

7. Reviewing clients throughout the treatment episode according to ASAM PPC-2R, to determine the need for continued services or discharge/transfer;

8. Reviewing and, where necessary, revising the substance abuse counseling portion of the client treatment plan to address emerging problems;

9. Developing the client discharge/transfer plans to ensure movement to the appropriate levels of care;

10. Contacting referral sources, providing case consultation and coordination with referral sources (for example: mental health treatment providers, criminal justice agencies, schools, employers, the Division of Youth and Family Services);

11. Participating as a member of a multidisciplinary team for assigned clients;

12. Providing active case consultation; and

13. Documenting all counseling and education services, assessments, reassessments, referrals and follow-up in the client's clinical record, providing appropriate signatures and dating of such entries, including those made in electronic records.

#### 10:161A-1.10 Qualifications of dietitians and food service supervisors

(a) The facility shall engage at least one dietitian registered by the Commission on Dietetic Registration, 120 South Riverside Plaza, Suite 2000, Chicago, Illinois 60606-6995, <http://www.cdrnet.org/>.

(b) The facility shall engage food service supervisors who, if not dietitians, are:

1. Graduates of a dietetic technician or dietetic assistant training facility approved by the American Dietetic Association's Commission on Dietetic Registration, 120 South Riverside Plaza, Suite 2000, Chicago, Illinois, 60606-6995, [www.cdrnet.org](http://www.cdrnet.org/); or

2. Graduates of a course providing 90 or more hours of classroom instruction in food service supervision approved by the New Jersey Department of Education, and have one year of full-time experience, or the full-time equivalent, as a food service supervisor in a health care facility in consultation with a dietitians; or trained and experienced in food service supervision and management through military service programs equivalent to this subsection.

(c) Halfway houses may employ as a food service supervisor an individual possessing 18 hours or more of approved classroom instruction in food service supervision in a health care facility; or certification by ServSafe, [www.servsafe.com](http://www.servsafe.com/); or an equivalent food protection program certified by the American National Standards Institute, <https://www.ansica.org/wwwversion2/outside/Default.asp> under standards set by the Conference for Food Protection,

[www.foodprotect.org](http://www.foodprotect.org), 1302 Silver Spur Circle, Lincoln, CA 95648. The food service supervisor shall be on site a minimum of five days per week and is responsible for ensuring that protocols for meal preparation and food storage are performed seven days a week even in his or her absence.

## SUBCHAPTER 2. LICENSURE PROCEDURES AND ENFORCEMENT

### 10:161A-2.1 Applications for licensure

(a) All facilities operating as residential substance use disorders treatment facilities shall be licensed by OOL in accordance with this chapter. No facility shall operate a residential substance use disorders treatment facility until OOL issues a license to do so.

(b) Any person, organization or corporation planning to operate a residential substance use disorders treatment facility shall obtain application forms from, and submit completed application forms with the appropriate fees for each site to:

New Jersey Department of Human Services  
Office of Program Integrity and Accountability  
Attention: Office of Licensing (OOL)  
PO Box 700  
Trenton, NJ 08625-0700

(c) OOL will maintain and update the initial license application, renewal application and inspection fees pertinent to newly licensed applicants and/or ongoing licensure and will update such fees by amending the fee subsection of this section as needed.

(d) Failure to pay the inspection and/or licensing fees shall result in non-renewal of the license for existing facilities and the refusal to issue an initial license for new facilities.

(e) An application fee schedule shall be established and maintained by DHS, and will be included with the licensing application provided by DHS. As per this fee schedule, established rates at the time of submission of each application will apply. All applicants shall submit a non-refundable application fee and a DHS inspection fee as follows:

1. First time applicants of newly created treatment agencies:

- i. New facility fee (\$500.00 + \$3.00 per Bed); and
- ii. Initial and ongoing biennial DHS inspection fee (\$500.00);

2. Licensed facilities maintaining their licensure status:

- i. License renewal fee (\$500.00 + \$3.00 per Bed); and
- ii. Ongoing biennial DHS inspection fee (\$500.00);

3. Licensed facilities modifying the scope and/or content of their license:

- i. License modification to add beds or services (\$500.00); and
- ii. License modification to relocate or reduce services (\$250.00); and

4. Licensed facilities transferring ownership interest (\$1,500).

(f) Once licensed, each facility shall be assessed an ongoing biennial inspection fee of \$500.00. This fee shall commence in the first year the facility is inspected, along with the annual licensure fee for that year. Subsequently, an annual application for license renewal fee and license applications to reflect facility changes will be assessed as per the following DHS Fee Schedule:

Type of Facility	New Facility Fee	License Renewal Fee	License Modification to Add Beds or Services	License Modification to Relocate or Reduce Services	Transfer of Ownership Interest	Initial or Biennial DHS Inspection Fee
Residential Substance Abuse Treatment Facility	\$500 + \$3/Bed	\$500 + \$3/Bed	\$500	\$250	\$1,500	\$500

(g) The total annual renewal fee shall be calculated by adding together the individual fees, as set forth in (e) above.

