

CHAPTER 37

COMMUNITY MENTAL HEALTH SERVICES ACT

Authority

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

Source and Effective Date

R.2001 d.212, effective July 2, 2001.
See: 32 N.J.R. 2013(a), 33 N.J.R. 2310(a).

Chapter Expiration Date

In accordance with N.J.S.A. 52:14B-5.1c, Chapter 37, Community Mental Health Services Act, expires on December 29, 2006. See: 38 N.J.R. 2566(a).

Chapter Historical Note

Chapter 37, Community Mental Health Services Act, was adopted and became effective prior to September 30, 1969.

Subchapter 12, Conditions Governing State Grants for Construction Assistance for Community Mental Health Facilities, was adopted as new rules by R.1977 d.482, effective December 23, 1977. See: 9 N.J.R. 531(a), 10 N.J.R. 63(d).

Chapter 37, Community Mental Health Services Act, was repealed and Chapter 37, Community Mental Health Services Act, was adopted as new rules by R.1980 d.479, effective November 3, 1980. See: 12 N.J.R. 580(a), 12 N.J.R. 704(g).

Pursuant to Executive Order No. 66(1978), Chapter 37, Community Mental Health Services Act, was readopted as R.1985 d.605, effective November 4, 1985. See: 17 N.J.R. 2222(a), 17 N.J.R. 2894(a).

Pursuant to Executive Order No. 66(1978), Chapter 37, Community Mental Health Services Act, was readopted as R.1990 d.591, effective November 2, 1990. See: 22 N.J.R. 2915(a), 22 N.J.R. 3620(a).

Subchapter 12, Children's Partial Care Programs, was adopted as new rules by R.1993 d.355, effective July 19, 1993. See: 25 N.J.R. 669(a), 25 N.J.R. 3209(a).

Subchapter 9, Quality Assurance, and Subchapter 10, Site Review and Certification, were adopted as new rules by R.1993 d.412, effective August 16, 1993. See: 25 N.J.R. 2193(a), 25 N.J.R. 3782(a).

Pursuant to Executive Order No. 66(1978), Chapter 37, Community Mental Health Services Act, was readopted as R.1995 d.596, effective October 26, 1995. See: 27 N.J.R. 2666(a), 27 N.J.R. 4715(a). Pursuant to Executive Order No. 66(1978), Chapter 37, Community Mental Health Services Act, expired on October 26, 2000.

Chapter 37, Community Mental Health Services Act, was adopted as new rules by R.2001 d.212, effective July 2, 2001, with Subchapter 10, Licensure of Mental Health Programs, replacing expired Subchapter 10, Site Review and Certification. See: Source and Effective Date.

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SUBCHAPTER 1. INTRODUCTION AND PURPOSE

10:37-1.1 Introduction and purpose

(a) Since the enactment of the Community Mental Health Services Act in 1957, there has been a broad expansion of public funding sources administered by the State and utilized to support community mental health services. In addition to grant-in-aid, there are funds from Title XX of the Federal Social Security Act, State Community Care and Screening purchase of service contracts, the State Capital Improvement Program and two State-funded demonstration community mental health centers. This amended chapter represents an integration of these multiple funding sources and the minimal requirements that are applicable to all of them. These requirements are conceptually based upon the Division's four operating principles: Normalization, Level of Functioning, Advocacy and Unified Services, which are described in a companion document titled "Principal Statement." Within the context of these principles, however, the Division encourages innovative implementation and a variety of comprehensive service models, developed in response to local needs and talents.

6. Client and/or family consent for a service initiation, record sharing, evaluation, and/or research, as necessary.

7. Utilization Review Committee meeting notes which include the attendees, recommendations made, and actions taken.

8. Medications (see Article X of this subchapter).

9. Laboratory or other diagnostic procedures.

10. Unusual incidents, occurrences (see Article XIX of this subchapter) such as:

- i. Treatment complications;
- ii. Accidents or injuries;
- iii. Morbidity;
- iv. Death of a client; and
- v. Procedures placing the client at risk or causing pain/harm. (See Article XIX of this subchapter.)

11. Correspondence related to the client and signed, dated notations of relevant contacts regarding the client's service/treatment.

12. Discharge or transfer summary in addition to the discharge plan which shall also be developed with the client and completed within 30 days of last service.

13. The record shall contain documentation of procedures that place clients at risk or in pain including, but not limited to restraint, seclusion; and/or behavior modification using painful stimuli. Such records shall document the justification for the use of the procedure, attempts of staff to provide alternatives, the specific procedures employed, the required authorization, and the measures taken to protect the client's safety and rights.

14. All entries in the record shall be legibly signed and dated.

10:37-6.75 Inpatients records: supplementary content requirements

(a) Inpatient records in State, county, and State funded general hospital psychiatric units shall include all information cited above. Additional information necessary to meet State licensure and Federal accreditation shall also include:

1. Results of evaluations and services: Psychological testing, educational and socio-vocational evaluation, pathology and clinical laboratory examinations, radiology examinations, psychiatric and other medical treatment, and any other diagnostic or therapeutic procedure performed.

2. Psychiatric evaluation: Mental status, psychodynamics, sociodynamics, precipitating stress, premorbid personality, tentative diagnosis, a treatment plan, prognosis based on that plan, and subsequent modifications of the plan.

3. Physical examination if performed, shall include pertinent findings.

4. Admission notes: All additions to the history and subsequent changes in the physical findings.

5. Progress notes: Written by medical staff members or other individuals who have been granted clinical privileges, nursing staff, the interdisciplinary treatment team members, consultants, community liaison staff, and/or ancillary service staff.

6. Progress notes: By staff cited in (a)5 above, documenting the treatment plan, a pertinent chronological report of the client's functional abilities and clinical condition, changes in each condition and the results of service/treatment. Progress notes should include only pertinent, meaningful observations and information.

7. Medical orders: Written only by members of the medical staff and medical residents.

8. Telephone orders: Given by a physician only; shall be accepted and written by a licensed nurse only; such action shall be limited to urgent circumstances. Telephone orders shall be authenticated by the responsible physician within 24 hours, specifying date of initial contact or admission to the program.

9. History: Incorporating the client's chief complaint, details of present illness, past service history, and social, vocational and family history. The history shall be a record of information provided by the client or by his agent.

10. A Summation, in the event of a patient's death, in the form of a discharge summary, shall include the circumstances leading to death and shall be signed by a physician.

11. An autopsy shall be performed whenever indicated and results recorded in the record within 72 hours; the complete protocol shall be made a part of the record within three months.

