CHAPTER 37G

SHORT TERM CARE FACILITY STANDARDS

Authority

N.J.S.A. 30:4-27.8, 27.9, and 27.10.

Source and Effective Date

R.2008 d.19, effective December 14, 2007.
See: 39 N.J.R. 2434(a), 40 N.J.R. 716(a).

Chapter Expiration Date

In accordance with N.J.S.A. 52:14B-5.1.c(2), Chapter 37G, Short Term Care Facility Standards, expires on June 12, 2015. See: 47 N.J.R. 252(a).

Chapter Historical Note

Chapter 37G, Short Term Care Facility Services, was adopted as R.1997 d.153, effective April 7, 1997. See: 28 N.J.R. 2310(a), 29 N.J.R. 1313(a).

Chapter 37G, Short Term Care Facility Standards, was readopted as R.2002 d.221, effective June 17, 2002. See: 33 N.J.R. 3887(a), 34 N.J.R. 2451(a).

Chapter 37G, Short Term Care Facility Standards, was readopted as R.2008 d.19, effective December 14, 2007. See: Source and Effective Date. See, also, section annotations.

In accordance with N.J.S.A. 52:14B-5.1b, Chapter 37G, Short Term Care Facility Standards, was scheduled to expire on December 14, 2014. See: 43 N.J.R. 1203(a).

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SUBCHAPTER 1. GENERAL PROVISIONS

10:37G-1.1 Scope and purpose

(a) The rules in this chapter shall apply to all Department 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 Department-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.

Amended by R.2008 d.19, effective January 22, 2008.
See: 39 N.J.R. 2434(a), 40 N.J.R. 716(a).
In (a), substituted "Department" for "Division" and inserted the hyphen following "short"; and in (b), substituted ", N.J.S.A. 30:4-27.1 et seq.," for "(N.J.S.A. 30:4-27.1 et seq.)" and "Department-" for "Division", and inserted commas following "center" and "functioning".

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:

"Acute care" means community and in-patient psychiatric services designed to provide stabilization during the acute phase of psychiatric illness.

"Acute care system" means those services either contracted for or designated by the Division in consultation with the appropriate county mental health board or licensed by the Department as part of a geographic area's acute care services. They include, but are not limited to: screening center, affiliated emergency services, short-term care facility, inpatient psychiatric service, acute partial care, crisis housing, integrated case management services (ICMS), acute family support services, and programs of assertive community treatment (PACT).

"Assessment" means evaluation of the individual in crisis in order to ascertain his or her current and previous level of functioning, psychosocial and medical history, potential for dangerousness, current psychiatric and medical condition, factors contributing to the crisis, and support systems that are available for the purpose of developing an appropriate individualized treatment plan that concludes with a summary and treatment recommendations. Assessments may include, but shall not be limited to, nursing assessments, psychiatric assessments, psychosocial assessments, rehabilitation/creative arts assessments, and co-occurring disorder assessments, as further delineated at N.J.A.C. 10:37G-2.2.

"Assistant Commissioner for Mental Health" means the Assistant Commissioner of the Department of Human Services responsible for the Division of Mental Health Services.

"Certified screener" means an individual who has fulfilled the requirements set forth in N.J.A.C. 10:31-3.3 and has been

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certified by the Department as qualified to assess a patient to determine if he or she meets the standard for commitment.

"Comparable STCFs" means:

1. Facilities in the same region;

2. Facilities which are similar in size; and/or

3. Facilities which serve similar populations (for example, urban, suburban, etc.).

"Consensual" means the type of admission applicable to a person who has received face-to-face assessments from a certified screener and screening psychiatrist at a designated screening center, which have determined and documented that he or she is dangerous to self, others, or property by reason of mental illness, and who understands and agrees to be admitted to an STCF for stabilization and treatment.

"Dangerous to others or property" means that by reason of mental illness there is a substantial likelihood that the person will inflict serious bodily harm upon another person or cause serious property damage within the reasonably foreseeable future. This determination takes into account a person's history, recent behavior and any recent act or threat.

