

CHAPTER 37F

PARTIAL CARE SERVICES STANDARDS

Authority

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

Source and Effective Date

R.2006 d.389, effective October 13, 2006.
See: 38 N.J.R. 1990(a), 38 N.J.R. 4694(b).

Chapter Expiration Date

In accordance with N.J.S.A. 52:14B-5.1c, Chapter 37F, Partial Care Services Standards, expires on April 11, 2014. See: 45 N.J.R. 2378(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: 32 N.J.R. 3927(a), 33 N.J.R. 1610(b).

Chapter 37F, Partial Care Services Standards, was readopted as R.2006 d.389, effective October 13, 2006. See: Source and Effective Date. See, also, section annotations.

In accordance with N.J.S.A. 52:14B-5.1b, Chapter 37F, Partial Care Services Standards, was scheduled to expire on October 13, 2013. See: 43 N.J.R. 1203(a).

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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 providers of partial care services (PC) for adults.

(b) The purpose of PC services is to assist individuals with severe mental illness to achieve community integration through valued living, learning, working, and social roles and to prevent hospitalization and relapse. The role of PC is there-

fore to facilitate consumer integration into the community, not to become a permanent outcome although it is recognized that some consumers may need the support of PC for long periods of time. This balance between recovery and clinical services is accomplished through the provision of individualized, comprehensive, non-residential, structured programming which provide, but are not limited to, counseling, case management, psychoeducation, pre-vocational services, social and leisure services, and psychiatric services, and shall be available to eligible individuals on an hourly basis for up to five hours per day at least five times per week.

Amended by R.2006 d.389, effective November 6, 2006.

See: 38 N.J.R. 1990(a), 38 N.J.R. 4694(b).

In (a), substituted "providers" for "Division funded"; and rewrote (b).

10:37F-1.2 Guiding principles

(a) The following concepts of recovery and wellness shall serve as the guiding principles in the delivery of partial care services:

1. Consumers should have a basis to expect that, as a result of their involvement with this program, they will be able to better manage their illness and improve the quality of their life;
2. Partial care programs shall identify and build upon each recovering individual's strengths and areas of health in addressing his or her needs;
3. The environment in which partial care services are delivered shall encourage hope and emphasize individual dignity and respect;
4. As recovery is most often a process, not an event, the provider shall address the needs of people over time and across different levels of disability;
5. Recovery principles shall be applied to the full range of engagement, intervention, treatment, rehabilitation and supportive services that a person may need;
6. As a recovery-oriented system, the partial care program shall offer a high degree of:
 - i. Accessibility; and
 - ii. Sustainable effectiveness in engaging and retaining persons in care such that they can achieve the highest degree of stability and recovery over a long period of time;
7. Whenever possible, the services shall be provided within the person's own community setting, using the person's natural supports; and
8. The service system shall help the person achieve an improved sense of mastery over his or her condition and shall assist the person in regaining a meaningful, constructive sense of membership in the community.

(b) The Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM), is incorporated by reference

into this chapter. Copies of the DSM may be obtained from the American Psychiatric Association, 1400 K Street N.W., Washington D.C. 20005.

New Rule, R.2006 d.389, effective November 6, 2006.

See: 38 N.J.R. 1990(a), 38 N.J.R. 4694(b).

Former N.J.A.C. 10:37F-1.2, Definitions, recodified to N.J.A.C. 10:37F-1.3.

10:37F-1.3 Definitions

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

“Active treatment” means a process initiated at the point of intake for a partial care program and consists of the assessment, treatment, psychiatric rehabilitation and discharge planning phases of mental health services. Active treatment includes an integrated, comprehensive, and complementary schedule of treatment services for the purposes of maximizing a consumer’s independence and community living skills to promote community integration, achieving valued roles and reducing unnecessary hospitalizations.

“Advanced practice nurse” means an individual certified as an advanced practice nurse by the New Jersey State Board of Nursing.

“Certified Psychiatric Rehabilitation Practitioner” means an individual who has fulfilled all the eligibility requirements and passed a comprehensive, standardized written examination as defined by the Certification Commission for Psychiatric Rehabilitation.

“Clinician” means a mental health professional possessing a Master’s or Doctoral degree from an accredited university in a field such as psychiatry, psychology, social work, psychiatric nursing or rehabilitation counseling, including, but not limited to, a licensed professional counselor. In addition to the degree, the applicable training must be completed including the appropriate residency (fellowship), internship or student placement required by the professional standards of the respective discipline as well as the applicable state license. A clinician may also have the credentials to be a qualified addictions staff person.

“Community Mental Health Associate” means a Community Mental Health Associate as defined by the Certification Board, Inc., 1200 Tices Lane, East Brunswick, NJ.

“Direct care staff” means those personnel whose primary function is face-to-face interaction with the consumer providing the therapeutic contact necessary to achieve the consumer’s treatment goals.

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

“Educational services” means a formal educational course of study leading to a degree, certificate or graduation from an accredited institution or program and may include basic educational courses, special educational courses, General Education Diploma (G.E.D.), and pre-college preparation.

“Individualized recovery plan” (IRP) means a consumer directed, individualized treatment plan, based upon the comprehensive assessment, developed by the consumer in collaboration with family members, significant others and partial care staff that identifies clinical needs, current status and specific goals and objectives. The IRP identifies specific interventions, measurable outcomes and is revised on a regular basis to reflect the individual’s current status and achievement of goals.

“Interdisciplinary treatment team (IDTT)” means a team of individuals consisting of a psychiatrist and/or an advanced practice nurse, clinician, rehabilitation and other counselor(s), consumer, family member with consent, direct partial care staff, R.N. and others involved with meeting the consumer’s treatment needs.

“Licensed professional counselor” means an individual licensed as a professional counselor as defined by Professional Counselor Examiners Committee of the New Jersey State Board of Marriage and Family Therapy Examiners.

“Licensed associate counselor” means an individual licensed as an associate professional counselor as defined by Professional Counselor Examiners Committee of the New Jersey State Board of Marriage and Family Therapy Examiners.

“Mental health services worker” means an individual who possesses a bachelor’s degree or associate’s degree in psychosocial rehabilitation or mental health services, or related life or work experience in mental health, such as assuming leadership roles during participation in mental health services or mental health consumer initiatives.

“Off-site interventions” means planned mental health programming provided during hours of partial care at a location other than that of the program site in order to assist the individual to apply and/or practice critical community skills learned in the PC.

“Partial care (PC)” means an individualized, outcome-oriented mental health service, which provides a comprehensive, structured, non-residential, interdisciplinary treatment and psychiatric rehabilitation program in a community setting to assist consumers who have serious mental illness in increasing or maximizing independence and community living skills and enhancing the quality of their lives. Partial care services are offered to an individual age 18 or older with a primary psychiatric disorder that is accompanied by an impaired ability to perform living, learning, working or social roles. Partial care services support consumer stabilization and community integration and are alternatives to more intensive acute interventions. Partial care services provide active treatment and psychiatric rehabilitation for consumers who do not require inpatient hospitalization but require support and structured programming.

“Pre-vocational services” means interventions, strategies and activities within the context of a partial care program that