

DIVISION CIRCULAR #17

DEPARTMENT OF HUMAN SERVICES DIVISION OF DEVELOPMENTAL DISABILITIES

EFFECTIVE DATE: November 1, 2007

DATE ISSUED: October 31, 2007

(Rescinds Division Circular #17 issued October 3, 2005)

I. TITLE: ADMISSION TO DEVELOPMENTAL CENTERS

II. PURPOSE: To establish policies and procedures for the admission of individuals into developmental centers.

III. SCOPE: This circular, and its appendices, applies to all components of the Division.

IV. POLICIES:

- A. Admissions to developmental centers shall occur in accordance with section V.A. below.
- B. Only individuals eligible for services of the Division may be admitted to developmental centers.
- C. Admission into a developmental center shall be the least restrictive alternative currently available for the individual.
- D. Admission to a developmental center shall be considered only when a community placement has been determined to be unavailable or inappropriate.
- E. Individuals under age 22 may be admitted to a developmental center only with approval by the Assistant Commissioner.
- F. Community Services staff shall be responsible to continue efforts in securing community placements for those individuals admitted to a developmental center on Short Term, Provisional admission levels and for the first twelve

(12) months for individuals on Long Term admission status, as determined appropriate by the Interdisciplinary Team.

V. GENERAL STANDARDS:

A. Categories of Admissions/Placements into Developmental Centers

1. Effective 30 days from the issue date of this circular, the only admissions to developmental centers will be:
 - a. Court Ordered Placements: Individuals who are court ordered to MSU or a developmental center pursuant to N.J.S.A. 30:4-25.1, 25.2 and/or 25.13 et seq. These individuals are considered involuntary placements and will receive the process and protections required by the court and Division Circular #16. Placement planning will occur in accordance with the judicial order and this circular.
 - b. Emergency Placements: Individuals who have been in a community based placement (own home, supported housing, group home, supervised apartment, skill home), but meet the requirement for emergency placement and for whom a community-based emergency placement is not immediately available.
 - i. Emergency placements shall be considered Short Term or Provisional admissions as determined by the Interdisciplinary Team (IDT) in accordance with section VII of this circular.
 - ii. The Division's policy is that emergency developmental center placements are intended to last only as long as is necessary to secure an appropriate community-based placement.
 - iii. An emergency is determined if the individual is homeless or in imminent peril as described at N.J.A.C. 10:46B-3.3.
 - iv. An emergency admission is considered voluntary and requires consent of the individual with the capacity to consent, the guardian of an individual, or the parent of a minor.
 - v. Additional process and protections are set forth in section VII.
 - c. Interstate Compact Transfers: Individuals who need to be admitted to accommodate an Interstate Compact Transfer. At the 30-day Service Plan meeting, the Interdisciplinary Team must determine the individual's admission level. Once that determination is made, the individual will receive the process and protections appropriate for that level. These shall generally be considered Long Term admissions

unless determined otherwise by the IDT at the 30 day Service Plan meeting.

- d. Planned Respite Placements: The developmental centers will be available for planned respite placements where the entry date into and exit date from the developmental center are known. Planned respite placements shall not be considered developmental center admissions and will not trigger the processes and protections set forth in this circular. Planned respite placements occur when individuals are placed in developmental center for a specified time to accommodate requests for respite from the caregiver and the needs of the individual during the planned respite cannot be met in the community. These placements are short in duration and shall not result in an admission to the developmental center unless the admissions procedures of this circular are followed.
- e. Institutionalization Presently Appropriate: Individuals whose Interdisciplinary Team agree should not be served in the community because their present behavioral or medical needs cannot be met in the community, because there are not adequate resources presently available in the community or because the behavior or medical need is too acute to be met in the community.
 - i. The Division's policy is that these placements should last only as long as the resources and supports needed to serve the individual cannot be found in the community.
 - ii. These shall be considered Long Term admissions.
 - ii. These individuals will receive the process and protections set forth in sections VII.A and VII.B.3. of this circular.

B. Individuals Currently Residing in Developmental Centers

1. There are three groups of individuals currently in developmental centers:
 - a. Individuals Awaiting Community Placement: Individuals who, according to their Interdisciplinary Team, are appropriate for community placement and who do not object to community placement. These individuals will be transitioned to community placement pursuant to The Division's "Path to Progress" submitted to the Legislature pursuant to P.L. 2006, c.62.
 - b. Individuals who do not want Community Placement: Individuals who, according to their Interdisciplinary Team, are appropriate for community placement but who object to community placement. These

individuals will continue to be placed at the Developmental Centers and receive services and education as set forth more fully in the Division's "Path to Progress" pursuant to L. 2006, c.62.

- c. Individuals who, according to their Interdisciplinary Team, under existing criteria, are not appropriate for community placement: The individuals who have been described in the Path to Progress as those for whom the Interdisciplinary Team does not recommend community placement will be reevaluated, using the criteria set forth in section V.A.1.e. These evaluations will occur on an annual basis. If the individual still needs to remain in the developmental center according to the criteria in section V.A.1.e, they will receive the process and protections set forth in this circular.
2. Discharge planning for individuals who are on Long Term admission status shall occur in accordance with the Division's "Path to Progress" plan pursuant to P.L. 2006, c.62.

C. Definitions

The terms in this circular and its appendices have the following meaning unless the context clearly indicates otherwise.

1. Admission Levels:

- a. "Short Term Admission" - means an admission not expected to exceed 30 days where the individual has been determined to be homeless or in imminent peril. A short term admission shall occur only if a community option is unavailable and the placement cannot be delayed. Examples include situations where an individual's caretaker is seriously incapacitated or dies, the individual is being discharged or released from a hospital, or other similar setting, and there is no community placement. Community Services staff will develop a plan at the time of admission to return the person to a community placement.
- b. "Provisional Admission" - means an individual has been determined to be homeless or in imminent peril with major behavioral or medical issues. A provisional admission is expected to exceed 30 days, but no more than twelve (12) months. Community Services staff and the Interdisciplinary Team will develop a plan at the time the individual's needs are stabilized and needed supports are available to return the person to a community placement. Examples include situations where a medical need has suddenly become more serious or requires more hours of care and support than can be provided in the community even after emergency medical supports are deployed; or situations

where a caregiver cannot manage an individual's behaviors and emergency behavioral supports have been deployed.

