CHAPTER 191

CHILDREN'S PARTIAL CARE PROGRAMS

Authority

N.J.S.A. 30:1-12, 30:9A-10, and 30:9A-21.

Source and Effective Date

R.2007 d.37, effective December 27, 2006.
See: 38 N.J.R. 2566(a), 39 N.J.R. 450(b).

Chapter Expiration Date

In accordance with N.J.S.A. 52:14B-5.1c, Chapter 191, Children's Partial Care Programs, expires on June 25, 2014. See: 44 N.J.R. 2431(a).

Chapter Historical Note

Chapter 191, Children's Partial Care Programs, Subchapter 1, Children's Partial Care Program Standards, was recodified from Chapter 37, Community Mental Health Services Act, Subchapter 12, Children's Partial Care Programs by R.2007 d.37, effective February 5, 2007. See: Source and Effective Date. See, also, section annotations.

In accordance with N.J.S.A. 52:14B-5.1b, Chapter 191, Children's Partial Care Programs, was scheduled to expire on December 27, 2013. See: 43 N.J.R. 1203(a).

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SUBCHAPTER 1. CHILDREN'S PARTIAL CARE PROGRAM STANDARDS

10:191-1.1 Purpose, scope and goals

(a) Children's partial care programs provide seriously emotionally disturbed youth with a highly structured intensive day treatment program. Such programs are typically located in, but need not necessarily be limited to, a community-based mental health setting or hospital-based setting.

(b) Program goals include:

1. Prevention of psychiatric hospitalization of youth at risk of psychiatric hospitalization;

2. Prevention of re-hospitalization of youth who have been psychiatrically hospitalized; and

3. Provision of a transition for psychiatrically hospitalized youth from the hospital back into the community.

(c) Agencies operating children's partial care programs shall strive to maximize each youth's potential for learning, growth, and emotional stability within the family or natural support system. Agencies operating children's partial care programs shall respect the rights and dignity of all youth. Partial care programs shall:

1. Respect the rights and dignity of youth and family members and when appropriate preserve the family unit;

2. Foster community living by teaching skills and improving functioning;

3. Help each youth to realize their own potential for learning;

4. Foster healthy interdependence;

5. Help clients develop and use social support systems;

6. Help clients and their family members or legal guardians learn to manage the client's illness in order to prevent relapse, re-hospitalization, or placement in a restrictive environment;

7. Empower clients and families to actively participate in treatment and programming and to determine personal and program goals;

8. Affirm clients' strengths and abilities; and

9. Encourage and support clients' and families' efforts to help each other.

(d) A provider agency operating a children's partial care program shall comply with the provisions of this chapter and N.J.A.C. 10:190.

(e) No children's partial care program shall operate unless it has secured a license from the Department of Children and Families as a children's partial care program, or is licensed by the Department of Health and Senior Services as a health care facility.

Recodified from N.J.A.C. 10:37-12.1 and amended by R.2007 d.37, effective February 5, 2007.
See: 38 N.J.R. 2566(a), 39 N.J.R. 450(b).
Added (d) and (e).

10:191-1.2 Definitions

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

"Children's crisis intervention services" or "CCIS" means an acute care inpatient unit located in a hospital or free-standing facility established to serve children and adolescents from the ages of five through 17 who have:

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1. Received an initial screening by a designated mental health emergency or screening service;

2. A primary psychiatric diagnosis; and

3. A level of personal and social functioning impairment to the extent that inpatient psychiatric crisis intervention and treatment services are necessary.

"Children's partial care program" means a day treatment program offering structured activities including activities for daily living, recreation, and socialization activities and other mental health services based upon the needs of the youth.

"Comprehensive treatment plan" means the formulation of service and treatment goals, objectives and interventions based on an assessment which shall include psychological, medical, developmental, recreational and vocational components.

"Counseling" means the use of therapeutic methodologies which enable families to resolve problems or temporary stress of situations which they have encountered.

"Daily living skills" means the activities which enable a youth to perform functions for every day living, such as basic housekeeping, grooming, dressing, maintaining schedules, social and recreational activities.

"Department" means the New Jersey Department of Children and Families.

"Group counseling" means the use of group processes and supports to develop in individuals the capacity to overcome specific personal problems or problem conditions.