"Dangerous to self" means that by reason of mental illness the person has threatened or attempted suicide or serious bodily harm, or has behaved in such a manner as to indicate that the person is unable to satisfy his need for nourishment, essential medical care or shelter, so that it is probable that substantial bodily injury, serious physical debilitation or death will result within the reasonably foreseeable future; however, no person shall be deemed to be unable to satisfy his need for nourishment, essential medical care, or shelter if he is able to satisfy such needs with the supervision and assistance of others who are willing and available.

"Department" or "DHS" means the Department of Human Services.

"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 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 and Senior Services in consultation with the Department of Human Services and that the Department of Human Services has determined that the STCF applicant meets all of the rules of this chapter and is authorized to begin operating as an STCF, provided that the unit also meets applicable Department of Health and Senior Services licensure requirements. The application for designation shall be submitted at least 60 days prior to planned implementation.

"DHSS" means the Department of Health and Senior Services.

"Division" means the Division of Mental Health Services.

"Integrated Case Management Services (ICMS)" means personalized, collaborative, and flexible outreach services, offered primarily off-site, designed to engage, support, and integrate individuals with serious mental illness into the community of their choice, and facilitate their use of available resources and supports in order to maximize their independence.

"Licensed independent practitioner" means an individual permitted by law to provide mental health care services without direct supervision, within the scope of the individual's license to practice in the State of New Jersey pursuant to N.J.S.A. 45:1-1 et seq., and may include physicians, advanced practice nurses, licensed clinical social workers, and psychologists.

"Mental illness" means a current, substantial disturbance of thought, mood, perception or orientation which significantly impairs judgment, capacity to control behavior or capacity to recognize reality, but does not include simple alcohol intoxication, transitory reaction to drug ingestion, organic brain syndrome or developmental disability unless it results in the severity of impairment as defined herein. The term mental illness is not limited to "psychosis" or "active psychosis," but shall include all conditions that result in the severity of impairment described herein.

"OOL" means the Office of Licensing within the Department of Human Services.

"Progress notes" means recordings in the medical record that are legible, complete, dated, timed, and authenticated in written or electronic format by persons directly responsible for the care and active treatment of the patient. Progress notes should be goal-oriented and give a chronological account of how the patient is progressing toward the accomplishment of individual goals in the treatment plan.

"Psychiatric facility" means a State psychiatric hospital listed in N.J.S.A. 30:1-7, a county psychiatric hospital, a psychiatric unit of a county hospital, or a special psychiatric hospital.

"Psychiatrist" means a physician who has completed the training requirements of the American Board of Psychiatry and Neurology and the American Osteopathic Board of Neurology and Psychiatry.

"Recovery from a mental illness" means the deeply personal, unique process of changing one's attitudes, values, feelings, and goals, skill or roles to live a satisfying, hopeful, and contributing life even with the limitations caused by a

mental illness. A recovery-oriented mental health system enables persons suffering from mental illness to live, work, learn and participate fully in their communities; and the recovery process enables a person to re-establish a sense of integrity and purpose and to live a satisfying, hopeful and contributory life, within the limitations of the illness.

"Rehabilitation/creative arts therapist" means a person who has a degree from an accredited institution of higher learning in a discipline with a defined course of study addressing assessment and treatment for persons with mental illness. The rehabilitation/creative arts therapist will be licensed or credentialed by the appropriate association or licensure or credentialing board, as applicable and except as approved by Department waiver pursuant to N.J.A.C. 10:37G-2.9. Rehabilitation/creative arts therapists may include, but need not be limited to, rehabilitation specialists, and art, music, dance/movement, drama, occupational, and recreation therapists.

"Short-term care facility (STCF)" means a closed 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 Department 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.

"Special psychiatric hospital" means a public or private hospital licensed by the Department of Health and Senior Services to provide voluntary and involuntary mental health services, including assessment, care, supervision, treatment and rehabilitation services to persons who are mentally ill.

"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.

