

**CHAPTER 33R****PLANNING AND CERTIFICATE OF NEED REVIEWS  
OF PSYCHIATRIC HEALTH CARE FACILITIES  
AND SERVICES****Authority**

N.J.S.A. 26:2H-1 et seq.

**Source and Effective Date**R.1999 d.141, effective May 3, 1999.  
See: 30 N.J.R. 1537(a), 31 N.J.R. 1188(a).**Executive Order No. 66(1978) Expiration Date**

Chapter 33R, Planning and Certificate of Need Reviews of Psychiatric Health Care Facilities and Services, expires on May 3, 2002.

**Chapter Historical Note**

Chapter 33R, Policy Manual for Planning and Certificate of Need Reviews of Psychiatric Health Care Facilities and Services Within the State of New Jersey, was adopted as R.1977 d.138, effective April 21, 1977. See: 9 N.J.R. 79(b), 9 N.J.R. 221(b). Subchapter 2 was adopted as R.1983 d.627, effective January 17, 1984. See: 15 N.J.R. 1717(a), 16 N.J.R. 135(a). Subchapter 3 was adopted as R.1983 d.626, effective January 17, 1984. See: 15 N.J.R. 1720(a), 16 N.J.R. 138(a). Subchapter 4 was adopted as R.1983 d.625, effective January 17, 1984. See: 15 N.J.R. 1723(a), 16 N.J.R. 138(b). Subchapter 5 was adopted as R.1987 d.266, effective May 18, 1987. See: 19 N.J.R. 171(b), 19 N.J.R. 873(b).

Subchapter 1 was readopted as R.1988 d.21, effective December 11, 1987. See: 19 N.J.R. 1872(a), 20 N.J.R. 86(a). Subchapter 2 was readopted as R.1988 d.22, December 11, 1987. See: 19 N.J.R. 1873(a), 20 N.J.R. 86(b). Subchapter 3 was readopted as R.1988 d.20, effective December 11, 1987. See: 19 N.J.R. 1875(a), 20 N.J.R. 88(a). Subchapter 4 was readopted as R.1988 d.19, effective December 11, 1987. See: 19 N.J.R. 1876(a), 20 N.J.R. 89(a). Subchapter 5 was readopted as R.1988 d.18, effective December 11, 1987. See: 19 N.J.R. 1877(a), 20 N.J.R. 89(b). Subchapter 4, Rules Governing Psychiatric Inpatient Children's Acute Beds, was repealed and a new Subchapter 4 was adopted by R.1988 d.87, effective February 16, 1988. See: 19 N.J.R. 2094(a), 20 N.J.R. 394(a). Subchapter 1, General Provisions, was repealed by R.1988 d.114, effective March 21, 1988. See: 19 N.J.R. 2365(b), 20 N.J.R. 645(d).

Pursuant to Executive Order No. 66(1978), Chapter 33R was readopted, and was recodified and amended by R.1993 d.29. Chapter 33R, Policy Manual for Planning and Certificate of Need Reviews of Psychiatric Health Care Facilities and Services Within the State of New Jersey, expired on December 11, 1994.

Chapter 33R, Planning and Certificate of Need Reviews of Psychiatric Health Care Facilities and Services, was adopted as R.1996 d.107, effective February 20, 1996. See: 27 N.J.R. 4212(a), 28 N.J.R. 1267(a). Pursuant to Executive Order No. 66(1978), Chapter 33R expired on February 20, 1998.

Chapter 33R, Planning and Certificate of Need Reviews of Psychiatric Health Care Facilities and Services, was adopted as new rules by R.1999 d.141, effective May 3, 1999. See: Source and Effective Date.

