

**CHAPTER 37G**  
**SHORT TERM CARE FACILITY STANDARDS**

**Authority**

N.J.S.A. 30:4-27.8, 30:4-27.9 and 30:4-27.10.

**Source and Effective Date**

R.2002 d.221, effective June 17, 2002.  
See: 33 N.J.R. 3887(a), 34 N.J.R. 2451(a).

**Chapter Expiration Date**

In accordance with N.J.S.A. 52:14B-5.1c, Chapter 37G, Short Term Care Facility Standards, expires on December 14, 2007. See: 39 N.J.R. 2434(a).

**Chapter Historical Note**

Chapter 37G, Short Term Care Facility Services, was adopted as R.1997 d.153, effective April 7, 1997. See: 28 N.J.R. 2310(a), 29 N.J.R. 1313(a).

Chapter 37G, Short Term Care Facility Services, was readopted as R.2002 d.221, effective June 17, 2002. See: Source and Effective Date. See, also, section annotations.

**CHAPTER TABLE OF CONTENTS**

**SUBCHAPTER 1. GENERAL PROVISIONS**

- 10:37G-1.1 Scope and purpose  
10:37G-1.2 Definitions

**SUBCHAPTER 2. OPERATIONAL STANDARDS**

- 10:37G-2.1 Admission  
10:37G-2.2 Assessment and service planning  
10:37G-2.3 Services to be provided  
10:37G-2.4 Termination, transfer and referral of patients  
10:37G-2.5 Administration and staffing  
10:37G-2.6 Quality assurance activities  
10:37G-2.7 Designation and redesignation  
10:37G-2.8 Determination of the need for additional STCF beds

**SUBCHAPTER 1. GENERAL PROVISIONS**

**10:37G-1.1 Scope and purpose**

(a) The rules in this chapter shall apply to all Division designated short term care facilities (STCF) for adults.

(b) The Mental Health Screening Law (N.J.S.A. 30:4-27.1 et seq.) authorizes the establishment of STCFs to provide assessment services and short term, intensive psychiatric care to individuals with acute mental illness. Patients are admitted to STCFs through a Division designated screening center which has determined that the patient meets the commitment standard of mentally ill and dangerous to self or others, needs intensive treatment, and that appropriate, less restrictive services or facilities are not otherwise available for the patient. The goal of STCFs is to resolve the psychiatric emergency precipitating admission in a location close to the pa-

tient's home within an acute length of stay. Services are provided to restore the individual as soon as possible to a level of functioning which promotes return to community residence and ambulatory treatment, or to ensure further in-patient treatment if needed.

**10:37G-1.2 Definitions**

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

“Acute care” means community and in-patient psychiatric services designed to provide stabilization during the acute phase of psychiatric illness.

“Acute care system” means those services either contracted for, licensed by or designated by the Division as part of a geographic area's acute care services. They include, but are not limited to: screening center, emergency services, short term care facility, affiliated voluntary inpatient service, acute partial care, crisis housing, integrated case management, and programs of assertive community treatment.

“Assessment” means evaluation of the individual in crisis in order to ascertain his or her current and previous level of functioning, psychosocial and medical history, potential for dangerousness, current psychiatric and medical condition, factors contributing to the crisis, and support systems that are available.

“Certified screener” means an individual who has fulfilled the requirements set forth in N.J.A.C. 10:31-3.3 and has been certified by the Division to assess a patient to determine if he or she meets the standard for commitment.

“Comparable STCFs” means:

1. Facilities in the same region;
2. Facilities which are similar in size; and/or
3. Facilities which serve similar populations (for example, urban, suburban, etc.).

“Consensual” means the type of admission applicable to a person who has received a face-to-face assessment from a certified screener and screening psychiatrist at a designated screening center, who is determined to be dangerous to self, others or property by reason of mental illness, and who understands and agrees to be admitted to a STCF for stabilization and treatment.

“Dangerous to others or property” means that by reason of mental illness there is a substantial likelihood that the person will inflict serious bodily harm upon another person or cause serious property damage within the reasonably foreseeable future. This determination takes into account a person's history, recent behavior and any recent act or threat.