(h) An application for licensing shall not be considered complete until the facility submits the licensing fee and the initial biennial inspection fee and all other requested information on the licensure application is complete. OOL shall notify applicants in writing when the application is complete.

(i) The most recent fee schedule will be included and distributed to applicants as part of the application forms given to prospective applicants.

(j) None of the following category designations of services shall be provided by a residential substance use disorders treatment facility unless the license application indicates that the service is to be provided by the facility: nonhospital-based detoxification facility; long-term residential treatment facility; short-term residential treatment facility; halfway house; or extended care facility.

1. If a facility provides primary medical care, in addition to any of the five categories of residential substance use disorders care listed in this subsection, a separate primary care license is required by and must be obtained from the New Jersey Department of Health.

(k) In addition to (j) above, any person, organization or corporation applying for a license to operate a residential substance use disorders treatment facility shall specify on the application whether the client population to be served by the facility will be adult-only; adolescent-only; or both adult and adolescent; and whether the client population to be served by the facility will be males and females; males only; or females only. Applicants proposing to provide multiple levels of care within a facility shall designate the number of beds for each level of care and shall document that the facility meets the

appropriate staffing and other requirements applicable to each level of care provided.

(l) The license issued by OOL shall specify the services that the facility is licensed to provide. The facility shall provide only those services in (j) and (k) above for which it is licensed or authorized by OOL to provide. Any provision of services not specifically listed on the license shall be considered unlicensed provision of services and OOL shall take all appropriate enforcement action.

**10:161A-2.2 Licenses**

(a) Once issued, a license shall not be assignable or transferable and shall be immediately void if the facility ceases to operate, relocates or its ownership changes.

(b) Once issued, a license shall be granted for a period of one year (12 consecutive months), and shall be eligible for annual renewal on and up to 30 days following the license anniversary date (each renewal must be dated back to the license anniversary date) upon submission of the appropriate licensing and inspection fees, providing the license has not been suspended or revoked by OOL and the facility otherwise continues to be in compliance with all local rules, regulations and other requirements.

(c) Once issued, the license shall be conspicuously posted in the facility at all times.

**10:161A-2.3 Application requirements**

(a) Any person, organization or corporation applying for a license to operate a residential substance use disorders treatment facility shall specify the services in N.J.A.C. 10:161A-2.1(j) the facility seeks to provide on the application.

