 4399(a).

In (a), substituted "ruptured" for "lacerated" preceding "globe" and inserted "lacerated" preceding "lid"; and in (h)1, inserted "pharmaceutical" and "for the purpose of treatment of ocular disease".

Amended by R.2015 d.112, effective July 20, 2015.

See: 46 N.J.R. 2059(a), 47 N.J.R. 1867(c).

Rewrote the section.

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This file includes all Regulations adopted and published through the New Jersey Register, Vol. 50 No. 11, June 4, 2018

New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 94. PREVENTION SERVICES PROGRAM OF THE COMMISSION FOR THE BLIND AND VISUALLY IMPAIRED > SUBCHAPTER 2. EYE HEALTH NURSING PROGRAM

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

(a)An optical aid or device shall be deemed to be a lens, lens combination, prism, mirror, or electro-optical instrument, which, by virtue of its optical properties, raises the patient's level of visual performance. Eligibility for an optical aid or device shall be established as specified in N.J.A.C. 10:91-2.1.

(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 BEST (Better Eye Services and Treatment) (see N.J.A.C. 10:94-3.1(a)), as long as funds are available.

(c)Wavelength-specific photo-chromatic lenses shall be purchased in cases of severe photophobia and abnormal light/dark adaptation, resulting in cases such as, but not limited to, retinitis pigmentosa, diabetic retinopathy, maculopathies, and uveitis.

(d)Contact lenses, cases for which shall be individually reviewed and approved by the Commission's service center and the Commission's administrative medical consultant, shall be purchased for eligible clients who have:

- 1.Keratoconus;
- 2.Monocular aphakia to restore single binocular vision;
- 3.Binocular aphakia, where employability or other significant factors may be present;
and
- 4.Aphakia or surgical aphakia, when an intraocular lens could not be implanted.

(e)Ocular prostheses, that is, artificial eyes, shall be purchased for eligible clients upon the recommendation of the examining ophthalmologist. Replacement of an ocular prosthesis may be made after a five-year period or sooner, and shall be approved by the Commission's administrative medical consultant.

(f)Payment by the Commission for eyeglasses, contact lenses and/or ocular prostheses shall be made according to the fee schedule amounts specified in N.J.A.C. 10:91-7.1.

History

HISTORY:

Amended by R.2007 d.316, effective October 15, 2007.

See: 39 N.J.R. 2184(a), 39 N.J.R. 4399(a).

Rewrote (c); in the introductory paragraph of (d), inserted ", cases for which shall be individually reviewed and approved by the Commission's regional or Statewide office and the Commission's administrative medical consultant,"; in (d)2, deleted "and" from the end; in (d)3, substituted "; and" for ". These cases shall be individually reviewed and approved by the Commission's regional or Statewide office and the Commission's administrative medical consultant."; and added (d)4.

Amended by R.2015 d.112, effective July 20, 2015.

See: 46 N.J.R. 2059(a), 47 N.J.R. 1867(c).

In (b), substituted "BEST (Better Eye Services and Treatment)" for "Prevention", and inserted a comma preceding "as long"; and rewrote (d).

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This file includes all Regulations adopted and published through the New Jersey Register, Vol. 50 No. 11, June 4, 2018

New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 94. PREVENTION SERVICES PROGRAM OF THE COMMISSION FOR THE BLIND AND VISUALLY IMPAIRED > SUBCHAPTER 2. EYE HEALTH NURSING PROGRAM

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

(a)Medical aids and devices shall be used by staff to assess and evaluate a client's ability or potential to learn to use medical aids and devices safely and independently and to train clients to meet medical needs safely and independently.

(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.A blood pressure gauge kit;

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.Syringes.

(c)The initial purchase of medical aids and devices provided to a client shall not be subject to the Commission's financial need standard. The Commission's financial need standard shall apply to any subsequent purchase of additional, non-replacement, medical aids and devices required by clients pursuant to N.J.A.C. 10:91-3.

