

STATE OF NEW JERSEY
DEPARTMENT OF CORRECTIONS



DIVISION OF
PROGRAMS AND REINTEGRATION SERVICES
OFFICE OF COMMUNITY PROGRAMS

Request for Proposals
Residential Community Reintegration Program(s)

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EXHIBIT A

N.J.A.C. 10A:17-2.18

**Volunteer Service Program
in residential community programs**

New Jersey Administrative Code
Title 10A. CORRECTIONS
CHAPTER 17. SOCIAL SERVICES
SUBCHAPTER 2. VOLUNTEER SERVICE PROGRAM

§ 10A:17-2.18 Volunteer Service Program in residential community programs


(a) Designated staff at each residential community program, that uses the services of volunteers, shall develop written internal management procedures that govern the following:

- 1.** Recruiting, screening and selecting of volunteers;
- 2.** Orientation and training of volunteers;
- 3.** Supervision of the services provided by volunteers;
- 4.** Termination of volunteers; and
- 5.** Submission of a monthly and an annual report to the Departmental Coordinator of Volunteer Services that contains the type of volunteer services and number of volunteer hours provided (see N.J.A.C. 10A:17-2.20).

(b) The internal management procedures outlined in (a) above shall be revised when necessary, and submitted to the office of the appropriate Assistant Commissioner for review and written approval on or before September 30 of each year.

EXHIBIT B

**NJDOC Policy ADM.010.001 Standards of
Professional Conduct**

	State of New Jersey Department of Corrections Policy Statement	Policy Number ADM.010.001
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Policy Title: Standards of Professional Conduct		
Approved and Issued By Victoria L. Kuhn, Esq., Acting Commissioner on November 16, 2021.		
Note: This document is provided electronically for informational purposes only. Should you require an official, signed copy for any reason, contact the APPM Unit.		

Effective Date: August 1, 2003	Revised: October 8, 2021	Authority: N.J.S.A. 30:1B-6 N.J.S.A. 52:13D-12 et seq.
Promulgating Office : Ethics Unit Office of the Commissioner		Professional Association Standard cited: ACA Std 4-4069
Applicability This Policy Statement applies to all Organizational Units of the New Jersey Department of Corrections, volunteers, public or private employees of other agencies doing work for the Department and consultants and contractors hired directly by the Department.		
Supersedes: ADM.010.001 dated August 2009		
Instructions: All affected Organizational Unit Managers within the New Jersey Department of Corrections shall be responsible for following any and all authorizing documents and <i>Level I Internal Management Procedures</i> consistent with this Policy.		
Review Schedule: This document is scheduled for review on or about October 15, 2023 or as necessary.		

I. PURPOSE

To establish a policy which provides Department of Corrections staff with a set of ethical standards which will guide their relationships with persons served by the Organizational Units and agencies of the Department, the families of such persons, the general public and with commercial and industrial firms with whom the Department does business.

II. DEFINITIONS

The following words and terms, when used in this policy, shall have the following meanings, unless that content clearly indicates otherwise:

Conflict of Interest means any personal action or inaction motivated by the possibility of personal gain or personal interest, which adversely affects the interest of the Department or conflicts with the employee's duty to the Department.

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New Jersey Department of Corrections or NJ DOC means that agency of the Executive Branch of the New Jersey State Government whose functions are to protect the public and provide for the custody, care, discipline, training and treatment of persons committed to the State correctional facilities.

Organizational Unit means a division, correctional facility or other work unit within the New Jersey Department of Corrections.

Standard of Professional Conduct means a set of rules describing acceptable professional behavior for all applicable personnel.

III. POLICY

Employees of the Department of Corrections hold a special position of trust as public employees. Because the Department of Corrections is a law enforcement agency, employees must meet an enhanced standard of personal conduct and ethical behavior which shall hold the respect and confidence of the citizens of the State. Whether on or off duty, the individual conduct of Department employees reflects upon the employee and, in some circumstances, upon the Department of Corrections and the State of New Jersey. This is to include personal conduct at professional or social gatherings at which Department of Corrections employees are in attendance, when on field assignment or in any place where State business is conducted or discussed, and also in writings or any other manner where a person identifies him/herself as an employee of the New Jersey Department of Corrections. This provision further extends to include social media posts, regardless of whether the employee self identifies as a NJ DOC employee.

The highest level of professional, ethical conduct shall be required of all applicable personnel, especially Department of Corrections' employees, with regard to all matters related to Department or State concerns. All persons to whom this policy applies are reminded that decorum and conduct becoming a public employee and staff member of the Department of Corrections are expected when both on and off duty, thus extending the workplace environment to other locations, including the internet and all social media platforms.

To ensure propriety and preserve public confidence, persons employed by the Department of Corrections shall adhere to the following guidelines for Professional Conduct:

1. No State officer or employee shall have any interest, financial or other, direct or indirect, or engage in any business or transaction or professional activity, which may create or seem to create a conflict of interest with the discharge of his/her duties.
2. No State officer or employee shall engage in any particular business, profession, trade or occupation which is subject to licensing or regulation by a specific agency of State without promptly filing notice of such activity.
3. No State officer or employee shall use or attempt to use his/her official position to secure unwarranted privileges or advantages for him or herself or others.
4. No State officer or employee shall act in his/her official capacity in any matter wherein he/she has a direct or indirect personal financial interest that might reasonably be expected to impair his/her objectivity or independence of judgment.

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5. No State officer or employee shall undertake any employment or service, whether compensated or not, which might reasonably be expected to impair his/her objectivity and independence or judgment in the exercise of his/her official duties.
6. No State officer or employee shall accept any gift, favor, service or other thing of value under circumstances from which it might reasonably be inferred that such gift, service or other thing of value was given or offered for the purpose of influencing him/her in the discharge of his/her official duties.
7. No State officer or employee shall knowingly act in any way that might reasonably be expected to create an impression or suspicion among the public having knowledge of his/her acts that he/she may be engaged in conduct which violates his/her trust as a State officer or employee.
8. Violations of this Policy shall be grounds for disciplinary action.

IV. PROCEDURES

N/A

V. CROSS REFERENCE DOCUMENTS AND POLICIES

Document/Policy Number	Title	Effective/Revision Date
ADM.010.000	<i>Code of Ethics</i>	October 2019 revised
ADM.010.004	<i>Professional Conduct: Staff/Inmate Over Familiarity</i>	October 2021 revised (pending)
	<i>Handbook of Information and Rules for Employees of the New Jersey Department of Corrections</i>	
	<i>New Jersey Department of Corrections Rules and Regulations for Law Enforcement Personnel</i>	January 1995

VI. APPLICABLE FORMS

N/A

EXHIBIT C

**N.J.A.C. 10A:20 Residential Community Reintegration
Program**

Office of Community Programs Communication CODES

**Law Enforcement Notification – Incarcerated Person
Assignment to a Residential Community Reintegration
Program**

**Law Enforcement Notification – Incarcerated Person
Employment in the Community**

JCAP Inmate Summary – Sample

**Social Services Inmate Emergency Contact/Family
Information Form**

New Jersey Administrative Code

TITLE 10A. CORRECTIONS

CHAPTER 20. RESIDENTIAL COMMUNITY REINTEGRATION PROGRAMS

§ 10A:20-1.1 Purpose

(a) The purpose of the chapter is to:

1. Set forth eligibility criteria and provisions for administration of Residential Community Reintegration Program programs, such as, but not limited to: assessment and treatment centers; correctional treatment programs; educational, vocational training, and work release programs; and specialized gender responsive programs serving female inmates;
2. Provide for required notifications pursuant to N.J.S.A. 30:4-91.8, 91.9, 91.11, and 91.13 when an inmate is being considered for participation in an RCRP; and
3. Provide for the establishment of a Community Relations Advisory Board(s) in accordance with N.J.S.A. 30:4-91.12.

