

CHAPTER 38A
PRE-PLACEMENT PROGRAM

Authority

N.J.S.A. 30:1-12, 30:4-27.19 and 30:4-63.

Source and Effective Date

R.2003 d.353, effective August 7, 2003.
See: 35 N.J.R. 1822(a), 35 N.J.R. 4082(b).

Chapter Expiration Date

In accordance with N.J.S.A. 52:14B-5.1c, Chapter 38A, Pre-Placement Program, expires on February 3, 2009. See: 40 N.J.R. 4487(a).

Chapter Historical Note

Chapter 38A, Pre-Placement Program, was adopted as R.1993 d.356, effective July 19, 1993. See: 24 N.J.R. 4326(a), 25 N.J.R. 3213(a).

Pursuant to Executive Order No. 66(1978), Chapter 38A, Pre-Placement Program, was readopted as R.1998 d.381, effective June 26, 1998. See: 30 N.J.R. 1367(a), 30 N.J.R. 2646(a).

Chapter 38A, Pre-Placement Program, was readopted as R.2003 d.353, effective August 7, 2003. See: Source and Effective Date. See, also, section annotations.

CHAPTER TABLE OF CONTENTS

SUBCHAPTER 1. GENERAL PROVISIONS

- 10:38A-1.1 Scope and purpose
10:38A-1.2 Definitions

SUBCHAPTER 2. ELIGIBILITY REQUIREMENTS

- 10:38A-2.1 Program eligibility

SUBCHAPTER 3. PROGRAM STANDARDS

- 10:38A-3.1 Program standards and requirements

SUBCHAPTER 1. GENERAL PROVISIONS

10:38A-1.1 Scope and purpose

(a) The Pre-Placement Program shall be available to all eligible patients (as defined herein at N.J.A.C. 10:38A-2.1) at each of the State psychiatric hospitals operated by the Division. Community providers eligible to receive Pre-Placement Program payments from the State psychiatric hospital for the cost of pre-placement care shall include, but not be limited to, licensed boarding homes, residential care facilities, and other residential providers approved by hospital staff.

(b) Certain patients at State psychiatric hospitals have received the maximum available benefit from their inpatient psychiatric hospitalization in the judgement of their treatment team, but have not had an opportunity to explore the suitability of or to demonstrate their ability to adjust to certain alternative available community placements. The purpose of

the Pre-Placement Program is to provide such patients with the opportunity to test out a possible community setting and to serve those patients whose psychiatric history and hospital behavior threaten their ability to succeed at these placements unless it is financially and programmatically supported. Additionally, community service providers would receive authorization to ensure payment for their services prior to the client's receipt of either Interim Assistance or Supplemental Security Income benefits.

Amended by R.2003 d.353, effective September 2, 2003.
See: 35 N.J.R. 1822(a), 35 N.J.R. 4082(b).

In (a), inserted "(as defined herein at N.J.A.C. 10:38A-2.1)" following "patients"; inserted "and other residential providers approved by hospital staff" following "residential care facilities"; substituted references to hospitals for facilities throughout.

10:38A-1.2 Definitions

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

"CEO" means the Chief Executive Officer of a State psychiatric hospital.

"Conditional Extension Pending Placement" or "CEPP" means, as delineated at R. 4:74-7(h)2, the legal status of a patient who is otherwise entitled to discharge, but who cannot be immediately discharged due to the unavailability of an appropriate placement. CEPP status is evidenced by a court order which conditionally extends the patient's hospitalization and schedules a placement review hearing 60 days thereafter. Any subsequent placement review hearings are held at intervals not greater than six months if the patient is not discharged earlier.

"Department" shall mean the New Jersey Department of Human Services.

"Division" shall mean the New Jersey Division of Mental Health Services.

"Interdisciplinary Treatment Team" means the organized group of clinical staff who are responsible for the treatment of a specific patient who has been admitted to an adult psychiatric hospital. Members of the team meet to share their expertise with one another; to develop and implement treatment plans; to monitor patient progress; to reassess and make adjustments in treatment plans, as needed; and to plan discharge/aftercare. Patients are also members of their specific treatment teams and participate in the development of the treatment plan to the extent that their clinical condition permits. Family members and significant others are encouraged to be part of the treatment planning process. Treatment team members shall include, at a minimum, a psychiatrist, a registered nurse, and a social worker. The treatment team shall request the participation of whatever other unit or community liaison staff is necessary for the treatment and responsible discharge of the patient.

“Interim Assistance” means the payment procedure developed by the State of New Jersey and the Social Security Administration that permits a patient who has been released from a State psychiatric hospital and who has applied for Federal Supplemental Security Income (SSI) benefits to receive State loaned funding at a level consistent with the anticipated SSI benefit while his or her SSI claim is being evaluated. (See N.J.A.C. 10:38.)

Amended by R.1998 d.381, effective July 20, 1998.

See: 30 N.J.R. 1367(a), 30 N.J.R. 2646(a).

In “Division”, substituted “Services” for “and Hospitals”.

Amended by R.2003 d.353, effective September 2, 2003.

See: 35 N.J.R. 1822(a), 35 N.J.R. 4082(b).

