

New Jersey Department of Human Services
Division of Aging Services
Medicaid Waiver
P.O. Box 807
Trenton, NJ 08625-0807

ASSISTED LIVING (AL) FACILITY – PROVIDER ENROLLMENT
STATEMENT OF INTENT TO ACCEPT ROOM AND BOARD (R&B) SUPPLEMENTATION

Name of Assisted Living (AL) Facility	
Address of AL Facility	Medicaid Provider Number Telephone Number
Describe the AL Facility Unit(s) designated for Medicaid Waiver Participants:	
<p>Attach a copy of the Assisted Living facility's current fee schedule. If the Medicaid Unit is typically a shared or companion Unit, the published fee schedule must show the baseline rate that each person is charged for the Unit.</p> <p>Please note:</p> <ul style="list-style-type: none"> • A new fee schedule must be sent to Quality Assurance Unit (QAU) each time the AL Facility's Unit rate(s) change. • An LTC-37 form is submitted one time only; it is not necessary to include another copy when submitting an LTC-38: Room and Board Supplementation Notification for each individual Medicaid Waiver participant and his or her participating third party-payor. • Room and Board Supplementation amount is in addition to the customary Room and Board fee paid to the AL directly by the Medicaid participant. 	
Name of AL Facility Representative	Title
Signature	Date

Once submitted, a representative from QAU will contact you to approve this Statement of Intent to accept Room and Board Supplementation.