§ 10A:20-1.2 Scope

(a) This chapter shall be applicable to the State correctional facilities and Residential Community Reintegration Program programs under the jurisdiction of the Department of Corrections unless otherwise indicated.

(b) This chapter shall be applicable to State-sentenced inmates under the jurisdiction of the Department of Corrections.

§ 10A:20-1.3 Definitions

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

"Assessment and Treatment Center" means a Residential Community Reintegration Program that is utilized as the first placement in the continuum of care. The primary focus is comprehensive assessment of the inmates and recommendation for assignment to either a correctional treatment program or an educational, vocational training, and work release program or return to a correctional facility as unsuitable for community release.

"Contract agency" means a service provider awarded a contract resulting from a submission of a bid in response to a request for proposals to operate a Residential Community Reintegration Program such as an Assessment and Treatment Center; a correctional treatment program; educational, vocational training, and work release program; or specialized gender responsive program serving female inmates.

"Correctional treatment program" means a Residential Community Reintegration Program deemed appropriate for male inmates whose assessments show a need for moderate to intense level of treatment. Treatment is guided by assessed criminogenic needs and is delivered through structured activities for a minimum of six hours per day, five days per week. The program also offers an educational, vocational training, and work release component for the inmate once clinically appropriate.

"Educational, vocational training, and work release program" means a Residential Community Reintegration Program deemed appropriate for male inmates whose assessments show a need for a low level of treatment for limited criminogenic needs. The primary focus is employment and/or educational and vocational training in preparation for employment for inmates with limited skills. This program also offers program services to meet the specific needs of the inmate, maintain recovery, and reconnect to the inmate's family and community.

"Furlough plan" means a written plan which specifies a home or destination approved by a District Parole Office for an inmate to visit while the inmate is on furlough.

"Health care provider" means an entity that provides health care services to the inmate population.

"Residential community programs" means community-based programs, such as Residential Community Release Programs and Mutual Agreement Programs.

"Residential Community Reintegration Program (RCRP)" means a community-based residential facility contracted by the New Jersey Department of Corrections for inmates under community supervision including, but not limited to, assessment and treatment centers; correctional treatment programs; educational, vocational training, and work release programs; and specialized gender responsive programs serving female inmates.

"Residential Community Reintegration Program Notification Committee" means a group of departmental staff designated by the Commissioner, or his or her designee, that shall be responsible to provide notification pursuant to N.J.S.A. 30:4-91.8 and to review comments submitted to the Department when an inmate is considered for participation in a Residential Community Reintegration Program.

"Responsible health authority" means a designated person within a correctional facility who is administratively responsible for arranging health care services to all inmates. When this authority is other than a physician, in the medical area, or a dentist in the dental area, medical and dental judgments rest with the designated licensed responsible physician or dentist.

§ 10A:20-1.4 Authority

Pursuant to N.J.S.A. 30:4-91.2, the Commissioner, New Jersey Department of Corrections, or designee may designate as a place of confinement any available, suitable and appropriate facility whether owned by the State or otherwise, and may at any time transfer an inmate from one place of confinement to another.

§ 10A:20-1.5 Forms

(a) The following forms are used for internal purposes by the Department related to the RCRP and are available through the Office of Community Programs:

1. 686-- I Community Program Application;
2. 686-- II Community Program Application Checklist; and
3. MR-030 Community Reintegration Medical Examination Form.

(b) The following forms related to the Furlough Program shall be reproduced by each correctional facility from the original that is available by contacting the New Jersey State Parole Board:

1. I-4 Request for Pre-Parole Report;
2. 822-- A Pre-Parole Report.

(c) The following form is related to the accounting process as used by the RCRP when billing the Department of Corrections. The form shall be reproduced from the original that is available by contacting the New Jersey Department of Corrections, Division of Programs and Community Services, Office of Community Programs:

1. AR 50/54--State of New Jersey Payment Voucher (Vendor Invoice).

(d) The following forms are used for internal purposes by the Residential Community Reintegration Program and are available through the Office of Community Programs:

1. 171-1 Seizure of Contraband forms used for internal purposes by the Residential Community Reintegration Program are available through the Office of Community Programs Report;
2. 171-II Inmate Receipt, Contraband Seizure;
3. 172-- II Continuity of Evidence--On-Site Urine Specimen Testing;
4. 285-II Prohibited Substance Testing Request Summary;
5. 259 Disciplinary Report;
6. Monthly Indicator Report;
7. RCRP Weekly Employment and School Report;
8. Special Incident Report Form OCP-001;
9. CA:44.2a Escape Report Form;
10. CA:44.2b Disciplinary/Administrative/Walk-Away Escape Discharge Summary;
11. RCRP Situational Report;
12. HVAC RCRP Special Report Form;
13. Staffing Roster;
14. Financial Contributions Report;
15. Live Count Sheet;
16. Daily Population Sheet;
17. Secondary Testing Analysis;
18. Prohibited Substance Testing Positive Results;
19. Notification of Staff Change;
20. Request for Transfer;
21. Tours/Application for Clearance/Construction, Tours and Escorted Access Only;
22. NJDOC, RCRP, Contract Vendor Employees, Volunteers and Interns--Application for Clearance and Issuance of ID Cards;
23. TASC Testing RCRP Reimbursement Invoice;
24. Educational Waiver or Request to Withdraw;
25. P.A.C.T. Request Form;
26. Furlough Request Form;
27. Employment/Education Variance Request Form;
28. OCP Bedside/Private Viewing Visit;
29. Admission Notification to Law Enforcement;
30. Employment Notification to Law Enforcement;
31. Social Services Inmate Emergency Contact/Family Information Form;
32. NJDOC Fair Release and Reentry Act (FRARA) 2009 RCRP Supplemental Form;

- 33. Reentry Services for People Leaving DOC Facilities and the RCRPs Referral Form;
- 34. Universal Property Pick-up Form;
- 35. Form 380-I Eng-Span Marriage Request Form;
- 36. Consent for Disclosure of Substance Use Disorder Records Form;
- 37. Employment and Education Site Monitoring Form;
- 38. P.R.E.P.A.R.E./NJ Helps Screening Form; and
- 39. RCRP Initial Jobsite Employer Participation Agreement.

Title 10A, Chapter 20, Subchapters 2 through 3. (RESERVED)

§ 10A:20-4.1 Contract/agreement between the New Jersey Department of Corrections and community agencies

- (a) Agencies outside of the New Jersey Department of Corrections shall enter into a formal contract with the Department of Corrections prior to receiving inmates for placement into the Residential Community Reintegration Program.
- (b) In addition to any other contractual provisions, every contract between the Department of Corrections and the operator of an RCRP shall provide for the establishment of a Community Relations Advisory Board(s) in accordance with N.J.S.A. 30:4-91.12. The Community Relations Advisory Board shall include a former inmate who also may have completed a Residential Community Reintegration Program.

§ 10A:20-4.2 Administration of Residential Community Reintegration Program

- (a) The Division of Programs and Community Services, Office of Community Programs, shall be responsible for the administration, monitoring, and oversight of Residential Community Reintegration Program programs under contract with the New Jersey Department of Corrections.
- (b) The Office of Community Programs (OCP) shall make the final recommendation for Residential Community Reintegration Program participation for all inmates to the Commissioner, or designee, the facility administrator, and the Director of the Office of Community Programs.

