CHAPTER 58
CHILDREN'S PARTIAL CARE PROGRAMS

Effective October 11, 2013
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SUBCHAPTER 1. CHILDREN'S PARTIAL CARE PROGRAM STANDARDS

3A:58-1.1 Purpose, scope, and goals

(a) Children's partial care programs provide seriously emotionally/behaviorally challenged youth with a highly structured intensive day treatment program.

(b) Program goals include:

1. Prevention of psychiatric hospitalization of youth at risk of psychiatric hospitalization;

2. Prevention of re-hospitalization of youth who have been psychiatrically hospitalized;

3. Provision of a transition for psychiatrically hospitalized youth from the hospital back into the community; and

4. Provision of services to at-risk children under the age of five years.

(c) Agencies operating children's partial care programs shall:

1. Respect the rights and dignity of youth and family members and when appropriate preserve the family unit;

2. Foster community living by teaching skills and improving functioning;

3. Help each youth to realize his or her potential for learning;

4. Foster healthy interdependence;

5. Help clients develop and use social support systems;

6. Help clients and their family members or legal guardians learn to manage the client's illness in order to prevent relapse, re-hospitalization, or placement in a restrictive environment;

7. Empower clients and families to actively participate in treatment and programming and to determine personal and program goals;

8. Affirm clients' strengths and abilities; and

9. Encourage and support clients' and families' efforts to help each other.

(d) A provider agency operating a children's partial care program shall comply with the provisions of this chapter and N.J.A.C. 10:190.

(e) No children's partial care program shall operate unless it has secured a license from the Department of Children and Families as a children's partial care program.

3A:58-1.2 Definitions

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

“Authorized consent” means written authorization to provide services or medical care to a youth from that youth’s parent, legal guardian, or other person or entity with the legal authority to provide such authorization.

“Children’s crisis intervention services” or “CCIS” means an acute care inpatient psychiatric service, under the auspices of the Department of Health pursuant to N.J.A.C. 8:33-1.3 and 8:43G-26.

"Children's partial care program" means a day treatment program offering structured activities for youth including activities for daily living, recreation, and socialization activities and other mental health services based upon the needs of the youth. The term “children’s partial care program” shall not include health care facilities licensed by the Department of Health.

“Comprehensive assessment” means the assessment of a youth through consideration of psychological, medical, developmental, substance abuse, spiritual, recreational, and vocational components.

"Comprehensive treatment plan" means the formulation of service and treatment goals, objectives, and interventions based on a comprehensive assessment, which shall include psychological, medical, developmental, substance abuse, spiritual, recreational and vocational components.

"Counseling" means the use of therapeutic methodologies, which enable individuals and families to resolve problems or temporary stress of situations that they have encountered.

"Daily living skills" means the activities which enable a youth to perform functions for every day living, such as basic housekeeping, grooming, dressing, maintaining schedules, social and recreational activities.

"Department" means the New Jersey Department of Children and Families.

"Group counseling" means the use of group processes and supports to develop in individuals the capacity to overcome specific personal problems or problem conditions.

"Level I standards" means those standards, as specified in this chapter, with which a children's partial care program must be in full compliance in order to be granted or to continue to receive a Department license. Level I standards are those standards that relate most directly to client rights, safety, and staffing.

"Level II standards" means all licensing standards, as specified in this chapter, not designated as Level I.

"License" means a Department document which provides the provider agency with

the authority to operate a children's partial care program.

"Seriously emotionally/behaviorally challenged" means a youth exhibiting one or more of the following characteristics: behavioral, emotional, or social impairment that disrupts the youth's academic or developmental progress and may also impact upon family or interpersonal relationship. This disturbance shall have also impaired functioning for at least one year or the impairment shall be of short duration and high severity.

"Therapeutic nursery" means a children's partial care program serving children five years of age and younger, offering children age-appropriate structured activities including activities for daily living, recreation, and socialization activities and other mental health services based upon the needs of the children.