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**SUBCHAPTER 1. GENERAL PROVISIONS****8:33R-1.1 Scope and purpose**

(a) The New Jersey Department of Health and Senior Services currently licenses and regulates inpatient psychiatric beds as provided in licensed general acute care and special

hospitals throughout the State. This subchapter sets forth the definition of psychiatric service terms that appear throughout the chapter which apply to the review of certificate of need applications for the establishment of child, adolescent, and adult acute psychiatric inpatient services in New Jersey. Inpatient psychiatric beds play a small, but critical part in the mental health care system. The purpose of these rules is to provide a uniform set of definitions of psychiatric terms that will facilitate the integration of these inpatient psychiatric beds and services within the continuum of mental health care services, that access for all who require this level of care is assured, that there is continuity of care for patients upon discharge, and that a consistent level of quality services is provided in a cost effective manner.

### 8:33R-1.2 Definitions

The following words and terms, when used in this chapter, shall have the following meanings:

“Adolescent acute psychiatric beds” means beds in a designated unit of a licensed acute care or special hospital or in a designated free-standing psychiatric unit or facility, established for the provision of intensive treatment to persons generally between the ages of 13 and 18 who are experiencing an acute episode of a primary psychiatric disorder and have been medically evaluated to require the services of a specifically designated unit. The Diagnostic and Statistical Manual (DSM) IV, which is published by the American Psychiatric Association, is the recognized guide for making diagnostic decisions.

“Adult acute psychiatric beds/units” means licensed psychiatric beds in a designated and separate unit of a New Jersey hospital for the provision of intensive evaluation, stabilization and treatment of persons 18 years of age and older who are experiencing an acute episode of a psychiatric disorder. Patients are admitted under voluntary status. If the hospital is designated as a short term care facility, patients may be transferred into the adult acute psychiatric unit as clinically appropriate, regardless of legal status.

“Adult closed acute psychiatric beds/units” means licensed psychiatric beds in a separate unit or subunit of a New Jersey hospital, specifically designated as a mental hospital by the Commissioner of Human Services for the provision of intensive acute treatment services for persons experiencing an acute episode of a psychiatric disorder. All such persons are referred by a screening center and may be admitted voluntarily or involuntarily if they are determined to be mentally ill and dangerous to self or others.

“Affiliation agreement” means a written agreement between two service providers specifying referral and discharge criteria, admission procedures, responsibilities, time frames and services to be performed.

“Case management service” means a coordination of resources and service provision within the adult/child’s community to assure that needs are met.

“Children’s acute psychiatric beds” means beds in a designated unit of a licensed acute care or special hospital or in a designated free-standing psychiatric unit or facility, established for the provision of intensive treatment of persons generally under the age of 13 who are experiencing an acute episode of a psychiatric disorder and have been medically evaluated to require acute psychiatric inpatient services. The Diagnostic and Statistical Manual (DSM) IV, which is published by the American Psychiatric Association, is the recognized guide for making diagnostic decisions.

“Children’s crisis intervention service/CCIS” means a regional community-based acute care inpatient psychiatric service designated by the Commissioner of the Department of Human Services to provide assessment, crisis stabilization, evaluation and treatment to children and adolescents with a length of stay not to exceed 30 days. A CCIS is authorized by the Commissioner of the Department of Human Services to serve persons from a specified geographic area. Children and adolescents are screened by local emergency/screening services and referred for admission if this level of inpatient care is indicated.

“Community outreach service” means a service provided to a child or adolescent and their caretaker in the setting where a crisis occurs, providing assessment and intervention services to determine the need for emergency and stabilization services, or referral to outpatient services, or admission to an inpatient facility or residential program.

“Department” means the New Jersey State Department of Health and Senior Services.

“Designated psychiatric screening center” means a public or private ambulatory care service designated by the Commissioner of Human Services which provides mental health services including assessment, screening, emergency and referral services to mentally ill persons in a specified geographic area. A designated screening center is the facility in the public mental health care treatment system wherein a person believed to be in need of commitment to a short-term care, psychiatric facility or special psychiatric hospital undergoes an assessment to determine what mental health services are appropriate for the person and where those services may be appropriately provided.