§ 10A:20-4.3 Duties of correctional facility staff responsible for coordinating release to the Residential Community Reintegration Program

- (a) The correctional facility administrator, or designee, shall designate a staff member to serve as the Institutional Community Reintegration Program Coordinator. The Institutional Community Reintegration Program Coordinator shall:
 - 1. Maintain liaison with the Office of Community Programs and the Residential Community Reintegration Program;
 - 2. Arrange and conduct periodic visits through the Office of Community Programs to Residential Community Reintegration Program programs;
 - 3. Advise correctional facility staff of changes in policies of the Residential Community Reintegration Program, as advised by the staff of the Office of Community Programs;
 - 4. Provide an explanation of the Residential Community Reintegration Program to inmates and the required application process;

5. Provide an in-depth explanation to inmates, and notify the Office of Community Programs, in writing, of any changes that affect the inmate's eligibility for a Residential Community Integration Program or a pending transfer to a Residential Community Reintegration Program, such as, but not limited to, medical psychological reports, custody levels, release status, administrative holds, and pending disciplinary sanctions; and
6. Attend training sessions and Institutional Community Reintegration Coordinators Meetings provided or facilitated by the Office of Community Programs.

§ 10A:20-4.4 General eligibility criteria for the Residential Community Reintegration Program

(a) Candidates for participation in Residential Community Reintegration Program programs shall:

1. Be classified full minimum by the Institutional Classification Committee (I.C.C.) except as set forth in N.J.A.C. 10A:9-3 and 4;
2. Not demonstrate an undue risk to public safety;
3. Have a psychological evaluation within the last 12 months that supports placement in a Residential Community Reintegration Program and shall address the inmate's readiness and ability to adequately adapt to the pressures and responsibilities of living outside the correctional facility. The psychological evaluation shall not be more than 12 months old;
4. Have received medical and dental certification, in accordance with N.J.A.C. 10A:20-4.9, indicating medical and dental clearance within the last 12 months;
5. Have made a satisfactory overall correctional facility adjustment with recommended educational and therapeutic program participation to assist in a successful reintegration process;
6. Have completed and signed Form 686--I Community Program Application for those inmates who are interested in participating;
7. Have had Form 686--I approved by the Institutional Classification Committee (ICC) as the initial step in the approval process;
8. Have been approved by the Residential Community Reintegration Program Notification Committee, when notification is required pursuant to N.J.S.A. 30:4-91.8, as the initial step in the approval process, and the facility administrator;
9. Have been reviewed by the Assessment and Treatment Center as a step in the approval process for male inmates; and
10. Have been given initial approval based on the criteria set forth by the I.C.C. and the Office of Community Programs (OCP) Classification and Assignment Unit, as set forth at N.J.A.C. 10A:1-2.3 and 10A:20-4.5.

§ 10A:20-4.5 Specific eligibility criteria for Residential Community Reintegration Programs

(a) In addition to the general eligibility criteria at N.J.A.C. 10A:20-4.4, candidates for Residential Community Reintegration Programs must also have initial I.C.C. findings approved or disapproved by the facility administrator, as well as the Office of Community Programs (OCP) Review Committee (See N.J.A.C. 10A:1-2.3) and meet the additional criteria at (b) and (c) below.

(b) In addition to the general eligibility criteria at N.J.A.C. 10A:20-4.4, candidates for Residential Community Reintegration Programs who have not been convicted of a sexual offense as defined at N.J.S.A. 30:4-91.8 or an arson offense and who do not demonstrate an undue risk to public safety shall be eligible within the time frames established at (c) below of:

1. An established parole date;
2. An expiration of maximum sentence;
3. An actual parole eligibility date established by the New Jersey State Parole Board; or
4. An anticipated parole date, as established by the New Jersey State Parole Board, for inmates serving indeterminate sentences.

(c) Candidates are eligible for participation in a Residential Community Reintegration Program when the candidate also meets the following time criteria and employment verification criteria:

1. Has less than 30 months remaining to be served and is determined by the Commissioner, or designee, to be appropriate for participation in a Residential Community Reintegration Program;
2. Has more than 60 days, but less than 30 months, remaining to be served and is determined by the Commissioner, or designee, to be appropriate for participation in an RCRP; or
3. Has applied for or provided proper documentation, maintained by the Office of Programming and Supportive Services, that will be required for employment eligibility in the Residential Community Reintegration Program's employment phase. Documentation may include:
 - i. A Social Security card or a notarized letter from a relative stating they are in possession of the inmate's Social Security card and it will be forwarded to the Residential Community Reintegration Program within 45 days of the inmate's arrival at the Assessment and Treatment Center(s) for male inmates or the specialized gender responsive program for female inmates;
 - ii. A birth certificate or a notarized letter from a relative stating they are in possession of the inmate's birth certificate and it will be forwarded to the Residential Community Reintegration Program within 45 days of the inmate's arrival at the Assessment and Treatment Center(s) for male inmates or the specialized gender responsive program for female inmates; and/or
 - iii. A New Jersey Motor Vehicle Commission non-driver's identification card or a notarized letter from a relative stating they are in possession of the inmate's non-driver's identification card or driver's license issued by the New Jersey Motor Vehicle Commission, regardless of expiration date, and it will be forwarded to the Residential Community Reintegration Program within 45 days of the inmate's arrival at the Assessment and Treatment Center(s) for male inmates or the specialized gender responsive program for female inmates.

§ 10A:20-4.6 (Reserved)

§ 10A:20-4.7 Exclusions from Residential Community Reintegration Programs (RCRPs)

(a) The following circumstances shall make an inmate ineligible for participation in an RCRP:

1. The provisions of any statutes of the State of New Jersey; and/or
2. Detainers, open charges or sentences which preclude eligibility for full minimum custody status (see N.J.A.C. 10A:9).

(b) A previous non-technical violation in which the inmate committed a new crime while on parole, Intensive Supervision Program (ISP), or electronic monitoring may make an inmate ineligible for participation in a Residential Community Reintegration Program.

(c) A violation of an RCRP under the jurisdiction of the Department of Corrections may make an inmate ineligible for participation in an RCRP.

§ 10A:20-4.8 Inmate application, eligibility, and review by the Institutional Community Reintegration Program Coordinator

(a) An inmate interested in participating in a Residential Community Reintegration Program shall complete and sign all sections of Form 686-I Community Program Application and submit it to the Institutional Community Release Program Coordinator for review.

(b) The Institutional Community Reintegration Program Coordinator shall explain to the inmate that:

1. The inmate's signature on Form 686-I merely signifies a willingness to participate in a Residential Community Reintegration Program and does not signify that the inmate has been approved for the Program; and

2. Approval for RCRP participation involves a multi-level approval process and the application must be approved at every level or it will be disapproved.

(c) The Institutional Community Reintegration Program Coordinator, upon receipt of the application from the inmate, shall determine:

1. That Form 686-I is completely and accurately filled out; and

2. That the inmate meets the eligibility criteria established for inmate participation in the residential community program.

(d) If the inmate does not meet the eligibility criteria, the inmate shall be notified of the reason(s), in writing, by the Institutional Community Reintegration Program Coordinator.

(e) If the inmate meets the eligibility criteria, the Institutional Community Reintegration Program Coordinator shall sign and submit Form 686-I Community Program Application to the Institutional Classification Committee (I.C.C.) for initial review and approval or disapproval (see N.J.A.C. 10A:20-4.2(c), 4.4, and 4.5).