(d)Equipment, which replaces equipment already provided to a client, shall be the responsibility of the client to purchase. The Commission may order such equipment for a client, or the appropriate ordering information may be given to a client to order directly.

(e)If a client is financially unable to purchase an item, application may be made to the Client Assistance Fund as specified in N.J.A.C. 10:91-4.3(a) 15. Checks from the Fund shall be made payable to the vendor furnishing the equipment.

History

HISTORY:

Amended by R.2015 d.112, effective July 20, 2015.

See: 46 N.J.R. 2059(a), 47 N.J.R. 1867(c).

Section was "Provision of equipment, medical aids and devices". Rewrote (b)2; deleted former (c); and recodified (d) through (f) as (c) through (e).

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This file includes all Regulations adopted and published through the New Jersey Register, Vol. 50 No. 11, June 4, 2018

New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 94. PREVENTION SERVICES PROGRAM OF THE COMMISSION FOR THE BLIND AND VISUALLY IMPAIRED > SUBCHAPTER 2. EYE HEALTH NURSING PROGRAM

§ 10:94-2.5 Hospital and surgical procedures

(a)A client must apply for charity care in a hospital, whether in-or out-patient. The Commission for the Blind and Visually Impaired does not cover hospital costs except for freestanding, same-day surgical centers.

(b)The surgeon's fee to be authorized is obtained from the Commission's fee schedule (see N.J.A.C. 10:91-7.1).

(c)The assistant surgeon's fee, if authorized, shall be determined by multiplying the surgeon's fee by 15 percent and must be approved by the Commission's administrative medical consultant.

(d)The anesthesiologist's fee shall be determined by multiplying the surgeon's fee by 20 percent.

(e)Other fees (not listed in the fee schedule) shall be obtained directly from the service provider by the caseworker, subject to approval by the Commission's administrative medical consultant (see N.J.A.C. 10:91-7.1(c)).

History

HISTORY:

Amended by R.2007 d.316, effective October 15, 2007.

See: 39 N.J.R. 2184(a), 39 N.J.R. 4399(a).

In (c), substituted ", if authorized," for "to be authorized".

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This file includes all Regulations adopted and published through the New Jersey Register, Vol. 50 No. 11, June 4, 2018

New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 94. PREVENTION SERVICES PROGRAM OF THE COMMISSION FOR THE BLIND AND VISUALLY IMPAIRED > SUBCHAPTER 3. VISION AND EYE SCREENING PROGRAMS

§ 10:94-3.1 Vision and eye screening 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 is the Commission's four vision screening and eye screening programs:

- 1.Migrant Eye Screening Program (see N.J.A.C. 10:94-3.3);
- 2.On-site Eye Screening Program (see N.J.A.C. 10:94-3.4);
- 3.Early Childhood Vision Screening Program (see N.J.A.C. 10:94-3.5);
- 4.Diabetic Eye Disease Detection Program (see N.J.A.C. 10:94-3.6);

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

History

HISTORY:

Amended by R.2007 d.316, effective October 15, 2007.

See: 39 N.J.R. 2184(a), 39 N.J.R. 4399(a).

In (a)1, inserted "Eye", in (a)2, substituted "On-site" for "Mobile"; and in (b), substituted "seventh" for "fifth".

Administrative correction.

See: 40 N.J.R. 726(a).

Amended by R.2015 d.112, effective July 20, 2015.

See: 46 N.J.R. 2059(a), 47 N.J.R. 1867(c).

Section was "Vision screening and eye examination outreach program". Rewrote the section.

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This file includes all Regulations adopted and published through the New Jersey Register, Vol. 50 No. 11, June 4, 2018

New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 94. PREVENTION SERVICES PROGRAM OF THE COMMISSION FOR THE BLIND AND VISUALLY IMPAIRED > SUBCHAPTER 3. VISION AND EYE SCREENING PROGRAMS

§ 10:94-3.2 Vision and eye screening program and target populations

(a) Vision and eye screening 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 programs shall be conducted by a screening team, which consists of a Commission Field Representative who is a trained vision screener and/or a contract trained vision screener and a contract eye doctor (see N.J.A.C. 10:94-3.10). The need for a contract eye doctor or a contract trained vision screener is determined by the Commission's Coordinator of Project BEST or designee.