"Treatment setting" means a CCIS unit, psychiatric community home for children, group home, treatment home, residential child care facility, drug/alcohol program, private hospital, or other out-of-home mental health treatment setting.

"Youth" means a person under 18 years of age, but may include persons over 18 and younger than 21 years of age, if eligible to receive partial care services under N.J.AC. 3A:58-1.5(c).

3A:58-1.3 Population to be served

(a) Agencies operating children's partial care programs shall have policies and procedures that give first priority for admission to youth who are diagnosed as seriously emotionally/behaviorally challenged and meet one or both of the following criteria:

1. Having previously resided in a treatment setting; or

2. By reason of serious emotional/behavioral disturbance, presently at risk of extended out-of-home placement in a treatment setting or of exclusion from the public school.

(b) Youth diagnosed as seriously emotionally/behaviorally challenged who do not meet the criteria in (a)1 or 2 above may be admitted provided that all youth referred who meet the criteria are given first priority for admission.

3A:58-1.4 Program services

(a) Agencies operating children's partial care programs shall provide a comprehensive range of services to address the individual needs of the youth. These programs shall be available daily five days per week. Additional planned activities may be provided during evening or weekend hours or both, as needed.

1. Services shall be available for all youth and provided to the extent required by the individual treatment plan. Evidence of the actual provision of services shall be documented in the clinical record. Services shall include, but need not be limited to, the

following:

i. Individual and group counseling and support;

ii. Therapeutic activities to address daily living (ADL) skills, recreation and socialization needs;

iii. Medication management, including counseling, monitoring, and safe storage;

iv. Family support services such as: family therapy, family psycho-education, family supportive counseling, or parenting skills development;

v. Psychiatric assessment;

vi. Case coordination, including obtaining authorizations and consents;

vii. Referral, advocacy, and service linkages, including to drug/alcohol programs, as needed;

viii. Liaison with the educational system, if parents consent; and

ix. Therapeutic milieu activities such as community meetings, behavior management programs, and related programming.

2. For services arranged through non-partial care providers, the partial care program shall provide referral, case coordination, and advocacy for all such services not provided. These service needs and their appropriate provision shall be documented in the clinical record.

3A:58-1.5 Services to children and youth

(a) The agency shall ensure that youth are provided age-appropriate or developmentally appropriate services, and shall implement written policies and procedures that address age grouping of available services for nursery (ages three to five), latency (ages five to 10), pre-adolescent (ages 10 to 12), adolescent (ages 12 to 17), and aging-out youth (above age 17). In those cases where it is determined that a youth receives services not with his or her chronological age group, written documentation shall be maintained in the youth’s clinical record as to the justification for this decision.

(b) The agency shall develop and implement written policies and procedures for transitioning youth from one age grouping to another age grouping, as well as for transitioning youth to adult services.

(c) The agency shall be permitted to provide partial care services to youth who attain age 18 provided that such services are indicated on the treatment plan, and adequately justified as to need for continued services.

3A:58-1.6 Admission

(a) Agencies operating children's partial care programs shall develop written admission policy. The policy shall include, but not be limited to, the following:

1. Admission criteria (both inclusionary and exclusionary);

2. Referral procedures, which identify any service area or geographic restrictions, contact procedures, scheduling of intake interviews, and procedures for obtaining required information;

3. Procedures for obtaining authorized consent(s) for treatment; and

4. Procedures, consistent with laws and rules regarding health privacy and protected health information, for notifying applicants, legal guardians(s), families, and referral sources of admissions decisions, rationale for such decisions, and any information related to service initiation. Such notification shall be made within seven calendar days of the intake interview.