(f) State-sentenced inmates in adult county correctional facilities may be reviewed for eligibility by the Director, Office of Community Programs, or designee, without the State-sentenced inmates having to submit an application. These inmates may receive initial approval or disapproval by the Institutional Classification Reception Committee (I.C.R.C.) at an intake facility for participation in a Residential Community Reintegration Program.

(g) The Office of Community Programs shall select the program assignment for the inmate approved by the I.C.C. for participation in a residential community program.

§ 10A:20-4.9 Medical/dental/psychological review of applicants for Residential Community Reintegration Programs

(a) A complete review of an inmate's medical records shall be made by the health care provider when the inmate is being considered for placement in a Residential Community Reintegration Program.

(b) The responsible health care authority who is clinically responsible for the correctional facility medical department shall review an inmate's medical records, consider the following factors, and provide medical certification prior to the Institutional Classification Committee (I.C.C.) approval or disapproval of the inmate for participation in a Residential Community Reintegration Program. Factors to be considered include, but are not limited to:

1. The employability of the inmate;
 2. The work limitations of the inmate, such as no food handling, restrictions on physical activities, such as lifting and walking, and no work around machinery;
 3. Medication(s), such as, but not limited to, psychotropic and addictive medication;
 4. Acute or chronic conditions requiring frequent medical intervention, such as, but not limited to, uncontrolled diabetes, dialysis, unstable asthma, and open wound care;
 5. Impending surgery;
 6. Any known medical restrictions; and
 7. Ability to maintain self-care with limited assistance from others, including, but not limited to, personal hygiene and compliance with "Keep on Person" medication instructions.
- (c) The responsible health care authority who is clinically responsible for the dental department shall review an inmate's dental records, consider all dental work in progress, and provide dental certification prior to the I.C.C. approving or disapproving the inmate application for participation in a Residential Community Reintegration Program.
- (d) The medical and dental health care authorities shall complete MR--030 Community Reintegration Medical Examination Form and submit the form to the Institutional Community Reintegration Program Coordinator who shall forward the form to the I.C.C.
- (e) If there are questions regarding the appropriateness of medically or dentally approving an inmate for participation in an RCRP, the medical and/or dental health care authority shall contact the Division of Operations, Health Services Unit, Director of Medical Services, or Director of Dental Services, for assistance prior to sending the completed Form MR--030 to the Institutional Community Reintegration Program Coordinator.
- (f) An inmate's most recent psychological evaluation shall be reviewed prior to the I.C.C. initial approval or disapproval of the inmate for participation in the Residential Community Reintegration Program. When a psychological evaluation is more than 12 months old or is requested by the Office of Community Programs, the health care authority of the correctional facility shall ensure that another evaluation of the inmate is conducted. The evaluation shall assess:
1. The inmate's readiness and ability to adequately adapt to the pressures and responsibilities of living outside the correctional facility; and
 2. The stability of the inmate which takes into account:
 - i. Any mental illness; and/or
 - ii. Current use of psychotropic medications.
- (g) The Institutional Community Reintegration Program Coordinator shall notify the Office of Community Programs of any changes in the inmate's medical, dental, and/or psychological conditions that occur during the period of time between I.C.C. initial approval for inmate participation in the Residential Community Reintegration Program and the transfer of the inmate to a program.

§ 10A:20-4.10 Institutional Classification Committee's (I.C.C.) review and disposition

- (a) The Institutional Classification Committee (I.C.C.) shall have the authority to review the inmate's file, and may provide initial approval or disapproval for inmate participation in an RCRP after review of:
1. The general eligibility criteria at N.J.A.C. 10A:20-4.4;
 2. The inmate's present and/or previous parole violation(s);
 3. The inmate's previous failure in an RCRP; and/or

4. The decision-making criteria at N.J.A.C. 10A:9-3.3.

(b) The correctional facility administrator shall not overrule the disapproval of an application for an RCRP by the I.C.C.

1. The I.C.C. may reconsider a disapproved application upon receipt of an inmate appeal submitted to the facility administrator.

(c) The correctional facility administrator may send back to the Committee, the approval of an application for an RCRP by the I.C.C. when the correctional facility administrator has information that was not available to the I.C.C. when the Residential Community Reintegration Program application was approved. The newly uncovered information shall be provided by the correctional facility administrator to the I.C.C. with the application for reconsideration.

(d) The Institutional Community Reintegration Program Coordinator shall attend all meetings of the I.C.C. when Residential Community Reintegration Program cases are being reviewed.

(e) The Institutional Community Reintegration Program Coordinator shall notify the inmate, in writing, of the status of the inmate's application to a Residential Community Reintegration Program only upon final approval by the Office of Community Programs (OCP) (see N.J.A.C. 10A:20-4.2 and 4.12(h)).

§ 10A:20-4.11 Forwarding documents to the Office of Community Programs

(a) Following approval of an inmate to participate in a Residential Community Reintegration Program, the Institutional Community Reintegration Program Coordinator shall submit to the Office of Community Programs, the following:

1. One copy of Form 686--I Community Program Application, and Form 686--II Community Program Application Checklist with all required attachments for those inmates who applied;
2. Two copies of MR-030 Community Reintegration Medical Examination Form, which shall not be more than 12 months old;
3. Two copies of current classification material for the inmate, which includes a psychological evaluation that has been conducted within the last 12 months or if the inmate has demonstrated signs of mental health decompensation;
4. Two copies of the current face sheet and progress notes from the inmate's classification folder and any other relevant information regarding the inmate's correctional facility adjustment and program participation;
5. Two copies of the inmate's criminal history record;
6. Two copies of the New Jersey State Parole Board hearing decision, if available;
7. Two copies of Form I--4 Request for Pre-Parole Report, when it has not been previously completed, or a request to re-check the Pre-Parole Report if it is over 12 months old, or, if available, the results of the Pre-Parole investigation;
8. Two copies of a recent inmate photograph with physical description (photographs on the inmate face sheet are acceptable for this requirement);
9. Two copies of the status of detainees on file;
10. Two copies of the Pre-Sentence Report;
11. Two copies of the court commitment order to include fines, penalties, and/or restitution; and
12. Two copies of the keep separate orders, if applicable.

§ 10A:20-4.12 Role of the Division of Programs and Community Services, Office of Community Programs, and the Office of Community Programs Classification and Assignment Unit

(a) Whenever the inmate to be reviewed has been convicted of an offense enumerated at N.J.S.A. 30:4-91.8, the Residential Community Reintegration Program Notification Committee shall provide written notice of that review to the prosecutor of the county in which the inmate was convicted or, if the matter was prosecuted by the Attorney General, the written notice shall be provided to the Attorney General:

1. The notice shall include the name of the inmate, identifying factors, and offense history and shall be timely emailed and a hard copy mailed by the Office of Community Programs Classification and Assignment Unit to the county prosecutor or Attorney General to ensure that the county prosecutor or Attorney General shall have 10 business days in which to contact the victim(s) and submit comments to the Department of Corrections;

2. If the county prosecutor or Attorney General does not provide comments within 10 business days, the New Jersey Department of Corrections may presume that the prosecutor or Attorney General, as the case may be, does not wish to submit any comments on the matter.