- c. "Long Term Admission" - means that the individual has major behavioral or medical needs which may require long term developmental center services beyond twelve (12) months, pursuant to a determination that institutionalization is presently appropriate because the individual's Interdisciplinary Team agrees that the individual should not be served in the community because his or her behavioral or medical needs cannot be met in the community. Examples include situations where the individual's behavior or medical needs are too acute to be met in the community or there are no adequate resources presently available in the community.
2. "Developmental Center Admission Review Panel (DC/ARP)" -means a central office based committee assigned to review emergency long term developmental center admissions. The committee will serve as an oversight function to monitor emergency admissions. (Refer to Appendix C.)
3. "Homeless" means that the person has no place to live or the person's living arrangement will end on a date certain within 30 days and he or she has no other living arrangements after that date.
4. "Imminent peril" - means a situation that could reasonably be expected to cause serious risk to the health, safety or welfare of the individual receiving services or another person in the current living arrangement. Imminent peril does not exist if the Division can put supports into the living arrangement that eliminates the serious risk to the individual. Refer to N.J.A.C. 10:46B.
5. "Individual" - means a person eligible for Division Services pursuant to N.J.S.A. 30:6D-23 et seq. and N.J.A.C. 10:46.
6. "Interdisciplinary Team (IDT)" - means a group that consists of the person receiving services, the plan coordinator, the legal guardian, the Division case manager, the parents or family member (if the adult desires that the parent or family member be present), advocates and friends, those persons who work most directly with the individual served, and professionals and representatives of service areas who are relevant to the identification of the individual's needs and the design and evaluation of programs to meet them. The individual may identify those additional persons who he or she wishes to be present. (Refer to Division Circular #35)

7. "Placement Coordinator" - means the Central Office staff person designated to monitor emergency developmental center or Purchase of Care admissions. The Placement Coordinator is required to monitor that the Interdisciplinary Team meetings occur; Service Plans are developed within the specified frames; and to report the status of such admissions to the appropriate DDD managers. The Placement Coordinator is the liaison to the Developmental Centers and Community Services via the Regional Assistant Director's (RAD) and Assistant Director for Developmental Centers for the purpose of monitoring emergency admissions. The Placement Coordinator shall report the status of the emergency developmental center and Purchase of Care placements to the Assistant Commissioner on a monthly basis.
8. "Planned Respite Placements" - The developmental centers will be available for planned respite placements where the entry date into and exit date from the developmental center are known. Planned respite placements shall not be considered developmental center admissions and will not trigger the processes and protections set forth in this circular. Planned respite placements occur when individuals are placed in developmental center for a specified time to accommodate requests for respite from the caregiver and the needs of the individual during the planned respite cannot be met in the community. These placements are short in duration and shall not result in an admission to the developmental center unless the admissions procedures of this circular are followed.
9. "Regional Administrator (RA)" - means an employee of the Division with administrative authority over community programs within a specific geographic region of the State.
10. "Regional Assistant Director (RAD)" means an employee of the Division with administrative authority over all Division services within a specific geographic region.
11. "Service Plan" - Refer to Division Circular #35.
12. "Third Party Advocate" – means a person or agency representative who may advocate for the individual. The third party advocate is not an employee of the Division.

VI. EMERGENCY DEVELOPMENTAL CENTER ADMISSION PROCESS:

- A. When the Division determines that an individual meets the criteria for an emergency placement pursuant to N.J.A.C. 10:46B-3.3, placement at a developmental center will be offered as an emergency placement only if it is determined that no community options are available.

- B. In determining whether any community options are available as an emergency placement, Division staff will comply with the requirements of this circular and its appendices and will provide complete and accurate documentation of the unavailability of community options and supports prior to the offer of emergency developmental center placement.
- C. When a community placement cannot be identified, a *Placement Request Form*, refer to Appendix A, must be submitted to the Assistant Commissioner, or designee, for review and approval. That request must document the review of community placement options and provide a justification for emergency placement in a developmental center.
- D. When an offer of an emergency placement in a developmental center is made the individual/parent/guardian shall be given an opportunity to visit the developmental center prior to accepting the offer of placement (refer to Appendix B); and Division staff will advise the individual and/or his/her parent or guardian (if any), that they may request the assistance of a third party advocate, who may be included in all planning for transition into the community; visit the facility with the individual/parent/guardian; and in planning for services while the individual is at the developmental center.
- E. Offers of emergency placement may be appealed in accordance with N.J.A.C. 10:46B-5.1 and N.J.A.C. 10:48.

VII. DISCHARGE PLANNING PROCESS AND PROTECTIONS FOLLOWING EMERGENCY ADMISSIONS

A. Procedures applicable to all emergency admissions:

- 1. Within five (5) business days of an emergency placement at a developmental center, the Interdisciplinary Team will:
 - a. Assess the individual to determine his/her immediate needs, i.e., health, nutrition and behavioral assessments. Where a Service Plan exists at the time of the emergency placement, the Interdisciplinary Team will review that plan to identify needed supports.
 - b. In consultation with the individual, his/her guardian (if any) and/or advocate, and Community Services staff, determine the individual's admission level. The admission level may be amended to address changes in the individual's health or behavior status.
- 2. A Service Plan shall be developed within 30 days of admission to the developmental center. (Refer to Division Circular #35, "Service Plan".)

The individual, his/her guardian and/or advocates are to be included in the development of the Service Plan.

- a. In addition to the habilitation goals, the primary goals of the Service Plan for an individual in a developmental center will be:
 - i. To assess that the individual has been assigned to the appropriate admission level;
 - ii. To locate a community-based placement for the individual;
 - iii. To continue to meet the individual's needs while the individual remains in the developmental center; and
 - iv. To stabilize any behavioral or medical needs that may have contributed to the need for emergency placement.
3. The Service Plan for an individual in a developmental center for an emergency placement must be reviewed:
 - a. Every 30 days or more frequently if necessary, by the Placement Coordinator, Community Services Case Manager and Director of Social Services, or designee; and
 - b. Every 90 days or more frequently if necessary, by the developmental center Interdisciplinary Team.
4. The individual may appeal the Service Plan pursuant to N.J.A.C. 10:48 on the basis that it does not adequately meet the goals as described in section VII.A.2.a above.
5. In accordance with N.J.A.C. 10:41A, "Human Rights Committee", individuals, family members or advocates may have their case reviewed by the developmental center's Human Rights Committee.
6. Refer to Division Circular #22 and the "Path to Progress" for the process of transferring individuals from developmental centers to the community.

B. Procedures specific to admission levels:

1. Short Term Admission: The individual has been determined to be homeless or in imminent peril.
 - a. Community Services will make efforts to place the individual in a community placement within ten (10) business days of the admission.
 - b. Efforts to obtain a community placement shall be documented by the Community Services case manager.
 - c. Community Services staff shall prepare a status report to the Regional Administrator, CEO or designee, and Placement Coordinator if a

community placement is not obtained within 30 days and every 30 days thereafter until a community placement is offered.