“Dangerous to self” means that by reason of mental illness the person has threatened or attempted suicide or serious bodily harm, or has behaved in such a manner as to indicate that the person is unable to satisfy his need for nourishment, essential medical care or shelter, so that it is probable that substantial bodily injury, serious physical debilitation or death will result within the reasonably foreseeable future; however, no person shall be deemed to be unable to satisfy his need for nourishment, essential medical care, or shelter if he is able to satisfy such needs with the supervision and assistance of others who are willing and available.

“Department” means the Department of Human Services.

“Designated screening center” means a public ambulatory care service designated by the Commissioner of the Department of Human Services and located in or adjacent to an emergency room in a general hospital, which provides mental health services including assessment, screening, emergency and referral services for mentally ill persons in a specified geographic area. A designated screening center is the facility in the public mental health care system wherein a person who may be in need of treatment at a short-term care facility (STCF) or a State or county psychiatric hospital or a unit in a 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.

“Designation as a short term care facility” means that a facility has received approval for a certificate of need (CON) application by the Department of Health in consultation with the Division and that the Division has determined that the STCF applicant meets all of the rules of this chapter and is authorized to begin operating as a STCF, provided that the unit also meets applicable Department of Health licensure requirements. The application for designation shall be submitted at least 60 days prior to planned implementation.

“DHSS” means the Department of Health and Senior Services.

“Integrated Case Management Services (ICMS)” means a collaborative outreach program designed to engage, support, and integrate individuals with serious mental illness into the community and facilitate their use of available resources and supports in order to maximize their independence.

“Mental illness” means a current, substantial disturbance of thought, mood, perception or orientation which significantly impairs judgment, capacity to control behavior or capacity to recognize reality, but does not include simple alcohol intoxication, transitory reaction to drug ingestion, organic brain syndrome or developmental disability unless it results in the severity of impairment as defined herein. The term mental illness is not limited to “psychosis” or “active psychosis,” but

shall include all conditions that result in the severity of impairment described herein.

“Psychiatric facility” means a State psychiatric hospital listed in N.J.S.A. 30:1-7, a county psychiatric hospital, a psychiatric unit of a county hospital, or a special psychiatric hospital.

“Psychiatrist” means a physician who has completed the training requirements of the American Board of Psychiatry and Neurology and the American Osteopathic Board of Neurology and Psychiatry.

“Rehabilitation/creative arts” means disciplines with a defined course of study addressing assessment and treatment for persons with mental illness. Such disciplines will be licensed or credentialed by their respective associations. Rehabilitation/creative arts may include, but need not be limited to, rehabilitation specialists, art, music, dance/movement, drama, occupational, and recreational therapy.

“Short term care facility (STCF)” means an acute care adult psychiatric unit in a general hospital for short term admission of individuals who meet the legal standards for commitment and require intensive treatment. The STCF shall be designated by the Division of Mental Health Services to serve residents of a specific geographic area within the State. All admissions to short term care facilities must be referred through a designated emergency/screening mental health service.

“Special psychiatric hospital” means a public or private hospital licensed by the Department of Health and Senior Services to provide voluntary and involuntary mental health services, including assessment, care, supervision, treatment and rehabilitation services to persons who are mentally ill.

“Systems review committee (SRC)” means a group of representatives of State and county hospitals, acute care provider agencies, family members and consumers, including STCFs, who, under the auspices of the county mental health board and the Division, participate in the monitoring of the acute psychiatric services system in a geographic area. These committees also recommend revisions to the acute care service delivery system for the purpose of improving the service delivery for the patients they share in common.

Amended by R.2002 d.221, effective July 15, 2002.

See: 33 N.J.R. 3887(a), 34 N.J.R. 2451(a).

Added “Acute care”, “Acute care system”, “Assessment”, “Certified screener”, “Comparable STCFs”, “Consensual”, “Dangerous to others or property”, “Dangerous to self”, “Department”, “DHSS”, “Integrated Case Management Services (ICMS)”, “Mental illness”, “Psychiatric facility”, “Rehabilitation/creative arts” and “Special psychiatric hospital”; deleted “Community liaison”; in “Designated screening center”, deleted “psychiatric” following “short-term care”; in “Short-term care facility (STCF)”, inserted “residents of” preceding “a specific geographic area”.