3. Comments from the victim of the crime or the victim's nearest relative if the crime resulted in death may be obtained upon notification by the county prosecutor or Attorney General to the Office of Victim Witness Advocacy of the county in which the inmate was convicted and that office may use any reasonable means available to give notice within 10 business days to the victim of the crime or the victim's nearest relative if the crime resulted in death.

i. The notice provided pursuant to this paragraph shall be given only if a request for such notification has been made by the victim or the victim's nearest relative, as the case may be, to the county prosecutor or Attorney General, at the time the inmate was sentenced.

ii. Upon receipt of such notice, the victim or the victim's nearest relative, as the case may be, shall have 10 business days in which to submit comments. If the victim or the victim's nearest relative, as the case may be, does not provide comments within the 10-business-day period, the New Jersey Department of Corrections may presume that the victim or victim's nearest relative, as the case may be, does not wish to submit any comments on the matter; and

4. Any comments provided pursuant to (a)1, 2, or 3 above shall be, in writing, and shall be delivered to the New Jersey Department of Corrections.

i. Comments submitted pursuant to this subsection shall be handled with strict confidentiality and shall only be reviewed by the Residential Community Program Notification Committee, the Committee Chairperson, and an Assistant Commissioner, or higher.

(b) Whenever the New Jersey Department of Corrections receives comments from a prosecutor or the Attorney General, as the case may be, or from a victim or a victim's nearest relative, as the case may be, concerning the participation of an inmate in accordance with this act, it shall give all due consideration to the information in those comments when considering the participation of that inmate. A Residential Community Reintegration Program Notification Committee, representing several disciplines within the New Jersey Department of Corrections, reviews the comments and inmate records and votes to approve or disapprove inmate assignment to a Residential Community Reintegration Program.

(c) The Director, Office of Community Programs, or designee, may review State-sentenced inmates in adult county correctional facilities for eligibility without submission of an application by the inmate.

(d) The Office of Community Programs shall assign the inmate to an initial Residential Community Reintegration Program followed by preparation of the transfer order for the transfer of the inmate from the correctional facility to an initial RCRP assignment.

1. Initial assignments for male inmates shall be to an Assessment and Treatment Center where treatment needs will be assessed; and

2. Initial assignment for female inmates shall be to a Specialized Gender Responsive Program where treatment needs shall be assessed and gender responsive services shall be facilitated through a Trauma Informed Care approach.

(e) The Office of Community Programs shall maintain a waiting list of inmates approved for assignment to the RCRPs.

(f) Each Assessment and Treatment Center shall establish an Assessment Center Classification Committee, which shall be responsible for reviewing the progress of inmates and for assigning inmates who are housed at the Assessment and Treatment Center to:

1. Another RCRP program; or

2. Return to the regional institution for referral to the Institutional Classification Committee at the correctional facility for an appropriate housing assignment.

(g) Each Specialized Gender Responsive Program for female inmates shall establish an assessment meeting for the purpose of reviewing the progress of inmates and for assigning inmates to:

1. A correctional treatment, including substance abuse treatment;

2. An educational, vocational training, and work release program; or

3. Making a written recommendation to the Office of Community Programs Director, or designee, as to why the inmate is not appropriate for either track.

(h) At the direction of the Commissioner, the Office of Community Programs (OCP) shall have final approval or disapproval authority for the participation of all inmates in the Residential Community Reintegration Program.

§ 10A:20-4.13 Notification of inmate assignment to a Residential Community Reintegration Program

(a) Pursuant to N.J.S.A. 30:4-91.11, whenever an eligible inmate is authorized for participation in a Residential Community Reintegration Program, the correctional facility Institutional Community Programs Reintegration Coordinator shall prepare a summary of all relevant information relating to the inmate's criminal history and background. This information shall include a current fact sheet, current progress notes, current photograph of the inmate, and the most recent Pre-Sentence Investigation Report available. The classification officer shall forward the summary of all relevant information to the Office of Community Programs.

(b) After Form 686-I Section II, Authorization for Release of Information has been signed by the inmate, the Office of Community Programs shall forward a copy of all the documents received pursuant to Form 686-II, Community Program Application Checklist, with all required documents and supplemental documents to the Residential Community Reintegration Program to which the inmate has been assigned. The Residential Community Reintegration Program must handle all inmate documents and classification material with strict confidentiality.

(c) The Office of Community Programs shall transmit to the Residential Community Reintegration Program (RCRP), within five business days of the inmate's transfer to the RCRP,

the summary of all relevant information relating to the inmate's criminal history and background along with all documentation required as referenced at N.J.A.C. 10A:20-4.11.

(d) The Director, or designee, of the Residential Community Reintegration Program shall be responsible for transmitting, within five business days of an inmate's transfer to a Residential Community Reintegration Program, the summary of all relevant information relating to the inmate's criminal history and background referenced at (b) above to the following individuals:

1. The chief law enforcement officer of the municipality in which the RCRP is located; and
2. The chief law enforcement officer of the municipality adjacent to the RCRP, if the RCRP is within 2,500 feet of the border of an adjacent municipality.

(e) If an inmate should arrive at an RCRP without treatment and discharge information from the substance use disorder treatment program at Mid-State Correctional Facility or Edna Mahan Correctional Facility for Women, the Director, or designee, of the Residential Community Reintegration Program may request the inmate's records for assistance in treatment planning.

1. The Director, or designee, of the Residential Community Reintegration Program shall request that the inmate sign the Consent for Disclosure of Substance Use Disorder Records form.
2. The Office of Substance Abuse Programming and Addiction Services shall be responsible for coordinating the release of treatment and discharge information once the Consent for Disclosure of Substance Use Disorder Records form, signed by the inmate, is received from the Residential Community Reintegration Program.

§ 10A:20-4.14 New Jersey State Parole Board hearing

New Jersey State Parole Board hearings for inmates assigned to RCRP programs shall be arranged and conducted in accordance with N.J.A.C. 10A:71-3 and any applicable statutes.

§ 10A:20-4.15 New Jersey State Parole Board extension after inmate is approved for program and is awaiting placement

(a) When an inmate in a correctional facility receives a New Jersey State Parole Board extension, that extends eligibility beyond 30 months while awaiting transfer to an RCRP, after the inmate has been approved for transfer and is on the waiting list for a bed, the inmate's name shall be removed from the waiting list.

(b) The inmate may reapply for participation in an RCRP in accordance with N.J.A.C. 10A:20-4.8.

§ 10A:20-4.16 New Jersey State Parole Board extension for inmates of a Residential Community Reintegration Program

(a) When an inmate's parole eligibility date has been extended, and the inmate's parole eligibility date would extend participation beyond the 30 months of parole eligibility remaining to be served specified at N.J.A.C. 10A:20-4.5, the inmate shall be returned to the correctional facility for assignment, but the inmate may reapply when eligible.

(b) Parole eligibility dates shall not be projected in determining appropriate placement of inmates in RCRPs.

§ 10A:20-4.17 Preparation for transfer to an RCRP

(a) A medical and dental checkup which has been conducted within the last 12 months shall be given for each inmate prior to the inmate's transfer to an RCRP.

(b) A check for the money remaining in the inmate's standard trust account shall be forwarded from the parent correctional facility to the regional institution for distribution to the RCRP within 10 business days.

1. The regional institution shall provide the inmate with a statement of account.

2. The RCRP will be responsible for final distribution to the inmate.

3. The RCRP shall provide the inmate with a statement of account.

(c) Copies of the Office of Community Programs Transport Order shall be sent by the Office of Community Programs to appropriate personnel at:

1. The parent correctional facility;

2. The regional institution; and

3. The residential community program.

(d) The Office of Community Programs shall be notified immediately of the cancellation of an impending transfer of an inmate to a Residential Community Reintegration Program to allow for modification of the transfer order.

(e) The Office of Programming and Supportive Services shall conduct a final interview to ensure the inmate has been afforded the opportunity to apply for the following documents and assist the inmate in obtaining identification prior to departure for the Residential Community Reintegration Program. These documents may include:

1. A Social Security card;

2. A Motor Vehicle Commission non-driver identification card; and/or

3. A birth certificate.

(f) Inmate personal property shall be handled in accordance with N.J.A.C. 10A:1-11.7.