(c) Contract eye doctors are paid as set forth in N.J.A.C. 10:94-3.9.

(d) Contract 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 areas, which are established based on current Federal census estimates, shall be served as follows:

1. Municipalities with more than 20 percent poverty or having a minority population in excess of 3,000 and 10 percent poverty (primary); and
2. Municipalities with more than 10 percent poverty population (secondary).

History

HISTORY:

Amended by R.2007 d.316, effective October 15, 2007.

See: 39 N.J.R. 2184(a), 39 N.J.R. 4399(a).

In (d), substituted "a range of \$ 18.00 - \$ 30.00" for "\$ 25.00".

Amended by R.2015 d.112, effective July 20, 2015.

See: 46 N.J.R. 2059(a), 47 N.J.R. 1867(c).

Section was "Vision screening, eye examination and target populations". Rewrote the section.

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This file includes all Regulations adopted and published through the New Jersey Register, Vol. 50 No. 11, June 4, 2018

New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 94. PREVENTION SERVICES PROGRAM OF THE COMMISSION FOR THE BLIND AND VISUALLY IMPAIRED > SUBCHAPTER 3. VISION AND EYE SCREENING PROGRAMS

§ 10:94-3.3 Migrant Eye Screening Program

(a)The Migrant Eye Screening Program (MSP) 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 New Jersey while employed;
2. Be employed in the agricultural production of food; and
3. Relocate due to employment.

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

1. To provide the personnel and equipment to perform the screening;
2. To provide testing for visual acuity and eye pathology, including refraction, ophthalmoscopy, external examination, and tonometry, if warranted;
3. To screen a minimum of 30 persons per session; and
4. To accept as referrals for Commission for the Blind and Visually Impaired services persons with serious sight limitations and other eye disorders.

(d)The screening site responsibilities for service provision for migrant laborers and their families shall be:

1. To provide a quiet room, at least 10 feet long, able to be darkened, equipped with electrical outlets, two extension cords, three tables, two chairs, and a separate waiting room with approximately 10 chairs;
2. To obtain written consent from parents of all students scheduled to be screened and to explain that cycloplegic drops may be used;
3. To provide personnel to assist in escorting the students to and from the screening room; and
4. To provide follow-up for those in need of further eye treatment.

(e)The Commission's MSP coordinator shall identify migrant children to be examined based on the following criteria:

- 1.Students who have never been examined by an eye doctor;
- 2.Students found by a school nurse to have a vision problem, or symptoms of eye problems;
- 3.Students recommended for follow-up examinations by the MSP eye doctor;
- 4.Students who had mild symptoms recorded on their previous eye report; and
- 5.Students who have and/or wear glasses.

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

- 1.To perform eye screenings and write prescriptions, as appropriate;
- 2.To complete the Commission's eye report form for each student examined;
- 3.To complete and sign a letter of notification to parents and teachers for each student who receives eye drops; and
- 4.To explain examination results and recommended follow-up to school personnel, as needed.

(g)The school nurse or liaison's responsibilities following completion of a screening program shall be to provide follow-up services to ensure that students receive recommended treatment.

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

- 1.To send a letter to the school nurse regarding the use of eye drops with students with the letter to be shared by the nurse with teachers and parents;
- 2.To review each eye report diagnosis and recommendation with the school nurse or liaison;
- 3.To leave all prescriptions with school nurse and/or liaison;
- 4.To inquire if any students being referred for follow-up care have Medicaid coverage and to indicate this information on the Commission's eye report form;
- 5.To maintain the eye screening form inclusive of the signed consent for CBVI files;
- 6.To complete a referral form for each program, including all consumers in need of follow-up;
- 7.To monitor follow-up services provided by the school nurse or liaison;
- 8.To transfer to appropriate regional office staff, all MSP referrals whose eye examination data indicate Commission eligibility; and
- 9.To enter, in the Commission data system, demographic information and screening findings.