"Wellness" means an conscious, deliberate, active, and ongoing process of becoming aware of and making choices toward a more successful existence. It includes physical, emotional, intellectual, social, environmental, occupational-leisure and spiritual dimensions, and incorporates disease prevention and health promotion approaches. A wellness lifestyle leads to positive outcomes that can be measured in terms of improved health status, greater productivity, enhanced social relationships, and participation in purposeful activity – all of which provide meaningful opportunities for healing, personal growth, and an improved quality of life.

"Wellness and Recovery Action Plan" or "WRAP" means a plan designed by an individual to serve as a guide to maintaining or regaining wellness. A WRAP may delineate a description of the individual in a state of good mental and physical health, those wellness tools that must be used daily to maintain wellness, early warning signs predicting a decline, a crisis plan or Advance Directive to address illness, and a post-crisis plan.

Amended by R.2002 d.221, effective July 15, 2002.
See: 33 N.J.R. 3887(a), 34 N.J.R. 2451(a).
Added "Acute care", "Acute care system", "Assessment", "Certified screener", "Comparable STCFs", "Consensual", "Dangerous to others or property", "Dangerous to self", "Department", "DHSS", "Integrated Case Management Services (ICMS)", "Mental illness", "Psychiatric facility", "Rehabilitation/creative arts" and "Special psychiatric hospital"; deleted "Community liaison"; in "Designated screening center", deleted "psychiatric" following "short-term care"; in "Short-term care facility (STCF)", inserted "residents of" preceding "a specific geographic area".
Amended by R.2008 d.19, effective January 22, 2008.
See: 39 N.J.R. 2434(a), 40 N.J.R. 716(a).
Rewrote definitions "Acute care system", "Assessment", "Consensual" and "Integrated Case Management Services (ICMS)"; added definitions "Assistant Commissioner for Mental Health", "Division", "Licensed independent practitioner", "OOL", "Progress notes", "Recovery from a mental illness", "Wellness" and "Wellness and Recovery Action Plan"; in definition "Certified screener", substituted "Department as qualified" for "Division"; in definition "Department", inserted "or 'DHS' "; and substituted definitions "Designation as a short-term care facility" for "Designation as a short term care facility", "Rehabilitation/creative arts therapist" for "Rehabilitation/creative arts" and "Short-term care facility (STCF)" for "Short term care facility (STCF)".

SUBCHAPTER 2. OPERATIONAL STANDARDS

10:37G-2.1 Admission

(a) As a recovery-oriented system, the STCF program shall offer a high degree of accessibility with written procedures that shall require the immediate admission of patients who meet the admission criteria whenever an STCF bed is available.

(b) STCF policy and procedures shall specify patient responsibility and expectations that include that, as a result of their involvement with an STCF, patients will be better able to manage their illness and improve the quality of their lives.

(c) 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, as defined in N.J.A.C. 10:31, 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 an STCF because other services are not appropriate or available to meet the person's mental health care needs.

1. The STCF shall maintain 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 (c) above.

2. The STCF policies and procedures shall specify that the psychiatrist who treats the patient in the STCF shall not also have been the psychiatrist who completed the face-to-face screening evaluation to determine commitability or who completed the screening certificate, unless and only after reasonable but unsuccessful attempts were made to have another psychiatrist conduct the evaluation and execute the certificate.

i. The STCF policies and procedures shall stipulate that the "reasonable attempts" referred to in (a)2 above shall include but shall not be limited to reassignment, scheduling changes, or any other mechanism that may result in another psychiatrist treating the patient in the STCF.

ii. The STCF policies and procedures shall require the documentation of all reasonable but unsuccessful attempts made to avoid the same psychiatrist completing both the screening and clinical certificates.

(d) 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.

(e) 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 biannually during the re-designation process. Affiliation agreements between STCFs and State or county hospitals shall comply with the requirements set forth herein at N.J.A.C. 10:37G-2.4(d) and (e).

(f) 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.

(g) The STCF's written policies and procedures shall specify inclusionary and exclusionary admission criteria, which describe the diagnostic and patient characteristics appropriate for the STCF.