§ 10A:20-4.18 Transportation of inmate

(a) The Office of Community Programs shall be responsible for making the arrangements necessary for transporting the inmate to the RCRP through the Central Transportation Unit.

(b) Inmate may be transported without restraint to the RCRP in a State-owned passenger vehicle.

(c) After an inmate has been assigned to, and is housed at, an RCRP, the inmate shall be transported to a correctional facility in accordance with contractual agreements between the Department of Corrections and the Residential Community Reintegration Programs to provide transportation between RCRPs and correctional facilities.

1. The RCRP shall be responsible to transport the inmate to the regional institution if the advice of the regional institution medical department is that a non-emergency medical evaluation should be conducted by a nurse.

2. In the instance of a non-emergency medical appointment that is scheduled through the Department's responsible healthcare authority, the Residential Community Reintegration Program shall transport the inmate to the regional institution for transport to the appointment by the New Jersey Department of Corrections.

3. A Residential Community Reintegration Program shall be responsible for transporting an inmate from the regional institution to the RCRP upon notification of medical clearance for the inmate to return.

4. Other instances may arise in which the Residential Community Reintegration Program will be required to transport an inmate to the regional institution. These instances may include, but not be limited to:

- i. A hearing for the Intensive Supervision Program;
- ii. A hearing with the State Parole Board;
- iii. An appointment with the I.D. officer; or
- iv. Any other appointment deemed necessary by the New Jersey Department of Corrections that does not rise to the level of a security risk requiring a custody escort.

5. The khaki uniform is the official New Jersey Department of Corrections transportation attire for any inmate in a Residential Community Reintegration Program traveling to a correctional facility or New Jersey Department of Corrections' Central Office Headquarters regardless of the nature of the appointment.

- i. Inmates in a Residential Community Reintegration Program are also excluded from wearing and/or carrying a purse or jewelry in excess of a wedding band and one religious item; and
- ii. Inmates in a Residential Community Reintegration Program must wear their identification card issued by the Residential Community Reintegration Program.

§ 10A:20-4.19 Residential Community Reintegration Program (RCRP) rules, regulations, and discipline

(a) The RCRP Director, or designee, shall conduct an orientation to the program. A Resident Handbook, which, at a minimum, includes the written rules and regulations of the RCRP and the New Jersey Department of Corrections' prohibited acts set forth at N.J.A.C. 10A:4-4.1, shall be given to each inmate immediately following the inmate's arrival at the RCRP.

(b) Inmates who violate RCRP rules or regulations shall be subject to such restriction of privileges through in-house sanctions by RCRP staff. Such restrictions shall be imposed in accordance with procedures developed by RCRP staff and agreed upon by the Commissioner, Department of Corrections, or designee, and the Director of the RCRP (see N.J.A.C. 10A:4).

(c) Inmates who commit violations of Category C, D, or E non-asterisk prohibited acts, excluding .101a, shall be subject to restriction of privileges by Residential Community Reintegration Program staff depending on totality or exigent circumstances. Such restrictions shall be imposed in accordance with procedures agreed upon by the Commissioner, Department of Corrections, or designee, and the Director of the Office of Community Programs (see N.J.A.C. 10A:4).

(d) All prohibited act violations, with the exception of prohibited act .101a, shall be reported immediately to the Office of Community Programs which will notify the regional institution. Prohibited act .101a shall be reported immediately to the regional institution and the Office of Community Programs.

(e) Category A, B, and F and .101a prohibited acts shall result in the immediate return by custody personnel of the inmate to a correctional facility within the New Jersey Department of Corrections. These disciplinary violations that are enumerated in the Inmate Handbook shall include, but are not limited to:

- 1. Charges by law enforcement authorities for violation of law, except municipal violations;
- 2. Charges for or evidence of violation of any statute governing the use of a controlled dangerous substance (C.D.S.);

3. Some non-asterisk prohibited acts (see N.J.A.C. 10A:4), such as, but not limited to, prohibited act .702 unauthorized contact with the public;
 4. Travel outside of the State of New Jersey;
 5. Use or possession of alcohol and/or controlled dangerous substances; and
 6. Engaging in sexual acts with others.
- (f) The Director, or designee, of the RCRP shall be responsible for ensuring the disciplinary charges are prepared for prohibited acts that require disciplinary return of the inmate to the regional institution.
- (g) All violations of rules and regulations and in-house disciplinary actions and violations of the Department's prohibited acts shall be recorded in the Residential Community Reintegration Program's management information system and the inmate's file for review by the Office of Community Programs staff members.
- (h) Inmate disciplinary returns to the regional institutions may be approved by the Commissioner, or designee.

§ 10A:20-4.20 Testing for prohibited substances

- (a) All inmates who participate in an RCRP shall be subject to testing for prohibited substances a minimum of every 21 days or at the request of the New Jersey Department of Corrections.
- (b) Testing for prohibited substances at an RCRP shall be conducted in accordance with N.J.A.C. 10A:3-5.10. Collection, storage, and analysis of specimens at an RCRP shall be conducted in accordance with the applicable subsections at N.J.A.C. 10A:3-5.11.
- (c) In order to comply with N.J.A.C. 10A:3-5.10 and the applicable subsections at N.J.A.C. 10A:3-5.11, the Director, or designee, of the RCRP shall be considered the equivalent of the facility administrator. A staff supervisor, or designee, shall be considered the equivalent of a custody staff member of the rank of Sergeant, or above.
- (d) Form 172-II Continuity of Evidence--On-site Urine Specimen form shall accompany all specimens that are delivered by the RCRP to the designated confirmation laboratory, as determined by the Commissioner, or designee.
- (e) The designated confirmation laboratory shall forward the original laboratory report of a positive specimen analysis to the Division of Operations, Health Services Unit, which shall then forward the original laboratory report to the Office of Community Programs and the regional institution.
- (f) When the specimen analysis tests positive, the regional institution is responsible for:
1. Writing disciplinary charges in accordance with N.J.A.C. 10A:4; and
 2. Forwarding the disciplinary charges and laboratory report to the Disciplinary Hearing Officer at the appropriate facility for use at the disciplinary hearing.

§ 10A:20-4.21 Health care coverage

- (a) The New Jersey Department of Corrections shall provide health care services at the Residential Community Reintegration Program Assessment and Treatment Center(s) through a health care provider on-site to all inmates in Residential Community Reintegration Program programs unless specifically requested by the Department's responsible health authority to bring the inmate to the regional institution for health care services.

- (b) Pursuant to N.J.S.A. 30:7E-1 et seq., the inmate shall be charged a copayment fee for health care services and medications in accordance with N.J.A.C. 10A:16.
- (c) Deductions for health care fees and medications shall be made in accordance with N.J.A.C. 10A:2-2.2.

§ 10A:20-4.22 Emergency medical and dental services

- (a) Emergency medical and dental services shall be provided for inmates assigned to an RCRP.
- (b) The health care provider, in collaboration with the Director of the Residential Community Reintegration Program, shall have established, in advance, an emergency plan to access a hospital or alternate medical or dental facility to provide emergency medical or dental treatment to inmates assigned to a Residential Community Reintegration Program.
- (c) When an inmate in a Residential Community Reintegration Program, requires emergency medical services at a hospital, the Director, or designee, of the RCRP shall notify the Office of Community Programs, which will notify and/or confirm notification to the shift commander of the regional institution and furnish the following information:
1. The inmate's name;
 2. The inmate's number;
 3. The name and location of hospital; and
 4. The reason for the medical emergency.
- (d) It shall be the responsibility of the regional institution to notify the Division of Operations, Health Services Unit of an emergency admission.
- (e) It shall be the responsibility of the regional institution shift commander to dispatch correctional police officers within a timeframe that is reasonable and operationally effective to assume custody of the inmate.

