

## CHAPTER 37G

## SHORT TERM CARE FACILITY STANDARDS

## Authority

N.J.S.A. 30:4-27.8.

## Source and Effective Date

R.1997 d.153, effective April 7, 1997.  
See: 28 N.J.R. 2310(a), 29 N.J.R. 1313(a).

## Chapter Expiration Date

In accordance with N.J.S.A. 52:14B-5.1c, Chapter 37G, Short Term Care Facility Standards, expires on October 4, 2002. See: 33 N.J.R. 3887(a).

## CHAPTER TABLE OF CONTENTS

## SUBCHAPTER 1. GENERAL PROVISIONS

- 10:37G-1.1 Scope and purpose
- 10:37G-1.2 Definitions

## SUBCHAPTER 2. OPERATIONAL STANDARDS

- 10:37G-2.1 Admission
- 10:37G-2.2 Assessment and service planning
- 10:37G-2.3 Services to be provided
- 10:37G-2.4 Termination, transfer and referral of patients
- 10:37G-2.5 Administration and staffing
- 10:37G-2.6 Quality assurance activities
- 10:37G-2.7 Designation and redesignation
- 10:37G-2.8 Determination of STCF bed need

## SUBCHAPTER 1. GENERAL PROVISIONS

**10:37G-1.1 Scope and purpose**

(a) The rules in this chapter shall apply to all Division designated short term care facilities (STCF) for adults.

(b) The Mental Health Screening Law (N.J.S.A. 30:4-27.1 et seq.) authorizes the establishment of STCFs to provide assessment services and short term, intensive psychiatric care to individuals with acute mental illness. Patients are admitted to STCFs through a Division designated screening center which has determined that the patient meets the commitment standard of mentally ill and dangerous to self or others, needs intensive treatment, and that appropriate, less restrictive services or facilities are not otherwise available for the patient. The goal of STCFs is to resolve the psychiatric emergency precipitating admission in a location close to the patient's home within an acute length of stay. Services are provided to restore the individual as soon as possible to a level of functioning which promotes return to community residence and ambulatory treatment, or to ensure further inpatient treatment if needed.

**10:37G-1.2 Definitions**

The following words and terms, as used in this chapter, shall have the following meanings, unless the context clearly indicates otherwise:

“Community liaison” means staff of liaison services who are responsible to facilitate the transition of clients 18 years of age or older from treatment received at State or county operated hospitals or STCFs to treatment received at community mental health programs.

“Designated screening center” means a public ambulatory care service designated by the Commissioner of the Department of Human Services and located in or adjacent to an emergency room in a general hospital, which provides mental health services including assessment, screening, emergency and referral services for mentally ill persons in a specified geographic area. A designated screening center is the facility in the public mental health care system wherein a person who may be in need of treatment at a short-term care psychiatric facility (STCF) or a state or county psychiatric hospital or a unit in a special psychiatric hospital undergoes an assessment to determine what mental health services are appropriate for the person and where those services may be appropriately provided.

“Designation as a short term care facility” means that a facility has received approval for a certificate of need (CON) application by the Department of Health in consultation with the Division and that the Division has determined that the STCF applicant meets all of the rules of this chapter and is authorized to begin operating as a STCF provided the unit also meets applicable Department of Health licensure requirements. The application for designation shall be submitted at least 60 days prior to planned implementation.

“Division” means the Division of Mental Health Services in the Department of Human Services.

“Short term care facility (STCF)” means an acute care adult psychiatric unit in a general hospital for short term admission of individuals who meet the legal standards for commitment and require intensive treatment. The STCF shall be designated by the Division of Mental Health Services to serve a specific geographic area within the State. All admissions to short term care facilities must be referred through a designated emergency/screening mental health service.

“Systems review committee (SRC)” means a group of representatives of State and county hospitals, acute care provider agencies, family members and consumers, including STCFs, who, under the auspices of the county mental health board and the Division, participate in the monitoring of the acute psychiatric services system in a geographic area. These committees also recommend revisions to the acute

care service delivery system for the purpose of improving the service delivery for the patients they share in common.