## SUBCHAPTER 2. OPERATIONAL STANDARDS

## 10:37G-2.1 Admission

(a) All patients admitted to the STCF shall be referred exclusively through a designated screening center. Prior to admission, all patients shall receive a face-to-face assessment by both a certified screener and a psychiatrist formally affiliated with the screening center to confirm that the patient is mentally ill, the mental illness causes the person to be dangerous to self or dangerous to others or property and the patient needs care at a STCF because other services are not appropriate or available to meet the person's mental health care needs.

1. The STCF shall maintain written policies and procedures which describe the referral function of the designated screening center regarding transfers to the STCF from other hospitals or from beds within the same hospital to assure that patients meet the criteria noted at (a) above.

2. The STCF policies and procedures shall specify that the psychiatrist who treats the patient in the STCF shall not also have been the psychiatrist who completed the face-to-face screening evaluation to determine committability or who completed the screening certificate, unless and only after reasonable but unsuccessful attempts were made to have another psychiatrist conduct the evaluation and execute the certificate.

i. The STCF policies and procedures shall stipulate that the "reasonable attempts" referred to in (a)2 above shall include but shall not be limited to reassignment, scheduling changes, or any other mechanism that may result in another psychiatrist treating the patient in the STCF.

ii. The STCF policies and procedures shall require the documentation of all reasonable but unsuccessful attempts made to avoid the same psychiatrist completing both the screening and clinical certificates.

(b) STCF staff shall develop and implement written comprehensive affiliation agreements between the designated screening center, State and county hospitals and community mental health service providers, to facilitate transfer, linkage and access to appropriate aftercare services for patients.

(c) All the affiliation agreements shall be approved by the Division's Assistant Director responsible for the geographical area served by the STCF or his or her designee. Affiliation agreements between STCFs and State or county hospitals shall comply with the requirements set forth herein at N.J.A.C. 10:37G-2.4(d).

(d) The affiliation agreement with the designated screening center shall clearly delineate the STCF admission criteria and the requirement that all referrals to the STCF emanate from the designated screening center.

(e) The STCF's written policies and procedures shall specify inclusionary and exclusionary admission criteria which describe the diagnostic and patient characteristics appropriate for the STCF.

1. Admission criteria shall include the requirement that only individuals who meet the statutory standard of dangerousness to self or others due to mental illness (N.J.S.A. 30:4-27.2h, i and r) and who require intensive treatment shall be admitted to the STCF.

2. Admission criteria shall identify the geographic area or areas in which individuals must reside in order to be considered appropriate for admission to that STCF.

3. Admission criteria shall include the requirement that patients with a dual diagnosis of substance abuse and psychiatric disorder shall be admitted when they meet the other provisions of the admission criteria.

4. Admission criteria shall require that patients with a diagnosed organic condition or dementia shall be admitted if their behavior symptoms pose a danger to self or others and if those behavioral symptoms can be ameliorated by the short-term psychiatric intervention available in a STCF.

5. Admission criteria shall adequately address clinical and safety concerns and shall not permit the exclusion of a patient for the sole reason of pending criminal charges indicated by a detainer.

6. Admission criteria shall include a provision that no individual otherwise eligible for admission shall be denied admission due to inability to pay or type of insurance coverage.

(f) The STCF's written procedures shall require the immediate admission of patients who meet the admission criteria whenever an STCF bed is available.

(g) When a new patient meets the admissions criteria and all STCF beds are full, current patients shall be reassessed for possible transfer to the less restrictive acute unit or possible transfer to longer term treatment, as appropriate, to allow the admission of the new patient.

(h) Pursuant to Division approved written agreements among designated screening centers and STCFs, a STCF may also be contacted regarding a possible admission of a new patient from outside its county whenever all the STCF beds assigned to that patient's county of residence are full or no STCF exists in the patient's county of residence. STCFs can expect the designated screening center with the new admission to inquire regarding the feasibility of such transfers and such approved out-of-county placements.