HISTORY:

Amended by R.2007 d.316, effective October 15, 2007.

See: 39 N.J.R. 2184(a), 39 N.J.R. 4399(a).

Section was "Migrant screening program". In (a), substituted "migrant-eye" for "migrant" and "Federally-funded" for "Federally funded".

Amended by R.2015 d.112, effective July 20, 2015.

See: 46 N.J.R. 2059(a), 47 N.J.R. 1867(c).

Section was "Migrant eye screening program". Rewrote the section.

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This file includes all Regulations adopted and published through the New Jersey Register, Vol. 50 No. 11, June 4, 2018

New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 94. PREVENTION SERVICES PROGRAM OF THE COMMISSION FOR THE BLIND AND VISUALLY IMPAIRED > SUBCHAPTER 3. VISION AND EYE SCREENING PROGRAMS

§ 10:94-3.4 On-Site Eye Screening Program

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

(b)Eye 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. Testing equipment and an eye doctor to perform screenings;
2. Provision of a Commission field representative to organize programs and to direct referrals to the Commission;
3. Testing for visual acuity and eye pathology including refraction, ophthalmoscopy, external exam, and tonometry as appropriate; and
4. Screening of approximately 30 to 35 participants at each session, on average.

(d)Referral criteria shall be as follows:

1. Individuals with visual acuity of 20/70 or less in the better eye with best correction or disabling hemianopsias, scotomas, or restricted fields where the diameter of the visual field subtends an angle no greater than 40 degrees;
2. Individuals with a potential to benefit from vocational rehabilitation services (see N.J.A.C. 10:95); or
3. Individuals with potentially 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 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 service center for continued service delivery.

(f) An agreement shall be signed by CBVI and the screening site.

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

History

HISTORY:

Amended by R.2007 d.316, effective October 15, 2007.

See: 39 N.J.R. 2184(a), 39 N.J.R. 4399(a).

Section was "Mobile eye examination unit program". In the AGREEMENT in (f), deleted "or Nursing Home" following "Institution" and "INSTITUTION" throughout and substituted "On-site" for "Mobil".

Amended by R.2015 d.112, effective July 20, 2015.

See: 46 N.J.R. 2059(a), 47 N.J.R. 1867(c).

Section was "On-site eye examination unit program". Rewrote the section.

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N.J.A.C. 10:94-3.5

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New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 94. PREVENTION SERVICES PROGRAM OF THE COMMISSION FOR THE BLIND AND VISUALLY IMPAIRED > SUBCHAPTER 3. VISION AND EYE SCREENING PROGRAMS

§ 10:94-3.5 Early Childhood Vision Screening (ECVS) Program

(a)ECVS shall be provided free to children ages three to six years and include visual acuity and muscle imbalance examinations in order to detect symptoms of amblyopia and other eye conditions that may cause visual impairment or loss.

(b)ECVS shall be performed at established pre-school centers and community programs.

(c)The Commission shall be responsible for:

- 1.Scheduling the screening and providing the school and community program staff with a description of the program, forms, and parental consents;
- 2.Providing the equipment to be used at scheduled screenings, such as, eye charts, 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.Testing each child for muscle imbalance; and
- 5.Furnishing the pre-school centers and community programs with relevant literature on vision testing of pre-schoolers and vision problems in children, for distribution to parents.

(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 ECVS coordinator shall:

- 1.Advise the child's parent or guardian of the need to obtain a complete eye examination of the child by an eye doctor;
- 2.Refer to the Commission's Prevention Unit's follow-up specialist any child whose parent or guardian indicates a need for financial assistance in order to obtain the required eye examination and/or medical eye treatment; and
- 3.Refer to the Commission's education services program those children whose eye report indicates, because of their visual impairment, eligibility for services as specified in N.J.A.C. 10:91-2.3.