10:37-6.76 Policies and procedures regarding recordkeeping

(a) All agencies shall have written policies and procedures governing the compilation, storage, dissemination, and access to client records. (See N.J.A.C. 10:37-6.79.)

(b) Policies and procedures shall be designed to ensure that:

1. The program fulfills its responsibility to safeguard and protect the record against loss and unauthorized alteration or disclosure of information;

2. The content and format of client records are uniform; and

3. Entries in the client record are dated and signed.

(c) The agency shall provide adequate physical facilities for the storage, processing, and handling of records. The facilities shall include suitably secure rooms and files.

(d) When a program stores client data on magnetic tape, computer files, or other types of automated information systems, adequate security measures shall prevent inadvertent or unauthorized access to such data.

(e) The program shall maintain an indexing or referencing system that permits the location of a record that has been removed from a central file area.

10:37-6.77 Retention of records

(a) Records of adults must be retained five years after the last date of service. Records of children must be retained for five years after they reach their 18th birthday.

(b) Records may be destroyed by burning or shredding. The destruction must be complete; no readable material or client identification may remain.

(c) A list of the destroyed records must be kept on file for an additional five years. This list should include the client's name, case number and date of destruction. It should be signed by the staff person who supervised the records' destruction.

10:37-6.78 Record departments

(a) All Federally funded community mental health centers and all psychiatric hospitals shall have Records Department, adequately directed and staffed to facilitate the accurate processing, checking, indexing and filing of all records.

(b) Appropriate records for active clients shall be kept on the unit where the client's services are primarily provided and shall be directly accessible to the service staff.

(c) Records for terminated clients shall be maintained in a central location under the supervision of the Records Department.

(d) All records services shall maintain a system of identification and filing to facilitate the prompt location of client records. It is desirable that the model for the unit record system be used.

(e) Records departments shall maintain, control and supervise the records and their quality.

(f) In Federally funded community mental health centers and psychiatric hospitals, a qualified records librarian or an accredited records technician shall be hired and shall advise, administer, supervise, or perform work involved in the development, analysis maintenance, and use of records and reports.

(g) Records personnel shall be involved in staff development programs, including orientation, on-the-job training, and regular inservice education programs.

10:37-6.79 Confidentiality of records

(a) These requirements govern the disclosure of information and records of persons who are receiving or have received State-funded mental health services. This section shall only apply to people for whom a formal client record has been established.

1. Disclosure of records and information to third parties: All information and records directly or indirectly identifying any person currently or formerly receiving services from an agency (client) shall be treated as confidential, and may only be disclosed in the following circumstances to persons presenting appropriate identification:

i. For adult clients: Upon the written consent of the client, or his or her legal guardian, if any.

ii. For clients who are minors:

(1) Disclosure upon the consent of a minor: A minor client, 14 years or older, may consent to the disclosure of his or her records in the same manner as an adult.

(2) Disclosure upon the consent of a parent or legal guardian: A parent or legal guardian may authorize the disclosure of a minor client's records, provided that the minor shall be given prior notice and an opportunity to object to the disclosure. Objection by a minor, 14 years or older, shall render the consent of the parent or guardian void.

(3) Disclosure to a parent or legal guardian: Disclosure of the clinical records of a minor client, 14 years or older, to a parent or legal guardian is authorized only upon the written consent of the minor.

iii. Pursuant to a court order:

(1) The records of a minor shall be released upon request to the Division of Youth and Family Services in connection with investigations of whether the minor has been abused or neglected.

(2) The guardian of a deceased person who formerly received services from the agency, or such person's chosen executor, administrator or other personal representative of his or her estate, or if no such persons exist, a person otherwise empowered by court order, shall exercise control of the disclosure of such person's records.

(3) Employees of the agency who are involved in the care of the client may have access to the client's records. Provided, however, that when a client enters treatment(s) he will be informed that agency staff will have access to his or her records.

iv. Client records may also be disclosed to:

(1) Clinical records audit teams, monitoring and site review staff designated by the Division, the Office of Legislative Services;

(2) A person participating in a Professional Standards Review Organization; and

(3) Officials within the offices of the State Medical Examiner or a County Medical Examiner making investigations and conducting autopsies, pursuant to N.J.S.A. 52:17B-78 et seq.

v. Whenever possible, names of clients shall be deleted from the records being reviewed under (a)iv above.

2. Conditions of disclosure to third parties:

i. When records are released pursuant to (a)1 above, the custodian of the records shall, by written notice, advise the person receiving the records that disclosure without the consent of the person who is the subject of the records, or as otherwise provided by law, is prohibited.

ii. Information and records disclosed to third parties shall be limited to that information which is relevant and necessary for the purpose of the disclosure, except as authorized by consent or required by law.

iii. A request for information regarding a client and the action taken upon the request shall be recorded in the client's clinical records.

iv. Clients or other persons consenting to the disclosure of records shall be informed of their right subject to (a)4 below to inspect the material to be disclosed.

v. Information disclosed shall be limited to information generated at the provider agency. However, the agency shall list the sources of nondisclosed information contained in the client's records.

3. Specificity:

i. Consent to disclosure of records shall be evidenced by a signed authorization. The authorization shall contain the following:

(1) The name of the agency;

(2) The name or title of the person or organization to which disclosure is to be made;

(3) The name of the client;

(4) The purpose of the disclosure and predictable outcome;

(5) The information to be disclosed;

(6) The date on which the consent is signed; and

(7) The signature of the client or of a person authorized by law to sign for the client, following a

statement that the undersigned understands the nature of the authorization and has been informed that she/he has the right to revoke consent at any time by written communication to the custodian of the records.

ii. Unless the time limit of expiration has been determined with the client and notes on the release form, client permission to release information automatically expires four months from the date the release is signed by the client. This shall not apply to quality assurance reviews and inspections by regulatory agencies cited in these regulations.

4. Client access to records:

i. In case of Family Therapy, if the records for all participants have been integrated, no single family member shall have access to those records unless all participants over 14 years of age agree through a signed release form.

ii. A client currently receiving services from an agency is entitled to inspect and/or receive a copy of his or her own clinical records unless the client's treating clinician certifies to the Director of the agency that such would be seriously harmful to the client's treatment or health. A denial of access to records shall be limited only to the extent necessary to protect the client. Denial shall be accompanied by a verbal explanation to the client. Denial shall be documented in the client's records, as to the clinical data, findings, etc., that led to the denial of access.

iii. A client is entitled to inspect or receive a copy of his or her non-clinical records.

iv. A client who formerly received services from an agency is entitled to inspect and/or receive a copy of his or her records. However, if a particular client has been inactive for brief periods of time in the past and repeatedly requests and obtains service re-admission, the same criteria for access to records outlined in (a)4ii above shall apply.