(i) STCF staff shall comply with the provisions of N.J.S.A. 26:2H-53 et seq. ("New Jersey Advance Directives for Health Care Act") including the adoption of such policies and practices as are necessary to provide for routine inquiry at the time of admission and at such other time as

are appropriate under the circumstances, concerning the existence and location of an advance directive, pursuant to N.J.S.A. 26:2H-65a(1).

Amended by R.2002 d.221, effective July 15, 2002.  
See: 33 N.J.R. 3887(a), 34 N.J.R. 2451(a).  
Rewrote the section.

### 10:37G-2.2 Assessment and service planning

(a) The STCF's written procedures shall require that STCF staff shall complete written diagnostic evaluations of each patient. These evaluations shall provide clear descriptions of each patient's psychiatric, psychosocial, medical and social service needs.

(b) The STCF's written procedures shall require that, within 24 hours of admission, the following evaluations, at a minimum, shall be completed:

1. A psychiatric assessment and mental status examination which includes the patient's and family's psychiatric history and concludes with a diagnosis, and treatment recommendations;
2. A physical examination, including a medical, alcohol and substance abuse history and resulting in a summary with conclusions; and
3. A nursing assessment by a registered nurse, concluding with individualized clinical treatment recommendations and reflecting nursing staff interventions.

(c) The STCF's written procedures shall require the completion, within 24 hours of admission, of an initial treatment plan. This plan shall be completed by a board certified or board eligible psychiatrist or a licensed psychiatric resident under the supervision of a board certified or board eligible psychiatrist to minimally address the patient's presenting problem(s) and any emergent medical or physical needs.

(d) The STCF's written procedures shall require that, within 72 hours of admission or prior to the development of the comprehensive treatment plan, the following evaluations shall be completed:

1. A social assessment, including information regarding family, educational, and employment history, current mental health and social services used by the patient, financial status, and current living arrangements, and concluding with clinical treatment recommendations and discharge planning; and
2. A rehabilitation/creative arts assessment, including functional performance and interests and concluding with treatment recommendations.
3. A psychological evaluation, as appropriate;
4. A substance abuse assessment completed by appropriately credentialed staff including history and pattern of use, if indicated; and
5. A nutritional assessment, if clinically indicated.

(e) A written comprehensive treatment plan shall be completed for the patient. This written comprehensive treatment plan shall be updated every five days or more frequently as the patient's needs change, and shall:

1. Identify patient strengths, problems, and limitations;
2. Reflect the input of the patient, the psychiatrist, the registered nurse, the social worker, the rehabilitation/creative arts therapist, the patient's family, any other significant hospital staff involved in treatment, and, as appropriate, the findings and recommendations of the ICMS or PACT worker;
3. Include stabilization goals to be achieved by the patient which are discharge-oriented and which address mental, medical, and social goals, as appropriate; and
4. Include specific measurable objectives that relate to the goals, indicate frequency of interventions, identify responsible staff and include anticipated time frames for achievement.

(f) Clinical privileges shall be provided to ICMS and PACT staff so that they shall have access to the clinical records of the patients they serve and so that they may participate in both the assessment process and the discharge planning process.

(g) STCF staff shall document in the patient's record in chronological order the following information:

1. Treatment provided and the patient's response;
2. Implementation of the treatment plan and changes made in the treatment plan;
3. Significant incidents or events occurring during the patient's treatment;
4. Attendance at and level of participation in unit activities and therapies; and
5. Discharge planning.

(h) The psychiatrist shall document all patient contacts and describe the patient's clinical status.

1. Every patient shall receive a visit by a psychiatrist every day unless there is a clinical basis to justify the patient not receiving such a visit which is documented in the medical record by the psychiatrist. In all cases, a patient shall receive a visit by a psychiatrist at least once every two days.

(i) The social worker shall document in the patient's record discharge-oriented progress notes twice per week.

(j) The rehabilitation/creative arts therapist shall document in the patient's record individual discharge-oriented progress notes twice per week.

Amended by R.2002 d.221, effective July 15, 2002.