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. Pursuant to Division approved written agreements among designated screening centers and STCFs, an STCF shall also be contacted regarding a possible admission of a new patient from outside its geographic area 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.

4. 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 and shall cooperate in avoiding clinically unnecessary State or county hospital stays by making unused beds available to consumers from outside their geographic area.

5. Admission criteria shall include the requirement that patients with a co-occurring disorder of substance abuse and psychiatric disorder shall be admitted when they meet the other provisions of the admission criteria.

6. Admission criteria shall require that patients with a diagnosed organic condition or dementia shall be admitted if their behavior symptoms pose a danger to self or others and if those behavioral symptoms can be ameliorated by the short-term psychiatric intervention available in a STCF.

7. Admission criteria shall adequately address clinical and safety concerns and shall not permit the exclusion of a patient for the sole reason of pending criminal charges indicated by a detainer or a requirement that the patient register as a sex offender.

8. 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.

9. Admission criteria shall include a provision that no individual otherwise eligible for admission shall be denied admission due to a medical condition unless the unresolved condition precludes discharge from the screening service.

(h) When a new patient meets the admissions criteria and all STCF beds are full, all current patients shall be reassessed for possible transfer to the less restrictive acute unit, to nursing facilities or intermediate care beds, or to State or county hospitals, as appropriate, to allow the admission of the new patient.

(i) STCF staff shall comply with the applicable provisions of N.J.S.A. 26:2H-102 et seq., the New Jersey Advance Directives for Mental Health Care Act, and its implementing rules, N.J.A.C. 10:32, 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 times as are appropriate under the circumstances, concerning the existence and location of an advance directive, pursuant to N.J.S.A. 26:2H-65(a)1.

Amended by R.2002 d.221, effective July 15, 2002.
See: 33 N.J.R. 3887(a), 34 N.J.R. 2451(a).
Rewrote the section.
Amended by R.2008 d.19, effective January 22, 2008.
See: 39 N.J.R. 2434(a), 40 N.J.R. 716(a).

Added new (a) and (b); recodified former (a) through (e) as (c) through (g); in the introductory paragraph of (c), inserted ", as defined in N.J.A.C. 10:31," and substituted "an" for "a" preceding the second occurrence of "STCF"; in (c)1, substituted "(c)" for "(a)"; in (e), inserted "biannually during the re-designation process" and "and (e)"; added new (g)3 and (g)4; recodified former (g)3 through (g)6 as (g)5 through (g)8; in (g)5, substituted "co-occurring disorder" for "dual diagnosis"; in (g)7, inserted "or a requirement that the patient register as a sex offender"; added (g)9; deleted former (f) and (h); recodified former (g) as (h); and rewrote (h) and (i).

10:37G-2.2 Assessment and service planning

(a) The STCF's written procedures shall require that STCF staff shall inquire as to the existence of a Wellness and Recovery Action Plan for each patient and shall provide services consistent with that plan.

(b) The STCF's written procedures shall require that STCF staff shall complete written diagnostic evaluations of each patient. These evaluations shall provide clear descriptions of each patient's psychiatric, psychosocial, medical and social service needs and other life domains that shall be addressed during their stay in the STCF.

(c) The STCF's written procedures shall require that, within 24 hours of admission, the following evaluations, at a minimum, shall be completed:

1. A psychiatric assessment and mental status examination which includes the patient's and family's psychiatric history and concludes with a diagnosis, and treatment recommendations;

2. A physical examination, including a medical, alcohol and substance abuse history and resulting in a summary with conclusions; and

3. A nursing assessment by a registered nurse, concluding with individualized clinical treatment recommendations and reflecting nursing staff interventions.

(d) The STCF's written procedures shall require the completion, within 24 hours of admission, of an initial treatment plan. This 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 to minimally address the patient's presenting problem(s) and any emergent medical or physical needs.