3A:58-1.7 Intake

(a) Agencies operating children's partial care programs shall develop policies and procedures governing the recording of intake information. Intake information shall include, but not be limited to, the following:

1. Client's identifying information (for example, address, telephone number, emergency contact);

2. Presenting problem, reason for referral as perceived by client, parents, guardian, and significant others, and potential treatment goals and objectives;

3. A brief case history of illness including services received at the agency and elsewhere;

4. A psychiatric diagnosis (if applicable);

5. Indicators of characteristics that identify high risk to service providers in the provision of treatment to the youth;

6. Medical history and medication information;

7. History of drug or alcohol abuse;

8. Current mental health service providers;

9. Other service providers;

10. Family information;

11. Social supports;

12. Relevant educational information; and

13. Legal information relevant to treatment.

3A:58-1.8 Treatment planning

(a) Agencies operating children's partial care programs shall develop treatment plans based on the clinical needs of the youth.

1. Based on the information gathered through the intake process, a member of the professional staff shall complete an assessment of the clinical needs of the youth. This assessment shall include: treatment recommendations, immediate needs, preliminary goals or objectives and initial interventions. This assessment shall serve as the initial treatment plan completed within 72 hours until the comprehensive treatment plan is developed. This assessment shall be entered into the clinical record within 14 calendar days of the child's admission.

2. Prior to the development of the comprehensive treatment plan, a comprehensive assessment shall be conducted, concluding with findings and recommendations and shall be documented in the clinical record. This assessment shall include, but not be limited to, the following factors relating to each individual youth:

i. Motivation (for example, willingness to participate in the program);

ii. Social and recreational (for example, ability to make friendships, communication skills, hobbies);

iii. Emotional and psychological (for example, mental status, history of abuse, understanding of illness, coping mechanism) factors indicating high risk;

iv. Medical and health (for example, allergic reactions, medication information, and history);

v. Educational and vocational (for example, task concentration, motivation for learning);

vi. Daily living activities (for example, transportation, budgeting, self care, hygiene);

vii. Environmental supports (for example, housing, income);

viii. Social, cultural, and spiritual supports (for example, family, friends);

ix. Substance abuse and usage; and

x. Strengths and special skills.

3. A comprehensive treatment plan based on the comprehensive assessment shall be developed no later than 30 days after admission to the program. The plan shall be reviewed by appropriate treatment team members at subsequent 90-day intervals.

i. The plan shall address all recommendations included in the comprehensive assessment.

ii. The plan shall contain goals and measurable objectives with projected time frames for completing each goal.

iii. The plan shall contain treatment interventions and frequency of service activities.

iv. Where possible, the plan shall reflect family participation.

v. All other providers providing services to the youth shall be invited to provide input into the treatment planning process.

vi. All team members, including participating family members and youth, participating in the plan development shall sign the plan.

3A:58-1.9 Progress notes

(a) Progress notes shall be written in the youth's record at least weekly.

1. Each weekly progress note shall include:

i. A summary of services provided;

ii. The youth's general level of participation in the program for the week;

iii. The response to and outcome of treatment plan interventions; and

iv. Critical or significant events that have occurred during the week (for example, service coordination, crisis event).

2. The progress notes shall address all elements of the treatment plan and reflect the child's overall progress in the stated goals.

3A:58-1.10 Medication administration

(a) Programs that receive prescribed or non-prescription medication for a child or keep non-prescription medication on hand, and have trained staff to administer the medication, shall record such administration in a medication log book, which shall contain the following information:

1. The name of the child receiving medication;

2. The type of medication, dosage and intervals between dosages;

3. What to do if a dosage is missed;

4. The reason for the medication;

5. The date and time medication was administered;

6. Possible side effects of the medication, if any; and

7. The signature and title of the staff member administering medication.

(b) All prescription and non-prescription medication shall be maintained in a locked cabinet or container, or as needed, in a locked box in a refrigerator. Staff shall ensure that the keys to the locked cabinets, containers, and boxes are adequately safeguarded and maintained and are kept out of the reach of children and youth.

3A:58-1.11 Termination, discharge, and referral

(a) Agencies operating children's partial care programs shall have procedures for termination, discharge, and referral which ensure that the youth's continuing service needs are met.