- d. If Community Services is unable to obtain a community placement within 180 days, the Interdisciplinary Team will review the placement for recommendation of additional action, or if assignment to Provisional or Long Term admission is warranted.
2. Provisional Admission: The individual has been determined to be homeless or in imminent peril with major behavioral or medical issues.
 - a. Community Services will make efforts to place the individual in a community placement, with needed supports as determined by the Interdisciplinary Team, within 60 business days of the emergency admission.
 - b. Efforts to obtain a community placement shall be documented by the Community Services case manager.
 - c. Community Services shall prepare a status report to the Regional Administrator, CEO or designee, and Placement Coordinator if a community placement is not obtained within 60 days and every 60 days thereafter until a community placement is offered.
 - d. If Community Services is unable to obtain a community placement within 180 days, the Interdisciplinary Team will review the placement for recommendation of additional action or if Long Term admission to the developmental center is warranted.
 3. Long Term Admission: The individual has been determined to be in need of long term developmental center admission due to his/her major behavioral or medical needs.
 - a. When the Interdisciplinary Team determines that the individual can be served in the community and the individual does not object to community placement, they shall be considered to be ready for placement as set forth in section V.B.
 - b. Developmental Center staff shall prepare a status report to the Placement Coordinator if a community placement is not obtained at the following intervals after admission: six (6) months, twelve (12) months, and every twelve (12) months thereafter until a community placement is offered.
 - c. If Community Services is unable to obtain a community placement within twelve (12) months of admission, the Interdisciplinary Team will review the placement for additional action, if warranted and the DC/ARP will review the placement for recommendations of additional action, if warranted.

- d. Individuals who object to community placement shall be considered as set forth in section V.B. of this circular.

VIII. RIGHT TO DUE PROCESS

- A. Every individual admitted to a developmental center for any reason shall be advised in writing that she or he may have a third party advocate participate in Service Plan meetings to advocate on his or her behalf.
- B. Individuals may appeal developmental center placement offers in accordance with N.J.A.C. 10:48, Appeal Procedure.
- C. The individual may appeal the Service Plan pursuant to N.J.A.C. 10:48 on the basis that it does not adequately meet the goals as described in the Service Plan, including:
 - 1. To assess that the individual has been assigned to the appropriate admission level;
 - 2. To locate a community-based placement for the individual;
 - 3. To continue to meet the individual's needs while the individual remains in the developmental center;
 - 4. To stabilize any behavioral or medical needs that may have contributed to the need for emergency placement.
- D. In a Service Plan appeal, the individual needs to state which of the goals is not met. The appropriate Regional Administrative Practice Officer will schedule a conference within one week of receipt of the appeal to discuss how additional reasonable steps can be included in the Service Plan in order to meet the goal(s). If the parties cannot resolve the matter at the conference, the Division' Administrative Practice Office shall transmit the matter to the Office of Administrative Law and request an expedited hearing. The issue for review shall be stated as whether additional reasonable steps can be taken to meet the goals of the Service Plan.

IX. MONITORING PROCESS FOR EMERGENCY ADMISSIONS

- A. The Developmental Center Admission Review Panel (DC/ARP) will review the Placement Request Forms for Long Term emergency admissions in developmental centers. Refer to Appendix C, Review Process for Emergency Developmental Center Admissions.
- B. The DDD/Central Office Placement Coordinator shall be responsible to monitor emergency developmental center admissions.

1. The Placement Coordinator is required to monitor that the Interdisciplinary Team meetings occur; and the Service Plans are developed within the specified frames.
2. The Placement Coordinator will report the status of the emergency developmental center admissions to the Assistant Commissioner monthly.
3. The Placement Coordinator would serve as a liaison to the Developmental Centers and Community Services via the Regional Assistant Director's office and as liaison to the Assistant Commissioner and Developmental Center Admission Review Panel. The Developmental Center staff will provide copies of the Service Plans developed for individuals admitted to a developmental center as an emergency and copies of the status reports to the Placement Coordinator. The Placement Coordinator role is to serve as a liaison and to quality assure the process.
4. The Placement Coordinator will utilize a standardized tracking system for emergency admissions into developmental centers. The tracking system will be designed to enable the Placement Coordinator to alert the Assistant Commissioner, Chairperson of the Developmental Center Admission Review Panel, Community Services and the Regional Assistant Director to the status of the emergency admissions.

Kenneth W. Ritchey
Assistant Commissioner

Appendices:

Appendix A – Request for Emergency Admission to Developmental Centers or Purchase of Care Facilities, Placement Request Form

Appendix A.1 – Placement Request Form

Appendix B – Admission to Developmental Center, Internal Procedures

Appendix B.1 – Choice of Location of Services

Appendix B.2 - Public Assistance Inquiry

Appendix B.3 – Request for Family Support

Appendix C – Developmental Center Admission Review Panel

**DIVISION CIRCULAR #17
APPENDIX A**

SUBJECT: **REQUEST FOR EMERGENCY ADMISSION TO
DEVELOPMENTAL CENTERS OR PURCHASE OF CARE
FACILITIES – Approval Process and Placement Request
Form**

EFFECTIVE DATE: **November 1, 2007**

I. GENERAL STANDARDS:

- A. DDD staff shall comply with the policies and procedures of Division Circular #17, “Admission to Developmental Center” and Division Circular #12 (N.J.A.C. 10:46B) “Placement” as they relate to emergency developmental center or Purchase of Care admissions.

- B. Definitions - for the purpose of this circular, the following terms shall have the meaning defined herein.
 - 1. “Emergency Placement” means that the individual is homeless or in imminent peril, and the Division cannot provide adequate alternate services in the existing situation to care for the individual safely, and the Division has determined that there is no alternate placement available. (N.J.A.C. 10:46B-3.3)

 - 2. “Legal Guardian” means the person or agency appointed by a court of competent jurisdiction, or otherwise legally authorized and responsible to act on behalf of an incapacitated adult to assure provision for the health, safety, and welfare of the individual and to protects his or her rights.

 - 3. “Parents” means the natural or adoptive parent of an individual or person who has legal custody of an individual under age 18.

 - 4. “Placement Request Form” means a memorandum completed by the Community Services Regional Office staff summarizing information and placement justification for an eligible individual, refer to Appendix A.1.

 - 5. “Purchase of Care” - refer to N.J.A.C. 10:46B, definitions of Private institution and Private out-of-State placement.