(e) The STCF's written procedures shall require that prior to the development of the comprehensive treatment plan, the following evaluations shall be completed:

1. A social assessment, including information regarding family, educational, and employment history, current mental health and social services used by the patient, financial status, and current living arrangements, and concluding with clinical treatment recommendations and discharge planning; and

2. A rehabilitation/creative arts assessment that evaluates functional performance and interests related, but not limited to, psychosocial, lifestyle, and environmental factors, and concluding with treatment recommendations.

3. A psychological evaluation, as appropriate;

4. A comprehensive assessment of any known co-occurring disorder, including history and pattern of use or incidence, completed by a person qualified by education and experience to conduct an assessment of mental disorders with co-occurring features; and

5. A nutritional assessment, if clinically indicated.

(f) A written comprehensive treatment plan for each patient shall be completed within 72 hours of admission. This written comprehensive treatment plan shall be updated every five days or more frequently as the patient's needs change, and shall:

1. Identify and build upon patient strengths and areas of health, identify needs, and enhance existing skills and supports;

2. Be patient-driven and reflect the input of the patient, the patient's family, the psychiatrist, the registered nurse, the social worker, the rehabilitation/creative arts therapist, any other significant hospital staff involved in treatment, and, as appropriate, the findings and recommendations of the ICMS or PACT worker;

3. Include stabilization goals to be achieved by the patient which are discharge-oriented and which address mental, medical, and social goals, as appropriate; and

4. Be based upon the assessment of the life domains necessary for the patient's recovery and return to the community and shall include specific measurable objectives that relate to those goals, indicate frequency of interventions, identify responsible staff and include anticipated time frames for achievement.

(g) Clinical privileges shall be provided to ICMS and PACT 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 document in the patient's record in chronological order the following information:

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;

4. Attendance at and level of participation in unit activities and therapies; and

5. Discharge planning.

(i) The psychiatrist or licensed independent practitioner shall document all patient contacts and describe the patient's clinical status.

1. Every patient shall receive a face-to-face visit by a psychiatrist or licensed independent practitioner every day unless there is a clinical basis to justify the patient not receiving such a visit, which is documented in the medical record by the psychiatrist or licensed independent practitioner. In all cases, a patient shall receive a visit by a psychiatrist or licensed independent practitioner at least once every two days.

(j) The social worker shall document in the patient's record discharge-oriented progress notes twice per week indicating progress toward treatment goals as identified in the assessment and treatment plans.

(k) The rehabilitation/creative arts therapist shall document in the patient's record individual discharge-oriented progress notes twice per week indicating progress toward treatment goals as identified in the assessment and treatment plans.

(*l*) Nursing staff shall document in the patient's record individual discharge-oriented progress notes twice per week indicating progress toward treatment goals as identified in the assessment and treatment plans.

Amended by R.2002 d.221, effective July 15, 2002.
See: 33 N.J.R. 3887(a), 34 N.J.R. 2451(a).
Rewrote the section.
Amended by R.2008 d.19, effective January 22, 2008.
See: 39 N.J.R. 2434(a), 40 N.J.R. 716(a).
Added new (a); recodified former (a) through (j) as (b) through (k); in (b), inserted "and other life domains that shall be addressed during their stay in the STCF"; in the introductory paragraph of (e), deleted ", within 72 hours of admission or" preceding "prior"; rewrote (e)2 and (e)4; in the introductory paragraph of (f), inserted "for each patient" and substituted "within 72 hours of admission" for "for the patient"; rewrote (f)1; in (f)2, substituted "Be patient-driven and reflect" for "Reflect", inserted "the patient's family," following "the patient," and deleted "the patient's family," following "therapist,"; rewrote (f)4; in the introductory paragraph of (i), inserted "or licensed independent practitioner"; rewrote (i)1; in (j) and (k), inserted "indicating progress toward treatment goals as identified in the assessment and treatment plans"; and added (*l*).

10:37G-2.3 Services to be provided

(a) The principles of wellness and recovery shall be applied to the full range of engagement, intervention, treatment, rehabilitation and supportive services that a person may need.

1. The environment in which STCF services are delivered shall encourage hope and emphasize individual dignity and respect.