5. Modification of records:

i. A client may submit in writing to the Director of the agency a statement of reasonable length for the purpose of clarifying or correcting an allegedly ambiguous or incorrect statement in his or her clinical record. Such a statement shall become part of the client's clinical records.

ii. A client may request in writing to the Director of the agency an amendment of a clinical record and, not later than 30 days after the date of receipt of such request, the agency shall acknowledge in writing such request and, within 10 days thereafter:

(1) Make each correction, in accordance with the client's request, of any or all portions of a record

which the client believes is not accurate or complete;
or

(2) Inform the client of its refusal to amend the record or portions thereof, in accordance with such client's request; the reason for the refusal should be explained to the client and documented in the client's record.

6. Notice to clients: At the time that a formal client record is going to be initiated for ongoing service purposes, each client shall receive notice:

- i. Of the specific conditions under which information may be disclosed without his or her consent;
- ii. That he may request access to his or her records; and
- iii. That he may supplement or request a modification of his or her clinical records.

Amended by R.1991 d.50, effective February 4, 1991.
See: 22 N.J.R. 2216(b), 23 N.J.R. 303(b).
In (a): added new iv(3).

Case Notes

Identity of legal clients need not be disclosed to satisfy reporting requirements of Division of Mental Health and Hospitals. In re: Advisory Opinion No. 544 of the New Jersey Supreme Court Advisory Committee on Professional Ethics, 103 N.J. 399, 511 A.2d 609 (1986). See In re Application of J.C.G., 144 N.J. Super. 579, 366 A.2d 733 (Ct. Ct. 1976) (decided on statutory grounds).

10:37-6.80 through 10:37-6.82 (Reserved)

10:37-6.83 Scope and purpose

This article established the minimum reporting required for all agencies receiving financial assistance through the Division. Information submitted shall serve as the basis for monitoring agency compliance, as well as for planning and program development.

Case Notes

Identity of legal clients need not be disclosed to satisfy reporting requirements of Division of Mental Health and Hospitals. In re: Advisory Opinion No. 544 of the New Jersey Supreme Court Advisory Committee on Professional Ethics, 103 N.J. 399, 511 A.2d 609 (1986).

10:37-6.84 Designation of responsibility

(a) All agencies receiving funds through the Division are required to submit periodic client service and fiscal reports. The following regulations specify the type and frequency of reports required for each state-funded Program Element.

1. State grant-in-aid: client data:

i. Unified Service Transaction Forms (Revised MC-1-2):

(1) All agencies participating in the grant-in-aid program must maintain accurate client records for the purpose of complying with the Division's statistical reporting requirements. The Unified Services Transaction Form (USTF) represents the minimum data set which must be recorded as part of each client record. Copies of the USTF shall be available from the Division.

(2) Copies of the USTF-1 and USTF-2 must be kept in each client's clinical record at all times and made available for site reviews and program audits.

(3) All data elements found on the USTF-1 (Acceptance) and USTF-2 (Termination), are required to be reported to the Division. The USTF-1 and USTF-2 must be completed and forwarded to the State as specified in the Division's Reporting Manual. Except in extraordinary situations, the forms should be mailed within 48 hours after acceptance or termination has occurred.

ii. Quarterly client characteristic reports: In addition to the USTF, all agencies receiving grant-in-aid funds must submit a quarterly client characteristic report to the Division. (See N.J.A.C. 10:37-5.2 for additional record-keeping requirements.) This quarterly report is an unduplicated count of target populations served by each Program Element. As specified in the Dictionary of Mental Health Terms, Program Elements include:

- (1) Consultation and education;
- (2) Emergency;
- (3) Inpatient;
- (4) Outpatient;
- (5) Partial care;
- (6) Residential;
- (7) Screening.

iii. Quarterly caseload summary: The Division will provide each agency and the County Mental Health Board with a quarterly caseload summary report. The quarterly caseload summary is a count of all case openings and closings. It is a summary of duplicated enrollments and terminations rather than a reflection of individual clients. The quarterly caseload summary report will contain the following information:

- (1) Caseload at beginning of quarter;
- (2) New admissions during quarter;
- (3) Re-admissions during quarter;
 - (A) From the current year;
 - (B) From a prior year;
- (4) Terminations;

4. Documentation and implementation of a RM plan that fully describes the scope of the RM program and its integration with other QA activities.

10:37-9.10 Annual appraisal

(a) An annual appraisal of the QA program shall be conducted by the PA and documented.

(b) The annual appraisal shall include review of adequacy of monitoring, evaluation and reporting mechanisms, and evidence of solutions to identified problems.

(c) When the PA has developed the QA program, evidence of positive impact on client care and client input should also be included in the appraisal process.

i. Licensure provisions regarding community residences for mentally ill adults and psychiatric community residences for youth which can be found at N.J.A.C. 10:37A and 10:37B, respectively;

ii. Licensed, independent practitioner(s), including group practices;

iii. Screening and screening outreach programs designated pursuant to N.J.S.A. 30:4-27.4 and N.J.A.C. 10:31;

iv. Programs providing specialized services some of which may be similar in nature to those that are the subject of this chapter but which are designed to primarily address problems of alcoholism or substance abuse disorders; organic brain syndromes; developmental disabilities; medical; or victim related conditions, such as domestic violence or rape;

v. Counseling services provided by clergy of any faith based denomination of an established and legally cognizable church denomination or sect within the scope of the person's ministerial duties; and

vi. A mental health program licensed by the DHSS as a health care facility, provided that each site of such program holds a separate DHSS license or is specified on the main facility's DHSS license.

SUBCHAPTER 10. LICENSURE OF MENTAL HEALTH PROGRAMS

10:37-10.1 Scope and purpose

(a) The purpose of this subchapter is to establish licensure and fee requirements applicable to certain providers of community mental health services.

(b) No mental health program shall operate unless it is licensed by the Commissioner of the Department of Human Services as a mental health program and has a purchase of service contract or an affiliation agreement with the Division of Mental Health Services, or is licensed by the Commissioner of the Department of Health and Senior Services as a health care facility.

1. A mental health program licensed by the Department shall be subject to the provisions of this chapter, including regulatory standards compliance inspections by the Department.

2. Mental health program means a program of mental health services not licensed by DHSS as a health care facility and which is subject to rules adopted by the Department and is provided by either:

i. An agency which has a purchase of service contract or affiliation agreement with the Division;

ii. A mental health clinic as defined by the Division of Medical Assistance and Health Services (DMAHS) at N.J.A.C. 10:66-1 and 2.5; or

iii. An entity which provides outpatient, ambulatory, or other nonresidential, non-inpatient mental health service(s).