See: 33 N.J.R. 3887(a), 34 N.J.R. 2451(a).  
Rewrote the section.

### 10:37G-2.3 Services to be provided

(a) As clinically appropriate, STCF staff shall directly provide the following range of intensive services:

1. Crisis stabilization and one-to-one monitoring;
2. Psychopharmacological treatment;
3. Medication education;
4. Group therapy;
5. Individual therapy;
6. Family counseling;
7. Rehabilitation activities and therapies;
8. Substance abuse assessment, consultation, and counseling/education; and
9. Seclusion and restraint, as required pursuant to N.J.S.A. 30:4-27.11d(a)(3), and other special treatment procedures.

(b) STCF staff shall schedule activities and therapies on weekdays and weekends as well as in the evenings and on holidays.

(c) STCF staff shall provide a minimum of five hours of activities per day which include at least three hours of therapy conducted by a professional with a master's degree from an accredited institution in a recognized mental health discipline or a staff member appropriately licensed or certified to provide such services.

(d) STCF staff shall develop and implement a written procedure that requires nursing staff, in addition to other professional STCF staff, to be available to meet with families of patients and to provide treatment on evenings, weekends and holidays.

(e) STCF staff shall develop and implement written procedures to address provisions for the treatment of patients with physical limitations and those with medical needs, including, but not restricted to, human immunodeficiency virus (HIV), pregnancy, and dialysis.

(f) STCF staff shall develop and implement procedures for ensuring that patients' rights, as delineated at N.J.S.A. 30:4-24.3, 27.11 et seq., 27.14, 27.18 and 27.20 and N.J.A.C. 8:43G-4.1, are not violated.

(g) STCF staff shall develop and implement a written procedure for ensuring that the notifications required by N.J.S.A. 30:4-27.9a are performed.

Amended by R.2002 d.221, effective July 15, 2002.

See: 33 N.J.R. 3887(a), 34 N.J.R. 2451(a).

In (a), inserted "activities and" in 7, substituted "assessment, consultation, and counseling/education" for "assessment or consultation" in 8

and amended the N.J.S.A. reference in 9; in (c), substituted "therapy" for "therapeutic activity" and inserted "from an accredited institution" following "master's degree"; rewrote (d) and (e); in (f), substituted "delineated at" for "promulgated in"; rewrote (g).

### 10:37G-2.4 Termination, transfer and referral of patients

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

(b) STCF staff shall develop a written discharge and aftercare plan for each patient. This plan shall be developed together with the appropriate community program in which the patient will be receiving services.

(c) STCF staff shall develop appropriate mechanisms to ensure linkage with other needed services and continuity of care for patients at time of discharge.

(d) Affiliation agreements between STCFs and the State and county psychiatric hospitals shall include criteria and procedures for:

1. STCF staff to transfer patients who meet the standard for commitment to the State or county psychiatric hospital, including compliance with the provision at N.J.S.A. 30:4-27.10(i) prohibiting the transfer of an STCF patient less than five days prior to the scheduled date of a commitment hearing, unless such change is dictated by a change in the person's clinical condition and requiring 24 hours advance notice of the pending transfer to the patient, his or her family and his or her attorney;
2. The determination of which patients may be transferred to other facilities prior to the STCF's average length of stay; and
3. STCF staff to obtain patient consent whenever possible and to notify the patient's family as appropriate regarding further in-patient treatment.

(e) The affiliation agreements with the State and county hospitals shall specify the respective responsibilities of both parties with regard to medical clearance and all other activities related to the transfer of a patient from STCF to the State or county psychiatric hospital, including designation of a contact person at each facility. The State or county hospital shall agree to admit patients from the STCF on a consensual basis, if the results of a psychiatric evaluation indicate that the patient meets the standard for involuntary commitment and needs longer term care but is willing to be admitted consensually.

(f) STCF staff shall develop and enforce a written policy which states that patients shall not be discharged solely because their insurance coverage has been discontinued or has expired.

(g) STCF shall develop and implement procedures for ensuring that the commitment documents for each patient

are completed and accommodate commitment hearings as scheduled.