"Level I standards" means those standards, as specified in this chapter, with which a children's partial care program must be in full compliance in order to be granted or to continue to receive a Department license. Level I standards are those standards which relate most directly to client rights, safety, and staffing. With specific reference to children's partial care programs, Level I standards are staffing requirements at N.J.A.C. 10:191-1.11(a) and staffing responsibilities at N.J.A.C. 10:191-1.12(b), (d), (f) and (h).

"Level II standards" means all licensing standards, as specified in this chapter, not designated as Level I.

"License" means a Department document which provides the provider agency with the authority to operate a children's partial care program.

"Seriously emotionally disturbed" means a child or adolescent exhibiting one or more of the following characteristics: behavioral, emotional, or social impairment that disrupts the child's or adolescent's academic or developmental progress and may also impact upon family or interpersonal relationship. This disturbance shall have also impaired functioning for at least one year or the youth has an impairment of short duration and high severity and is under 18 years of age.

"Youth" means children under 18 years of age.

Recodified from N.J.A.C. 10:37-12.2 and amended by R.2007 d.37, effective February 5, 2007.
See: 38 N.J.R. 2566(a), 39 N.J.R. 450(b).
In the introductory paragraph, substituted "chapter" for "subchapter" and a colon for a period at the end; deleted definitions "Division" and "DYFS"; in definition "Department", substituted "Children and Families" for "Human Services"; and added definitions "Level I standards", "Level II standards", and "License".

10:191-1.3 Population to be served

(a) Agencies operating children's partial care programs shall serve youth with serious emotional disturbances. First priority for admission shall be youth who are diagnosed as seriously emotionally disturbed and meet one or both of the following criteria:

1. Currently residing in or having previously resided in a Children's Crisis Intervention Services (CCIS) unit, a psychiatric community residence for children, a private hospital, or other out-of-home placement; and/or

2. By reason of serious emotional disturbances, presently at risk of extended out-of-home placement.

(b) Youth diagnosed as seriously emotionally disturbed who do not meet the criteria in (a)1 or 2 above may be admitted provided that all youth referred who meet the criteria are given first priority for admission. However, the agency must have written procedures which prioritize admission to those youth who meet the criteria in (a)1 or 2 above.

Recodified from N.J.A.C. 10:37-12.3 and amended by R.2007 d.37, effective February 5, 2007.
See: 38 N.J.R. 2566(a), 39 N.J.R. 450(b).
In (a)1, deleted "Arthur Brisbane Child Treatment Center," and deleted "program" following "children".

10:191-1.4 Program services

(a) Agencies operating children's partial care programs shall provide a comprehensive range of services to address the individual needs of the youth. These programs shall be available daily five days per week, with additional planned activities during evenings or weekend hours or both, as needed.

1. These services shall be available for all youth and provided to the extent required by individual service plan. The capacity to provide or arrange for partial care services shall be documented, and evidence of the actual provision of such services shall be documented in the clinical record. Services shall include, but need not be limited to, the following:

i. Individual and group counseling and support;

ii. Therapeutic activities to address daily living (ADL) skills, recreation and socialization needs;

iii. Medication management;

iv. Family support services such as: family therapy, family psycho-education, family supportive counseling, or parenting skills development;

v. Psychiatric assessment;

vi. Case coordination;

vii. Referral, advocacy, and service linkages;

viii. Liaison with the educational system; and

ix. Therapeutic milieu activities such as community meetings, behavior management programs, and related programming.

2. For services arranged through non-partial care providers, the partial care program shall provide referral, case coordination, and advocacy for all such services not provided. These service needs and their appropriate provision shall be documented in the clinical record.

Recodified from N.J.A.C. 10:37-12.4 by R.2007 d.37, effective February 5, 2007.
See: 38 N.J.R. 2566(a), 39 N.J.R. 450(b).

10:191-1.5 Age appropriate services

(a) The agency shall implement written policies and procedures that address age grouping of available services for nursery (ages three to five), latency (ages five to 10), preadolescent (ages 10 to 12), adolescent (ages 12 to 17), and aging-out youth (above age 17). In those cases where it is determined that a youth receives services not with their chronological age group, written documentation shall be maintained in their clinical record as to the justification therefor.