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

(f)Low-income families are families whose assets and income shall not exceed the assets and income listed on the Commission's financial participation worksheet as specified in N.J.A.C. 10:91-3.1(d).

(g)The PTG target areas are as specified in N.J.A.C. 10:94-3.1(b)1 and 2. Children from low-income families living outside the target areas may also be served.

(h)PTG vision screenings shall be a cooperative activity between the Commission and groups, such as women's clubs, parent teacher associations and child care centers. These groups shall be responsible for assistance with activities, such as publicity, screening site selection, vision screening and follow-up.

(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 center that the majority of families served by the center are low-income families. Any Head Start program shall qualify for a PTG screening.

History

HISTORY:

Amended by R.2015 d.112, effective July 20, 2015.

See: 46 N.J.R. 2059(a), 47 N.J.R. 1867(c).

Section was "Pre-school vision screening program (PSP)". Rewrote the section.

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N.J.A.C. 10:94-3.6

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New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 94. PREVENTION SERVICES PROGRAM OF THE COMMISSION FOR THE BLIND AND VISUALLY IMPAIRED > SUBCHAPTER 3. VISION AND EYE SCREENING PROGRAMS

§ 10:94-3.6 Diabetic Eye Disease Detection Program

(a)The 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. 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.A general ophthalmologist; and or an ophthalmologist specializing in retinal diseases; and or an optometrist certified by New Jersey Optometric Association for retinal examinations;
- 2.Registered nurses;
- 3.Technicians (for tonometry and visual acuity testing);
- 4.Volunteers for non-medical assistance; and
- 5.A follow-up specialist.

(c)The Commission shall ensure appropriate equipment for the program.

(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 on eye health and post-screening instructions depending on the outcome of the screening;
- 2.The Commission shall furnish a list of local eye specialists, if needed;
- 3.The Commission shall furnish information about self-help groups;
- 4.For those found to have abnormal blood pressure, the Commission shall refer them to co-sponsoring hospital's hypertension screening unit; and
- 5.The Commission shall furnish screening results to a participant's physician, if requested by the participant.

(e)The Commission shall give follow up letters to all participants who were determined to have eye problems. 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 screening data suggests Commission eligibility for other services.

History

HISTORY:

Amended by R.2015 d.112, effective July 20, 2015.

See: 46 N.J.R. 2059(a), 47 N.J.R. 1867(c).

Section was "Diabetic eye disease detection program". Rewrote the section.

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N.J.A.C. 10:94-3.7

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New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 94. PREVENTION SERVICES PROGRAM OF THE COMMISSION FOR THE BLIND AND VISUALLY IMPAIRED > SUBCHAPTER 3. VISION AND EYE SCREENING PROGRAMS

§ 10:94-3.7 Procedures for On-Site Eye Screening Program

(a) All procedures for the On-Site Eye Screening Program are approved by the Commission. These procedures shall be observed and performed by the 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 screening team shall:

1. Have available a consent form signed by the consumer or legal designee;
2. Complete demographic information and ocular and medical health histories as they appear on the screening form;
3. Review available record of any other medical testing that has been performed;
4. Take distance and near visual acuity with and without glasses; and
5. Perform non-contact tonometry. An intraocular pressure finding of 20 mmHg or greater must be referred for follow up.

(c) The licensed eye physician shall:

1. Examine pupils and examine extra-ocular muscles;
2. Perform funduscopy, record type, and record cup/disc ratio;
3. Perform slit lamp examination and non-contact tonometry or applanation tonometry and record tension;

4. Perform visual fields by confrontation. When indicated, refer to an eye doctor for more definitive parametric studies;
5. When not contraindicated, dilate with 2 1/2 percent Neo-synephrine with or without 1/2 percent Mydriacyl, as desired;
6. Refract, record, and present prescriptions for glasses or medications if needed to the patient or individual responsible for the consumer;
7. Advise the consumer as to slight blurring from dilating drops;
8. If necessary, present precautionary statement regarding blurred vision to the individual responsible for the consumer;
9. Advise consumer of screening results and answer any questions the consumer may have;
10. Refer the consumer to a local eye doctor for any situation that cannot be handled fully on the Mobile Eye Screening Unit; and
11. Review and interpret examination findings and recommendations with the Commission worker, and as indicated, with the parent, teacher, nurse, social worker, or other designated professional staff person.