## SUBCHAPTER 2. OPERATIONAL STANDARDS

### 10:37G-2.1 Admission

(a) All patients admitted to the STCF shall be referred exclusively through a designated screening center. Prior to admission, all patients shall receive a face-to-face assessment by both a certified screener and a psychiatrist formally affiliated with the screening center to confirm that the patient is mentally ill, the mental illness causes the person to be dangerous to self or dangerous to others or property and the patient needs care at a STCF because other services are not appropriate or available to meet the person's mental health care needs.

1. There shall be written policies and procedures which describe the referral function of the designated screening center regarding transfers to the STCF from other hospitals or from beds within the same hospital to assure that patients meet the criteria noted at (a) above.

(b) STCF staff shall develop and implement written comprehensive affiliation agreements between the designated screening center, State and county hospitals and community mental health service providers, to facilitate transfer, linkage and access to appropriate aftercare services for patients.

(c) All the affiliation agreements shall be approved by the Division's Assistant Director responsible for the geographical area served by the STCF or his or her designee.

(d) The affiliation agreement with the designated screening center shall clearly delineate the STCF admission criteria and the requirement that all referrals to the STCF emanate from the designated screening center.

(e) Inclusionary and exclusionary admission criteria which describe the diagnostic and patient characteristics appropriate for the STCF shall be written and utilized.

1. Admission criteria shall include the requirement that only individuals who meet the statutory standard of dangerousness to self or others due to mental illness (N.J.S.A. 30:4-27.2h, i and r) and who require intensive treatment shall be admitted to the STCF.

2. Admission criteria shall identify the geographic area or areas in which individuals must reside in order to be considered appropriate for admission to that STCF.

3. Admission criteria shall include the requirement that patients with a dual diagnosis of substance abuse and psychiatric disorder shall be admitted when they meet the other provisions of the admission criteria.

4. Admission criteria shall include a provision that no individual otherwise eligible for admission shall be denied admission due to inability to pay or type of insurance coverage.

(f) The STCF's written procedures shall require the immediate admission of patients who meet the admission criteria whenever an STCF bed is available. When a new patient meets the admissions criteria and all STCF beds are full, current patients shall be reassessed for possible transfer to the less restrictive acute unit or possible transfer to longer term treatment, as appropriate, to allow the admission of the new patient. Pursuant to Division approved written agreements among designated screening centers and STCFs, an STCF may also be contacted regarding a possible admission of a new patient from outside its county whenever all the STCF beds assigned to that patient's county of residence are full or no STCF exists in the patient's county of residence. STCFs can expect the designated screening center with the new admission to inquire regarding the feasibility of such transfers and such approved out-of-county placements.

(g) STCF staff shall comply with the provisions of N.J.S.A. 36:2H-53 ("New Jersey Advance Directives for Health Care Act") including the adoption of such policies and practices as are necessary to provide for routine inquiry at the time of admission and at such other time as are appropriate under the circumstances, concerning the existence and location of an advance directive, pursuant to N.J.S.A. 26:2H-65a.1.

### 10:37G-2.2 Assessment and service planning

(a) STCF staff shall complete written diagnostic evaluations of each patient which provide clear descriptions of each patient's psychiatric, psychosocial, medical and social service needs.

1. The STCF's written procedures shall require that evaluations include, at a minimum, the following:

i. A psychiatric assessment and mental status examination within 24 hours of admission which includes the patient's and family's psychiatric history. The assessment shall conclude with a diagnosis and treatment recommendations;

ii. A physical examination within 24 hours of admission including a medical, alcohol and substance abuse history. The physical assessment shall result in a summary with conclusions;

iii. A nursing assessment by a registered nurse within 24 hours of admission. The nursing assessment shall conclude with individualized clinical treatment recommendations;

iv. A social assessment including family, educational, and employment history as well as financial status and current living arrangements. The social assessment shall conclude with clinical treatment recommendations and shall be completed prior to the development of the comprehensive treatment plan;

v. A rehabilitation assessment including functional performance and interests. The rehabilitation assessment shall conclude with treatment recommendations;

vi. A psychological evaluation, as appropriate;

vii. A substance abuse assessment completed by appropriately credentialed staff including history and pattern of use, if indicated; and

viii. A nutritional assessment, if clinically indicated.