(b) The agency shall develop and implement written policies and procedures for transitioning youth from one age grouping to another age grouping, as well as, transitioning youth to adult services.

(c) The agency shall be permitted to provide partial care services to youth who attain age 18 provided that such services are indicated on the treatment plan, and adequately justified as to need for continued services.

Recodified from N.J.A.C. 10:37-12.5 by R.2007 d.37, effective February 5, 2007.
See: 38 N.J.R. 2566(a), 39 N.J.R. 450(b).

10:191-1.6 Admission

(a) Agencies operating children's partial care programs shall develop written admission procedures. Procedures shall include, but not be limited to, the following:

1. Admission criteria (both inclusionary and exclusionary) that reflects the characteristics of the population to be served;

2. Referral procedures, which identify any service area or geographic restrictions, contact procedures, scheduling of intake interviews, and procedures for obtaining required information;

3. Procedures for obtaining an authorized consent for treatment; and

4. Procedures for notifying applicants, families and referral sources of admissions decisions, rationale for such decision, and any information related to service initiation. Such notification shall be made within five days of the intake interview.

(b) The agency shall develop procedures for youth who are appropriate for the program but cannot be served immediately, including provisions for referral to interim services as needed.

Recodified from N.J.A.C. 10:37-12.6 by R.2007 d.37, effective February 5, 2007.
See: 38 N.J.R. 2566(a), 39 N.J.R. 450(b).

10:191-1.7 Intake

(a) Agencies operating children's partial care programs shall develop policies and procedures governing the recording of intake information. Intake information shall include, but not be limited to, the following:

1. Client's identifying information (for example, address, telephone number, emergency contact);

2. Presenting problem, reason for referral as perceived by client, parents, guardian and significant others;

3. A brief case history of illness including services received at the agency and elsewhere;

4. A psychiatric diagnosis (if applicable);

5. Indicators of characteristics that need to be of concern to service providers in the provision of treatment to the youth;

6. Medication information;

7. History of drug or alcohol abuse;

8. Current mental health service providers;

9. Other service providers;

10. Family information;

11. Social supports;

12. Medical history;

13. Relevant educational information; and

14. Legal information relevant to treatment.

Recodified from N.J.A.C. 10:37-12.7 by R.2007 d.37, effective February 5, 2007.
See: 38 N.J.R. 2566(a), 39 N.J.R. 450(b).

10:191-1.8 Service plan

(a) Agencies operating children's partial care programs shall develop service plans based on the clinical needs of the youth.

1. Based on the information gathered through the intake process, a member of the professional staff shall

complete an assessment of the clinical needs of the child. This assessment shall include: treatment recommendations, immediate needs, preliminary goals or objectives and initial interventions. This assessment shall serve as the initial service plan until the comprehensive treatment plan is developed. This assessment shall be entered into the clinical record within 10 days of the child's admission.

2. Prior to the development of the comprehensive treatment plan, a full assessment shall be conducted, documented in the clinical record, and conclude with findings and recommendations. This assessment shall include, but not be limited to, the following factors relating to each individual youth:

i. Motivation (for example, willingness to participate in the program);

ii. Social and recreational (for example, ability to make friendships, communication skills, hobbies);

iii. Emotional and psychological (for example, mental status, history of abuse, understanding of illness, coping mechanism);

iv. Medical and health (for example, allergic reactions, medication information);

v. Educational and vocational (for example, task concentration, motivation for learning);

vi. Daily living activities (for example, transportation, budgeting, self care, hygiene);

vii. Environmental supports (for example, housing, income);

viii. Social supports (for example, family, friends);

ix. Substance abuse and usage; and

x. Strengths and special skills.

3. A comprehensive treatment plan based on the comprehensive assessments shall be developed no later than 30 days after entrance to the program. The plan shall be reviewed by appropriate treatment team members at subsequent 90-day intervals.

i. The plan shall address all recommendations included in the comprehensive assessment.

ii. The plan shall contain goals and measurable objectives set in reasonable time frames.

iii. The plan shall contain staff interventions and frequency of service activities.

iv. The plan shall reflect client and family participation as evidenced by signatures as appropriate.

v. All other providers providing services to the youth shall be invited to provide input into the treatment planning process.

vi. All team members participating in the plan development shall sign the plan.