2. The STCF system shall help the patient achieve an improved sense of mastery over his or her condition and shall assist the patient in regaining a meaningful, constructive sense of membership in the community.

3. The STCF shall respect the cultural and language preferences of the patient.

4. Where clinically appropriate, STCF staff shall include the patient in treatment planning activities, including treatment team meetings.

(b) 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/creative arts therapies;
8. Rehabilitation/creative arts activities;
9. Integrated treatment for mental disorders with co-occurring features;
10. Seclusion and restraint, as required pursuant to N.J.S.A. 30:4-27.11d(a)(3), and other special treatment procedures; and
11. Sustainable effectiveness in engaging persons in care, such that they can achieve the highest degree of stability and recovery over a long period of time.

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

(d) STCF staff shall provide a minimum of three hours of therapies per day conducted by a professional with a master's degree from an accredited institution in a recognized mental health discipline or a staff member appropriately licensed or certified or regarded as qualified, in accordance with the highest professional standards, to provide such services. STCF shall also provide a minimum of two hours of activities per day, which are purposeful, planned, diversified, and support the treatment plan.

(e) STCF staff shall develop and implement a written procedure that requires nursing staff, in addition to other professional STCF staff, to be available to meet with families of patients and to provide treatment for a minimum of two evenings per week, and at least once during weekends and holidays.

1. Telephone contact between STCF staff and family members is sufficient to meet this requirement.

(f) STCF staff shall develop and implement written procedures to address provisions for the treatment of patients with physical limitations and those with medical needs, including, but not restricted to, human immunodeficiency virus (HIV), pregnancy, diabetes, and dialysis.

(g) STCF staff shall develop and implement procedures for ensuring that patients' rights, as delineated at N.J.S.A. 30:4-24.2, 30:4-24.3, 27.11 et seq., 27.11d, 27.14, 27.18 and 27.20 and N.J.A.C. 8:43G-4.1, are not violated.

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

(i) As authorized by the patient and consistent with Federal and State law, STCF staff shall include family members and advocates in treatment planning and service delivery.

Amended by R.2002 d.221, effective July 15, 2002.
See: 33 N.J.R. 3887(a), 34 N.J.R. 2451(a).
In (a), inserted "activities and" in 7, substituted "assessment, consultation, and counseling/education" for "assessment or consultation" in 8 and amended the N.J.S.A. reference in 9; in (c), substituted "therapy" for "therapeutic activity" and inserted "from an accredited institution" following "master's degree"; rewrote (d) and (e); in (f), substituted "delineated at" for "promulgated in"; rewrote (g).
Amended by R.2008 d.19, effective January 22, 2008.
See: 39 N.J.R. 2434(a), 40 N.J.R. 716(a).
Added new (a); recodified former (a) through (g) as (b) through (h); rewrote (b)7 and (b)8; added new (b)9; recodified former (b)9 as (b)10; in (b)10, substituted "; and" for a period at the end; added (b)11; in (c), substituted "therapies and activities" for "activities and therapies" and inserted a comma following "weekends"; rewrote (d); in (e), substituted "for a minimum of two evenings per week, or at least once during" for "on evenings,"; added (e)1; in (f), inserted "diabetes,"; in (g), inserted "30:4-24.2," and "27.11d,"; and added (i).

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. The STCF shall assertively engage the community program in which the patient will be receiving services, in an effort to jointly develop the appropriate discharge and aftercare plan for that patient.

(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 standard for commitment 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 further in-patient 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 STCF to the State or county psychiatric hospital, including designation of a 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 consensually. However, STCF's shall agree to make every effort to discharge the person to appropriate voluntary outpatient services before making a referral to a State or county hospital.

(f) 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.

