

CHAPTER 37F**PARTIAL CARE SERVICES STANDARDS****Authority**

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

Source and Effective Date

R.2001 d.165, effective May 21, 2001.
See: 32 N.J.R. 3927(a), 33 N.J.R. 1610(b).

Executive Order No. 66(1978) Expiration Date

Chapter 37F, Partial Care Services Standards, expires on May 21, 2006.

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: Source and Effective Date.

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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 Division funded partial care services (PC) for adults.

(b) The purpose of PC services is to provide comprehensive, non-residential, structured programming for individuals with severe mental illness. The therapeutic milieu of these programs provides rehabilitation and intensive support to prevent hospitalization and relapse and to assist in the development of community living skills. PC services include counseling, case management, psychoeducation, pre-vocational services, social and recreational services, and psychiatric services, and shall be available to eligible individuals on a half-day or full-day basis at least five times per week.

10:37F-1.2 Definitions

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

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

“Partial care services (PC)” means comprehensive, structured, non-residential health services provided in a community setting to adult clients who have serious mental illness.

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

“Psychoeducation services” means a mutual exchange of information and education between the professional and client or the professional and family members in order to increase the likelihood of family and community support to the client and to reduce the probability of client decompensation. Information may address etiology and symptoms characteristic of the client’s mental illness, effects of medication, coping skills, daily living skills, community resources and supports, and similar mental health service-related matters.

SUBCHAPTER 2. PARTIAL CARE STANDARDS**10:37F-2.1 Admission and intake**

(a) First priority for admissions into PC services shall be given to persons with severe and persistent mental illness in accordance with target populations, as defined in N.J.A.C. 10:37-5.2.

1. Inclusionary and exclusionary admission criteria, which are not inconsistent with contract provisions, shall be written and utilized in intake procedures designed to assure clinical appropriateness of each admission.

(b) The initial contact shall serve to orient and engage new clients, and facilitate continuity of service.

1. The PA shall have a procedure for the recording of pertinent information during the potential client’s contact with the PA.

2. The PA shall train staff regarding appropriate responses to inquiries for service and shall document such training.

3. The PA shall maintain a system to schedule face-to-face intake appointments. If the client cannot be immediately scheduled, the PA shall contact the client within two working days to arrange for an initial intake appointment.

4. The PA shall develop a written policy for minimum client information required for intake. A major purpose of this policy shall be to ensure that there is an adequate client assessment without undue delay of service.

5. The PA shall develop a procedure for clients who cannot be served immediately, but for whom interim support is needed to address emergent needs. In all cases, a determination of the clients' interim medication needs shall be made. These interim support services shall be documented.

(c) The PA shall develop and implement an intake process that provides an opportunity for assessment of an applicant's eligibility for service and the formulation of a plan to guide initial services which is mutually developed by the client and a staff member.

1. Intake procedures shall be designed to facilitate program participation at the earliest appropriate opportunity. Completion of the formal intake process shall not preclude an otherwise eligible client from participating in program activities or receiving services on a provisional or try-out basis.

2. The intake process shall include a minimum of one face-to-face interview.

3. There shall be written policies and procedures which require that the following information be documented for all intake interviews conducted. These procedures shall include requirements for documenting the following:

- i. Basic information, including emergency contact person;
- ii. Presenting problems and reason for referral;
- iii. A brief history of illness, including previous services received at agency and elsewhere;
- iv. Medication information;
- v. Current mental health service providers and other social service providers;
- vi. A signed consent for release of information, in accordance with all applicable legal requirements;
- vii. Basic family and social supports;
- viii. A medical history, including allergies;
- ix. Legal information relevant to treatment;
- x. Basic chemical dependency information; and
- xi. Risk factors (for example, under what circumstances the client may be a danger to self or others).

4. The PA shall develop and implement a written procedure which requires a review of all intakes that result in a determination that a client may be denied service.

5. The PA shall develop and implement written procedures that require the PA to maintain contact with any client who is waiting for service in order to ensure that each client's emergent needs are identified and met.

6. An initial service plan shall be completed during the intake process. This plan shall address the client's needs and concerns, with special attention to urgent presenting problems, to meet immediate needs for food, clothing, shelter and medication.

7. The initial plan shall be documented in the progress notes and shall include interventions utilized, such as prevocational or counseling services.

8. The initial service plan shall be revised as needed until the comprehensive service plan is developed. The PA shall develop a formal procedure for updating the initial service plan, which shall be completed within six weeks of intake and shall involve supervisory personnel.

9. The intake process shall include an orientation to the program and an explanation of the client's rights and grievance procedure. The PA shall also post the grievance procedure in a prominent location within the agency and make copies of N.J.A.C. 10:37-4.5, Client rights, and 10:37-4, Agency ombuds procedure, available to clients upon request.

10:37F-2.2 Assessment and service planning

(a) PA staff shall complete a written comprehensive assessment for each client prior to development of the comprehensive service plan.

1. The PA's written procedures shall require that every comprehensive assessment include, at a minimum, the assessment of the client's strengths and deficits in the following areas:

- i. Motivation, including, but not limited to, willingness to participate in the program;
- ii. Social and recreational functioning including, but not limited to, ability to make friendships, communication skills and hobbies;
- iii. Emotional and psychological characteristics including, but not limited to, mental status, abuse history, if applicable, understanding of their own illness, and coping mechanisms;
- iv. Physical health including, but not limited to, applicable allergic and adverse medication reactions;
- v. Vocational and educational factors including, but not limited to, job history, task concentration and motivation for work;
- vi. Activities of daily living including, but not limited to, transportation, budgeting, self care and hygiene;
- vii. Living arrangements including, but not limited to, housing, entitlements and subsidies;