“Emergency psychiatric services” means the provision of 24 hour, seven day a week service to people in crisis. Emergency services offer immediate crisis intervention and service procurement to relieve the client’s distress and to help maintain or restore his or her level of functioning in the least restrictive setting.

(b) Applicants are encouraged to consult with the Division of Mental Health Services staff during the planning stage. Technical assistance is available from the Division of Mental Health Services regarding program, architectural standards, affiliation agreements and designation process.

#### 8:33R-2.12 Data

(a) Each applicant shall provide such utilization data upon the request of the Department of Health and Senior Services in (b) below in order to implement the planning assessments necessary under the rules as part of an ongoing process of collecting, analyzing and evaluating data pertaining to the psychiatric treatment of patients in adult acute beds, as well as utilization data required by the Department of Human Services for use by the county systems review committees.

(b) The applicant shall collect and maintain data and information concerning length of stay, referral sources, discharge data, patient diagnosis and characteristics, payer mix and quality assurance data.

### SUBCHAPTER 3. INPATIENT ADULT CLOSED ACUTE PSYCHIATRIC BEDS

#### 8:33R-3.1 Scope and purpose

(a) The New Jersey Department of Health and Senior Services currently licenses and regulates inpatient psychiatric beds as provided in licensed general acute care and special hospitals throughout the State. This subchapter sets forth the criteria by which the Department of Health and Senior Services will review certificate of need applications for the establishment of new adult closed acute psychiatric beds in an existing or proposed licensed hospital in New Jersey. Inpatient psychiatric beds play a small, but critical part in the mental health care system. The purpose of these rules is to assure that these inpatient psychiatric beds are well integrated within the continuum of mental health care services, that access for all who require this level of care is assured, that there is continuity of care for patients upon discharge, and that a consistent level of quality services is provided in a cost effective manner.

(b) The Mental Health Screening Law (N.J.S.A. 30:4-27.1 et seq.) authorizes the creation of STCFs to provide assessment services and short term, intensive psychiatric care to acutely mentally ill patients. Treatment of individuals who meet the commitment standard, in adult closed acute psychiatric beds organized into a short term care facility, is viewed as one component in a continuum of treatment options for mentally ill adults. This service is designed to provide short term care for patients deemed dangerous to self or others and is one critical element of a comprehensive network of mental health services in the community. This approach encourages and supports the

delivery of services in the most appropriate and least restrictive setting. This subchapter does not apply to facilities proposing to establish other psychiatric inpatient services for which planning rules are in effect. The rules in this subchapter specifically address the development of adult closed acute psychiatric beds.

#### 8:33R-3.2 Designation and service area

(a) Applicants shall demonstrate their ability to receive formal designation as a short term care facility in accordance with rules promulgated by the Department of Human Services regarding psychiatric short term care facilities. Preference will be given to units which provide a combination of adult acute and adult closed acute psychiatric beds.

(b) The entire county in which the applicant is located shall be the preferred service area. Applicants are encouraged to meet the entire available bed need of their county. If unable to do so, they shall, at a minimum, provide for the estimated bed need of the mental health service area in which they are located. Information on the delineation of mental health service areas is available from the New Jersey Division of Mental Health Services.

#### 8:33R-3.3 (Reserved)

#### 8:33R-3.4 Admission criteria

(a) Written admission criteria and policies shall be developed by the facility and included as part of the certificate of need application. The criteria shall include care for patients who are found to meet the standards of mental illness and dangerous to self or others at the time of admission, thus requesting an intensive level of care. Such patients need not be admitted involuntarily.

(b) Admission criteria shall reflect that only patients who have been screened through the designated psychiatric screening center shall be accepted for admission.

(c) When a patient is in a voluntary psychiatric unit in this facility or another hospital and transfer to a STCF is requested, the psychiatric screening center shall determine if all other alternatives have been explored and if the patient meets the admission criteria of the STCF. The applicant shall provide assurances that the designated screener will be provided access to perform a face-to-face assessment of the patient where indicated. Involuntary commitment procedures may then be initiated pursuant to N.J.S.A. 30:4-27 et seq.