(b) An initial treatment plan shall be completed by a board certified or board eligible psychiatrist or a licensed psychiatric resident under the supervision of a board certified or board eligible psychiatrist within 24 hours of admission to minimally address the patient's presenting problem(s) and any emergent medical or physical needs.

(c) The written comprehensive treatment plan shall be completed within 72 hours of admission. This written comprehensive plan shall reflect the input of the patient, the psychiatrist, the registered nurse, the social worker, and the patient's family as well as any other significant hospital staff involved in treatment, as appropriate. It shall also incorporate the findings and recommendations of the community liaison assessment, as appropriate.

(d) The written comprehensive treatment plan shall include stabilization goals to be achieved by the patient which address mental, physical, and social goals as well as medical goals as appropriate. The goals shall be discharge oriented.

(e) The written comprehensive treatment plan shall include measurable objectives that relate to the goals, and are specific, including frequency of interventions and identification of responsible staff. Objectives shall include anticipated timeframes for achievement.

(f) The comprehensive treatment plan shall be updated every seven days or more frequently as the patient's needs change.

(g) Clinical privileges shall be provided to community liaison staff so that they shall have access to the clinical records of the patients they serve and so that they may participate in both the assessment process and the discharge planning process.

(h) STCF staff shall write progress notes in the patient's record in a chronological order. Progress notes shall document:

1. Treatment provided and the patient's response;

2. Implementation of the treatment plan and changes made in the treatment plan;

3. Significant incidents or events occurring during the patient's treatment; and

4. Discharge planning.

(i) The psychiatrist shall write daily progress notes documenting daily patient contact and describing the patient's clinical status. The psychiatrist shall visit each patient no less than once every two days. The clinical basis for visiting less than daily shall be documented in the patient's clinical record.

#### 10:37G-2.3 Services to be provided

(a) As clinically appropriate, STCF staff shall directly provide the following range of intensive services:

1. Crisis stabilization and one-to-one monitoring;

2. Psychopharmacological treatment;

3. Medication education;

4. Group therapy;

5. Individual therapy;

6. Family counseling;

7. Rehabilitation therapies;

8. Substance abuse assessment or consultation; and

9. Seclusion and restraint, as required pursuant to N.J.S.A. 30:3-27.11d(a)(3), and other special treatment procedures.

(b) STCF staff shall schedule activities and therapies on weekdays and weekends as well as in the evenings and on holidays.

(c) STCF staff shall provide a minimum of five hours of activities per day which include at least three hours of therapeutic activity conducted by a professional with a master's degree in a recognized mental health discipline or a staff member appropriately licensed or certified to provide such services.

(d) STCF staff shall develop and implement a written procedure that requires STCF staff, in addition to nursing staff, to be available to meet with families of patients and to provide treatment on evenings, weekends and holidays.

(e) STCF staff shall develop and implement written procedures to address provisions for the treatment of physically handicapped patients and those with medical needs, including those patients with human immunodeficiency virus (HIV).

(f) STCF staff shall develop and implement procedures for ensuring that patients' rights, as promulgated in N.J.S.A.

30:4-24.3, 27.11 et seq., 27.14, 27.18 and 27.20 and N.J.A.C. 8:43G-4.1, are not violated.

(g) STCF staff shall develop and implement a written procedure for ensuring that the required notifications at N.J.S.A. 30:4-27.9a(1) and (2) are performed.

#### 10:37G-2.4 Termination, transfer and referral of patients

(a) Procedures for termination, transfer and referral of patients shall be documented in a STCF policy and shall ensure that the continuing service needs of patients are met.

(b) STCF staff shall develop a written discharge and aftercare plan for each patient. This plan shall be developed together with the community liaison as appropriate.