- C. All requests for emergency admission to a developmental center from Community Services Regional Offices shall be discussed with the individual/parent/legal guardian and shall require approval by the Regional Administrator (RA), and RAD.
- D. All requests for emergency admission to a Purchase of Care facility from Community Services Regional Offices are subject to pre-authorization, refer to III.B.2. If authorization is granted, the emergency admission shall be discussed with the individual/parent/legal guardian and shall require approval by the Regional Administrator (RA), and RAD.
- E. The Placement Coordinator will utilize a standardized tracking system for emergency admissions into developmental centers and Purchase of Care facilities. The tracking system will be designed to alert Community Services Regional Office staff and the Assistant Commissioner to the status of the admissions.

III. EMERGENCY ADMISSIONS

- A. Emergency admissions in developmental centers and Purchase of Care facilities shall meet all requirements in Division Circular #12, "Placements" at N.J.A.C. 10:46B-3.3.
- B. The RAD shall be notified by telephone, in writing, or in person by the RA of the request for an emergency admission describing the individual's current status and the reasons for the emergency admission.
 - 1. The RA or his/her designee shall review the need for an emergency developmental center or Purchase of Care admission and recommend the appropriate type of placement for consideration to the RAD.
 - 2. If a Purchase of Care facility is recommended, the RAD will request pre-authorization from the Assistant Commissioner to pursue the Purchase of Care admission.
 - 3. If pre-authorization is granted, the Community Services Regional Office staff shall submit referral packages to identified Purchase of Care facilities.
 - 4. Should a developmental center admission be recommended, the Assistant Director for Developmental Centers will contact the Chief Executive Officer (CEO) of the developmental center under consideration to discuss and determine potential

placement options. The CEO shall provide information concerning placement space availability at the developmental center and resources that the specified placement may require. The RAD will review the CEO's information and take into consideration geography, services available and preferences of the individual/parent/legal guardian when determining the appropriate developmental center for the individual.

- C. The individual/parents/legal guardian shall be contacted by telephone by the Community Services Case Manager to discuss the possibility of a developmental center or Purchase of Care facility emergency admission.
1. The Community Services Case Manager shall request verbal consent for the emergency admission from the individual and/or guardian. Efforts to obtain consent and response shall be documented on the Placement Request Form (Appendix A-1).
 2. Should the Community Services Case Manager be unable to reach the parent/legal guardian by telephone, the parent/legal guardian shall be notified of the admission by the Community Services Regional Office, as soon as possible, but no later than the first working day following the admission. The Community Services Case Manager shall notify the individual/parent/legal guardian by telephone, in writing, or in person of the emergency admission and the right to appeal. (Refer to Appendix B, Section VII.A.)
 3. The type of admission requested shall be discussed with the individual/parent/legal guardian and documented on the Placement Request Form.
 4. The individual/parent/guardian shall be advised, in writing, that he or she may have a third party advocate participate in service plan meetings to advocate on his or her behalf. This notification shall be documented on the Placement Request Form.
- D. The completed Placement Request Form shall be electronically mailed to the RAD for review and approval, and confirmed via a phone call from the RA, or his/her designee.
- E. The RAD will inform the RA, or his/her designee, of his/her final approval, via electronic mail.

- F. Upon approval of the emergency admission, the RA shall forward the completed Placement Review Form to the Assistant Director, Quality Management and the Placement Coordinator, via electronic mail.
- G. At the time of emergency admission, Community Services shall forward the required documentation to the developmental center or Purchase of Care facility in accordance with Division Circular #17, Appendix B.
- H. Staff will comply with the requirements of DDD Fiscal Directive Number: CON-1, "Funding Approval Process for Emergency Placements to Purchase of Care (POC), Fee-for-Service (FFS) or Department of Children & Families (DCF) Debit/Credit (D/C) Arrangements and POC Rate Changes for DDD Consumers", as appropriate.

IV. Placement Review

- A. The Placement Request Form for individuals admitted on Developmental Center Long Term admission status shall be forwarded by the Placement Coordinator to the Chairperson of the Developmental Center Admission Review Panel (DC/ARP).
 - 1. All individual identifying information shall be redacted from the form prior to submission to the panel.

j:wp//Admission/DC17 Apx A – Placement Request Process.doc

**DEPARTMENT OF HUMAN SERVICES
DIVISION OF DEVELOPMENTAL DISABILITIES
INTER-OFFICE COMMUNICATION**

DATE:

TO:

THROUGH: _____, Regional Assistant Director

FROM:

SUBJECT: **PLACEMENT REQUEST**

The (Blank) Region Community Services Office is requesting placement for _____ because there is no available community resource to meet his needs:

Emergency Developmental Center Admission: N/A Center

Short Term
Provisional
Long Term

Planned Respite N/A Center

Purchase of Care (POC)

Identified POC:

Address:

POC Annualized Cost: \$

Out of State Placement? Yes No

Note: Any out of state placement must receive approval from the Assistant Commissioner.

Name: _____ MIS #: _____
Social Security #: - - - - -
Sex: _____ D.O.B.: _____
Height: _____ Weight: _____

Current ALA Type:

Current Living Arrangement Name/Address:

Current Living Arrangement Telephone #: - - - - -

Current Day Program Type:

Current Day Program:

Current Day Program Address & Telephone #: - - - - -

Waiting List Status: N/A

Guardianship Status: Self Private BGS Pending

Date appointed:

Status if pending:

Guardian/Involved Family/Advocate Information:

| | |
|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| Name: Address: Telephone: - - | <u>Relationship:</u> Guardian <input type="checkbox"/> Involved Family <input type="checkbox"/> Advocate <input type="checkbox"/> |
| Name: Address: Telephone: - - | <u>Relationship:</u> Guardian <input type="checkbox"/> Involved Family <input type="checkbox"/> Advocate <input type="checkbox"/> |
| Name: Address: Telephone: - - | <u>Relationship:</u> Guardian <input type="checkbox"/> Involved Family <input type="checkbox"/> Advocate <input type="checkbox"/> |

Private Health Insurance Carrier:

ID No:

Medicaid No:

Medicare No:

Consent for Voluntary Emergency Admission obtained from Individual/Guardian:

Date:

Name of Person Providing Consent:

Relationship to Individual

If not, explain:

Third Party Advocate:

Individual/Parent/Guardian Advised of Right to Request Advocate: Yes No

Presenting Behaviors / Circumstances:

| | Present | Description |
|-----------------------------------|--------------------------|-------------|
| Homeless/Imminent Peril | <input type="checkbox"/> | |
| Danger to Self | <input type="checkbox"/> | |
| Danger to Others | <input type="checkbox"/> | |
| Substance Abuse | <input type="checkbox"/> | |
| Psychiatric Instability | <input type="checkbox"/> | |
| Physical Aggression | <input type="checkbox"/> | |
| Verbal Aggression | <input type="checkbox"/> | |
| Requires 24hr physical assistance | <input type="checkbox"/> | |
| Medical Problems or Issues | | |
| Other | <input type="checkbox"/> | |

| Individual's Current Status: | Description: |
|--------------------------------------------------------|---------------------|
| Diagnosis: AXIS I AXIS II AXIS III | |
| Ambulation Skills | |
| Communication Skills | |
| Hearing | |
| Vision | |
| Activities of Daily Living Skills | |
| Eating | |
| Toileting | |
| Dressing | |
| Diet | |
| Adaptive Equipment | |
| Current Health Status/ Major Medical Issues | |
| Allergies (medication, food, etc) | |
| Current medications (type, dose, frequency, reason) | |
| Maladaptive Behaviors (type, frequency, intensity) | |
| Special Circumstances, if any | |

Intervention History (last 12 months):

| | Name of Provider | Dates | Disposition |
|-------------------------|-------------------------|--------------|--------------------|
| In Home Respite | | | |
| Out of Home Respite | | | |
| Mental Health Support | | | |
| Regional Clinical Team | | | |
| Community Care Provider | | | |
| Contracted Agency | | | |
| Purchase of Care | | | |
| Other | | | |

Previous Placement History:

| Date (To/From) | Name/Type of Provider | Reason for Release |
|-------------------|-----------------------|--------------------|
| | | |
| | | |
| | | |
| | | |

Other Agency Involvement:

| | Yes | Supports Requested | Disposition |
|---------------|--------------------------|--------------------|-------------|
| DYFS | <input type="checkbox"/> | | |
| DCBH | <input type="checkbox"/> | | |
| Court / Legal | <input type="checkbox"/> | | |
| DMHS | <input type="checkbox"/> | | |
| Other | <input type="checkbox"/> | | |

Placement Referral Status:

| Date of Referral | Name/Type of Provider | Response |
|------------------|-----------------------|----------|
| | | |
| | | |
| | | |
| | | |

Resource Search for Community Supports:

| | Recommended | Regional Search | Statewide Search |
|-------------------------|-------------|-----------------|------------------|
| In Home Supports | | | |
| Out of Home Respite | | | |
| Mental Health Support | | | |
| Community Care Provider | | | |
| Purchase of Care (NJ) | | | |
| Contracted Agency | | | |
| Other | | | |

Placement Justification (including type of placement requested and factors precipitating placement):

Discharge Plan: (Include Time Frame)

Staff person completing form:

Telephone: - -

Date completed:

Case Manager:

Telephone #: - -

Area Supervisor:

Telephone #: - -

Approved by:

Regional Administrator

Date:

Regional Assistant Director:

Date:

Assistant Commissioner

Date:

DIVISION CIRCULAR #17
Appendix B

DIVISION OF DEVELOPMENTAL DISABILITIES

**SUBJECT: ADMISSION TO DEVELOPMENTAL CENTERS -
INTERNAL PROCEDURES**

EFFECTIVE DATE: November 1, 2007

I. GENERAL STANDARDS:

- A. Definitions - for the purpose of this appendix, the following terms shall have the meaning defined herein.
1. "Chief Executive Officer (CEO)" means the person having administrative authority and responsibility over a State-operated developmental center for persons with developmental disabilities.
 2. "Individualized Education Program (IEP)" means a written plan developed at a meeting according to N.J.A.C. 6A:14-2.3(i)2 which sets forth present levels of performance, measurable annual goals and short-term objectives or benchmarks. It describes an integrated, sequential program of individually designed instructional activities and related services necessary to achieve the stated goals and objectives. This plan shall establish the rationale for the student's educational placement, serve as the basis for program implementation and comply with the mandates set forth in this chapter.
 3. "MIS" means management information systems, or information technology system.
 4. "Request for Family Support Services Form" means a form completed by the Regional Community Services Office requesting respite care, a voucher, inclusive recreation or personal care from a provider for an eligible individual. (Refer to Appendix B.3)
- B. All requests for admission to a developmental center from Regional Community Services Offices shall occur in accordance with Division Circular 17 and its related appendices.
1. The admission shall be approved by the RA, RAD and Assistant Commissioner in accordance with Appendix A.
 2. The RAD shall notify the developmental center CEO of all new admissions.

3. A copy of the Placement Request Form shall be sent to the developmental center CEO by the RA.
- C. If the request for admission is for an individual under age 22, the RAD shall additionally contact the Assistant Commissioner to discuss the rationale for admission to a developmental center. If the Assistant Commissioner grants approval, the individual may be admitted to the developmental center.
 - D. The Community Services Case Manager shall request continuation of educational services through the Office of Education for individuals under the age of 22, who are admitted to or receive respite at a developmental center.

II. **PROCEDURES:**

- A. All individuals who are admitted to a developmental center shall be counted as part of the census from the first day of their arrival at the developmental center.
 1. The overall census shall include both Intermediate Care Facilities for Persons with Mental Retardation (ICF/MR) and non-ICF/MR individuals.
 2. The Interdisciplinary Team (IDT) at the developmental center shall determine if the individual is ICF/MR eligible at the IHP meeting, which is held within 30 days after admission. Prior to this determination, the individual shall be counted in the census as non-ICF/MR.
 3. Individuals who have financial assets at any point in time that exceed ICF/MR eligibility requirements shall be declared non-ICF/MR for the period of time during which they have excess assets.
- B. Refer to section VII.E. for individuals on planned respite placement status.
- D. The Medicaid DDD Community Care Waiver (CCW) Supervisor shall request termination of the community Medicaid number as of the date of admission to the developmental center. The Supervisor of Patient Accounts (SPA), at the developmental center, shall request provision of a developmental center Medicaid number as of the date of admission to the developmental center. Individuals who receive respite placement at a developmental center shall retain their community Medicaid numbers.
- E. The developmental center SPA shall notify the County Adjuster, the Social Security Office, and any other sources of income, which may include but are not limited to, Veterans Administration, civil service, and railroad

retirement pensions, if applicable, of the transfer.

E. Emergency Placement

1. Emergency placements to developmental centers shall meet all requirements in Division Circular #12, "Placements" at N.J.A.C. 10:46B-3.3 and Division Circular #17.
2. At the time of emergency placement, the developmental center shall be provided the following by the Regional Community Services Office:
 - a. A copy of the Court Order appointing guardian or other documentary proof of guardianship, if available
 - b. List of medications
 - c. Community Services medical form, if available
3. All other documents required for admission level shall be provided to the developmental center within two working days.