Recodified from N.J.A.C. 10:37-12.8 by R.2007 d.37, effective February 5, 2007.
See: 38 N.J.R. 2566(a), 39 N.J.R. 450(b).

10:191-1.9 Progress notes

(a) Progress notes shall be written in the youth's record at least weekly.

1. Each weekly progress note shall include:

i. A summary of services provided;

ii. The youth's general level of participation in the program for the week;

iii. The response to and outcome of service plan interventions; and

iv. Critical or significant events that have occurred during the week (for example, service coordination, crisis event).

2. During the course of treatment, the progress notes shall address all elements of the service plan and reflect the child's overall progress in the stated goals.

Recodified from N.J.A.C. 10:37-12.9 by R.2007 d.37, effective February 5, 2007.
See: 38 N.J.R. 2566(a), 39 N.J.R. 450(b).

10:191-1.10 Termination, discharge, and referral

(a) Agencies operating children's partial care programs shall have procedures for termination, discharge, and referral which ensure that the youth's continuing service needs are met.

1. Discharge criteria shall be documented in the clinical record. These criteria shall specify functional levels to be achieved for successful discharge.

2. Discharge criteria shall be incorporated into the treatment planning process.

3. Prior to discharge, a discharge plan shall be completed that shall address the youth's continuing needs. It shall minimally include an assessment of further need and available resources to meet such needs, referrals and linkages being made where appropriate to meet identified need and any follow-up activities and intervention planned.

4. The youth and family shall participate in the development of the discharge plan.

5. Agencies operating children's partial care programs shall have written policies and procedures that address termination. Such procedures shall assure that all termination decisions are reviewed for appropriateness. Such policies shall include, but not be limited to, possible reasons for termination, actions to be undertaken prior to a

termination decisions and provisions for documentation of information relative to the termination decision.

6. The discharge summary shall include:

i. The presenting problem;

ii. The start date for services and termination date of services;

iii. The course of treatment;

iv. The reason for termination;

v. Discharge medication; and

vi. The discharge plan.

Recodified from N.J.A.C. 10:37-12.10 by R.2007 d.37, effective February 5, 2007.
See: 38 N.J.R. 2566(a), 39 N.J.R. 450(b).

10:191-1.11 Staffing requirements

(a) Agencies operating children's partial care programs shall employ sufficient numbers of qualified staff to provide the required services.

1. Program staffing shall be based on the clinical needs of the population served. There shall be a written description of the staffing pattern and the roles and responsibilities of staff.

2. For 10 or less youth, at least two direct care staff must be present, except in those cases where there are five or less youth, one staff member may be a volunteer, student intern or non-direct care staff. For more than 10 youths, an additional direct care staff member must be present for each additional group of five youth.

3. There shall be a written schedule for all staff and volunteers providing direct services to youth. This schedule shall be posted and revised weekly or as needed.

4. Each program shall have an individual who meets the qualifications of a program director (see N.J.A.C. 10:191-1.12(b)).

5. The partial care program shall have sufficient availability of psychiatric services so that required psychiatric services are available for each youth. Each youth's treatment shall be under the direction of a psychiatrist as reflected by psychiatrist participation in the service plan.

6. The agency may utilize student interns, non-direct care staff and volunteers. Such individuals shall not substitute for direct care staff or supervisors.

Recodified from N.J.A.C. 10:37-12.11 and amended by R.2007 d.37, effective February 5, 2007.
See: 38 N.J.R. 2566(a), 39 N.J.R. 450(b).
In (a)4, updated the N.J.A.C. reference.

10:191-1.12 Staffing responsibilities

(a) The responsibilities of the program director shall include, but are not limited to, the following:

1. Planning, identifying and developing children's partial care programs and goals;

2. Providing overall daily management of the children's partial care program;

3. Participating in all relevant county youth's services planning activities (for example, Child Assessment Resource Teams (CARTS) and the Children's Interagency Coordinating Council (CIACCS);