Amended by R.2002 d.221, effective July 15, 2002.  
See: 33 N.J.R. 3887(a), 34 N.J.R. 2451(a).

Rewrote (b); in (d), substituted "standard for" for "involuntary" in 1 and inserted "further in-patient" in 3; in (e), substituted "including a designation of a" for "and shall include a designated" and substituted "consensual" and "consensually" for "voluntary" and "voluntarily"; deleted former (f); recodified former (g) and (h) as (f) and (g).

#### 10:37G-2.5 Administration and staffing

(a) The STCF shall be sufficiently staffed with qualified personnel to provide STCF 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 treatment needs of the patients.

(b) If it has fewer than seven beds, the STCF may employ a manager on a half-time basis. If it has seven or more beds, the STCF shall employ a full-time manager. The manager shall be given the responsibility and authority for day-to-day operation of the STCF and shall be charged with assuring that the STCF functions as part of a continuum of care. The manager of the STCF or designee shall be required to actively participate in System Review Committee meetings in the geographic area in which the STCF is located.

(c) In addition to employing a manager, the STCF shall, at a minimum, meet the following staffing requirements:

1. The STCF shall have policies and procedures ensuring that total staffing equals a minimum of two full-time direct care positions in appropriate disciplines for each designated bed. The equivalent of up to one full-time clerical position per 10 beds may be included in this category;

2. There shall be a minimum of two full-time nursing staff on the STCF unit on every shift;

3. There shall be no less than one full-time nursing staff for every three patients on day and evening shifts and no less than one full-time nursing staff for every five patients on the night shift, with a minimum of one full-time registered nurse per shift on the STCF unit;

4. A medical director shall be employed no less than half time. The medical director shall be responsible for oversight of the treatment provided at the STCF, supervision of other physicians and education of STCF staff; and

5. STCF staff shall develop and implement a written policy which requires a staffing pattern that includes a multi-disciplinary approach to address the diverse clinical needs of patients.

(d) STCF staff shall develop and implement written procedures for increasing staffing when patients' clinical needs so indicate.

Amended by R.2002 d.221, effective July 15, 2002.  
See: 33 N.J.R. 3887(a), 34 N.J.R. 2451(a).

In (b), inserted the first sentence and rewrote the second sentence; in (c), deleted "full-time" in the introductory paragraph, substituted "STCF" for "short term care facility" and inserted "full-time" preceding "direct care positions" in 1 and inserted "full-time" throughout in 2 and 3.

#### 10:37G-2.6 Quality assurance activities

(a) STCF staff shall address the following areas:

1. STCF staff shall monitor the quality and appropriateness of clinical performance;

2. STCF staff shall identify areas for routine monitoring;

3. The STCF manager shall participate on the STCF quality assurance committee to ensure that STCF quality assurance findings are referred to the hospital-wide quality assurance committee;

4. The STCF manager shall ensure that persistent problems are addressed;

5. The STCF manager shall complete the Systems Review Committee STCF form and shall submit it to the Division and the systems review committee (SRC) monthly, noting, at a minimum, the number and/or kind of:

- i. Admissions;
- ii. Admission sources;
- iii. Non-admissions (eligible, but no bed available);
- iv. Discharges;
- v. Discharge destination;
- vi. Transfer;
- vii. Occupancy rate; and
- viii. Length of stay on the STCF;

6. The STCF manager shall utilize various sources of data on acute hospital in-patient care and review statistics from comparable STCFs to identify areas for special review in order to evaluate performance; and

7. The STCF manager shall report any unusual incidents in accordance with the requirements of N.J.A.C. 10:37-6.108.

Amended by R.2002 d.221, effective July 15, 2002.  
See: 33 N.J.R. 3887(a), 34 N.J.R. 2451(a).  
Rewrote the section.

#### 10:37G-2.7 Designation and redesignation

(a) A candidate for STCF designation shall submit a certificate of need application to the New Jersey Department of Health and Senior Services DHSS and respond to whatever follow-up application questions DHSS and the Division may have. The DHSS and the Division shall review all statements and responses by the applicant. Pursuant to certificate of need rules and subsequent to consultation with the Division, the DHSS shall approve or disapprove the application and shall so notify the applicant.