§ 10A:20-4.23 Nonemergency medical, dental, and mental health services

- (a) Inmates in an RCRP shall receive nonemergency medical, dental, and mental health services provided by the contract agency's health care provider, unless the Department's responsible health care provider specifically requests that the RCRP bring the inmate to the regional institution for treatment.
1. Inmates in an Assessment and Treatment Center shall receive medical, dental, and mental health nonemergency services in accordance with N.J.A.C. 10A:16.
- (b) Inmates in all other Residential Community Reintegration Program programs shall utilize the medical, dental, and mental health nonemergency procedures established by the New Jersey Department of Corrections' health care provider in accordance with N.J.A.C. 10A:16.

§ 10A:20-4.24 Medication or prescription extensions

- (a) When inmates are transferred to, or from, an Assessment and Treatment Center or a Residential Community Reintegration Program, a two-week supply of prescription medications will be provided by the health care provider or dentist in the sending facility.
- (b) When a prescription must be extended, the health care provider or dentist associated with the facility in which the inmate is currently housed shall evaluate and extend the prescription, as needed.

§ 10A:20-4.25 Inmate work credits

Inmates assigned to an RCRP shall be awarded work time credit pursuant to N.J.S.A. 30:4-92.

§ 10A:20-4.26 Inmate wages in Substance Use Disorder Treatment programs

(a) Inmates assigned to a correctional treatment program shall receive wages paid by the regional institution for a seven-day week at a pay rate comparable to the highest pay rate at the New Jersey Department of Corrections' licensed correctional treatment facilities.

(b) The regional institution shall forward a check to the Assessment and Treatment Center and Correctional Treatment Program in the name of each inmate at the RCRP within seven business days. The RCRP shall ensure that the inmate endorses and deposits the funds into an account for the inmate's personal use within five business days.

(c) The RCRP shall be responsible for notifying the Business Office of the regional institution, in writing, when an inmate receives his or her first pay from his or her employer.

(d) Wages paid by the regional institution shall terminate when the inmate receives his or her first pay from his or her employer.

§ 10A:20-4.27 On-site evaluation and approval or disapproval of employment sites

(a) The Residential Community Reintegration Program shall be responsible for the evaluation and approval or disapproval of all prospective places of employment for inmates in accordance with N.J.S.A. 30:4-91.3 et seq.

1. The New Jersey Department of Corrections reserves the right to override any employment site and any inmate employment assignment approved by the Residential Community Reintegration Program (RCRP) deemed necessary for inmate accountability and safety, as well as the safety of RCRP personnel, Department staff, and/or the community.

(b) Employment sites shall not be more than a 20-mile commute.

(c) Inmates in a Residential Community Reintegration Program shall not be permitted to work at, and are restricted from employment at an employment site and/or occupation that:

1. Is owned or operated by the inmate or relatives;
2. Is a day care center;
3. Does not have a business address or a designated office or establishment at which business is conducted;
4. Has no direct telephone contact;
5. Is a bail bonds office;
6. Is an airport;
7. Is located, or requires travel, outside of the State of New Jersey;
8. Is an adult entertainment establishment;
9. Is a cannabis dispensary or where cannabis products are sold;
10. Has duties not limited to the kitchen of any establishment with a Division of Alcoholic Beverage Control (ABC) license;
11. Has direct or indirect access to controlled dangerous substances defined pursuant to the New Jersey Controlled Dangerous Substance Act;

- 12.** Is a personal trainer to a client who may be deemed a member of a vulnerable population, such as a minor or person with diminished mental capacity and/or is compensated by cash payment;
- 13.** Requires entering private homes;
- 14.** Is restricted by law to persons with criminal backgrounds;
- 15.** Requires any operation of a motor vehicle that is subject to New Jersey Motor Vehicle rules;
- 16.** Is self-employment;
- 17.** Is a locksmith;
- 18.** Offers commission that cannot be documented;
- 19.** Is a security guard;
- 20.** Places the inmate in a situation replicating the original offense;
- 21.** Requires supervision of other inmates;
- 22.** May place the inmate in questionable, inappropriate, and/or unsupervised contact with vulnerable persons, such as minors, senior citizens, or physically or mentally disabled individuals; or
- 23.** Is prohibited by statute.

(d) The RCRP staff shall initially survey any prospective employment placement and the factors that shall be taken into account include, but are not limited to:

- 1.** Legitimacy of place of employment;
- 2.** Credibility of the employer and other employees;
- 3.** Proximity to the contract program;
- 4.** Working conditions of the employees;
- 5.** Availability of transportation;
- 6.** Training opportunities afforded;
- 7.** Potential health hazards to employees;
- 8.** The ability of the employer to meet the New Jersey Department of Labor and Workforce Development requirements, such as, but not limited to, Worker's Compensation and minimum wage;
- 9.** Consultation with representatives of local union central bodies or similar labor union organizations;
- 10.** The potential of displacing employed workers or impairing existing contracts for services;
- 11.** Reputation of place of employment in the community; and
- 12.** The level of supervision to ensure inmate accountability.

(e) The Residential Community Reintegration Program shall not approve an employment site until the employer has reviewed the RCRP Initial Jobsite Employer Participation Agreement and signed the form to certify agreement with the conditions of employing an inmate in a Residential Community Reintegration Program.

(f) The Office of Community Programs shall:

- 1.** Monitor the Residential Community Reintegration Program programs for compliance with employment policies and procedures; and
- 2.** Maintain a current record of employment sites and inmate's employment schedules.

(g) The number of inmates currently employed at the place of employment shall not exceed 15 percent of the work release eligible inmates at any one Residential Community Reintegration Program.

§ 10A:20-4.28 Notification of local law enforcement authorities

The Residential Community Reintegration Program shall notify the local law enforcement authorities and the New Jersey Department of Corrections, in writing, immediately following an inmate's employment in the community utilizing the Employment Notification to Local Law Enforcement form.

§ 10A:20-4.29 Monitoring employment/education sites

(a) A Residential Community Reintegration Program shall monitor employment and education sites for compliance with contractual requirements for the operation of a Residential Community Reintegration Program.

1. Unannounced monitoring visits of employment sites shall be conducted, at a minimum, once every 45 days.

i. Monitoring visits shall be documented utilizing the Office of Community Program's Employment and Education Site Monitoring form.

ii. All accountability calls from the inmate shall be immediately logged into the management information system by the Residential Community Reintegration Program. Detailed information from the accountability call that must be logged include, but are not limited to, the following:

(1) The time the call was received;

(2) The phone number of the incoming call;

(3) The reported location of the inmate;

(4) The staff member name and title who received the accountability call;

(5) Any additional instruction provided by the Residential Community Reintegration Program staff member to the inmate, if applicable; and

(6) Any additional relevant information, if applicable, such as the reason for the delay if the accountability call was late;

iii. The Residential Community Reintegration Program personnel on each shift shall randomly call back the employment or education site after the accountability call is placed by the inmate and log the calls into the management information system as an additional accountability measure. Detailed information from the accountability call that must be logged include, but are not limited to, the following:

(1) The time of the call;

(2) The phone number called;

(3) The reported location of the inmate;

(4) The staff member name and title who placed the accountability call; and

(5) Any additional instruction provided by the Residential Community Reintegration Program staff member to the inmate; and

iv. If the Residential Community Reintegration Program staff member is unable to make contact with the inmate, additional accountability measures are required, which include, but are not limited to, additional accountability calls and/or a site visit before initiating escape procedures.