In “CEO” substituted “hospital” for “facility”; rewrote “Conditional Extension Pending Placement”, “Interdisciplinary Treatment Team”, added “Interim Assistance”.

SUBCHAPTER 2. ELIGIBILITY REQUIREMENTS

10:38A-2.1 Program eligibility

(a) To be eligible for the Pre-Placement Program, including the supporting payments to community and other residential providers approved by hospital staff, the patient must:

1. Be an inpatient at a State psychiatric hospital who is not judicially restrained from discharge;
2. Be 18 years of age or older;
3. Have been evaluated by their Interdisciplinary Treatment Team as:
 - i. Not likely to constitute a danger to self, others, or property, if residing at the community program;
 - ii. Having received the maximum available benefit from their inpatient psychiatric hospitalization; and
 - iii. Possessing the capacity for successful adjustment at a specific, available community placement which is appropriate for pre-placement payments, if applicable;
4. Be likely to meet the income and medical eligibility standards for Supplemental Security Income, or have sufficient resources to sustain the placement without the State Psychiatric hospital supporting payments to the community provider; and
5. Indicate his or her willingness to apply for both Interim Assistance and Supplemental Security Income, when appropriate.

Amended by R.2003 d.353, effective September 2, 2003.

See: 35 N.J.R. 1822(a), 35 N.J.R. 4082(b).

In (a), inserted “and other residential” following “community” and “approved by hospital staff” following “providers” in the introductory paragraph and substituted “hospital” for “facility” in 1; in 3iii, inserted “if applicable” following “payments”; rewrote 4.

SUBCHAPTER 3. PROGRAM STANDARDS

10:38A-3.1 Program standards and requirements

(a) Each eligible patient may participate in the Pre-Placement Program up to a maximum of 14 calendar days.

(b) Any hospital patient or any interested party on behalf of a hospital patient may initiate a Pre-Placement Program request to the patient’s Interdisciplinary Treatment Team.

(c) Each patient approved as appropriate for the Pre-Placement Program by the Interdisciplinary Treatment Team shall be referred to the Discharge/Financial Coordinator for Interim Assistance eligibility determination.

(d) Each Chief Executive Officer (CEO) shall designate a member of the patient’s treatment team or other appropriate person, if indicated in the hospital’s policies and procedures manual, to monitor the patient’s adjustment in the community and, depending on the particular placement, act as a liaison to the community providers or the patient’s family for assistance regarding adjustment issues.

(e) If a patient requests his or her return to the hospital, the hospital staff designated at (d) above shall review the placement situation and basis for the request and attempt to maintain the placement, if possible, and in the client’s best interests. If these efforts do not succeed, and the patient continues to request his or her return during pre-placement period, the patient shall be returned to the hospital.

(f) A patient may be returned to the hospital when his or her Interdisciplinary Treatment Team has concluded that he or she and the provider have inadequately adjusted to each other so that conditions supporting the likelihood of a successful discharge and placement to the provider are not well-established. Before making its decision, the Interdisciplinary Treatment Team should discuss the situation with and consider the input received from the patient, and the provider. The patient shall be given an opportunity to object to the team obtaining input from the patient’s family and any other interested party with relevant information, and if there is no objection, information from those sources may also be considered.

(g) Each participating patient and provider shall receive a fact sheet from hospital staff which summarizes the significant aspects of the program. The provider shall demonstrate its willingness to adhere to the program’s policies and procedures as delineated in this chapter by signing an agreement to that effect with the referring hospital. The patient or patient’s guardian shall be given the opportunity to consent in writing to the disclosure of the patient’s hospital records to the provider prior to placement. If either a prospective provider or a patient wants to interview the other prior to placement, the interview shall be arranged by the hospital staff.

(h) Patients adjudicated as Conditional Extension Pending Placement may participate in the program. Hospital staff shall notify the committing court of the patient's participation in the program, which shall be in accordance with court directives. The hospital shall notify the committing court in the event of the patient's return to hospitalization due to unsuccessful adjustment. Patients who are involuntarily committed may also participate in the program.

(i) State psychiatric hospital staff shall adhere to appropriate internal directives regarding financial and administrative recordkeeping and payment methodology.

(j) Whenever a patient successfully completes a Pre-Placement for 14 days with a provider, he or she shall be removed from that program status and, upon the treatment team's approval, shall be discharged from the hospital and no longer subject to return to the hospital according to the

standard contained in these rules (see (e) above). Patients who have completed the Pre-Placement Program and whose subsequent behavior indicates that they require psychiatric hospitalization, must be screened in accordance with the procedures and standards contained in the Mental Health Screening Law (N.J.S.A. 30:4-27.1 et seq.).

(k) Whenever a patient successfully completes a Pre-Placement for 14 days with a provider, an alternative financial source, such as Supplemental Security Income, for any continued cost of community care must be secured by the patient, with assistance from hospital staff, as needed, in order to maintain ongoing placement with that provider.

Amended by R.2003 d.253, effective September 2, 2003.

See: 35 N.J.R. 1822(a), 35 N.J.R. 4082(b).

Rewrote (d) through (j).