4. Participating in case conferences;

5. Ensuring that the children's partial care program is serving the target population;

6. Ensuring that appropriate treatment and discharge plans are developed;

7. Ensuring that client records are maintained;

8. Providing and ensuring adequate supervision of all staff employed by the children's partial care program;

9. Assuring adequate staffing levels are maintained;

10. Developing and implementing orientation and in-service training programs;

11. Preparing service and budgetary records and submit records to appropriate parties;

12. Establishing internal and external communication systems so that all staff are apprised of pertinent information;

13. Developing and implementing staff orientation, staff development and in-service programs;

14. Ensuring emergency and crisis capability;

15. Ensuring compliance with accepted standards of care;

16. Establishing and maintaining formal and informal affiliation with other needed service providers;

17. Performing related duties as needed and appropriate to the provision of partial care services; and

18. Ensuring that intake assessments are completed.

(b) The program director minimally shall have:

1. An earned master's degree in family therapy, psychology, counseling, social work or other related field from an accredited university; and

2. Three years' experience in the provision of youth's mental health services, at least one of which shall have been in a supervisory capacity.

(c) Agencies operating children's partial care programs shall have access to a psychiatrist whose duties include, but are not limited to, the following:

1. Evaluating, diagnosing, prescribing and, if necessary, dispensing medication to program clients;

2. Providing information and education on medication needs, usage, and side effects to clients and family;

3. Monitoring client's response to prescribed medication;

4. Providing consultation to program staff as appropriate;

5. Providing medical direction to case assessment, treatment plans and service provision;

6. Conducting psychiatric assessments and evaluations as needed;

7. Providing recordkeeping in an accurate and timely manner as required;

8. Maintaining a valid Medicare and Medicaid provider number; and

9. Performing related duties as needed and appropriate to the provision of partial care services.

(d) The psychiatrist minimally shall have:

1. A license to practice medicine in New Jersey;

2. Board eligibility in psychiatry; and

3. Two years' experience in working with youth.

(e) The responsibilities of the direct care professional worker shall include, but are not limited to, the following:

1. Providing the following direct care services:

i. Individual and group counseling and support;

ii. Activities to address daily living skills;

iii. Recreational and socialization activities; and

iv. Family services such as referral, advocacy and service linkages;

2. Participating in the development of treatment plans and comprehensive assessments;

3. Participating in the development of discharge plans and making needed referrals;

4. Participating in case conferences;

5. Assisting youth directly to address self-care needs;

6. Providing support to auxiliary staff, student interns and volunteers;

7. Assisting in the development of staff orientation programs;

8. Maintaining clinical documentation; and

9. Performing related studies as needed and appropriate to the provision of partial care services.

(f) The direct care professional worker minimally shall have:

1. An earned bachelor's degree in social work, psychology or related field from an accredited institution; and

2. One year's experience in the provision of children's mental health services.

(g) The responsibilities of the direct care paraprofessional worker shall include, but are not limited to, the following:

1. Being responsible for providing direct child care services;

2. Providing case information to the professional direct care worker;

3. Providing input on cases;

4. Recognizing client behavioral signs indicating potential emergency and taking immediate action by reporting to appropriate staff;

5. Assisting clients in preparing for group activities;

6. Assisting clients in preparing for social and recreational activities;

7. Assisting clients in activities that address daily living;

8. Performing light household duties;

9. Providing transportation; and

10. Performing related duties as needed and appropriate to the provision of partial care services.

(h) The direct care paraprofessional worker minimally shall have:

1. An earned bachelor's degree from an accredited institution, or earned associate's degree and two years' experience in the provision of appropriate services to youth; or

2. A high school diploma and five years' experience in the provision of appropriate services to youth.

(i) Agencies operating children's partial care programs may use volunteers, student interns, and non-direct care staff to support the activities of regular paid staff members.

1. Agencies operating children's partial care programs shall ensure that volunteers, student interns, and non-direct care staff who have contact with youth and parents receive proper training and are supervised by paid staff members. Such training and supervision shall seek to educate and inform the volunteer, intern, non-direct care staff about any

special needs or problems they might encounter while working with the youth.

2. The agency shall have written policies and procedures governing the activities of volunteers, student interns and non-direct care staff. These shall clearly articulate roles, responsibilities, and any activity restrictions.

3. Agencies operating children's partial care programs shall require that references be submitted by prospective volunteer, student intern, and non-direct care staff.

Recodified from N.J.A.C. 10:37-12.12 by R.2007 d.37, effective February 5, 2007.
See: 38 N.J.R. 2566(a), 39 N.J.R. 450(b).