(d) The written admission criteria shall, at a minimum, address the following:

1. Diagnostic and other patient characteristics or factors which render a patient acceptable and unacceptable for admission;
2. The policy on acceptance of individuals with limited ability to pay for treatment;

3. The policy on acceptance of individuals with Medicaid insurance coverage; and
4. The policy on the treatment of individuals requiring both psychiatric and medical care.

#### 8:33R-3.5 Accessibility of care

(a) The applicant shall provide assurance that patients who are referred by the designated psychiatric screening center shall be admitted immediately, if a bed is available and the patient meets the admission criteria.

(b) The applicant shall assure that it has a treatment policy whereby no patient will be discharged prior to the completion of treatment, as a result of the inability to pay.

(c) The applicant shall assure that individuals previously hospitalized in any psychiatric facility shall not be denied admission to the unit solely because of such previous hospitalization, or as an administrative response to the individual's behavior during such previous hospitalization.

(d) The applicant shall assure that individuals with a single diagnosis of alcohol or drug abuse, mental retardation or organic diagnoses shall not be accepted for treatment in adult closed acute psychiatric beds. The admissions policy shall assure that patients admitted have psychiatric symptomology capable of amelioration through modalities available on the psychiatric unit.

(e) The applicant shall assure that patients with a dual diagnosis of substance abuse and psychiatric disorder are accepted, if they meet the admission criteria. Clinical services for this population shall be assured.

(f) The applicant shall provide assurance of compliance with all applicable civil rights and non-discrimination requirements of Federal and New Jersey law.

#### 8:33R-3.6 Continuity of care

(a) Applicants seeking to establish adult closed acute psychiatric beds (STCF) shall provide the following:

1. A description of how the proposed program would fit into a comprehensive system of care. Applicants shall show affiliation with the psychiatric screening center and other community-based programs within the geographic area through formal affiliation agreements;
2. A description of intensive inpatient care which focuses on crisis intervention and is directed toward resolution of a psychiatric emergency and attempts to restore the individual to his or her previous level of functioning;
3. A description of the comprehensive diagnostic evaluation to assess all the factors contributing to the crisis; and

4. The applicant shall assure its participation in the System Review Committee pursuant to N.J.S.A. 30:40-27.1 et seq. and N.J.A.C. 10:31-5. This committee will review transfers into the STCF from the adult acute psychiatric beds, as well as transfers to State and county hospitals.

#### 8:33R-3.7 Transfer to State or county facility

(a) Written criteria for the transfer of patients from the STCF to a county or State hospital in accordance with N.J.S.A. 30:4-27(f) shall be submitted as part of the application.

(b) The applicant shall submit a draft transfer agreement with the State or county hospital, specifying roles and responsibilities. The applicant shall assure that such an agreement will be in place prior to licensure or designation.

(c) Written transfer criteria shall reflect the diagnostic and other patient characteristics and factors used as indicators for transfer including length of past treatment history, current behavior and response to medication regimen.

#### 8:33R-3.8 Proposed treatment program, staffing pattern, and discharge planning

The proposed treatment program, staffing pattern, and discharge planning process shall be identified with the certificate of need application. All applicants for adult closed acute psychiatric beds shall demonstrate the ability to comply with licensure standards promulgated by the New Jersey Department of Health and Senior Services at N.J.A.C. 8:43G-26, as they apply to hospital psychiatric units and with Title XIX (Medicaid) staffing standards, upon project completion. The treatment program and staffing pattern shall be fully described and shall be adequate and appropriate to implement the program. The description should demonstrate recognition of patients' rights and an ability to comply with them.