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

Amended by R.2002 d.221, effective July 15, 2002.
See: 33 N.J.R. 3887(a), 34 N.J.R. 2451(a).
Rewrote (b); in (d), substituted "standard for" for "involuntary" in 1 and inserted "further in-patient" in 3; in (e), substituted ", including a designation of a" for "and shall include a designated" and substituted "consensual" and "consensually" for "voluntary" and "voluntarily"; deleted former (f); recodified former (g) and (h) as (f) and (g).
Amended by R.2008 d.19, effective January 22, 2008.
See: 39 N.J.R. 2434(a), 40 N.J.R. 716(a).
Rewrote (b); and in (e), substituted "voluntary" for "consensual" and inserted the last sentence.

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) If it has fewer than seven beds, the STCF may employ a manager on a half-time basis. If it has seven or more beds, the STCF shall employ the equivalent of a full-time manager. 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 manager, the STCF shall, at a minimum, meet the following staffing requirements:

1. The STCF shall have policies and procedures ensuring that total staffing equals a minimum of two full-time 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 full-time nursing staff on the STCF unit on every shift;

3. There shall be no less than one full-time nursing staff for every three patients on day and evening shifts and no less than one full-time nursing staff for every five patients on the night shift, with a minimum of one full-time 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.

Amended by R.2002 d.221, effective July 15, 2002.
See: 33 N.J.R. 3887(a), 34 N.J.R. 2451(a).
In (b), inserted the first sentence and rewrote the second sentence; in (c), deleted "full-time" in the introductory paragraph, substituted "STCF" for "short term care facility" and inserted "full-time" preceding "direct care positions" in 1 and inserted "full-time" throughout in 2 and 3.
Amended by R.2008 d.19, effective January 22, 2008.
See: 39 N.J.R. 2434(a), 40 N.J.R. 716(a).
In (b), inserted "the equivalent of".

10:37G-2.6 Continuous quality improvement

(a) STCF staff shall conduct continuous quality improvement to monitor efforts toward incorporating patients' recovery and wellness goals in assessment and treatment planning activities. These activities shall address the following areas:

1. STCF staff shall monitor the quality and appropriateness of clinical performance;

i. Clinical interventions shall have empirical support either as evidence-based, promising or preferred practices (for example, medication algorithms, motivation-based interviewing) and be disorder-specific and relevant to the patient population being served (for example, dialectical behavior therapy for persons with Borderline Personality Disorder, Cognitive Behavioral Therapy for psychosis, etc.).

2. STCF staff shall identify areas for routine monitoring;

3. 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;

4. The STCF manager shall ensure that persistent problems are addressed;

5. The STCF manager shall complete the Systems Review Committee (SRC) STCF form and shall submit it to the Division and the SRC monthly, noting, at a minimum, the number and/or kind of:

i. Admissions;

ii. Admission sources;

iii. Non-admissions (include reason – for example, eligible, but no bed available);

iv. Discharges;

v. Discharge destination;

vi. Transfer;

vii. Occupancy rate; and

viii. Length of stay on the STCF;

6. The STCF manager shall utilize various sources of data on acute hospital in-patient care and review statistics from comparable STCFs to identify areas for special review in order to evaluate performance; and

7. The STCF manager shall report any unusual incidents in accordance with the requirements of N.J.A.C. 10:37-6.108.

Amended by R.2002 d.221, effective July 15, 2002.
See: 33 N.J.R. 3887(a), 34 N.J.R. 2451(a).
Rewrote the section.
Amended by R.2008 d.19, effective January 22, 2008.
See: 39 N.J.R. 2434(a), 40 N.J.R. 716(a).
Section was "Quality assurance activities". Rewrote the introductory paragraph of (a); added (a)1i; in (a)5, inserted "(SRC)" following "Committee" and substituted "SRC" for "systems review committee (SRC)" preceding "monthly"; and in (a)5iii, inserted "include reason – for example,".

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 (DHSS) and respond to whatever follow-up application questions DHSS and the Division may have. The DHSS and the Division shall review all statements and responses by the applicant. Pursuant to certificate of need rules and subsequent to consultation with the Division, the DHSS shall approve or disapprove the application and shall so notify the applicant.

(b) Application for designation as a STCF must be submitted to the Division a minimum of 60 days prior to the planned STCF implementation.