(c) STCF staff shall develop appropriate mechanisms to ensure linkage with other needed services and continuity of care for patients at time of discharge.

(d) Affiliation agreements between STCFs and the State and county psychiatric hospitals shall include criteria and procedures for:

1. STCF staff to transfer patients who meet the involuntary commitment standard to the State or county psychiatric hospital, including compliance with the provision at N.J.S.A. 30:4-27.10(i) prohibiting the transfer of an STCF patient less than five days prior to the scheduled date of a commitment hearing, unless such change is dictated by a change in the person's clinical condition and requiring 24 hours advance notice of the pending transfer to the patient, his or her family and his or her attorney;
2. The determination of which patients may be transferred to other facilities prior to the STCF's average length of stay; and
3. STCF staff to obtain patient consent whenever possible and to notify the patient's family as appropriate regarding treatment.

(e) The affiliation agreements with the State and county hospitals shall specify the respective responsibilities of both parties with regard to medical clearance and all other activities related to the transfer of a patient from a STCF to the State or county psychiatric hospital and shall include a designated contact person at each facility. The State or county hospital shall agree to admit patients from the STCF on a voluntary basis, if the results of a psychiatric evaluation indicate that the patient meets the standard for involuntary commitment and needs longer term care but is willing to be admitted voluntarily.

(f) If STCF staff determine that transfer from the STCF to a State or county psychiatric hospital is in the best clinical interest of the patient, the STCF staff shall work directly with the designated screening center staff to implement the transfer.

(g) STCF staff shall develop and enforce a written policy which states that patients shall not be discharged solely because their insurance coverage has been discontinued or has expired.

(h) STCF shall develop and implement procedures for ensuring that the commitment documents for each patient are completed and accommodating commitment hearings as scheduled.

#### 10:37G-2.5 Administration and staffing

(a) The STCF shall be sufficiently staffed with qualified personnel to provide STCF services as set forth in this chapter. Staff may be engaged on a full-time, part-time or consulting basis, provided that services are adequate to meet the treatment needs of the patients.

(b) The STCF shall employ a full-time manager of the STCF. The manager shall be given the responsibility and authority for day-to-day operation of the STCF and shall be charged with assuring that the STCF functions as part of a continuum of care. The manager of the STCF or designee shall be required to actively participate in System Review Committee meetings in the geographic area in which the STCF is located.

(c) In addition to employing a full-time manager, the STCF shall, at a minimum, meet the following staffing requirements:

1. The short term care facility shall have policies and procedures ensuring that total staffing equals a minimum of two direct care positions in appropriate disciplines for each designated bed. The equivalent of up to one full-time clerical position per 10 beds may be included in this category;
2. There shall be a minimum of two nursing staff on the STCF unit on every shift;
3. There shall be no less than one nursing staff for every three patients on day and evening shifts and no less than one nursing staff for every five patients on the night shift, with a minimum of one registered nurse per shift on the STCF unit;
4. A medical director shall be employed no less than half time. The medical director shall be responsible for oversight of the treatment provided at the STCF, supervision of other physicians and education of STCF staff; and
5. STCF staff shall develop and implement a written policy which requires a staffing pattern that includes a multi-disciplinary approach to address the diverse clinical needs of patients.

(d) STCF staff shall develop and implement written procedures for increasing staffing when patients' clinical needs so indicate.

**10:37G-2.6 Quality assurance activities**

(a) In addition to meeting the quality assurance requirements in N.J.A.C. 10:37-9, STCF staff shall address the following areas:

1. STCF staff shall monitor the quality and appropriateness of clinical performance;
2. STCF staff shall identify areas for routine monitoring;
3. STCF staff shall identify areas for special review;
4. The STCF manager shall participate on the STCF quality assurance committee to ensure that STCF quality assurance findings are referred to the hospital-wide quality assurance committee;
5. The STCF manager shall ensure that persistent problems are addressed; and
6. The STCF manager shall complete the Systems Review Committee STCF form and shall submit it to the Division and the systems review committee (SRC) monthly, noting, at a minimum, the number and/or kind of:
  - i. Admissions;
  - ii. Admission sources;
  - iii. Non-admissions (eligible, but no bed available);
  - iv. Discharges;
  - v. Discharge destination;
  - vi. Transfer;
  - vii. Occupancy rate; and
  - viii. Length of stay.