1. Discharge criteria shall be documented in the clinical record. These criteria shall specify functional levels to be achieved for successful discharge.

2. Discharge criteria shall be incorporated into the treatment planning process.

3. Prior to discharge, a discharge plan shall be completed that shall address the youth's continuing needs. It shall minimally include an assessment of further need and available resources to meet such needs, referrals and linkages being made where appropriate to meet identified need and any follow-up activities and intervention planned.

4. The youth and family may participate in the development of the discharge plan.

5. Agencies operating children's partial care programs shall have written policies and procedures that address termination. Such procedures shall ensure that all termination decisions are reviewed for appropriateness. Such policies shall include, but not be limited to, actions to be undertaken prior to a termination decision and provisions for documentation of information relative to the termination decision.

6. The discharge summary shall be completed within 14 calendar days of discharge and shall include:

i. The presenting problem;

ii. The start date for services and termination date of services;

iii. The course of treatment;

iv. The reason for termination;

v. Discharge medication;

vi. Discharge diagnosis; and

vii. The discharge plan.

3A:58-1.12 Staffing requirements

(a) Agencies operating children's partial care programs shall employ sufficient numbers of qualified staff to provide the required services.

1. Program staffing shall be based on the clinical needs of the population served. There shall be a written description of the staffing pattern and the roles and responsibilities of staff.

2. For 10 or fewer youths, at least two direct care staff shall be present, except that in those cases where there are five or fewer youths, one staff member may be a volunteer, student intern, or non-direct care staff. For more than 10 youths, an additional direct care staff member must be present for each additional group of five youths or portion thereof.

3. The staffing ratio in (a)2 above shall be maintained when youth are participating in an activity organized by the agency, at a location other than the regular partial care program location, including on the vehicle(s) used to transport the youths to the activity and return from the activity.

i. All vehicles used to transport youth shall have a valid motor vehicle inspection

sticker issued by the New Jersey Motor Vehicle Commission (MVC).

ii. All drivers transporting youth shall possess a valid driver's license issued by the MVC or by a contiguous state where the driver resides.

(b) Youth and adults served by the same agency shall have no contact with each other during program time or while being transported by program staff or on program-furnished vehicles

(c) There shall be a current written schedule for all staff and volunteers providing direct services to youth.

(d) Each program shall have an individual who meets the qualifications of a program director (see N.J.A.C. 3A:58-1.13(b)).

(e) The partial care program shall have sufficient availability of psychiatric services, so that required psychiatric services are available for each youth. Each youth's treatment shall be under the direction of a psychiatrist as reflected by psychiatrist participation in the treatment plan. The youth's treatment may be under the supervision of an advanced practice nurse (APN) as specified in N.J.S.A. 45:11-45 et seq., who is certified in the category of psychiatric/mental health, as reflected in the APN's participation in the treatment plan and supported by a collaborative agreement with the program psychiatrist and joint protocol document as specified in N.J.A.C. 13:37-8.1.

(f) The agency may utilize student interns, non-direct care staff and volunteers. Such individuals shall not substitute for direct care staff or supervisors.

3A:58-1.13 Staffing responsibilities

(a) The responsibilities of the program director shall include, but are not limited to, the following:

1. Planning, identifying and developing children's partial care programs and goals;

2. Providing overall daily management of the children's partial care program;

3. Providing data and other input to the county Children's Inter-Agency Coordinating Council as requested by the Division of Children's System of Care;

4. Participating in case conferences;

5. Ensuring that the children's partial care program is serving the target population;

6. Ensuring that appropriate treatment and discharge plans are developed;

7. Ensuring that client records are maintained;

8. Providing and ensuring adequate supervision of all staff employed by the children's partial care program;

9. Assuring adequate staffing levels are maintained;

10. Developing and implementing orientation and in-service training programs;

11. Preparing service and budgetary records and submitting records to appropriate

parties;

