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:

<table>
<thead>
<tr>
<th>JACC</th>
<th>Service/ Unit</th>
<th>Rates Per Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>J1235 (for TME)</td>
<td>1 day</td>
<td>$31.12</td>
</tr>
<tr>
<td>J9853 (for NT)</td>
<td>1 day</td>
<td>$31.12</td>
</tr>
</tbody>
</table>
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.