History

HISTORY:

Amended by R.2007 d.316, effective October 15, 2007.

See: 39 N.J.R. 2184(a), 39 N.J.R. 4399(a).

Section was "Procedures for all vision examinations of adults ages 18 and older/mobile eye examination unit". In (b)8, deleted "Schiotz" preceding "applanation".

Amended by R.2015 d.112, effective July 20, 2015.

See: 46 N.J.R. 2059(a), 47 N.J.R. 1867(c).

Section was "Procedures for all vision examinations of adults ages 18 and older/on-site eye examination unit". Rewrote the section.

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N.J.A.C. 10:94-3.8

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New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 94. PREVENTION SERVICES PROGRAM OF THE COMMISSION FOR THE BLIND AND VISUALLY IMPAIRED > SUBCHAPTER 3. VISION AND EYE SCREENING PROGRAMS

§ 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.

History

HISTORY:

Amended by R.2007 d.316, effective October 15, 2007.

See: 39 N.J.R. 2184(a), 39 N.J.R. 4399(a).

Section was "Procedures for all vision examinations of children/mobile eye examination unit and migrant eye examination program". In (b)9, deleted "Schiotz" preceding "applanation".

Repeal and New Rule, R.2015 d.112, effective July 20, 2015.

See: 46 N.J.R. 2059(a), 47 N.J.R. 1867(c).

Section was "Procedures for all vision examinations of children/onsite eye examination unit and migrant eye examination program".

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New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 94. PREVENTION SERVICES PROGRAM OF THE COMMISSION FOR THE BLIND AND VISUALLY IMPAIRED > SUBCHAPTER 3. VISION AND EYE SCREENING PROGRAMS

§ 10:94-3.9 Policy on refraction

(a) Refractions shall be done for consumers who will not be referred for further eye examinations by reason of pathology and who are indigent.

(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 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) In the judgment and at the discretion of the licensed eye physician, refractions may not be performed for consumers with asymptomatic refractive error.

History

HISTORY:

Amended by R.2007 d.316, effective October 15, 2007.

See: 39 N.J.R. 2184(a), 39 N.J.R. 4399(a).

Section was "Policy on refraction/mobile eye examination unit and migrant eye examination program".

Amended by R.2015 d.112, effective July 20, 2015.

See: 46 N.J.R. 2059(a), 47 N.J.R. 1867(c).

Section was "Policy on refraction/on-site eye examination unit and migrant eye examination program". Rewrote the section.

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New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 94. PREVENTION SERVICES PROGRAM OF THE COMMISSION FOR THE BLIND AND VISUALLY IMPAIRED > SUBCHAPTER 3. VISION AND EYE SCREENING PROGRAMS

§ 10:94-3.10 Requirements for contract eye physicians

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

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

(d)Contract eye 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 physicians shall fill out a vendor rate schedule every State fiscal year and submit it to the Commission's Coordinator of Project BEST Services.

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 an Open Purchase of Service Vendor Agreement (Vendor Agreement) every State fiscal year and submit it to the Commission's Coordinator of 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 SCREENING UNIT
MIGRANT EYE SCREENING PROGRAM
DIABETIC EYE DISEASE DETECTION PROGRAM
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 N.J.A.C. 10:94-3.10 to persons participating in an eye 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 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

OPHTHALMOLOGIST

OPTOMETRIST

Title (Circle One)

Date

Date

Signature/Fiscal Administrator
Date

History

HISTORY:

Amended by R.2007 d.316, effective October 15, 2007.

See: 39 N.J.R. 2184(a), 39 N.J.R. 4399(a).