- i. If this information would be detrimental to the client's health, or if the client is not capable of understanding the information, the explanation shall be provided to a family member, legal guardian or significant other, as available.
  - ii. Release of information to a family member, legal guardian or significant other, along with the reason for not informing the client directly, shall be documented in the client's clinical record.
  - iii. All consents to release information shall be signed by the client or for adolescents their parent, guardian or legally authorized representative. All consents to release information shall comply with Federal statutes and rules for the Confidentiality of Alcohol and Drug Abuse Client Records at 42 U.S.C. §§ 290dd-2 and 290ee-2, and 42 CFR Part 2 and the provisions of HIPAA;
6. The right to participate in the planning of his or her care and treatment, and to refuse medication and treatment.
- i. A client's refusal of medication or treatment shall be verified by staff by way of the client's signature and documented as such in the client's clinical record;
7. The right to participate in experimental research only when the client gives informed, written consent to such participation, or when a guardian or legally authorized representative gives such consent for an incompetent client in accordance with law, rule and regulation;
8. The right to voice grievances or recommend changes in policies and services to program staff, the governing authority, and/or outside representatives of his or her choice either individually or as a group, free from restraint, interference, coercion, discrimination, or reprisal;
9. The right to be free from mental, sexual and physical abuse, exploitation, coercive acts by staff and other clients and from the use of restraints unless restraints are authorized pursuant to N.J.A.C. 10:161A-6.5.
- i. A client's ordered medications shall not be withheld for failure to comply with facility rules or procedures, unless the decision is made to terminate the client in accordance with this chapter; medications may only be withheld when the facility medical staff determines that such action is medically indicated and the determination of such has been documented in the client's medical record and clinical record;
10. The right to confidential treatment of information about the client.
- i. Information in the client's clinical record shall not be released to anyone outside the program without the client's written consent to release the information in accordance with Federal statutes and rules for the Confidentiality of Alcohol and Drug Abuse Client Records at 42 U.S.C. §§ 290dd-2 and 290ee-2 and 42 CFR Part 2 and the provisions of the HIPAA, unless the release of the information is required and permitted by law, a third-party payment contract, a peer review or the information is needed by DMHAS for statutorily authorized purposes.
  - ii. The facility may release data about the client for studies containing aggregated statistics only when the client's identity is protected and de-identified;
11. The right to be treated with courtesy, consideration, respect, and with recognition of his or her dignity, individuality, and right to privacy, including, but not limited to, auditory and visual privacy.
- i. The client's privacy also shall be respected when a facility and clinical staff are discussing the client with others;
12. The right to not be required to perform work for the facility, unless the work is part of the client's treatment, is performed voluntarily, the therapeutic benefit is documented in the treatment plan, and is otherwise in accordance with local, State and Federal laws and rules.
- i. A client maintains the right to refuse to perform work for the facility even in those instances in which work activities are a part of the client's treatment and identified as such in the treatment plan;
13. The right to exercise civil and religious liberties, including the right to independent personal decisions.
- i. No religious beliefs or practices, or any attendance at religious services, shall be imposed upon any client;
14. The right to not be discriminated against because of age, race, religion, sex, nationality, sexual orientation, disability (including, but not limited to, blind, deaf, hard of hearing) or ability to pay; or to be deprived of any constitutional, civil and/or legal rights;
15. The right to be transferred or discharged only for medical reasons, for the client's welfare, that of other clients or staff upon the written order of a physician or other licensed clinician or for failure to pay required fees as agreed at time of admission (except as prohibited by sources of third-party payment).
- i. Transfers and discharges, and the reasons therefor, shall be documented in the client's clinical record.
  - ii. If a transfer or discharge on a non-emergency basis is planned by the facility, the client and his or her family shall be given at least 10 days advance notice of such transfer or discharge, except as otherwise provided for in this chapter;
16. The right to be notified in writing, and to have the opportunity to appeal, an involuntary discharge;

17. The right to have access to and obtain a copy of his or her clinical record, in accordance with the facility's policies and procedures and applicable Federal and State laws and rules;

18. The right to retain and use personal clothing and possessions, unless to do so would be unsafe or would infringe on the rights of other clients in the facility.

i. If the client has property on deposit with the facility, he or she will have daily access to such property during specific periods established by the facility.

ii. All client belongings shall be returned to the client when the client is discharged or decides to leave treatment within 30 days; and

19. The right to be allowed visiting time at reasonable hours in accordance with the client treatment plan and, if critically ill, to be allowed visits from his or her family or legally authorized representative at any time, unless medically contraindicated and documented by a physician in the client's medical record.

i. Members of the clergy shall be notified by the facility at the client's request. The hours of visitation by clergy shall be established by the facility.

### 10:161A-17.3 Complaints

(a) The administrator shall provide all clients and their families with the name, address and telephone number of the following State office where clients and their families may submit complaints:

New Jersey State Department of Human Services  
Office of Program Integrity and Accountability  
Attention: Office of Licensing  
P.O. Box 700  
Trenton, New Jersey 08625-0700  
Telephone: toll-free 1-877-712-1868

(b) The facility shall develop a policy and procedure in which clients are able to voice grievances or recommend changes of policies and services to agency personnel and the governing authority without fear of reprisal.

## SUBCHAPTER 18. CONTINUUM OF CARE PLANNING SERVICES

### 10:161A-18.1 Continuum of care planning

(a) The residential substance use disorders treatment facility shall initiate continuum of care planning for each client upon admission.

1. Goals for discharge shall be incorporated in the client's treatment plan upon admission to the facility and shall address problems identified at admission and during treatment.

i. Such goals shall be shared with the substance abuse counselor staff and supervisor and routinely reviewed and assessed with the client and the client's multidisciplinary treatment team.

2. The client, and his or her family, guardian or legally authorized representative, unless family participation is refused or contraindicated, shall participate in developing the continuum of care plan. Such participation shall be documented in the client's clinical record.