3. Mental health program(s) may be public or private, incorporated or unincorporated, and for profit or not for profit.

4. Provisions of this chapter shall not apply to:

(c) The primary purposes of licensure by the Department are to assure that programs for mental health services:

1. Meet the standards set by the Department;

2. Are safe for participants;

3. Protect consumers' rights; and

4. Have staff who meet minimum educational and experience qualifications.

(d) A license specific to each separate site shall be issued for every mental health program and shall be conspicuously posted at that site, so as to identify the mental health program and its address.

Amended by R.2004 d.91, effective March 1, 2004.

See: 35 N.J.R. 4200(b), 36 N.J.R. 1203(a).

Added a new (a); recodified existing (a) to (c) as (b) to (d).

10:37-10.2 Definitions

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

"Affiliation agreement" means a signed agreement between the mental health program and the Division wherein the program agrees to comply with applicable licensing regulations and applicable program standards.

"Commissioner" means the Commissioner of the Department of Human Services.

“Conditional license” means a license to operate a mental health program under certain conditions for a specified limited time period of less than three years.

“Deemed status” means that status granted to a mental health program which has received accreditation by an accrediting body recognized by the Department. In effect, the Department, through the granting of deemed status, substitutes the standards of the accrediting body for certain selected Department program standards.

“Department” means the Department of Human Services.

“Director” means the Director of the Division of Mental Health Services.

“Director” means the Director of the Office of Licensing within the Department of Human Services.

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

“DMAHS” means the Division of Medical Assistance and Health Services within the Department of Human Services.

“Full license” means a license to operate a mental health program at a specific location for three years.

“Level I standards” means those standards with which mental health programs 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. The list of Level I standards for promulgated rules as of July 2, 2001 may be found in the chapter Appendix B, incorporated herein by reference. Any rules promulgated after July 2, 2001 will identify Level I standards.

“Level II standards” means all licensing standards not designated as Level I.

“License” means a Department document, which provides the mental health program with the authority to operate.

“Licensure standards” means those rules promulgated by the Department with which mental health programs shall comply in order to be granted a license.

“Provisional license” means a license to operate a mental health program at a specific location for a specified period of time until a full licensing site review occurs.

“Purchase of service contract” means a contract between the Division and a provider agency through which the Division pays for mental health services on behalf of eligible consumers.

“Recognized accrediting bodies” means those organizations that accredit mental health programs that are recognized by the Department for deemed status purposes. These organizations are the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), the Council on Accreditation of Family Services Agencies (COA), the Council on Accreditation of Rehabilitation Facilities (CARF) and the National Commission on Quality Assurance (NCQA).

Amended by R.2004 d.388, effective October 18, 2004.

See: 36 N.J.R. 1903(a), 36 N.J.R. 4824(a).

Deleted “Certified program” and “Medicaid approved program”; amended “Deemed status”, “Director”, “Licensure standards”, and “Recognized accrediting bodies”.

10:37-10.3 (Reserved)

Repealed by R.2004 d.388, effective October 18, 2004.

See: 36 N.J.R. 1903(a), 36 N.J.R. 4824(a).

Section was “Initial licensure for pre-existing mental health programs”.

10:37-10.4 Licensure process

(a) All applications, fees, and inquiries related to licensure of mental health programs shall be made to:

New Jersey Department of Human Services
Office of Licensing
Mental Health Licensing
PO Box 727
Trenton, New Jersey 08625-0727

Licensure fee checks shall be made payable to the “State of New Jersey.”

(b) Mental health programs which intend to become licensed shall complete an application for licensure indicating the type(s) of mental health program(s) provided, and the specific location and addresses where the mental health program(s) is or will be provided.

1. The mental health program shall complete all information and provide documentation requested on the licensure application.

2. The mental health program requesting licensure shall demonstrate the capacity to operate the mental health program in accordance with Department rules.

(c) Deemed status may be considered as part of the Department licensing process for community mental health programs in those cases where:

1. A mental health program is accredited at the time of application within the past three years by an accrediting body recognized by the Department; and

2. The program submits the accrediting body report with the license application indicating that the program is accredited. As applicable, any remediation plan required by the accrediting body shall also be submitted.

(d) A mental health program applying for initial licensure shall pay an application fee in the amount specified in N.J.A.C. 10:37-10.5. After initial licensure, the mental health program shall pay an annual licensure renewal fee in the amount specified in N.J.A.C. 10:37-10.5. No license shall be issued or renewed until payment in full has been received by the Department. No licensure fees shall be refunded. Failure to submit the appropriate licensure fee in a timely manner shall result in revocation of the license. Payment of licensure renewal fees must be received by the Department on or before the expiration date of the issuance of the license. Payment shall be submitted with the application for initial or renewed licensure.

(e) Providers without revenue-generating capabilities may seek a waiver of the license fee requirement from the Department, provided that they comply with each of the following requirements:

1. A previously licensed provider shall submit a written waiver request to the Department at the location referenced above at N.J.A.C. 10:37-10.4(a).
2. An initial licensure applicant seeking a waiver of the fee requirement shall submit a waiver request with the licensure application. An existing licensee seeking a waiver for Fiscal Year 2004 shall submit the application for a fee waiver by March 31, 2004. Existing licensees seeking waivers in subsequent years shall submit the application for a fee waiver annually no less than 60 days before the anniversary date of the expiration of the license; and
3. The written waiver request shall include the following information:
 - i. The number of consumers served at the site on a weekly basis;
 - ii. The day and hours of operation;
 - iii. The program's total budget, including all revenue sources;
 - iv. A justification demonstrating that the program would be detrimentally and disproportionately impacted by the fee requirement and that strict enforcement of the fee requirement would result in unreasonable hardship on the mental health program; and
 - v. A description of how the fee would adversely affect the health, safety, welfare, or rights of any individual.

Amended by R.2004 d.91, effective March 1, 2004.

See: 35 N.J.R. 4200(b), 36 N.J.R. 1203(a).

In (a), inserted "applications, fees, and" following "All", added a new unidentified paragraph; added (d) and (e).

Amended by R.2004 d.388, effective October 18, 2004.

See: 36 N.J.R. 1903(a), 36 N.J.R. 4824(a).

In (a), inserted "applications, fees, and" preceding "inquiries" in the introductory paragraph, amended the address; in (e), inserted N.J.A.C. reference in 1.