**10:37G-2.7 Designation and redesignation**

(a) A candidate for STCF designation shall submit a certificate of need application to the New Jersey Department of Health and Senior Services (DOHSS) and respond to whatever follow-up application questions DOH and the Division may have. DOH and the Division review all statements and responses by the applicant. Pursuant to certificate of need rules and subsequent to consultation with the Division, DOH approves or disapproves the application and so notifies the applicant.

(b) Each STCF seeking designation as a STCF shall receive a site review by Division staff. Thereafter, redesignation reviews shall be conducted annually by Division staff.

(c) Site reviews shall assess whether the STCF services are provided according to the rules set forth in this chapter.

(d) Site reviews may include, but need not be limited to, a review of statistical and patient information, the self-assessment, and other documents submitted by the STCF. Reviews may be followed by a visit to the STCF unit by Division staff to review clinical records, to observe program-

ming, to interview STCF administration and staff and to evaluate the physical environment.

(e) On behalf of the Commissioner of the Department of Human Services, the Division Director, in consultation with the Assistant Director responsible for the geographical area served by the STCF, shall make the determination for designation or redesignation and shall notify the STCF of the determination.

(f) Revocation of designation may occur if it is determined by the Division that a STCF is not in compliance with applicable rules or if the life or safety of patients is endangered.

(g) In the event that the Division does not designate the STCF, written notice shall be sent to the STCF's executive director or designee and to the STCF's president of the board of directors by the Division providing the basis for the decision.

(h) Whenever designation is denied, revoked or not renewed and the STCF disputes the basis for the action, the STCF may apply to the Division Director for review and submit relevant written material for the Director's reconsideration. A decision shall be rendered within 30 days of the receipt of the written request for a review.

(i) If the STCF chooses to appeal the Director's decision made pursuant to these rules, the STCF may request an administrative hearing, which shall be conducted pursuant to the Administrative Procedures Act, N.J.S.A. 52:14B-1 et seq. and 52:14F-1 et seq., and the Uniform Administrative Procedure Rules, N.J.A.C. 1:1. The Commissioner, upon a review of the record submitted by the administrative law judge, shall adopt, reject or modify the recommended report and decision no later than 45 days after receipt of such recommendations pursuant to N.J.A.C. 52:14B-10.

**10:37G-2.8 Determination of STCF bed need**

(a) The Division, in conjunction with the Department of Health and Senior Services, shall formulate a need based plan for STCF beds in each county.

(b) The need based plan shall be formulated based on projected population changes in each county.

(c) An adequate number of adult acute and STCF beds shall be available within the same facility to ensure clinically appropriate levels of care.

(d) The STCF shall demonstrate that the open acute capacity will accommodate projected admissions. If development of STCF capacity is proposed through conversion of existing open acute beds, the STCF shall demonstrate that the conversion shall not negatively impact accessibility to these less restrictive services for patients who need them.

(e) STCF staff shall calculate the projected occupancy rate by multiplying the occupancy rate for the past 12 months by the existing number of open acute beds. This number shall be divided by the number of open acute beds that would remain if the conversion occurred.

(f) If the projected occupancy rate for the remaining open acute beds exceeds 85 percent, STCF staff shall ensure that arrangements have been made to accommodate patients who need open acute services. Prior to implementing the conversion, this arrangement shall be approved by the Division.

(g) STCF staff may submit a request to provide a greater number of STCF beds than the number estimated by the Division's need based plan and currently in operation, if current STCF utilization exceeds 90 percent occupancy for the previous 12 month period or if STCF staff are able to submit other documentation to justify a county bed need greater than that estimated by the Division.