(b) The facility shall establish and implement staff educational services regarding continuum of care planning.

### 10:161A-18.2 Continuum of care planning policies and procedures

(a) The facility shall establish and implement written policies and procedures for continuum of care planning services, which shall address at least the following:

1. The staff responsible for planning, providing and/or coordinating continuum of care planning services, including:

i. Making referrals to community agencies (for example, mental health agencies, housing agencies) and resources for clinically appropriate services in the continuum of care; and

ii. Promoting and facilitating the continuing involvement of clients with support groups, such as Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) following discharge;

2. Documentation of continuum of care planning in the treatment plan and including accompanying supervision;

3. Use of the multidisciplinary team in continuum of care planning;

4. The criteria for client discharge;

5. Description of the methods used for client and family involvement, where clinically appropriate, in developing the continuum of care plan; and

6. Written criteria for the discharge of adolescent clients only to parent(s) or legal guardian, except as provided for by N.J.S.A. 9:17A-4.

### 10:161A-18.3 Client and family education

(a) The facility shall include education of the client and his or her family, if applicable, or legally authorized representative as part of its continuum of care planning service and shall provide information regarding the following:

1. Community agencies and resources available for support and housing services, health care facilities including, but not limited to, the identification of resources for prenatal care; services for the treatment of HIV infection;

are evidence-based or based on best practice information to provide treatment services consistent with recognized treatment principles and practices for each level of care and type of client served, as defined at N.J.A.C. 10:161A-1.3;

2. Review of policies, procedures, and practices relating to the provision of clinical supervision of staff, including the methods and frequency by which staff receive clinical supervision;

3. Evaluation of client care shall be criteria-based, and trigger certain actions by the facility when specific, quantified, predetermined levels of outcomes or potential problems are identified;

4. Periodic reviews of client clinical records;

5. Evaluation by clients of care and services provided by the facility;

6. If the families of clients are routinely involved in the care and services provided by the facility, the quality assurance plan shall include a means for obtaining their input; and

7. The quality assurance plan shall include, at a minimum, an annual review of staff qualifications and credentials, and staff orientation and education that includes core functions addressing ASAM (ASAM PPC-2R), medication assisted treatment and professional ethics.

(b) The administrator shall follow-up on the findings of the quality assurance program to ensure that effective corrective actions have been taken, or that additional corrective actions are no longer indicated or needed. The following shall apply:

1. The administrator shall follow-up on all recommendations resulting from findings of the quality assurance program or OOL;

2. Deficiencies jeopardizing client or staff safety shall be verbally reported to the governing authority and to OOL immediately, with written correspondence provided to the governing authority and OOL within five working days.

(c) The facility shall identify and establish indicators of quality care and outcome objectives specific to the facility and in response to those emerging issues related to client care and/or deficiencies.

1. The indicators shall be consistent with and include, but not be limited to, the Federal SAMHSA National Outcome Measures (NOMs), as defined at <http://www.samhsa.gov/dataOutcomes/>.

2. The facility shall monitor and evaluate each of the specific indicators at least annually, and develop reports as required by the facility, governing authority and OOL.

(d) The facility shall submit results of the quality assurance program to its governing authority at least annually, including reporting of deficiencies found and recommendations for corrections or improvements.

## SUBCHAPTER 23. VOLUNTEER SERVICES

### 10:161A-23.1 Provision of volunteer services

(a) Residential substance use disorders treatment facilities may provide volunteer services as an integral part of its services.

1. Volunteers shall not provide direct client care or treatment services in lieu of staff as required by this chapter.

2. Volunteers shall not administer medications.

3. Volunteers shall not be used to restrain clients.

(b) The facility shall provide initial orientation and continuing in-service education for volunteers including, but not limited to, the following topics:

1. Emergency plans and procedures;

2. Client confidentiality;

3. The infection prevention and control program; and

4. Program policies and procedures relating to the tasks or duties the volunteers will perform.

(c) The facility shall ensure that client confidentiality is maintained when volunteers have access to client clinical records or other identifying information, in accordance with its policies and all applicable laws.

(d) Volunteers shall not receive gifts or gratuities from clients.

(e) Volunteers who function as counselor-interns will perform their duties in accordance with established professional training, clinical care, supervision requirements and the rules set forth in this subchapter.