10:37-10.5 Licensure fee schedule for ambulatory mental health programs

(a) All providers applying for an initial license for a program not licensed by the State of New Jersey as of July 1, 2003 shall pay an application fee of \$575.00. Checks shall be made payable to the "State of New Jersey." Providers are not required to pay an application fee for programs for which they are licensed under this subchapter as of July 1, 2003.

(b) Providers shall pay, on an annual basis, licensure renewal fees in accordance with the following schedule:

1. Renewal fee for each program element \$575.00
2. Fee for every additional program or site license within each program element . . . \$287.50

New Rule, R.2004 d.91, effective March 1, 2004.

See: 35 N.J.R. 4200(b), 36 N.J.R. 1203(a).

Former N.J.A.C. 10:37-10.5, Applicable standards, recodified to N.J.A.C. 10:37-10.6.

10:37-10.6 Applicable standards

(a) For the purpose of the licensure standards contained in this chapter or other chapters incorporated by reference, whenever the phrase "State funded" programs is encountered, it shall no longer be understood to apply only to State funded entities. Instead, the applicable standards shall also apply to non-State funded mental health programs which provide the services indicated in (b), (c) and (e) below.

(b) Mental health programs shall comply with the applicable standards for the following mental health services which they provide:

1. Youth partial care services (YPC) at N.J.A.C. 10:37-12;
2. Outpatient services (OP) at N.J.A.C. 10:37E;
3. Partial care services (PC) at N.J.A.C. 10:37F;
4. Youth case management (YCM) at N.J.A.C. 10:37H;
5. Intensive family support services (IFSS) at N.J.A.C. 10:37I; and
6. Programs of assertive community treatment (PACT) at N.J.A.C. 10:37J.

(c) In addition, mental health programs shall also comply with general standards, as outlined in (d) and (e) below, depending on whether they have a contract or affiliation agreement with the Division.

(d) Mental health programs under contract with the Division shall comply with all of the following standards:

1. Community Mental Health Services Act rules, in this chapter; and

2. Management and Governing Body rules at N.J.A.C. 10:37D.

(e) Mental health programs with an affiliation agreement with, but not under contract with, the Division shall comply with the following standards:

1. Client rights at N.J.A.C. 10:37-4.5(b) through (h)6;
2. Client complaint/agency ombud procedures at:
 - i. N.J.A.C. 10:37-4.6(b) through (d);
 - ii. N.J.A.C. 10:37-4.6(f); and
 - iii. N.J.A.C. 10:37-4.6(h)1;
3. Medication education rules at N.J.A.C. 10:37-6.53 and 6.54;
4. Client record rules at:
 - i. N.J.A.C. 10:37-6.73;
 - ii. N.J.A.C. 10:37-6.74(a)2 through 6;
 - iii. N.J.A.C. 10:37-6.74(a)8 through 12;
 - iv. N.J.A.C. 10:37-6.74(a)14;
 - v. N.J.A.C. 10:37-6.76 and 6.77; and
 - vi. N.J.A.C. 10:37-6.79;
5. Unusual incident reporting rule at N.J.A.C. 10:37-6.108;
6. Quality Assurance rules at:
 - i. N.J.A.C. 10:37-9.1 through 9.4(d);
 - ii. N.J.A.C. 10:37-9.5;
 - iii. N.J.A.C. 10:37-9.9 and 9.10;
7. Management rules at:
 - i. N.J.A.C. 10:37D-2.1 and 2.2;
 - ii. N.J.A.C. 10:37D-2.3(a)2 and 3;
 - iii. N.J.A.C. 10:37D-2.4 through 2.7(a)2;
 - iv. N.J.A.C. 10:37D-2.7(a)4;
 - v. N.J.A.C. 10:37D-2.8;
 - vi. N.J.A.C. 10:37D-2.11 through 2.14;
 - vii. N.J.A.C. 10:37D-2.15(a)1; and
 - viii. N.J.A.C. 10:37D-2.18(a), but not 1 through 4.

Recodified from N.J.A.C. 10:37-10.5 and amended by R.2004 d.91, effective March 1, 2004.

See: 35 N.J.R. 4200(b). 36 N.J.R. 1203(a).

In (b), added 6. Former N.J.A.C. 10:37-10.6, Site review, recodified to N.J.A.C. 10:37-10.7.

10:37-10.7 Site reviews

(a) Site reviews shall be conducted for each separate site location of every mental health program.

1. Licensing reviews shall minimally occur every three years.

2. Site reviews shall occur prior to licensing any new mental health program and/or site.

3. Site reviews may occur on an announced or unannounced basis at any time. The purpose of the site review may include, but not be limited to, investigation of a complaint or incident, assessment of the facility or facility improvement, or review of policies, procedures and/or clinical records.

(b) The site review is designed to determine that the mental health program(s) and program location(s) meet all relevant standards.

(c) The site review is designed as a collaborative process to promote learning, program improvement, high quality services, protection of consumer's rights, and ensure compliance with standards.

(d) Site reviews shall be conducted by individual staff of the Department or by a team coordinated and led by staff of the Department.

1. Teams may include: mental health consumers and family members, staff from similar mental health programs (peers), and county mental health administrators.

2. Teams may include representatives from the Division of Mental Health Services, other divisions of the Department and/or other departments.

(e) Team composition, the amount of time scheduled for each site review and the level of intensity of each site review may vary to reflect the characteristics of the mental health program and the populations served.

(f) Site reviews may include, but not be limited to, consumer, family/guardian, direct care and administrative staff interviews; record reviews; reviews of policies and procedures; program observations; onsite inspection of the physical plant; review of internal documents, including financial records; and review of the quality assurance program. The review of each of these items shall be based on applicable State rules.

(g) Site review of programs granted deemed status shall primarily focus on, but may not be limited to, staffing and clinical records, and any Level 1 standard not otherwise addressed by the recognized accrediting body.

(h) Following the site review, an official report of findings shall be issued by the Department within 60 to 90 days.

(i) Within 40 calendar days of receipt of the official report, the mental health program shall send a written response to the official report, including a plan for improvement with specific time frames. This response shall be attached to the report and together shall constitute a public document.

(j) The mental health program shall be notified in writing whether the improvement plan, or portions thereof, are approved for implementation and whether there are any areas that need to be addressed further.

(k) The mental health program shall, upon request, make available for review a copy of the report and response.

Recodified from N.J.A.C. 10:37-10.6 by R.2004 d.91, effective March 1, 2004.

See: 35 N.J.R. 4200(b), 36 N.J.R. 1203(a).

Former N.J.A.C. 10:37-10.7, Types of licensure, recodified to N.J.A.C. 10:37-10.8.

Amended by R.2004 d.388, effective October 18, 2004.

See: 36 N.J.R. 1903(a), 36 N.J.R. 4824(a).

In (a), substituted "Site" for "Except as provided in N.J.A.C. 10:37-10.3, following the effective date of these rules, site" in 2; in (i), deleted "time framed" following "official report, including a", inserted "with specific time frames" at the end of the first sentence.

10:37-10.8 Types of licensure

(a) Mental health programs will receive a full license if:

1. They pay the fee required by N.J.A.C. 10:37-10.5; and
2. A Department site review determines the program complies with all Level I and the majority of Level II standards.

(b) A provisional license may be issued whenever a mental health program submits with its complete application the appropriate fee, the Department has reviewed the program's policies and procedures and has conducted a program site tour, and whenever:

1. A program which plans to change its location or add an additional location has submitted a complete licensure application and a program site tour has been conducted; or
2. A new program that has submitted a complete licensure application, its policies and procedures have been reviewed; and a program site tour has been conducted.

(c) A provisional license may be issued to a specific facility address for a period of six months, or until completion of a full site review by the Department. A provisional license may be renewed if needed by the Department.

(d) A conditional license may be issued whenever:

1. Compliance with any Level I standard is lacking during a licensing site review;
2. Non-compliant Level II standards identified in the previous licensing review are not remediated by the following triennial review;
3. A remediation plan is not submitted to the Department at the designated time, or if it is determined by the Department to be inadequate; or

4. An investigation of a complaint or serious incident identifies deficiencies that warrant conditional status.

(e) A conditional license shall be upgraded to a full license when a follow-up review determines that all relevant licensing requirements are met.

Recodified from N.J.A.C. 10:37-10.7 and amended by R.2004 d.91, effective March 1, 2004.

See: 35 N.J.R. 4200(b), 36 N.J.R. 1203(a).

Rewrote (a), (b). Former N.J.A.C. 10:37-10.8, Waiver, recodified to N.J.A.C. 10:37-10.9.

Amended by R.2004 d.388, effective October 18, 2004.

See: 36 N.J.R. 1903(a), 36 N.J.R. 4824(a).

In (c), substituted "A" for "Except as provided in N.J.A.C. 10:37-10.3(b), (c) and (d), a" at the beginning of the sentence.

10:37-10.9 Waiver

(a) Waivers of specific rules shall be considered, provided that, in the opinion of the Director in consultation with the Director of the Division of Mental Health Services, or their designees, such waiver is justified as outlined below and would not endanger or adversely affect the life, safety or welfare of clients.

(b) Requests for waiver shall be made to the Department, in writing to the address as listed in N.J.A.C. 10:37-10.4(a). The written request for waiver shall include the following:

1. The specific rule(s) or part(s) of the rule(s) for which the waiver is requested;
2. Reasons for requesting a waiver, including a statement of the type or degree of hardship that would result to the program if a waiver were not granted;
3. Clear clinical or programmatic justification for such a waiver; and
4. Documentation to support the request of waiver.

(c) The Department reserves the right to request additional information before processing a request for waiver.

Recodified from N.J.A.C. 10:37-10.8 by R.2004 d.91, effective March 1, 2004.

See: 35 N.J.R. 4200(b), 36 N.J.R. 1203(a).

Former N.J.A.C. 10:37-10.9, License renewal or revocation, recodified to N.J.A.C. 10:37-10.10.

Amended by R.2004 d.388, effective October 18, 2004.

See: 36 N.J.R. 1903(a), 36 N.J.R. 4824(a).

In (a), substituted "in consultation with the Director of the Division of Mental Health Services, or their designees" for "or designee".

10:37-10.10 License renewal or revocation

(a) License renewal for a mental health program shall be based on a Department licensing site review every three years to determine that the program continues to meet Department standards.

(b) A mental health program seeking renewal of its license shall submit a fee in accordance with the schedule delineated at N.J.A.C. 10:37-10.5 to the address indicated in N.J.A.C. 10:37-10.4(a).

(c) The Director or designee shall make the determination of renewal based on results of the licensing site review.

(d) In the event that a license expires prior to the triennial licensing review, the license shall remain in effect until the licensing site review is completed.

(e) The Department may revoke the license, or refuse to renew the license, if the mental health program is not in compliance with licensing rules; does not submit the licensure renewal fee; or if continued operation of the mental health program presents an imminent danger to the health, safety or welfare of any client; or for failure to submit the specified written response to a site review report by the required date; or for failure to correct any identified area of non-compliance within the time frame approved by the Department in the notice of non-compliance.

(f) The Department may, in lieu of revocation or refusal to renew a license, issue a conditional license and/or elect other administrative sanctions to include, but not be limited to, prohibiting the mental health program from continuing to admit clients, or requiring the removal/relocation/referral of clients to other licensed provider(s).

(g) In the event that the Department revokes or does not renew the license, the Director shall send written notice to the mental health program's chief executive officer or designee and to the mental health program's board of directors or owners indicating the basis for the revocation or non-renewal and the rights to a review as provided at N.J.A.C. 10:37-10.11 and an administrative hearing as provided at N.J.A.C. 10:37-10.12.

Recodified from N.J.A.C. 10:37-10.9 and amended by R.2004 d.91, effective March 1, 2004.

See: 35 N.J.R. 4200(b), 36 N.J.R. 1203(a).

Added a new (h); recodified former (b) to (f) as (c) to (g); in new (e), inserted "does not submit the licensure renewal fee;" following "licensing rules;" Former N.J.A.C. 10:37-10.10, Review of administrative determinations, recodified to N.J.A.C. 10:37-10.11.

Amended by R.2004 d.388, effective October 18, 2004.

See: 36 N.J.R. 1903(a), 36 N.J.R. 4824(a).

In (e), substituted "refuse to renew" for "deny renewal of" following "may revoke the license, or"; in (f) substituted "refusal to renew" for "denial of renewal of" preceding "a license," and substituted "requiring" for "to require" preceding "the removal/relocation/referral of clients"; in (g), amended the N.J.A.C. reference.

10:37-10.11 Review of administrative determinations

Whenever licensure is denied, revoked or not renewed and the mental health program disputes the basis of the action, the mental health program may apply to the Director of the Division of Mental Health Services for a review and a final agency decision shall be rendered within 30 days of the receipt of the written request for a review.

Recodified from N.J.A.C. 10:37-10.10 by R.2004 d.91, effective March 1, 2004.

See: 35 N.J.R. 4200(b), 36 N.J.R. 1203(a).

Former N.J.A.C. 10:37-10.11, Administrative hearing of appeal, recodified to N.J.A.C. 10:37-10.12.

Amended by R.2004 d.388, effective October 18, 2004.

See: 36 N.J.R. 1903(a), 36 N.J.R. 4824(a).

Inserted "of the Division of Mental Health Services" following "Director".

10:37-10.12 Administrative hearing of appeal

If the mental health program chooses to appeal a final agency decision made pursuant to these rules, the mental health program may request an administrative hearing, which shall be conducted pursuant to the Administrative Procedure Act, N.J.S.A. 52:14B-1 et seq. and 52:14F-1 et seq., and the Uniform Administrative Procedure Rules at N.J.A.C. 1:1.

Recodified from N.J.A.C. 10:37-10.11 by R.2004 d.91, effective March 1, 2004.

See: 35 N.J.R. 4200(b), 36 N.J.R. 1203(a).

SUBCHAPTER 11. (RESERVED)

SUBCHAPTER 12. CHILDREN'S PARTIAL CARE PROGRAMS

10:37-12.1 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.

10:37-12.2 Definitions

The words and terms in this subchapter 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:

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 Human Services.

"Division" means Division of Mental Health and Hospitals within the New Jersey Department of Human Services.

"DYFS" means Division of Youth and Family Services within the New Jersey Department of Human Services.

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

"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.

10:37-12.3 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 Arthur Brisbane Child Treatment Center, a Children's Crisis Intervention Services (CCIS) unit, a psychiatric community residence for children program, 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.

10:37-12.4 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.

10:37-12.5 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), pre-adolescent (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.

10:37-12.6 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.

10:37-12.7 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.

10:37-12.8 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.

10:37-12.9 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.

10:37-12.10 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.

10:37-12.11 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. 10:37-12.12(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.

10:37-12.12 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.

APPENDIX A

Continuum of Mental Health Settings

Client Enters System through Self, Other Agency, Gatekeeper Referral Screening

(Most Natural)	MENTAL HEALTH SERVICES						(Most Restrictive)
Reinforcement and/or Development of Non-Mental Health Natural Supports	Crisis Intervention (Preferably in Natural Environment)	Outpatient Program Element	Partial Care Program Element	24-hour Treatment/Crisis Home for Children	Local Inpatient Program Element	County Psychiatric Hospital	State Psychiatric Hospital
Own Family/Home	Semi-Indep. Apt. Group Home		Transitional Resid. and/or Sheltered Care Boarding Home	DYSF Resid. Network For Children	Local IPU		Public Psychiatric Hospital

RESIDENTIAL CARE/LIVING ARRANGEMENTS

APPENDIX B

LEVEL I STANDARDS

N.J.A.C. 10:37-4.5 Client rights

4.5(b) Each client shall be made aware of the rights and privileges in receiving mental health services. Each agency shall establish a policy statement in this regard.

4.5(c) Notice of the clients' rights set forth in this chapter and any rules governing the conduct of clients with respect to an agency shall be given to each client within five days of admission. Such notice shall be in writing, and shall be supplemented by an offer to discuss or explain the written description. Explanations shall be in a language which the client understands. If the client cannot read the provisions of the notice, it shall be read to him/her.

4.5(f) Subject to any other provisions of law, no client shall be deprived of any civil right solely by reason of his/her receiving mental health services, nor shall such services modify nor vary any legal or civil right of any client.

4.5(h) All funded mental health programs shall provide their clients with the following rights, a list of which shall be prominently posted in all facilities and brought to the attention of clients as described in (b) above, and by additional means as the Division may require.

1. The right to be free from unnecessary or excessive medication (See N.J.A.C. 10:37-6.54).

2. The right to not be subjected to non-standard treatment or procedures, experimental procedures or research, psycho-surgery, sterilization, electroconvulsive therapy or provider demonstration programs, without written informed consent, after consultation with counsel or interested party of the client's choice.

i. If a client has been adjudicated incompetent, authorization for such procedures may be obtained only pursuant to the requirements of N.J.S.A. 30:4-24.2d(2).

3. The right to treatment in the least restrictive setting, free from physical restraints and isolation, provided, however, that a client in Inpatient Care may be restrained or isolated in an emergency pursuant to the provisions of N.J.S.A. 30:4-24.2d(3).

4. The right to be free from corporal punishment.

5. The right to privacy and dignity.

6. The right to the least restrictive conditions necessary to achieve the goals of treatment/services.

N.J.A.C. 10:37-4.6 Client complaint/agency ombuds procedure

4.6(b) Establishment of complaint procedure: Each agency shall establish internal client complaint procedures which will be subject to Division review and approval.

1. Explanation to clients: Each client shall be made aware of the existence of a complaint procedure at second, non-emergency contact. Written notice, as well as a verbal explanation of agency complaint procedures, and external advocacy services which are directly available to clients at all times, shall be given to each client at the earliest appropriate opportunity. Under all circumstances, clients not accepted for services shall be informed immediately of the Statewide advocacy services available to them. Information regarding external advocacy services shall minimally include the:

- i. Community Mental Health Law Project (if one exists in the client's county);
- ii. County Mental Health Administrator in the county;
- iii. Division of Mental Health Services;
- iv. Division of Mental Health Advocacy;
- v. Division of Youth and Family Services (for child abuse and/or neglect);
- vi. County Welfare Agency (for adult abuse).

2. Posting: The information contained in the written notice required above shall be posted in a prominent place in the agency's facilities.

N.J.A.C. 10:37-6.53 Medication education and counseling

6.53(a) All State-funded Mental Health Program Elements using medication as a therapeutic modality shall regularly provide counseling services aimed at informing clients about medication(s) and the potential interactions if combined with alcohol or non-prescribed drugs. Medication counseling shall be included within the service plan of each client for whom psychotropic medication has been prescribed. Counseling efforts shall be documented in the client's record.

6.53(b) As part of their medication counseling, such clients shall receive an individual written medication information fact sheet for each prescribed medication. The Division shall, if requested by an agency, supply a sample format for these fact sheets. Such fact sheets shall delineate the medication's purpose and potential side effects, as well as responses to potential side effects and any special precautions; for example, heat related precautions, of which clients should be aware. Clients shall also have the opportunity to participate in a planned program of self-medication which shall teach clients to administer their own prescribed medication dosage and to report side effects promptly. Explanations shall also include:

1. Types of medication prescribed;
2. Name of medication(s), dosage(s), and time to take medication(s);

3. Effects of medication(s), including expected benefits, risks, side effects and special precautions, for example, hypothermia;
4. Prescriptions;
5. Whom to go to with questions (for example, physician, nurse, pharmacist);
6. Reimbursement options for medication purchases;
7. Reasons for regular medical check-ups at recommended intervals; and
8. The dangers of combining prescribed medications with alcohol or non-prescribed drugs.

6.53(c) Medication counseling should occur whenever a different medication is prescribed, whenever a significant change in dosage is made or whenever there is a history of suspicion of alcohol or chemical abuse. Counseling may be provided by a physician, nurse, certified nurse practitioner/clinical nurse specialist or by a community or counseling pharmacist; however, counseling should be coordinated with the physician or the certified nurse practitioner/ clinical nurse specialist prescribing the client's medications.

6.53(e) The agency shall provide for direct care staff to receive education regarding types of medication, their adverse reactions or potential side effects, special precautions, and procedures to respond to adverse reactions. Such education shall be documented.

N.J.A.C. 10:37-12.11 Staffing requirements (Children's Partial Care Programs)

12.11(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 youths.
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. Each program shall have an individual who meets the qualification of a program director (see N.J.A.C. 10:37-12.12(b)).
4. Each program shall have an individual who meets the qualification of a program director (see N.J.A.C. 10:37-12.12(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 psychiatric 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.

N.J.A.C. 13:37-12.12 Staffing responsibilities

12.12(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.

12.12(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

12.12(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.

12.12(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.

N.J.A.C. 10:37D-2.5 Environment (Management Standards)

2.5(a) Each PA shall maintain a clean and safe environment which promote dignity and self respect for staff and clients.

1. The physical plant shall be regularly cleaned and inspected for possible life safety deficiencies.
2. There shall be sufficient space allocated for the programs and activities provided.
3. There shall be sufficient space to allow for privacy for individual, group or family sessions.

N.J.A.C. 10:37D-2.13 Qualification of clinical staff

2.13(a) Each PA shall hire clinical staff who are appropriately licensed, certified or trained in order to be able to assume responsibility for the clinical services provided by the PA.

1. The PA governing board shall formally adopt policies and procedures to ensure that psychiatrists are Board certified or Board eligible by The American Board of Psychiatry or the American Osteopathic Board of Neurology and Psychiatry.

2. The PA shall ensure that only appropriately licensed personnel shall provide services for which a license is required.

N.J.A.C. 10:37E-2.6 Staffing requirements (Outpatient Service Standards)

2.6(a) The PA shall employ staff who are licensed, when required appropriately credentialed and sufficiently trained to provide OP services.

1. No counseling or therapy services requiring professional training, licensure or certification shall be provided by any staff member not appropriately trained, licensed or certified to provide such services. Unless licensure or certification provisions permit otherwise, counseling or therapy services shall be provided by individuals with at least a masters degree in a recognized mental health discipline.

2. The OP Program Director shall manage OP operations and provide OP staff clinical supervision. This individual shall possess, at a minimum, an earned masters degree in a human services field, and five years' experience in mental health services with two years' supervisory experience.

N.J.A.C. 10:37F-2.7 Therapeutic environment (Partial Care Services Standards)

2.7(a) The PA shall provide a safe environment, normalized to the extent possible, that shall serve to enhance interaction among staff and clients.

1. The PA facility shall conform to all Federal, State and local laws and shall provide evidence of satisfactory inspections.

2. The PA shall document that monitoring and follow-up on all safety and health issues identified by inspections or by the PA has occurred.

3. The PA shall document evidence of regular cleaning and maintenance of the facility.

4. Staff trained in CPR and first aid shall be available during program operation.

5. The PA shall have procedures for responding to emergency situations, including assaultive and suicidal behavior and ideation, acute decompensation, and medical emergencies.

N.J.A.C. 10:37F-2.8 Staffing

2.8(a) The PA shall be sufficiently staffed with qualified personnel to provide PC 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 program needs of participating clients.

2.8(b) The PA shall, at a minimum, employ the following staff titles with the following responsibilities:

1. The program director shall:

iii. Possess a masters degree in a human service field and five years' experience in mental health services, with two years' supervisory experience.

2. The medical director or supervising psychiatrist shall:

i. Be board eligible or certified;

3. The direct care staff supervisor shall:

ii. Possess a master's degree in a human services field, or a bachelor's degree and a minimum of two years' experience in providing mental health services.

4. The primary case coordinator or counselor shall:

ii. Possess a bachelor's degree in a human services field, or an associate's degree and two years' experience in providing human services, or five years' of human service experience.

5. The mental health services worker shall:

ii. Possess a bachelor's degree or associate degree in psychosocial rehabilitation or mental health services, or related life or work experience, such as assuming leadership roles during participation in mental health services or mental health consumer initiatives.

2.8(c) Each PA shall designate staff to take primary responsibility for providing pre-vocational and chemical dependency services. Such designated staff members shall possess the qualifications for the primary case coordinator or counselor position and shall have training and experience in providing the specialized service.

N.J.A.C. 10:37H-2.10 Staffing (Youth Case Management Services)

210(b) The PA shall have an individual who functions in the capacity of youth case management supervisor and meets the qualifications of a youth case management supervisor.

2.10(c) At a minimum, the youth case manager shall have a bachelor's degree and two years' post degree work experience in the provision of mental health or related services, or a master's degree in social work, psychology, family counseling, or a related field, with clinical training.

2.10(e) At a minimum, the YCM program supervisor shall have a master's degree in social work, psychology, family counseling or related field with clinical training and two years' post degree work experience in the provision of mental health or related services.

N.J.A.C. 10:37I-5.10 Staffing requirements (Family Support Services)

5.10(b) Each PA shall employ sufficient numbers of qualified staff. Staff shall have skills which will enable them to educate families and collaborate with them in the rehabilitation process, support them in coping with their relative's illness and enhance their effectiveness as caregivers. IFSS staff shall help families maintain an environment that is conducive to the recovery process and to enjoy a better quality of life during the course of the illness.

1. The PA shall hire at least one full time employee who shall function as a Family Support Specialist and not be shared with other PA program elements.

2. Each Family Support Specialist shall have an earned Master's degree in a mental health clinical discipline and possess a minimum of three years' experience providing mental health services to people with severe and persistent mental illness and their families.

i. If the PA employs additional voluntary or paid family support staff as part of its IFSS program, then the Family Support Specialist shall have supervisory experience.

3. Additional family support staff and consultants employed by the PA in its IFSS program shall at a minimum have a Bachelor's level degree in the behavioral health sciences and two years' experience working in the mental health field, or a registered nursing degree and two years' experience working in the mental health field.

i. Bachelor's level degree staff shall be supervised by the master's degree level Family Support Specialist.