12. Establishing internal and external communication systems so that all staff are apprised of pertinent information;

13. Ensuring the development and implementation of staff orientation, staff development, and in-service programs;

14. Ensuring emergency and crisis capability, including evacuation because of fire or natural disaster;;

15. Ensuring compliance with this chapter;

16. Establishing and maintaining formal and informal affiliation with other needed service providers; and

17. Ensuring that intake assessments are completed.

(b) The program director minimally shall have:

1. An earned master's degree in family therapy, psychology, counseling, social work or other related field from an accredited college or university; and

2. Three years' experience in the provision of youth mental health services, at least one of which shall have been in a supervisory capacity.

(c) Agencies operating children's partial care programs shall have access to a psychiatrist whose duties include, but are not limited to, the following:

1. Evaluating, diagnosing, prescribing, and administering medication to program clients;

2. Providing information and education on medication needs, usage, and side effects to clients and family;

3. Monitoring clients' responses to prescribed medication;

4. Providing consultation to program staff as appropriate;

5. Providing medical direction to case assessment, treatment plans and service provision;

6. Conducting initial and subsequent psychiatric assessments and evaluations;

7. Providing recordkeeping in an accurate and timely manner as required; and

8. If necessary, maintaining a valid Medicare and Medicaid provider number.

(d) The psychiatrist minimally shall have:

1. A license to practice medicine in New Jersey; and

2. Board eligibility in general psychiatry.

(e) The agency shall assign the following responsibilities to one or more of the direct care professional workers, in accordance with staffing levels required by N.J.A.C. 3A:58-1.12, which shall include, but are not limited to:

1. Providing the following direct care services:

i. Individual and group counseling and support;

ii. Activities to address daily living skills;

iii. Recreational and socialization activities; and

iv. Family services such as referral, advocacy and service linkages;

2. Participating in the development of treatment plans and comprehensive assessments;

3. Participating in the development of discharge plans and making needed referrals;

4. Participating in case conferences;

5. Assisting youth directly to address self-care needs;

6. Providing support to auxiliary staff, student interns and volunteers;

7. Assisting in the development of staff orientation programs; and

8. Maintaining clinical documentation.

(f) The direct care professional worker minimally shall have:

1. A bachelor's or advanced degree in social work, psychology or related field from an accredited college or university, or a license to practice as a social worker or nurse in New Jersey; and

2. One year's experience in the provision of mental health services to youth.

(g) The agency shall assign the following responsibilities to one or more of the direct care paraprofessional workers, in accordance with staffing levels required by N.J.A.C. 3A:58-1.12, which shall include, but are not limited to:

1. Being responsible for providing direct child care services;

2. Providing case information to the professional direct care worker;

3. Providing input on cases;

4. Recognizing client behavioral signs indicating potential emergency and taking immediate action by reporting to appropriate staff;

5. Assisting clients in preparing for group activities;

6. Assisting clients in preparing for social and recreational activities;

7. Assisting clients in activities that address daily living;

8. Performing light housekeeping duties; and

9. Providing transportation.

(h) The direct care paraprofessional worker minimally shall have:

1. A bachelor's degree from an accredited college or university;

2. An associate's degree from an accredited college or university and two years' experience in the provision of appropriate services to youth; or

3. A high school diploma and five years' experience in the provision of appropriate

services to youth.

(i) Agencies operating children's partial care programs may use volunteers, student interns, and non-direct care staff to support the activities of regular paid staff members.

1. Agencies operating children's partial care programs shall ensure that volunteers, student interns, and non-direct care staff who have contact with youth and parents receive proper training and are directly supervised by paid staff members at all times when interacting with youth or families.

2. The agency shall have written policies and procedures governing the activities of volunteers, student interns, and non-direct care staff. These policies and procedures shall clearly articulate roles, responsibilities, and any activity restrictions.

3. Agencies operating children's partial care programs shall require that references be submitted by prospective volunteer, student intern, and non-direct care staff.