(b) Application for designation as a STCF must be submitted to the Division a minimum of 60 days prior to the planned STCF implementation.

(c) Each applicant seeking designation as a STCF shall receive a site review by Division staff. Thereafter, redesignation reviews shall be conducted annually by Division staff.

(d) Site reviews shall assess whether the STCF services are provided according to the rules set forth in this chapter.

(e) Site reviews may include, but need not be limited to, a review of statistical and patient information, the self-assessment, and other documents submitted by the STCF. Reviews may be followed by a visit to the STCF unit by Division staff to review clinical records, to observe programming, to interview STCF administration and staff and to evaluate the physical environment.

(f) On behalf of the Commissioner of the Department of Human Services, the Division Director, in consultation with the Assistant Director responsible for the geographical area served by the STCF, shall make the determination for designation or redesignation and shall notify the STCF of the determination.

(g) Revocation of designation may occur if it is determined by the Division that a STCF is not in compliance with applicable rules or if the life or safety of patients is endangered.

(h) In the event that the Division does not designate the STCF, written notice shall be sent to the STCF's executive director or designee and to the STCF's president of the board of directors by the Division providing the basis for the decision.

(i) Whenever designation is denied, revoked or not renewed and the STCF disputes the basis for the action, the STCF may apply to the Division Director for review and submit relevant written material for the Director's reconsideration. A decision shall be rendered within 30 days of the receipt of the written request for a review.

(j) The STCF shall inform the Division of any proposed changes affecting its bed complement.

(k) If the STCF chooses to appeal the Director's decision made pursuant to these rules, the STCF may request an administrative hearing, which shall be conducted pursuant to the Administrative Procedures Act, N.J.S.A. 52:14B-1 et seq. and 52:14F-1 et seq., and the Uniform Administrative Procedure Rules, N.J.A.C. 1:1. The Commissioner, upon a review of the record submitted by the administrative law judge, shall adopt, reject or modify the recommended report

and decision no later than 45 days after receipt of such recommendations, pursuant to N.J.A.C. 52:14B-10.

Amended by R.2002 d.221, effective July 15, 2002.

See: 33 N.J.R. 3887(a), 34 N.J.R. 2451(a).

Rewrote (a); added a new (b); recodified former (b) as (c) and substituted "applicant" for "STCF"; recodified former (c) through (h) as (d) through (i); added (j); recodified former (i) as (k).

#### **10:37G-2.8 Determination of the need for additional STCF beds**

(a) This section delineates the procedure that a STCF shall follow to apply for additional beds.

(b) In the review of applications for new beds, the Division, in conjunction with the DHSS, shall ensure that the following conditions are present:

1. An adequate number of adult open acute and STCF beds shall be available within the same facility to ensure clinically appropriate levels of care. The adequacy of the distribution of open and STCF beds will be demonstrated by the applicant when the adult open acute bed capacity will accommodate projected admissions.

i. To determine the projected occupancy rate, the applicant shall multiply the occupancy rate for the past 12 months by the existing number of open acute beds. This number shall be divided by the number of open acute beds that would remain if the conversion occurred.

ii. If the development of STCF capacity is proposed through conversion of existing open acute beds, the applicant shall demonstrate that the conversion shall not negatively impact accessibility to these less restrictive services for patients who need them.

2. If the projected occupancy rate for the remaining open acute beds exceeds 85 percent, STCF staff shall ensure that arrangements have been made to accommodate patients who need open acute services. Prior to implementing the conversion, this arrangement shall be approved by the Division.

(c) STCF staff may submit a request to provide a greater number of STCF beds than the number estimated by the Division's need based plan and currently in operation, if current STCF utilization exceeds 90 percent occupancy for the previous 12 month period or if STCF staff are able to submit other documentation to justify a county bed need greater than that estimated by the Division.

Amended by R.2002 d.221, effective July 15, 2002.

See: 33 N.J.R. 3887(a), 34 N.J.R. 2451(a).

Rewrote the section.