VII. INTERNAL PROCESS AND REQUIREMENTS:

A. General Requirements for Admission:

1. The Placement Request Form (Appendix A.1) shall be completed by the Community Services Case Manager.
2. The RA or his/her designee, in conjunction with the Director of Social Services at the developmental center, shall agree on an admission date.
 - a. The Regional Community Services Office shall notify the individual/parent/ legal guardian by telephone, in writing, or in person of the admission date and the right to appeal the placement offer. The offer and notice of appeal rights shall be followed up in writing to the individual/parent/guardian.
 - b. The individual/parent/legal guardian shall be advised to contact the Director of Social Services at the developmental center to schedule a visit. The individual/parent/legal guardian shall be given the opportunity to visit the developmental center prior to the date of the admission, where possible.
3. The Community Services Case Manager shall send written confirmation of the admission date whenever possible or no less than 14 days prior to the admission to the individual/parent/legal guardian.

4. Involved staff of the developmental center shall develop a Service Plan within 30 days after admission. The Community Services Case Manager shall attend the Service Plan meeting. If the individual/parent/guardian has a third party advocate, the advocate shall be invited to the meeting and the advocate's position shall be discussed at the Service Plan meeting

B. Provisional or Long Term Admission:

1. Staff shall comply with Division Circular #17 and Appendix A to obtain authorization for admission to a developmental center.
2. The Community Services Case Manager shall complete a Placement Request Form (refer to Appendix A) for all individuals who require developmental center admission. If the individual is CCW eligible, the legal guardian shall complete a Choice of Location of Services Form (Appendix B.1) designating the change of choice to an institutional placement.
3. Once the admission has been approved, staff will comply with the provisions described in section VII.A. above.
4. One week prior to the date of admission, the developmental center shall be provided the following by the Regional Community Services Office:
 - a. A cover memorandum describing the individual's current functioning level, and reason(s) for admission
 - b. Medical status and medication at the time of admission
 - c. Physical examination completed within the last year
 - d. Applicant Information Form
 - e. Social history and update
 - f. Psychological report
 - g. IEP/IHP
 - h. Adaptive Behavior Summary (ABS)
 - i. Psychiatric evaluation, if applicable
 - j. Do not resuscitate (DNR) or Advance Directives, if applicable/available
 - k. Court Orders, if applicable
 - l. Copy of Medicare/Medicaid Cards, if applicable
 - m. Private Insurance Company information, if applicable
 - n. Federal Benefit Program Source, if applicable
 - o. Representative Payees, if applicable
 - p. Cash Assets/Trust Accounts, if applicable
 - q. Copy of current Bank Account Statements, if applicable/available
 - r. Copy of "Authorization for Disclosure of Health Information to Family and Involved Others" (HIPAA) form completed by the guardian, if available
 - s. Notification of guardianship status (i.e., evaluated in need of a

guardian; evaluated self-guardian; or a judgment order of plenary or limited guardianship)

- t. Copy of Social Security Card, if available
 - u. Copy of birth certificate, if available
 - v. Copy of immunization records, if available
 - w. Copies of prescriptions from a physician for use of safeguarding equipment such as bed rails and helmets, if applicable.
5. On the date of admission, the developmental center shall be provided the following by the Regional Community Services Office:
 - a. Check for funds being forwarded with the individual;
 - b. Adaptive equipment;
 - c. Clothing and all personal possessions; and
 - d. The complete client record.
 6. The Community Services Case Manager and/or someone who knows about the individual shall accompany him/her on the date of admission.
 7. Upon admission, the developmental center SPA shall submit a completed Public Assistance Inquiry "PA1C" form (Appendix B.2) to the Institutional Services Section (ISS) of the Division of Medical Assistance and Health Services of (DMAHS) also known as Medicaid. If the ISS determines financial eligibility of the individual for the Medicaid program, authorizing an ICF/MR Medicaid number, and the developmental center IDT certifies that the individual is ICF/MR eligible at the meeting, held within 30 days after admission, the SPA shall initiate billing effective the date of the admission. The individual must be present in the developmental center for a full calendar month before ICF/MR billing can occur.
 8. The Community Services Case Manager shall submit a Notification of Change Form to MIS, that indicates that the individual shall be transferred from the Community Services Census as well as the Residential or Day Program waiting lists, if applicable, as of the date of the Short Term admission. A copy of this form shall be sent simultaneously to the CCW Supervisor, who shall remove the individual from the Community Care Waiver, if applicable.

C. Short Term Admission

1. Staff shall comply with Division Circular #17 and Appendix A to obtain authorization for admission to a developmental center.
2. The Community Services Case Manager shall complete a Placement Request Form (refer to Appendix A.1) for all individuals who require developmental center admission.
3. Once the admission has been approved, staff will comply with the

provisions described in section VII.A. above.

4. Staff will comply with the provisions described in VII.B.4 through B.7 above.
5. The Community Services Case Manager shall submit a Notification of Change Form to MIS, which indicates that the individual shall be transferred from the Community Services Census as of the date of the Short Term admission. A copy of this form shall be sent simultaneously to the CCW Supervisor, who shall remove the individual from the Community Care Waiver, if applicable.
6. The responsibility of the Regional Community Services Office shall continue until such time the individual becomes a Long Term admission to the developmental center.
7. In accordance with Division Circular #17, the Community Services Case Manager will make efforts to place the individual admitted on Short Term admission status in a community placement within ten (10) business days of the admission.
8. The Community Services Case Manager and Director of Social Services at the developmental center or designee at the developmental center shall review the status of the Short Term admission at least every 30 days.
9. The Community Services Case Manager shall document each review and send a copy to the Placement Coordinator, Director of Social Services at the developmental center and the Supervisor of the Community Services Placement/Community Development Unit.
10. Should the Short Term admission extend beyond 90 days, the provisions at Division Circular #17, VII.B.1. shall apply.

D. Planned Respite Placement

1. A planned respite placement is not considered an admission to a developmental center.
2. Planned respite placement may be requested by the individual/parent/legal guardian or the Community Care Residence Provider.
3. The Community Services Case Manager shall complete a Placement Request Form (refer to Appendix A.1) for all individuals who require planned respite.
3. Respite placements shall be scheduled by the Community Services Office at least 14 calendar days prior to the proposed respite date. A date of placement and departure shall be established.
4. A Request for Family Support Services Form (Appendix B.3) is required to

be sent by the Regional Community Services Office to the Director of Social Services at the developmental center for approval of the respite placement.