In the second column of Section I of the Vendor Rate Schedule in (e), inserted "PER SESSION" and substituted "\$ 450" for "\$ 300" and "\$ 525" for "\$ 350"; in the third column of Section I of the Vendor Rate Schedule in (e), deleted "PER SESSION"; in the Open Purchase Of Service Vendor Agreement in (f), substituted "ON-SITE" for "MOBILE", and added (f)12.

Amended by R.2015 d.112, effective July 20, 2015.

See: 46 N.J.R. 2059(a), 47 N.J.R. 1867(c).

Section was "Requirements for contract eye doctors". Rewrote the section.

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N.J.A.C. 10:94-3.11

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New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 94. PREVENTION SERVICES PROGRAM OF THE COMMISSION FOR THE BLIND AND VISUALLY IMPAIRED > SUBCHAPTER 3. VISION AND EYE SCREENING PROGRAMS

§ 10:94-3.11 Payment to eye physicians for cancelled on-site unit or migrant program screenings

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

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

History

HISTORY:

Amended by R.2007 d.316, effective October 15, 2007.

See: 39 N.J.R. 2184(a), 39 N.J.R. 4399(a).

Section was "Payment to eye doctors for cancelled mobile unit or migrant program screenings".
Rewrote (a).

Amended by R.2015 d.112, effective July 20, 2015.

See: 46 N.J.R. 2059(a), 47 N.J.R. 1867(c).

Section was "Payment to eye doctors for cancelled on-site unit or migrant program screenings".
Rewrote the section.

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N.J.A.C. 10:94-3.12

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New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 94. PREVENTION SERVICES PROGRAM OF THE COMMISSION FOR THE BLIND AND VISUALLY IMPAIRED > SUBCHAPTER 3. VISION AND EYE SCREENING PROGRAMS

§ 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.

History

HISTORY:

Repeal and New Rule, R.2015 d.112, effective July 20, 2015.

See: 46 N.J.R. 2059(a), 47 N.J.R. 1867(c).

Section was "Instilling eye drops at Commission sponsored eye screening programs".

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N.J.A.C. 10:94-4.1

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New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 94. PREVENTION SERVICES PROGRAM OF THE COMMISSION FOR THE BLIND AND VISUALLY IMPAIRED > SUBCHAPTER 4. LOW VISION PROGRAM

§ 10:94-4.1 Purpose and scope

The purpose and scope of the Commission's low vision program shall be to provide specialized services to assist Commission clients in maximizing visual efficiency and functioning in daily living, social, educational, work and leisure activities.

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N.J.A.C. 10:94-4.2

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New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 94. PREVENTION SERVICES PROGRAM OF THE COMMISSION FOR THE BLIND AND VISUALLY IMPAIRED > SUBCHAPTER 4. LOW VISION PROGRAM

§ 10:94-4.2 Low vision terms

Low vision terms are defined in N.J.A.C. 10:94-1.2.

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N.J.A.C. 10:94-4.3

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New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 94. PREVENTION SERVICES PROGRAM OF THE COMMISSION FOR THE BLIND AND VISUALLY IMPAIRED > SUBCHAPTER 4. LOW VISION PROGRAM

§ 10:94-4.3 Low vision program

(a)The Commission primary caseworker or ancillary caseworker, with the approval of the primary caseworker, shall initiate a request for a low vision evaluation.

(b)Clients who meet the following criteria shall be eligible for a low vision evaluation:

1. 20/70 visual acuity in the better eye with best correction, or marked field restrictions if visual acuity is better than 20/70 (see N.J.A.C. 10:91-1.2); and
2. No upper cut-off, unless client is totally blind.

(c)Low vision services are provided for eligible clients every three years. Clients who have had a significant change, meaning a change in visual acuity or an increase in field restriction that affects the individual's ability to work or care for themselves independently, within the past three years may have a low-vision examination as an exception to the rule.