(c) Each applicant seeking designation as an STCF shall receive a site review by Division staff. Thereafter, redesignation reviews shall be conducted every other year by Division staff. STCF staff shall conduct a self-assessment in the year that a Division review does not occur.

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

(e) 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 programming, to interview STCF administration and staff and to evaluate the physical environment.

(f) On behalf of the Commissioner of the Department of Human Services, the Assistant Commissioner for Mental Health, in consultation with the Division 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.

(g) 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.

(h) 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.

(i) Whenever designation is denied, revoked or not renewed and the STCF disputes the basis for the action, the STCF may apply to the Assistant Commissioner for Mental Health 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.

(j) The STCF shall inform the Division of any proposed changes affecting its bed complement, in accordance with N.J.A.C. 10:37G-2.8.

(k) If the STCF chooses to appeal the decision of the Assistant Commissioner for Mental Health 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.S.A. 52:14B-10.

Amended by R.2002 d.221, effective July 15, 2002.
See: 33 N.J.R. 3887(a), 34 N.J.R. 2451(a).
Rewrote (a); added a new (b); recodified former (b) as (c) and substituted "applicant" for "STCF"; recodified former (c) through (h) as (d) through (i); added (j); recodified former (i) as (k).
Amended by R.2008 d.19, effective January 22, 2008.
See: 39 N.J.R. 2434(a), 40 N.J.R. 716(a).
In (a), substituted "(DHSS)" for the first occurrence of "DHSS"; in (c), substituted "an" for "a" preceding the first occurrence of "STCF" and "every other year" for "annually", and inserted the last sentence; in (f) and (i), substituted "Assistant Commissioner for Mental Health" for "Division Director"; in (f), inserted "Division" preceding "Assistant"; in (j), inserted ", in accordance with N.J.A.C. 10:37G-2.8"; and in (k), deleted "Director's" following "appeal the", inserted "of the Assistant Commissioner for Mental Health", and substituted "N.J.S.A. 52:14B-10" for "N.J.A.C. 52:14B-10".

10:37G-2.8 Change in the number of STCF beds

Before effecting a change in the number of STCF beds, STCF staff shall send written notice to the Division, no later than 60 days prior to such a change.

Amended by R.2002 d.221, effective July 15, 2002.
See: 33 N.J.R. 3887(a), 34 N.J.R. 2451(a).
Rewrote the section.
Repeal and New Rule, R.2008 d.19, effective January 22, 2008.
See: 39 N.J.R. 2434(a), 40 N.J.R. 716(a).
Section was "Determination of the need for additional STCF beds".

10:37G-2.9 Waiver

(a) The Division may grant a time-limited waiver of staff requirements described under this section, provided that the following conditions are satisfied:

1. The provider agency shall submit a written request for a waiver of staffing requirements to the Assistant Commissioner for Mental Health Services or his or her designee at the following address:

   Assistant Commissioner
   Division of Mental Health Services
   PO Box 727
   Trenton, New Jersey 08625-0727;

2. The waiver request shall include all documentation justifying issuance of a waiver, including, but not limited to, the type or degree of hardship that would result to the program if a waiver were not granted, and clear clinical or programmatic justification for such a waiver;

3. The Assistant Commissioner for Mental Health reserves the right to request additional information before processing a waiver request;

4. Waivers of specific staffing standards shall be granted at the discretion of the Assistant Commissioner for Mental Health, in consultation with the DHS Office of Licensing, provided that the waiver does not adversely affect the health, safety, welfare, or rights of patients;

5. All waiver requests must be reviewed and approved by the Assistant Commissioner for Mental Health, in consultation with the DHS Office of Licensing;

6. Each grant of a waiver may be for a maximum time period of one year, subject to renewal upon request; and

7. The Division shall communicate in writing to the provider agency indicating which requirements have been waived, the expiration date of the waiver and any conditions or limitations that have been placed on the waiver.

New Rule, R.2008 d.19, effective January 22, 2008.
See: 39 N.J.R. 2434(a), 40 N.J.R. 716(a).