5. Verbal notice of the placement and departure dates for the respite shall be provided by the Community Services Office to the individual/parent/legal guardian.
6. The individual/parent/legal guardian shall be given an opportunity to visit the developmental center. If they choose to visit, they shall be instructed by the Community Services Case Manager to contact the Social Services department at the developmental center to arrange a visit.
7. Planned respite placement in a developmental center shall not occur without agreement by the individual or legal guardian.
8. Two weeks prior to the date of the planned respite placement, the developmental center shall be provided the following by the Regional Community Services Office:
 - a. Community Services Medical Form completed within the last year, if available
 - b. Adaptive Behavior Summary (ABS) completed within the last year
 - c. Immunization Record, if available
 - d. Copy of "Authorization for Disclosure of Health Information to Family and Involved Others" (HIPAA form) completed by legal guardian, if available.
 - e. Copy of prescriptions from a physician for use of safeguarding devices such as bed rails and helmets, if applicable
 - f. Notification of guardianship status and a copy of the Court Order, if applicable.
9. On the date of planned respite placement, the developmental center shall be provided the following by the caregiver/parent/ legal guardian:
 - a. Medical insurance card
 - b. Prescriptions
 - c. Adaptive equipment, if applicable
 - d. Adequate clothing and personal possessions
 - e. A small amount of spending money
 - f. Electric razor, if appropriate
10. The Community Services Case Manager shall arrange for the individual to continue to attend the community day program, if possible. If this cannot be arranged, developmental center staff shall provide day activities for the individual.
11. The Regional Community Services Office shall retain responsibility for the person's return to the community.

12. Developmental center ICF/MR billing shall not occur for individuals in planned respite placement unless the placement exceeds 30 days. This shall occur for billing purposes only and does not constitute an approved admission to the developmental center.
13. The community Medicaid number, if applicable, shall remain open for up to 30 days for individuals who receive respite placement at a developmental center.
14. Should the planned respite extend beyond 30 days, the developmental center SPA shall:
 - a. Request a change to a developmental center Medicaid number.
 - b. Back bill to the 31st day following the initial date of the respite placement pending the following:
 - i. Approval by the ISS that the individual meets financial eligibility for the Medicaid Program.
 - ii. Certification by the IDT that the individual is ICF/MR eligible at the meeting which is held within 30 days after placement.

E. Planned Respite to Admission:

1. Should an individual on planned respite placement be considered for admission to the developmental center, staff shall comply with the provisions of Division Circular #17 and its appendices and shall treat the individual as a new admission from the community.
2. Short Term admission shall be requested by the Community Services Case Manager, who shall complete a Placement Request Form (refer to Appendix A).
3. Should an individual on planned respite placement at a developmental center be approved for admission prior to the end of 30 days after the initial date of respite placement, the admission date shall be the date of approval by the Assistant Commissioner, or designee.
 - a. The date of admission and the start date for billing will be the 31st day following the initial date of the planned respite placement.
4. An IHP shall be completed within 30 days of the date of admission.



STATE OF NEW JERSEY
 DEPARTMENT OF HUMAN SERVICES
 DIVISION OF DEVELOPMENTAL DISABILITIES
 PO BOX 726
 TRENTON, NJ 08625-0726

**DIVISION CIRCULAR #17
 APPENDIX B.1**

Choice of Location of Services

Applicant: _____

The individual or their guardian is asked to choose whether or not services should be provided in the community or in an institutional placement funded by the Division of Developmental Disabilities. The decision can be reversed at any time in the future by filing a new "Choice Location Form", available from the DDD case manager.

Check "Community Services" if the person is to live in his or her own home, the home of parents or other relatives, or if in an alternative placement provided by DDD, such as a skill development home, supervised apartment, or a group home.

Check "Institutional Services" only if you want services to be provided in a DDD Developmental Center.

I choose the following location for services (check one only):

Community Services

Institutional Services

I understand that I have the right to reverse this decision at any time.

I understand that I have the opportunity to request a fair hearing under 42 CFR Part 431, Subpart E.

 Signature of Applicant or Authorized Signature

 Date

 Signature of Witness, if appropriate

 Date

Who Must Sign This Form

For individuals under 18 years old: The natural or adoptive parent, legal guardian appointed by a court of law, or a legally responsible agency.

For individuals over 18 years old: The applicant is required to sign or make a mark where indicated, unless there is a legally appointed guardian. If an applicant only makes a mark, a witness must sign on the second line.

If there is a legally appointed guardian: The guardian is required to sign where indicated on behalf of the applicant. (Guardianship for an adult can only be obtained through a court action. We will request proof of guardianship)

DIVISION CIRCULAR #17
APPENDIX B-2
DHS/DMAHS

“PUBLIC ASSISTANCE INQUIRY”

**New Jersey Department of Human Services
Division of Medical Assistance and Health Services
PUBLIC ASSISTANCE INQUIRY**

Referral for: SSI Medicaid WFNJ/AFDC/Medicaid Newborn (*complete items 1, 2, 4, 11a, 15 only*)
 Medically Needy Waiver Program (*Home and Community-Based Care*) Emergency Services for Aliens

TO: (SSA / DO)
(County Board of Social Services)
(Institutional Services Section)

FROM: _____
Hospital, institution or agency

90#: _____

Date _____

1. Name: _____ M F
(Last) (First) (Middle) (Sex)
(For newborn referral, enter name of mother)

2. Social Security Account Number: _____ - _____ - _____

3. Permanent Home Address: _____ Telephone: _____

4. Marital Status: (*check one*) Married Single Divorced Separated Widowed Unknown

5. Date of Admission: _____ Date of Birth: _____

6. Address from which admitted: _____ Telephone: _____

7. Diagnosis: _____

8. Prognosis: _____
(For disability and blindness categories)

9. Referring Physician: _____ Telephone: _____

10. Spouse Name: _____ Age: _____ Telephone: _____

Address: _____

11. Minor Children (*First names and ages*): _____

(a) Newborn's Name: _____ Date of Birth: _____ M F
(Sex)

Mother's Medicaid Eligibility I.D. No.: _____ - _____

12. Next of Kin or authorized agent (*If other than spouse*): _____

Address: _____ Telephone: _____

13. Gross Monthly Income of Applicant: _____ Source: _____

14. Gross Monthly Income of spouse or parents if the child is under the age of 18: _____

15. Health Insurance: Carrier / HMO Name: _____ Policy No.: _____

(a) Applicable to newborn? Yes No

(b) Medicare No.: _____

16. Applicant's Employer: _____ Address: _____

17. Spouse's Employer: _____ Address: _____

18. Does patient, patient's authorized agent, or relatives know that an inquiry is being made for the program checked at the top of this form? Yes No

19. Is patient still in hospital? Yes No If No, date of discharge: _____

Present address if known: _____

If yes, anticipated address upon discharge: _____

Is patient awaiting placement into a nursing facility? Yes No

20. Other comments: _____

21. The above patient is being cared for in the hospital since ____/____/____ on a ward service or general service basis as to professional and other personal services and I believe that such a patient may be eligible for the previously checked program.