#### 8:33R-3.9 Treatment program

(a) The applicant shall describe a treatment program which includes a full range of psychiatric, diagnostic and therapeutic interventions, including, but not limited to, individual, group, psychopharmacological, family, milieu, adjunctive and recreational therapy. Treatment shall, at a minimum, focus on protecting and stabilizing the individual, treating the acute disorder and return of the individual to his or her precrisis level of functioning.

(b) The applicant shall discuss the provisions which will be made for the patient's nonpsychiatric care, including medical and dental services.

(c) The applicant shall describe how the following will be accomplished:

1. Extended evaluations;
2. Lab studies;

3. Evening and weekend therapeutic and recreational activities;
4. Restricted privileges and precautions;
5. Use of seclusion and restraints;
6. Provision for evening and weekend consultation with the patient's family;
7. Provision for handicapped patients;
8. Provision for HIV positive individuals and AIDS patients;
9. Quality assurance; and
10. Medical diagnosis and treatment.

#### 8:33R-3.10 Staffing pattern

The applicant shall describe how the STCF shall be staffed to assure quality of care and the availability of appropriate variety of staff. The applicant shall describe the management organization and staffing of the unit by a multidisciplinary team, including staffing and procedures to provide medication monitoring and education, and staffing and safety precautions to provide for unscheduled one to one monitoring.

#### 8:33R-3.11 Discharge and transfer planning

The applicant shall describe the discharge planning process in writing. The discharge planning process shall also apply to patients being transferred to another facility.

#### 8:33R-3.12 Physical environment

(a) The application shall provide schematics of the proposed floor plan and shall assure, at a minimum, compliance with the following design elements:

1. The design of adult closed acute psychiatric beds functioning as a STCF should afford a noninstitutionalized atmosphere, yet provide a safe environment for patients and staff. The design should avoid giving the arriving patient the impression of control, entrapment or congregate care. The environment should be normalized, to include an appropriate combination of private, semi-private/semi-public, and public space.
2. The schematic and description shall include consideration of the following:
  - i. Balance between privacy needs of patients and surveillance responsibilities of staff, especially with reference to seclusion rooms and unit exits;
  - ii. Seclusion rooms should be properly ventilated and appropriately equipped for patient safety and comfort;
  - iii. Reduction of stimulation in specified areas or rooms utilizing such measures as: segregation of noisy and quiet activities and the use of muted color schemes;

iv. Separation of the unit from other units of the hospital and prohibition of its use as a thoroughfare to other units;

v. Location with view of landscaped or park-like setting and with access to outdoors (whenever possible); and

vi. Elimination of physical conditions which could facilitate suicide attempts, including, but not limited to, exposed popping conduits or other weight supporting lines or objects.

3. Units having adult closed acute and adult acute psychiatric bed sections should be designed with a lockable door between sections or the entire unit must be lockable. Doors may remain open whenever patient condition, ward climate and staffing limits permit, to test the ability of acute disturbed patients to tolerate group activities, recreation, and free access to service areas in the voluntary section of the unit.

4. The STCF unit shall be in compliance with the physical plant construction guidelines for acute care psychiatric beds in general hospitals contained in the State Uniform Construction Code, at N.J.A.C. 5:23-3, and the Department's licensing rules.

#### 8:33R-3.13 County mental health board review

The county mental health board(s) of the service area proposed to be served by the applicant shall receive a copy of the certificate of need application, for their formal action, at the time of submission to the Department. A letter of endorsement from the board(s) or its administrator reflecting action shall be considered a significant factor in assessing local need for the project. County mental health board comments should be forwarded to the Department of Health and Senior Services, Local Advisory Boards, and to the Division of Mental Health Services in a timely manner, consistent with the certificate of need requirements of N.J.A.C. 8:33. Applicants are encouraged to consult with their county mental health board during the planning stages and prior to submission of the application to ensure that local needs are being met.

#### 8:33R-3.14 New Jersey Department of Human Services endorsement

(a) The New Jersey Department of Human Services will review every application for adult closed acute psychiatric beds. A statement of non-endorsement by the Department of Human Services, due to the applicant's inability to meet the criteria for designation as a STCF or as a mental hospital, shall be considered a reason for denial by the Department of Health and Senior Services.

