

CHAPTER 37E
OUTPATIENT SERVICE STANDARDS

Authority

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Source and Effective Date

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Chapter Expiration Date

Chapter 37E, Outpatient Service Standards, expires on June 27, 2011.

Chapter Historical Note

Chapter 37E, Outpatient Service Standards, was adopted as R.1995 d.481, effective September 18, 1995. See: 26 N.J.R. 3608(a), 27 N.J.R. 3603(a). Pursuant to Executive Order No. 66(1978), Chapter 37E, Outpatient Service Standards, expired on September 18, 2000.

Chapter 37E, Outpatient Service Standards, was adopted as new rules by R.2001 d.164, effective May 21, 2001. See: 32 N.J.R. 3926(a), 33 N.J.R. 1610(a).

Chapter 37E, Outpatient Service Standards, was readopted as R.2006 d.277, effective June 27, 2006. See: Source and Effective Date.

CHAPTER TABLE OF CONTENTS

SUBCHAPTER 1. GENERAL PROVISIONS

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

SUBCHAPTER 2. PROGRAM OPERATION

- 10:37E-2.1 Written policies and procedures
- 10:37E-2.2 Population/admission priorities
- 10:37E-2.3 Services to be provided
- 10:37E-2.4 Service planning
- 10:37E-2.5 Termination of services
- 10:37E-2.6 Staffing requirements
- 10:37E-2.7 Utilization review

SUBCHAPTER 1. GENERAL PROVISIONS

10:37E-1.1 Scope and purpose

(a) The rules in this chapter shall apply to all Division funded outpatient services (OP).

(b) The purpose of OP services is to support, enhance and encourage the emotional development and the development of clients life skills in order to maximize their individual functioning. These services are designed to preserve or improve current functioning, strengths and resources. In OP services clients and staff work together to plan and implement effective treatment.

10:37E-1.2 Definitions

The words and terms in this chapter shall have the following meanings unless the context clearly indicates otherwise.

“Affiliated psychiatric emergency service” means a psychiatric emergency service which has a written, Division approved affiliation agreement with a designated screening center to provide screening services within the area served by the designated screening center.

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

“Medication monitoring” means medication services provided under supervision of a licensed physician, or by a certified nurse practitioner/clinical nurse specialist and his or her collaborating physician, to evaluate, prescribe or administer, and monitor the client’s use of psychotropic medications including anti-parkinsonian medications.

“Outpatient services” means mental health services provided in a community setting to clients who possess a psychiatric diagnosis, including clients who are seriously and persistently mentally ill but excluding substance abuse and developmental disability unless accompanied by treatable symptoms of mental illness. Periodic therapy, counseling, and supportive services are generally provided onsite at the provider agency for relatively brief sessions (between 30 minutes and two hours). Services may be provided individually, in group, or in family sessions.

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

10:37E-2.1 Written policies and procedures

(a) PA shall develop and implement written policies and procedures to ensure that the provider complies with the rules in this chapter.

1. The PA shall have a written policy and procedure manual which is reviewed at least annually as evidenced by a written review date.

2. The PA shall have written policies and procedures that reflect the operational standards and practices of the PA.

10:37E-2.2 Population/admission priorities

(a) The PA shall have written policies and procedures describing its admission criteria and practices. First priority for admissions into OP 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. The PA shall have written and implemented policies and procedures regarding admission criteria requiring that clients referred directly from emergency services by a screening or affiliated psychiatric emergency service for medication follow-up be seen within seven calendar days of referral and that clients referred from inpatient settings for medication monitoring services be seen within fourteen calendar days of referral.

2. The PA shall have written and implemented policies which establish time frames and procedures for completion of the admission process for clients needing services other than medication monitoring.

3. The PA shall have written policies and procedures which specify the information to be obtained and the records to be maintained on all applicants or referrals for admission, the procedure for accepting referrals from outside organizations, self referrals and other sources, the statistical data to be recorded at the intake process, and the procedures to be followed, including alternative services, when an applicant is found ineligible for admission.

4. The PA shall have written and implemented policies and procedures that require every client receive an initial face-to-face assessment by professional staff or by a student in a recognized training program who is supervised by a member of the professional staff assuming responsibility for the work.

5. The PA shall have written and implemented policies and procedures requiring that applicants for service fully understand the program characteristics and their rights and responsibilities, including the nature and goals of the treatment program, the hours during which services are available, the treatment costs to be borne by the client, if any, and any other information deemed pertinent by the PA. Documentation of this communication shall be maintained in the clinical record.

10:37E-2.3 Services to be provided

(a) The OP program shall provide a range of services which address the individual needs of clients and shall include, at a minimum, the following:

1. Assessment and evaluation;
2. Referral, linkage and follow-up services;
3. Individual, group, and family therapy;

4. Psychiatric evaluation, medication services and medication monitoring; and

5. Psychoeducational services.

(b) Progress notes shall be completed after each OP session and shall be entered chronologically in the client record to document service provision.

(c) Progress notes shall generally relate the treatment provided to the goals and objectives contained in the written service plan and, at a minimum, shall address the following:

1. All face-to-face and other pertinent contacts;
2. Amount of time it took to deliver the service;
3. Clinical course of treatment including rationale for service provided;
4. Significant changes in the client's condition or situation, if any; and
5. Current status and response to treatment.

(d) The PA shall develop and implement policies and procedures to ensure effective provision of medication monitoring services.

1. Methods for service coordination and communication between PAs and other service providers serving mutual clients receiving medication shall be developed and implemented consistent with confidentiality rules in N.J.A.C. 10:37-6.59 to ensure that all providers of service are aware of the medication prescribed, potential side effects, and other medication monitoring concerns.

2. The PA shall ensure that clients receive information and instructions about the medication prescribed including, at a minimum, dosage, administration, contraindications, potential adverse reactions, and any relevant health education.

10:37E-2.4 Service planning

(a) Each client shall be provided OP services according to a written service plan contained in the clinical record.

1. Service plans shall be based upon the findings and treatment recommendations of a comprehensive mental health assessment. The comprehensive mental health assessment shall identify the client's needs and strengths and shall address, at a minimum, the following information about the client:

- i. Current emotional and behavioral functioning;
- ii. Previous emotional, behavioral, and substance abuse problems and treatment;
- iii. Medication history, including medication dosage, frequency and side effects;