### 10:161A-23.2 Volunteer policies and procedures

(a) If the facility uses volunteer services, it shall establish and implement written policies and procedures that shall include, but not be limited to, the following:

1. Criteria for individuals to participate in, or be excluded from volunteer service, including but not be limited to the following criteria:

i. Minimum age and physical examination requirements for volunteers; and

ii. The minimum period of time (of at least one year) during which individuals with a prior history of substance abuse (alcohol, tobacco and other drugs) shall be continuously substance free before being accepted as volunteers;

2. Methods for obtaining information regarding each volunteer, including their education, credentials, employ-

ment experience, driver abstracts, sanctions by licensing boards and arrests or convictions;

3. Photo identification cards, which shall include the volunteer's first name and last initial and their volunteer status;

4. Assignment of volunteers to clients, including criteria for assignment, and description of responsibilities;

5. Functions which volunteers may perform; and

6. Background checks.

(b) The facility shall provide for volunteer services under the supervision of appropriately trained and qualified staff, in accordance with client treatment plans and the rules of this chapter.

1. The client clinical record shall provide written documentation that the client agrees to work with the volunteer.

2. Clients maintain the right not to work with a volunteer.

(c) Volunteers shall be considered as staff with regard to meeting the requirements for criminal history background checks, physical examination and testing, verification of credentials, photo identification cards and program policies and procedures relating to staff conduct.

1. Volunteers shall not be used by the facility to supplant paid staff.

(d) The facility's volunteer program shall be approved by the governing authority.

#### SUBCHAPTER 24. PHYSICAL PLANT AND FUNCTIONAL REQUIREMENTS

##### 10:161A-24.1 Physical plant general compliance for new construction or alteration

(a) New buildings and alterations or additions to existing buildings, for freestanding residential substance use disorders treatment facilities shall conform with the New Jersey Uniform Construction Code, N.J.A.C. 5:23, incorporating specified subchapters of the model code of the International Building Code 2006, New Jersey Edition published by the International Code Council, 4051 W. Flossmoor Road, County Club Hills, IL 60477-5795, appropriate to Use Groups I-1, as amended and supplemented; and the Guidelines for Design Construction of Health Care Facilities 2010, published by the American Institute of Architects Press, 1735 New York Avenue, NW, Washington, DC 20006, 800-242-3837, <http://www.fgiguilines.org/>, incorporated herein by reference, as amended and supplemented.

(b) New buildings and alterations and additions to existing buildings for residential substance use disorders treatment

facilities which are part of an acute care hospital shall conform with the New Jersey Uniform Construction Code, N.J.A.C. 5:23, incorporating specified subchapters of the International Building Code 2006 New Jersey Edition, published by the International Code Council, 4051 W. Flossmoor Road, County Club Hills, IL 60477-5795, appropriate to Use Group I-2, as amended and supplemented, and the Guidelines for Design and Construction of Health Care Facilities 2010, published by The American Institute of Architects Press, 1735 New York Avenue, NW, Washington, DC 20006, 202-626-7475, <http://www.fgiguilines.org/>, incorporated herein by reference, as amended and supplemented.

##### 10:161A-24.2 Physical plant general compliance for construction or alteration completed prior to July 15, 2013

Buildings constructed or altered prior to July 15, 2013, shall conform with Federal, State and local standards in effect at the time of construction, alteration or approval of plans for construction or alteration by DCA.

##### 10:161A-24.3 Plan review and fees

(a) Prior to any construction, plans shall be submitted for review and approval, in accordance with the provisions of this chapter to:

Supervisor  
Health Care Plan Review  
Department of Community Affairs  
P.O. Box 815  
Trenton, NJ 08625-0815

(b) Review fees shall be paid pursuant to N.J.A.C. 8:31-1.1.

(c) Each agency shall submit one set of floor and furniture plans to OOL, for a cursory review and inclusion in OOL facility files. Submit floor and furniture plans to:

Department of Human Services  
Office of Program Integrity and Accountability  
Attention: Office of Licensing  
P.O. Box 700  
Trenton, NJ 08625-0700

##### 10:161A-24.4 Alterations, replacements and damage to existing facilities

(a) Existing structures, when repaired, renovated, altered or reconstructed, shall conform to the requirements of N.J.A.C. 5:23-6, Rehabilitation Subcode.

(b) If an existing structure is damaged by fire or any other cause, the requirements of N.J.A.C. 5:23-6, Rehabilitation Subcode, shall apply to the restoration of such building or structure.

(c) Any work that is mandated by any housing, property or fire safety maintenance code, standard or regulation or other