(b) Applicants are encouraged to consult with the Division of Mental Health Services staff during the planning stage. Technical assistance is available from the Division of

Mental Health Services regarding program, architectural standards, affiliation agreements and designation process.

#### 8:33R-3.15 Data

(a) Each applicant shall provide such utilization data upon the request of the Department of Health and Senior Services in (b) below in order to implement the planning assessments necessary under the rules as part of an ongoing process of collecting, analyzing and evaluating data pertaining to the psychiatric treatment of patients in adult closed acute beds, as well as utilization data required by the Department of Human Services for use by the county systems review committees.

(b) The applicant shall collect and maintain data and information concerning length of stay, referral, sources, discharge data, patient diagnoses and characteristics, payer mix, quality assurance data.

#### 8:33R-3.16 Competitive review

(a) In geographic areas where more than one applicant has filed a certificate of need to establish additional adult closed acute psychiatric beds, the Department may elect to approve only the number of applicants necessary to provide the estimated number of beds needed in the area. In making a determination, the Department shall give priority to the applicant or applicants who, relative to all other projects, demonstrate the fullest level of compliance with the following criteria:

1. Full compliance with all standards and guidelines in this subchapter and all other laws and rules;
2. The highest level of access to services by the indigent;
3. Units which can be implemented in the most cost-effective and efficient manner, measured by capital costs, operating costs and reduction of excess acute care bed capacity in the area;
4. Hospitals which provide screening services or are closely affiliated with a screening service;
5. Units which are converting inpatient screening psychiatric beds to adult closed acute psychiatric beds and which will meet the needs of their geographic area or county;
6. Units which provide for the entire bed need of their designated STCF geographic area or county;
7. Units which meet the standard for geographic accessibility, that is, units which can be reached from any points in the applicant's primary service area within one hour of travel time;
8. Projects which are determined to provide the highest level of quality care in the proposed unit, as documented on the basis of staffing pattern, site review reports and track record for serving persons who are seriously mentally ill;

9. Projects which have the endorsement of the county mental health board(s) of the proposed service area; and

10. Units which demonstrate affiliation with the area psychiatric screening center and with residential and other ambulatory services, including partial care, outpatient services and other crisis stabilization services, for the purpose of linking the patient to the appropriate after-care services.

### SUBCHAPTER 4. CHILD AND ADOLESCENT ACUTE PSYCHIATRIC BEDS

#### 8:33R-4.1 Scope and purpose

(a) The New Jersey Department of Health and Senior Services currently licenses and regulates inpatient psychiatric beds in licensed general and special hospitals throughout the State. These rules set forth the criteria by which the Department of Health and Senior Services will review certificate of need applications for the addition or establishment of new child and adolescent acute psychiatric beds in any existing or proposed health care facility in New Jersey, or in any facility designated as a CCIS by the Department of Human Services. Inpatient psychiatric beds play a small, but critical, part in the mental health care system. The purpose of these rules is to assure that these beds are well integrated within the continuum of mental health care services, that access for all who require this level of care is assured, that there is continuity of care for patients upon discharge, and that a consistent level of quality services, is provided in a cost effective manner.

(b) Children's acute psychiatric inpatient care is viewed as a single and highly specialized phase in an overall system of services for psychiatrically impaired youth. These inpatient services are designed to provide short-term treatment within a comprehensive network of mental health care in the community. This approach encourages and supports the delivery of services in the most appropriate and least restrictive setting.

(c) The rules in this subchapter apply exclusively to and identify standards for the review of certificate of need applications for child and adolescent acute psychiatric beds.

#### 8:33R-4.2 (Reserved)

#### 8:33R-4.3 Admission criteria

(a) Written admission criteria and policies shall be developed by the facility and included as part of the certificate of need application.

(b) Written admission criteria shall, at a minimum, address the following: