

**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.2003 d.253, effective June 5, 2003.  
See: 35 N.J.R. 353(a), 35 N.J.R. 2915(a).

**Chapter Expiration Date**

Chapter 37H, Youth Case Management Services, expires on June 5, 2008.

**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: Source and Effective Date.

**CHAPTER TABLE OF CONTENTS**

**SUBCHAPTER 1. GENERAL PROVISIONS**

- 10:37H-1.1 Purpose and scope
- 10:37H-1.2 Definitions
- 10:37H-1.3 General requirements for provider agencies
- 10:37H-1.4 Management
- 10:37H-1.5 Waiver

**SUBCHAPTER 2. PROGRAM OPERATION**

- 10:37H-2.1 Quality assurance
- 10:37H-2.2 Population to be served
- 10:37H-2.3 Services to be provided
- 10:37H-2.4 Admissions
- 10:37H-2.5 Intake
- 10:37H-2.6 Records
- 10:37H-2.7 Progress notes
- 10:37H-2.8 Service plan
- 10:37H-2.9 Discharge
- 10:37H-2.10 Staffing

**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 Division of Mental Health Services to serve youth under 18 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 seriously

emotionally disturbed 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.

**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.

“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 Human Services.

“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 service plan and is updated periodically based upon the availability of the client.

“Department” means the New Jersey Department of Human Services.

“Division” means Division of Mental Health Services within the New Jersey Department of Human Services.

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

“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 Division, 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.

“Risk assessment” means an assessment that concludes with the assignment of a risk category.

“Risk category” means the three levels of YCM services based upon assessed risk of hospitalization, functional level, and willingness or ability to access needed services. The risk categories are:

1. High risk/intensive services;
2. At risk/supportive services; and
3. Low risk/maintenance services.

“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.

“Seriously emotionally disturbed” 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 relationship; or
2. Impaired functioning that has either continued for at least one year or has been of short duration and high severity.

“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 11 and older who require ongoing intensive psychiatric treatment in a restrictive hospital setting.

“Youth” means persons under 18 years of age.

“Youth case management” (YCM) means the provision of off-site community based services which assist youth and their families in accessing and receiving needed services. These services include service assessment, service brokering, providing service linkages, advocacy and case monitoring.

### 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.

(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;
4. Helping youth and their families develop and use social support systems;
5. Advocating for youths on their behalf; and
6. Affirming each youth’s strengths and abilities.

(e) Each Youth Case Management program shall give the provider agency’s statement of purpose to the youth, parents or legal guardians applying for services and to staff members.

(f) The provider agency shall maintain a record of the parent’s or legal guardian’s receipt of the statement of purpose.

### 10:37H-1.4 Management

(a) The PA shall comply with all applicable general provisions for Division funded community mental health agencies at N.J.A.C. 10:37 and all applicable management and governing body provisions at N.J.A.C. 10:37D.

(b) Each PA shall provide verification of employee qualifications and staff credentials and maintain the information on file.