Signature: _____ Title: _____ Date: _____

22. Signature of Patient or Relative: _____ Date: _____

PLEASE READ CAREFULLY BEFORE SIGNING

I understand that I must furnish certain information to the SSA / DO, ISS or the County Board of Social Services (CBOSS) to establish eligibility and extent of need for Supplement Security Income Benefits or public assistance, and that the appropriate agency will help to secure this information and verify it. I will supply complete and accurate information, within my knowledge, to representatives of the SSA / DO, ISS or the County Board of Social Services. I hereby authorize and direct my relatives, physician, hospital, employers, bankers, and any other person having information concerning the persons named above to furnish complete details to the appropriate agency investigating my application for such assistance. I understand that the information obtained will be used only in connection with the application for or receipt of assistance. I further understand that this document does not establish Medicaid eligibility, but serves only to determine an effective date if an application for Medicaid is properly completed within three (3) months.

“I further authorize the Social Security Administration to release benefit information and entitlement dates to the hospital whose name appears on the reverse side of this form. I understand the hospital will only use this information for purposes of establishing my eligibility for Medicaid.”

Signature: _____ Relationship: _____ Date: _____

IF NOT SIGNED BY PATIENT, EXPLAIN WHY: _____

NOTICE TO THE SSA / DO, ISS, OR CBOSS INITIALLY RECEIVING THIS INQUIRY: When it is to refer the Applicant to another Public Assistance Agency, include a copy of this PA-1C Form.

**SUBJECT: REVIEW PROCESS FOR EMERGENCY DEVELOPMENTAL
CENTER ADMISSIONS – Developmental Center Admissions
Review Panel**

EFFECTIVE DATE: November 1, 2007

I. POLICY:

- A. The Division of Developmental Disabilities (Division) recognizes the need to monitor the emergency admission of individuals into developmental centers to ensure that the individual's basic needs are met, while at the same time ensuring that the individual's rights are protected.
1. To address this need, the Division has created a panel to review emergency long-term developmental center admissions.
 2. The panel shall be known at the "Developmental Center Admissions Review Panel (DC/ARP)".
 3. Individuals receiving services from the Division are afforded rights through N.J.A.C. 10:41A, "Human Rights Committee" and N.J.A.C. 10:48, "Appeal Procedure".
 4. Division staff shall ensure that documents that are provided to the panel for review are de-identified in accordance with 45 CFR § 164.514 and N.J.A.C. 10:41-4.3.

II. PROCEDURES:

A. Duties of the Panel:

1. The panel shall serve in an advisory role to the Assistant Commissioner. The panel members may make recommendations for revisions of policies that impact on services provided to individuals who are admitted to developmental centers on an emergency basis for long term admission.
2. The panel shall be charged with reviewing the emergency admission of individuals to developmental centers. Such reviews may include:
 - a. The records of individuals admitted to developmental center on an emergency basis;
 - b. The Placement Request Form (refer to Division Circular #17, Appendix A);

- c. The interventions provided to the individual preceding the admission;
 - d. The Long Term admission level assignment;
 - e. The proposed discharge plan; and
 - f. Other records as needed.
3. The panel members shall ensure that client information shall remain confidential and shall not be further disclosed pursuant to N.J.S.A. 30:4-24.3 and N.J.A.C. 10:41.

B. General Panel Functions

1. The functions of the panel shall include, but not be limited to, the following:
 - a. To advise the Assistant Commissioner with regard to issues concerning individuals who are admitted to a developmental center on an emergency basis for long-term admission, including recommendations for action;
 - b. To contribute to the development of revision of policies and procedures directly relating to emergency developmental center admissions;
2. The panel shall have available to it all information that is necessary to perform its functions.

C. Panel Composition:

1. The panel shall be comprised of two Division representatives and one representative from each of the following entities shall be invited to be members:
 - a. Office of the Public Advocate;
 - b. NJ Protection and Advocacy;
 - c. Contracted service provider; and
 - d. A family member of an individual who is, or has resided, in a developmental center.
2. The terms of the Division representatives are not time limited but can change if job duties or other responsibilities so necessitate. The terms for non-Division members shall be reviewed every three years. These members may be re-appointed for additional terms if they are so willing and with the approval of the Assistant Commissioner.

3. The Assistant Commissioner shall appoint the members of the panel for a three year term. The term may be renewable.
4. The Assistant Commissioner shall appoint the Chairperson from the Division's executive staff.
5. The panel meeting shall consist of a minimum of three members present.
6. Members of the panel who are not Division employees will be required to sign a written statement that they agree to protect individual information in accordance with Federal and State laws and Division rules. Persons who violate the confidentiality of individual information will no longer serve as a member of the panel.

D. Meetings of the Panel

1. The panel shall meet at least every two months.
2. The Chairperson shall have the authority to call special and emergency meetings as necessary.
3. Additional Division staff may attend at the request of the panel to address specific issues.
4. The Assistant Commissioner will provide support staff to assist the Chairperson in completing necessary tasks. These may include tasks related to material preparation, communication, and some aspects of information management.

E. Panel Procedures

1. To the extent practicable, an agenda shall be distributed in advance to all panel members and guests and include a list of emergency long term admissions and issues to be discussed.
2. The panel members shall carefully review each issue and the data presented to analyze circumstances leading to the emergency long term admission and evaluating alternatives. They will provide a consensus based upon this discussion.
3. The panel will provide written recommendations to the Assistant Commissioner, as warranted.

F. Conflict of Interest

If any matter that arises in the panel's deliberations should constitute a conflict of interest for a member of the panel, that member shall refrain from participating in the panel discussion, or similar activity.

It will be the responsibility of the panel to determine if a conflict exists.

G. Responsibilities of the Chairperson

The chairperson of the panel shall be responsible for the following:

1. Presiding at meetings and performing all duties relevant to the Chairperson position;
2. Calling emergency panel meetings, as needed;
3. Ensuring the development and distribution of the agenda for each meeting;
4. Assuring the review of any previously requested progress reports;
5. Ensuring that minutes are recorded, transcribed, distributed and maintained properly;
6. Educating the panel members on their responsibilities.

H. Minutes of the meeting

1. The panel chairperson shall forward the meeting minutes to the Assistant Commissioner for review.
2. Minutes of the meeting shall be maintained on file in the office of the Assistant Commissioner.
3. Copies of the minutes shall be provided to the members of the panel.
4. The panel minutes shall be marked as "Confidential Client Information" when individual information is present and/or "Advisory, Consultative and/or Deliberative Material (ACD)" when advisory, consultative or deliberative material is present.