(d)Financial criteria for eligible clients shall be as follows:

1. There shall be no cost to a client for the initial evaluation.
2. There shall be no cost for a client for up to three follow-up visits when a low vision examiner has recommended low vision aids.
3. The financial need standard as specified in N.J.A.C. 10:91-3 applies to the up to three follow-up visits when a low vision examiner has not recommended any low vision aids.
4. The financial need standard as specified in N.J.A.C. 10:91-3 applies for optical or accessory low vision aids.
5. The financial need standard as specified in N.J.A.C. 10:91-3 applies when purchasing projection or electronic low vision aids.

(e)The examining doctor shall provide the client with the low vision aids, devices and/or custom made glasses for which he or she has received a Commission authorized/invoice.

(f)The Commission shall reimburse the doctor for aids, devices and/or custom made glasses for financially eligible clients, but shall not be responsible for ordering items from vendors, or shipping items to doctors.

1.Any exceptions to the ordering and shipping provisions in (f) above are made on a case-by-case basis and shall require approval of the appropriate Commission supervisor and manager.

(g)If custom made glasses cannot be provided by a low vision doctor, the Commission shall endeavor to obtain the services of a cooperating optician to fabricate the custom made glasses and be reimbursed according to the Commission's fee schedule as specified in N.J.A.C. 10:91-7.1.

(h)The Commission's eye health nurse may be requested or assigned to act as a resource person for consultation with counselors, as needed, regarding:

- 1.The appropriateness of the low vision evaluation request;
- 2.The low vision evaluation results and recommendations, of aids/devices;
- 3.The instruction in use of aids and/or devices; and
- 4.The appropriateness of recommended low-vision aids and/or devices as related to the client's current level of functioning.

History

HISTORY:

Amended by R.2007 d.316, effective October 15, 2007.

See: 39 N.J.R. 2184(a), 39 N.J.R. 4399(a).

In (g), substituted "provided" for "made up" and "fabricate the custom made" for "make up the".

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N.J.A.C. 10:94-4.4

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New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 94. PREVENTION SERVICES PROGRAM OF THE COMMISSION FOR THE BLIND AND VISUALLY IMPAIRED > SUBCHAPTER 4. LOW VISION PROGRAM

§ 10:94-4.4 Medicaid client

(a)The Commission shall not pay for low vision services, initial evaluation, aids, devices, or follow-up visits for Medicaid clients.

(b)Exceptions may be made on a case-by-case basis, if Medicaid refuses to pay, or if it is determined to be in the client's best interest for the Commission to accept financial responsibility.

(c)Responsibilities of the Commission's referring caseworker shall be:

- 1.To determine the appropriateness of a low vision evaluation;
- 2.To assist in locating a physician who accepts Medicaid;
- 3.To assist in arranging and getting client to the low vision appointment;
- 4.To send examining physician a copy of client's current eye report and blank low vision evaluation forms, when appropriate; and
- 5.To request copies of reports from examining physician when appropriate.

(d)The examining doctor shall be responsible for processing bill(s) for payment through Medicaid as per established Medicaid procedures.

N.J.A.C. 10:94-5.1

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New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 94. PREVENTION SERVICES PROGRAM OF THE COMMISSION FOR THE BLIND AND VISUALLY IMPAIRED > SUBCHAPTER 5. OTHER SERVICES

§ 10:94-5.1 Services to clients' families

Services to clients' families are supportive or non-cost services, which are directly or indirectly provided to the client's family as part of the actions required to achieve the goals outlined in the client's service plan. These services are usually transportation services where the client may need the assistance of a family member, professional family counseling services, or adaptive equipment such as a large dial telephone or other household items which other members of the family must use.

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N.J.A.C. 10:94-5.2

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New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 94. PREVENTION SERVICES PROGRAM OF THE COMMISSION FOR THE BLIND AND VISUALLY IMPAIRED > SUBCHAPTER 5. OTHER SERVICES

§ 10:94-5.2 Transportation services

(a)Transportation is a supportive service that is provided only when the following conditions are present:

1. An urgent medical need has been identified;
2. Failure to provide such services may place the client's eye health at risk; and
3. No other means of transportation is available to the client in the community that will accommodate the urgency.