

CHAPTER 37H
YOUTH CASE MANAGEMENT SERVICES

Authority

N.J.S.A. 30:9A-1 et seq., specifically 30:9A-10.

Source and Effective Date

R.2009 d.3, effective December 2, 2008.
See: 40 N.J.R. 3913(a), 41 N.J.R. 238(b).

Chapter Expiration Date

Chapter 37H, Youth Case Management Services, expires on December 2, 2013.

Chapter Historical Note

Chapter 37H, Youth Case Management Services, was adopted as R.1998 d.92, effective February 17, 1998. See: 29 N.J.R. 294(a), 30 N.J.R. 710(a).

Chapter 37H, Youth Case Management Services, was readopted as R.2003 d.253 effective June 5, 2003. See: 35 N.J.R. 353(a), 35 N.J.R. 2915(a).

Chapter 37H, Youth Case Management Services, was readopted as R.2009 d.3, effective December 2, 2008. See: Source and Effective Date. See, also, section annotations.

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SUBCHAPTER 1. GENERAL PROVISIONS

10:37H-1.1 Purpose and scope

The rules in this chapter govern the provision of case management services by provider agencies funded by the Department of Children and Families to serve youth under 21 years of age, to assure that such services are delivered to youth and their families in an efficient and effective manner. Youth case management services are off-site community-based services intended to assist youth and their families in identifying, accessing and receiving appropriate mental health services.

Youth case management services are directed toward those youth who are emotionally/behaviorally challenged and are either at high risk of serious decompensation, in need of an array of mental health services, unresponsive to more traditional community-based clinical interventions, in need of extensive service coordination or expected to be returning to a community setting from a residential setting.

Amended by R.2009 d.3, effective January 5, 2009.
See: 40 N.J.R. 3913(a), 41 N.J.R. 238(b).

Substituted "Department of Children and Families" for "Division of Mental Health Services", "21" for "18", and "emotionally/behaviorally challenged" for "seriously emotionally disturbed".

10:37H-1.2 Definitions

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

"Advocacy" means the ongoing process of assisting the youth in receiving all benefits to which he or she is entitled by working toward the removal of barriers to receiving needed services.

"Assessment" means the process throughout the entire length of YCM service of identifying and reviewing the youth's strengths, deficits and needs based upon input from the youth's family, significant others and professionals.

"Care management organizations (CMO)" refers to organizations contracted by the Department of Children and Families that work with children and families to address intense emotional and behavioral needs.

"Children's crisis intervention services" (CCIS) means a regional community-based acute care inpatient psychiatric service, located within a general hospital, with an average length of stay not to exceed 30 days, with an approved certificate of need from the Department of Health and Senior Services, and designated by the Commissioner of Human Services, in accordance with N.J.A.C. 8:33R.

"Commissioner" means the Commissioner of the Department of Children and Families.

"Comprehensive assessment" means a document, which addresses the problem areas, service needs, strengths, weaknesses and motivation of the youth and family representative(s). The comprehensive assessment is used to develop the initial service plan.

"Contracted systems administrator (CSA)" refers to the administrative organization contracted by the Department of Children and Families to provide assessment services, linkages and authorizations for children and their families to access necessary children's behavioral health services.

"Department" means the New Jersey Department of Children and Families.

“Division” means Division of Child Behavioral Health Services within the New Jersey Department of Children and Families.

“DYFS” means Division of Youth and Family Services within the New Jersey Department of Children and Families.

“Emotionally/behaviorally challenged” means exhibiting one or more of the following characteristics:

1. Behavioral, emotional and social impairment that disrupts the youth’s academic and developmental progress and may also impact upon family and interpersonal relationships; or

2. Impaired functioning that has either continued for at least one year or has been of short duration and high severity.

“Office of Licensing” refers to the regulatory authority within the Department of Children and Families responsible for monitoring compliance with the standards described in this chapter.

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

“Psychiatric community residence for youth” (residence) means a community residential facility licensed by the Department, in accordance with N.J.A.C. 10:37B, which provides food, shelter, and personal guidance on a 24-hour basis under such supervision as required to not more than 15 mentally ill youth who require assistance. These residences are funded by or contracted with the Division for youth who have been hospitalized or may be at risk of hospitalization in an inpatient facility and who may benefit from psychiatric treatment within a community residence setting, so as to avert more intensive treatment or to facilitate their return home or placement in a longer-term residential facility.

“Service coordination” means communication among multiple service providers regarding services offered to the youth and the utilization of the communicated information to assist in the development of youth service plans.

“Service plan” means the formulation of goals, objectives, treatment recommendations and interventions for services based on the comprehensive assessment.

“Service linkage” means the referral to and enrollment with other appropriate service providers.

“State psychiatric hospital” means an intermediate and long-term psychiatric hospital program operated by the State to serve youth 18 years of age and older who require ongoing intensive psychiatric treatment in a restrictive hospital setting.

“Youth” means persons under 21 years of age.

“Youth case management” (YCM) means the provision of off-site community-based services, which assist youth and their families with moderate emotional and behavioral needs in accessing and receiving needed services. These services include, but are not limited to, service assessment, service collaboration, providing service linkages, advocacy and case monitoring.

Amended by R.2009 d.3, effective January 5, 2009.
See: 40 N.J.R. 3913(a), 41 N.J.R. 238(b).

Added definitions “Care management organizations (CMO)”, “Contracted systems administrator (CSA)”, “Emotionally/behaviorally challenged” and “Office of Licensing”; in definitions “Commissioner”, “Department”, “Division”, and “DYFS”, substituted “Children and Families” for “Human Services”; in definition “Comprehensive assessment”, inserted a comma following “document”, inserted “initial” and deleted “and is updated periodically based upon the availability of the client” from the end; in definition “Division”, substituted “Child Behavioral” for “Mental”; in definition “Psychiatric community residence for youth”, substituted “Department” for “Division” and inserted a comma following “setting”; deleted definitions “Risk assessment”, “Risk category”, and “Seriously emotionally disturbed”; in definition “State psychiatric hospital”, substituted “18 years of age” for “11 years”; in definition “Youth”, substituted “21” for “18”; and rewrote definition “Youth case management”.

10:37H-1.3 General requirements for provider agencies

(a) Provider agencies shall comply with the provisions of this chapter and with the provisions of N.J.A.C. 10:37, 10:37D and 10:190.

(b) The provider agency shall maintain on file a written statement of purpose for the Youth Case Management program that shall reflect the following:

1. The program’s philosophy, goals and objectives;
2. Characteristics of the youth to be served;
3. Types of services provided to the youth; and
4. Procedures for implementing those services.

(c) The provider agency shall have written and implemented policies and procedures which support the concept of offsite community-based service provision and outreach to youth and their families.

(d) The provider agency shall strive to maximize each youth’s potential for learning, growth, and emotional stability within the family or natural support system by:

1. Respecting the rights and dignity of youth and family members;
2. Helping youth and family members or legal guardians learn to manage the youth’s illness in order to prevent a relapse, rehospitalization, or placement in a more restrictive environment;
3. Empowering youth and their families to actively participate in treatment and programming in order to determine personal and program goals;