CHAPTER 37F

PARTIAL CARE SERVICES STANDARDS

Authority

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

Source and Effective Date

R.2001 d.165, effective May 21, 2001.
See: 32 N.J.R. 3927(a), 33 N.J.R. 1610(b).

Chapter Expiration Date

In accordance with N.J.S.A. 52:14B-5.1c, Chapter 37F, Partial Care Services Standards, expires on November 17, 2006. See: 38 N.J.R. 1990(a).

Chapter Historical Note

Chapter 37F, Partial Care Services Standards, was adopted as R.1995 d.565, effective November 6, 1995. See: 26 N.J.R. 4547(a), 27 N.J.R. 4305(b). Pursuant to Executive Order No. 66(1978), Chapter 37F, Partial Care Services Standards, expired on November 6, 2000.

Chapter 37F, Partial Care Services Standards, was adopted as new rules by R.2001 d.165, effective May 21, 2001. See: Source and Effective Date.

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SUBCHAPTER 1. GENERAL PROVISIONS

10:37F-1.1 Scope and purpose

(a) The rules in this chapter shall apply to all Division funded partial care services (PC) for adults.

(b) The purpose of PC services is to provide comprehensive, non-residential, structured programming for individuals with severe mental illness. The therapeutic milieu of these programs provides rehabilitation and intensive support to prevent hospitalization and relapse and to assist in the development of community living skills. PC services include counseling, case management, psychoeducation, prevocational services, social and recreational services, and psychiatric services, and shall be available to eligible individuals on a half-day or full-day basis at least five times per week.

10:37F-1.2 Definitions

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

"Division" means the Division of Mental Health and Hospitals in the Department of Human Services.

"Partial care services (PC)" means comprehensive, structured, non-residential health services provided in a community setting to adult clients who have serious mental illness.

"Provider agency (PA)" means a public or private organization which has a contract with the Division to provide PC services.

"Psychoeducation services" means a mutual exchange of information and education between the professional and client or the professional and family members in order to increase the likelihood of family and community support to the client and to reduce the probability of client decompensation. Information may address etiology and symptoms characteristic of the client's mental illness, effects of medication, coping skills, daily living skills, community resources and supports, and similar mental health service-related matters.

SUBCHAPTER 2. PARTIAL CARE STANDARDS

10:37F-2.1 Admission and intake

(a) First priority for admissions into PC services shall be given to persons with severe and persistent mental illness in accordance with target populations, as defined in N.J.A.C. 10:37-5.2.

1. Inclusionary and exclusionary admission criteria, which are not inconsistent with contract provisions, shall be written and utilized in intake procedures designed to assure clinical appropriateness of each admission.

(b) The initial contact shall serve to orient and engage new clients, and facilitate continuity of service.

1. The PA shall have a procedure for the recording of pertinent information during the potential client's contact with the PA.

2. The PA shall train staff regarding appropriate responses to inquiries for service and shall document such training.

3. The PA shall maintain a system to schedule face-to-face intake appointments. If the client cannot be immediately scheduled, the PA shall contact the client within

two working days to arrange for an initial intake appointment.

4. The PA shall develop a written policy for minimum client information required for intake. A major purpose of this policy shall be to ensure that there is an adequate client assessment without undue delay of service.

5. The PA shall develop a procedure for clients who cannot be served immediately, but for whom interim support is needed to address emergent needs. In all cases, a determination of the clients' interim medication needs shall be made. These interim support services shall be documented.

(c) The PA shall develop and implement an intake process that provides an opportunity for assessment of an applicant's eligibility for service and the formulation of a plan to guide initial services which is mutually developed by the client and a staff member.

1. Intake procedures shall be designed to facilitate program participation at the earliest appropriate opportunity. Completion of the formal intake process shall not preclude an otherwise eligible client from participating in program activities or receiving services on a provisional or try-out basis.

2. The intake process shall include a minimum of one face-to-face interview.

3. There shall be written policies and procedures which require that the following information be documented for all intake interviews conducted. These procedures shall include requirements for documenting the following:

i. Basic information, including emergency contact person;

ii. Presenting problems and reason for referral;

iii. A brief history of illness, including previous services received at agency and elsewhere;

iv. Medication information;

v. Current mental health service providers and other social service providers;

vi. A signed consent for release of information, in accordance with all applicable legal requirements;

vii. Basic family and social supports;

viii. A medical history, including allergies;

ix. Legal information relevant to treatment;

x. Basic chemical dependency information; and

xi. Risk factors (for example, under what circumstances the client may be a danger to self or others).

4. The PA shall develop and implement a written procedure which requires a review of all intakes that result in a determination that a client may be denied service.

5. The PA shall develop and implement written procedures that require the PA to maintain contact with any client who is waiting for service in order to ensure that each client's emergent needs are identified and met.

6. An initial service plan shall be completed during the intake process. This plan shall address the client's needs and concerns, with special attention to urgent presenting problems, to meet immediate needs for food, clothing, shelter and medication.

7. The initial plan shall be documented in the progress notes and shall include interventions utilized, such as prevocational or counseling services.

8. The initial service plan shall be revised as needed until the comprehensive service plan is developed. The PA shall develop a formal procedure for updating the initial service plan, which shall be completed within six weeks of intake and shall involve supervisory personnel.

9. The intake process shall include an orientation to the program and an explanation of the client's rights and grievance procedure. The PA shall also post the grievance procedure in a prominent location within the agency and make copies of N.J.A.C. 10:37-4.5, Client rights, and 10:37-4, Agency ombuds procedure, available to clients upon request.

10:37F-2.2 Assessment and service planning

(a) PA staff shall complete a written comprehensive assessment for each client prior to development of the comprehensive service plan.

1. The PA's written procedures shall require that every comprehensive assessment include, at a minimum, the assessment of the client's strengths and deficits in the following areas:

i. Motivation, including, but not limited to, willingness to participate in the program;

ii. Social and recreational functioning including, but not limited to, ability to make friendships, communication skills and hobbies;

iii. Emotional and psychological characteristics including, but not limited to, mental status, abuse history, if applicable, understanding of their own illness, and coping mechanisms;

iv. Physical health including, but not limited to, applicable allergic and adverse medication reactions;

v. Vocational and educational factors including, but not limited to, job history, task concentration and motivation for work;

vi. Activities of daily living including, but not limited to, transportation, budgeting, self care and hygiene;

vii. Living arrangements including, but not limited to, housing, entitlements and subsidies;

viii. Social supports including, but not limited to, family, friends, social and religious organizations;

ix. Substance abuse; and

x. Other important characteristics of the individual such as special skills, talents and abilities.

2. The written comprehensive assessment shall include sufficient justification for the need for PC services.

3. The written comprehensive assessment shall be completed within three months after acceptance to the program and prior to development of the comprehensive service plan.

4. The written comprehensive assessment shall include a documented psychiatric evaluation completed within four weeks of admission which shall reflect consideration of the following:

i. Diagnosis (Axis I–III) in conformance with the Diagnostic and Statistical Manual of Mental Disorders IV (DSM–IV (available from the American Psychiatric Association, 1400 K St., NW, Washington, DC 20005), incorporated herein by reference, as amended and supplemented;

ii. Recommendations for treatment, including treatment modality;

iii. Medical history;

iv. Medication history and present regimen;

v. Mental status;

vi. Presenting psychiatric and non-psychiatric problems;

vii. Substance abuse history;

viii. Relevant legal issues (that is, legal issues with implications for treatment);

ix. Family psychiatric history.

5. The PA shall involve the family and significant others in the assessment process to the extent possible.

(b) The comprehensive service plan shall be based on the comprehensive assessment. It shall be completed within three months of the client's admission to the program. The comprehensive service plan shall reflect agreement and mutual understanding between the client and the program staff on goals to be achieved by the client and program activities to address these goals.

1. The comprehensive service plan shall include the following:

i. Language that can be easily understood by the client;

ii. The signatures of the client, primary case coordinator or counselor and direct care staff supervisor;

iii. The psychiatrist's signature, which shall reflect the psychiatrist's direction of the course of treatment;

iv. Involvement of family members and others in the development of the plan, when applicable;

v. The client's goals and objectives, with target dates for achievement;

vi. Specific partial care services to be provided to the client;

vii. Interventions, strategies and activities to implement the comprehensive service plan; and

viii. Identification of staff responsible for implementing each intervention.

2. The PA shall make every effort to include client participation in service planning. The client's signature on the comprehensive service plan shall indicate that the client was involved in the formulation of the plan or that the client reviewed and approved of the plan. In the event that the client is not involved in the development of the plan or the client does not agree with any part of the plan, program staff shall document the client's lack of participation or disagreement in the clinical record.

3. The comprehensive service plan shall reflect any other service in which the client participates and coordinative efforts, if any, in achieving the treatment goals and objectives.

4. The PA shall train staff in the development of a comprehensive service plan.

(c) The comprehensive service plan shall be periodically reviewed to determine the client's need for continued services and revised as necessary.

1. The comprehensive service plan shall be reviewed and revised within three months of its development, every three months for the first year, and every six months thereafter. Documentation of the comprehensive service plan reviews shall include signatures of the client, direct care staff, supervisor and psychiatrist.

2. Comprehensive service plan reviews shall reflect the client's changing needs and progress toward goals. Documentation shall include a determination of the need for continued PC services and any revisions in service provision. Consideration of the expected benefits of continued services and the risk of service termination shall be included.

3. The PA shall update the psychiatric evaluation:

i. At least every three months, based on information from the prescribing physician for clients receiving medications for their psychiatric condition; and

ii. Every six months for all other clients who are not receiving medication for their psychiatric condition or who receive their medication from a psychiatrist not connected to the PA.

4. As the client progresses, treatment goals shall address a gradual reduction in services or a transition to less intensive services.

5. Maintenance of functioning shall be a legitimate service goal if it is appropriate to the client's needs.

(d) The PA shall write progress notes in the client's record at least weekly, as follows:

1. The PA staff shall document development of the comprehensive service plan during the initial three month period in the progress notes.

2. Each weekly progress note shall address:

i. The client's response to at least one specific treatment intervention identified in the service plan;

ii. A summary of PC activities in which the client participated during that week;

iii. The client's general level of participation and clinical progress in the program for that week; and

iv. Significant events that occurred during that week.

3. Within every three-month period, the progress notes shall reflect the client's progress towards all goals and objectives included within the comprehensive service plan.

4. Progress notes shall contain documentation by P.A. staff of all known current medications prescribed to address both psychiatric and medical conditions. All medications and changes in the medication regimen shall also be documented by P.A. staff on a medication summary sheet.

5. Progress notes shall be legibly written, signed and dated.

10:37F–2.3 Services to be provided

(a) The PA shall provide, or arrange for, a range of services to effectively address the holistic needs of the client. Service provision shall be coordinated with other service providers.

1. The PA shall directly provide the following core services:

i. Counseling/case management services, which include evaluation, service planning, and personal intervention;

ii. Psychoeducational services for clients and families, which include mental health and medication education;

iii. Prevocational, vocational or educational services as appropriate, directed toward maximizing vocational potential, which include work readiness, prevocational experiences, prevocational training and counseling, prevocational assessment and planning;

iv. Social/recreational services, which include independent living skills training, client government, goal oriented social club activities, goal oriented recreational and cultural activities; and

v. Psychiatric services, which include assessment and ongoing treatment supervision.

2. The PA shall provide or arrange services based on individual client need. The PA shall participate in service planning, resolve identified issues, and advocate on behalf of the client, as appropriate, for all services that are not provided directly. At a minimum, the following services shall be provided or arranged:

i. Basic services, which may include assisting clients to procure needed food, clothing, shelter, or income benefits;

ii. Health care services, which may include assisting in procurement of, treatment or education about health care and medication;

iii. Natural support system services, which may include consultation and education with families, friends or landlords, facilitating self-help groups, or helping clients connect with community institutions;

iv. Financial services, which may include money management and budgeting;

v. Other prevocational services, which may include transitional employment, client owned and operated business opportunities, sheltered employment, supported employment, job training, job placement, or volunteer work;

vi. Client-outreach and linkage services designed to facilitate new clients' participation in the program, to re-engage clients who have discontinued participating in the program or to effectively link them with other programs that would meet their needs, and to promote continuity of programming for clients who are hospitalized during the course of their participation in the program. These services shall include, but are not limited to, arranging needed transportation to the program site, relating to other agencies, and contacting and visiting clients who have discontinued participating in the program;

vii. Educational services, which may include basic education courses, special education courses, G.E.D. classes, pre-college preparation;

viii. Chemical dependency services, which may include support groups, educational, informational and referral services regarding drugs, alcohol, nicotine and caffeine;

ix. Residential services, which may include community residences, board and care homes, private homes or apartments with support, emergency shelters, cooperative apartments or crisis housing; and

x. Acute care services, which may include screening, crisis intervention and inpatient services.

3. The PA shall develop procedures regarding medications to include:

i. Identification of each client's medication needs;

ii. Documentation of each client's current medications;

iii. A mechanism for sharing relevant clinical information with medication providers;

iv. Medication education for clients and families, where relevant; and

v. Provisions for education of staff and other involved caregivers regarding adverse reactions and potential side effects, procedures to respond to such reactions and the client's right to refuse or consent to medication.

4. The PA shall develop written descriptions of services directly provided and arranged. Clinical records, schedules, logs and other documents shall serve as evidence that these services have been provided.

10:37F–2.4 Termination, transfer and referral of clients

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

1. Discharge criteria shall be developed. These criteria shall be limited to the following specific reasons for termination from the program:

i. The client has achieved the service plan goals and needs no further treatment;

ii. The client can be more effectively served by and has been linked to another program, agency or institution;

iii. The client has either refused repeatedly to participate in major components of the program or stopped attending the program;

iv. The client demonstrates dangerous, criminal, or other aggressive behavior that is unresponsive to interventions; or

v. The client has moved to a location which makes continued participation in the program impossible.

2. When the client has stopped attending the program, significant outreach efforts to re-engage the client prior to termination, such as repeated telephone calls, correspondence and home visits, shall be documented in the clinical record.

3. Termination decisions shall be finalized only with approval of the direct care staff supervisor.

4. Every effort shall be made to consider the client's preferences for continuing services and to include the client in the development of the discharge plan.

5. The discharge plan shall include arranged follow-up care or justification for no follow-up care.

6. A termination or transfer summary shall be written and maintained, separate from the progress notes. The summary shall include:

i. The presenting problem;

ii. The admission date and date of service termination;

iii. The course of treatment and client's status upon discharge;

iv. The reason for termination;

v. The medication prescribed upon discharge;

vi. To the extent known, the client's perspective on his or her experience in the program, and the client's stated reasons for leaving, if applicable; and

vii. The discharge plan.

10:37F–2.5 Management functions

(a) In addition to meeting the management requirements as promulgated in N.J.A.C. 10:37D, the PA shall also perform the following management functions:

1. Data on client characteristics, such as diagnosis, cultural and communication issues and service needs in addition to Partial Care; program utilization; and outcomes shall be collected, analyzed and used for program design;

2. Client input from client surveys, exit interviews and other mechanisms shall be utilized by management;

3. Structured and informal opportunities for client input and participation, such as client management, organization or town meetings, shall be provided;

4. Staff input regarding program design, development, or changes shall be solicited through supervisory meetings, team meetings, and other mechanisms utilized by management;

5. Staff and client involvement and participation in larger "systems-oriented" activities, such as conferences, seminars, workshops, or membership in local, State, or national organizations shall be encouraged whenever possible;

6. The PA shall conduct regularly scheduled meetings for staff and clients to discuss program issues; and

7. The PA shall develop written policies and procedures regarding the release of confidential client information within the program and among other clients and staff. These policies and procedures shall comply with all

related Federal and State statutes and any Department rules.

10:37F–2.6 Quality assurance activities

(a) In addition to meeting the quality assurance requirements as promulgated in N.J.A.C. 10:37–9, the PA shall address the following areas:

1. Client outcome measures shall be monitored based on client-identified and program-identified goals; and

2. Client satisfaction, and efforts to engage clients, shall be monitored.

10:37F–2.7 Therapeutic environment

(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.

10:37F–2.8 Staffing

(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.

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

1. The program director shall:

i. Have primary responsibility for program operation, development and management;

ii. Be available for crisis consultation and management and for coordination with outside practitioners; and

iii. Possess a master's 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;

ii. Provide needed medical input into the development of the program;

iii. Be directly affiliated with the program;

iv. Assume professional responsibility for the treatment and services provided and assure that the treatment and services are medically appropriate;

v. Supervise the treatment provided to each client;

vi. Provide input into treatment and service plans;

vii. Provide initial psychiatric assessment and ongoing psychiatric review at least two times per year;

viii. Provide consultation to program staff on an ongoing basis;

ix. Be available and provide inservice training to program staff; and

x. Assure that all psychiatric and medical services that are provided by the program, meet accepted standards of medical practice.

3. The direct care staff supervisor shall:

i. Have primary responsibility for supervision of direct care staff; and

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:

i. Have primary responsibility for service coordination, provision or arrangement of services needed, personal advocacy, and development, review and updating of individual treatment and service plans; and

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:

i. Have primary responsibility for the provision and coordination of program services; and

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.

(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.

(d) The PA may employ students and volunteers, in addition to required staff as set forth in this chapter.