(b) The Office of Community Programs shall be responsible for auditing Residential Community Reintegration Program programs for on-site monitoring of the employment and education sites.

(c) When an inmate starts employment or begins attending educational classes, the Residential Community Reintegration Program shall implement a plan for monitoring the placement site. The plan for monitoring the placement site shall include, but not be limited to, contacts with the

employer, in the case of an employment placement, or with the campus security office, in the case of education placement.

(d) The contacts may be concerned with factors that include, but are not limited to:

1. The inmate's attendance, including arrival and departure times;
2. The opportunity for and frequency of communication between the inmate and the employment supervisor or academic instructor(s);
3. The positive or negative interactions of the inmate with the peer group at the placement site;
4. The inmate's adherence to standards at the placement site;
5. The inmate's work habits and attitudes;
6. The inmate's progress and/or problems;
7. Any threat or concern for violation of a restraining order or concern from the public for unauthorized, harassing, or unwanted communication from the inmate;
8. The likelihood of the inmate retaining the employment or continuing the training after parole or completion of sentence; and
9. The inmate's adherence to New Jersey Department of Corrections and Residential Community Reintegration Program rules and regulations while at the placement site.

(e) The RCRP shall maintain the results of contacts with the employment or education placement each time the placement has been monitored.

(f) The RCRP shall make the results of employment evaluations and monitoring available to the State Parole Board, upon request.

§ 10A:20-4.30 Maintenance fees and alternate maintained reintegration savings program

(a) All inmates who participate in an employment component while residing in a Residential Community Reintegration Program under contract with the Department of Corrections shall be required to pay a maintenance fee in accordance with N.J.S.A. 30:4-91.4.

1. The purpose of the maintenance fee is to offset costs of maintenance related to the inmate confinement in accordance with N.J.S.A. 30:4-91.4.

2. The maintenance fee, computed in accordance with N.J.S.A. 30:4-91.4, shall:

- i. Be 30 percent of weekly net wages;
- ii. Not to exceed \$ 50.00 for each day worked by the inmate; and
- iii. Be non-refundable to the inmate.

(b) If fees for maintenance change in accordance with N.J.S.A. 30:4-91.4, these changes shall be reflected at (a)2 above through a notice of administrative change published in the New Jersey Register.

(c) Each inmate shall be given a receipt for the maintenance fee paid and a copy shall be maintained by the RCRP.

(d) The maintenance fee shall be collected from each inmate in the form of a money order by a designated staff member of the RCRP and the amount shall be deducted from the Department of Corrections monthly invoice by the RCRP.

1. Information relating to the collection of maintenance fees shall be attached to Form AR 50/54 State of New Jersey Payment Voucher (Vendor Invoice).

(e) Inmates who participate in an employment component while residing in a Residential Community Reintegration Program may alternately opt to voluntarily allow the RCRP to deposit collected maintenance fees into an individualized maintained reintegration savings program account at the regional institution.

1. Each inmate shall be given a receipt for the maintained reintegration savings program account deposit and a copy shall be maintained by the RCRP.
2. Funds for the alternate maintained reintegration savings program shall be collected from each inmate in the form of a money order by a designated staff member of the Residential Community Reintegration Program and the money order shall be forwarded to the regional institution's business office for deposit.
 - i. The regional institution's business office shall maintain the funds in a restricted trust account.
 - ii. The inmate cannot withdraw funds from the restricted trust account at any time during their incarceration.
 - iii. The inmate will receive all maintenance fees collected and voluntarily redirected to the alternate maintained reintegration savings program and held. The restricted trust fund account will be dispensed to the inmate upon release from custody of the New Jersey Department of Corrections.
 - iv. Maintenance fees collected prior to the inmate's voluntary admission into the alternate maintained reintegration savings program will be utilized in line with the purpose stated within this section and shall not be distributed to the inmate upon release.

§ 10A:20-4.31 Payment of fines, penalties, and restitution

(a) In accordance with N.J.A.C. 10A:2-2.2, and as required by the courts, statutes, and State Parole Board authorities, all employed inmates who have been placed in a Residential Community Reintegration Program shall be required to pay:

1. Court ordered payments, penalty assessments, restitution, and fines;
2. Other revenue obligations or fees;
3. Fees for medical and/or dental treatment; and
4. Fees for prescription or nonprescription drugs or medicine.

§ 10A:20-4.32 Bank accounts

(a) An inmate shall open a savings account with a local Federal Deposit Insurance Company (FDIC)-insured financial institution or on-site banking service licensed to receive deposits for consumer banking for use while at a Residential Community Reintegration Program.

1. The inmate in a Residential Community Reintegration Program must open a savings account no later than five business days from receipt of second pay period earnings.

(b) An inmate may not:

1. Open a bank checking account;
2. Open a charge account;
3. Purchase any item on credit/installment plan;
4. Enter into any type of contract, unless approved by the Office of Community Programs;
5. Attempt to keep the transaction records confidential from the authorized Residential Community Reintegration Program personnel;
6. Maintain possession of their bank card;
7. Conduct any unescorted banking; or
8. Purchase any items not pre-authorized in their pay period budget session with designated Residential Community Release Program personnel.

§ 10A:20-4.33 Personal property

(a) Neither the Department of Corrections nor the Residential Community Reintegration Program shall be responsible for the personal property of inmates.

(b) Inmates shall make arrangements to have valuable and excessive property sent home prior to transfer to the Residential Community Reintegration Program.

(c) Social Security cards, birth certificates, and/or identification cards issued by the Motor Vehicle Commission shall be sent to the Residential Community Reintegration Program by the parent correctional facility and shall not be considered personal property or a Keep-on-Person (KOP) item.

(d) Inmates may be permitted to retain in their possession such items of personal property in the Residential Community Reintegration Program, as are permitted by Residential Community Reintegration Program rules and regulations.

(e) Within 24 hours of arrival at the Residential Community Reintegration Program, inmates shall complete a Universal Property Pick-up Form to identify their designee for pick-up of personal property in the instance the inmate is unexpectedly removed from, or leaves, the facility for reasons other than return to the custody of the New Jersey Department of Corrections or escapes.

1. The property shall be inventoried on the same date as departure.

2. The Residential Community Reintegration Program shall document three reasonable attempts to contact the designee for pick-up of personal property prior to disposal.

3. Birth certificates, Social Security cards, and/or identification cards issued by the Motor Vehicle Commission are not considered inmate personal property and shall be forwarded by the Residential Community Reintegration Program to the regional institution.

(f) In the instance of escape of an inmate, personal property shall be held at the Residential Community Reintegration Program for 30 calendar days, in accordance with N.J.A.C. 10A:1-11.9.

1. If the inmate does not return to the Residential Community Reintegration Program or a correctional facility within the New Jersey Department of Corrections, within 30 calendar days, the inmate's property shall be deemed abandoned property.

2. Designated staff at the Residential Community Reintegration Program may dispose of abandoned property by:

i. Donating the personal property to any recognized public charitable organization;

ii. Retaining the property for use by the general inmate population; or

iii. Destroying the personal property.

3. A written notice of final disposition of the escaped inmate abandoned personal property shall become a permanent part of the inmate classification folder (see N.J.A.C. 10A:1-11.10).

(g) In the instance of death of an inmate, their personal property shall be distributed in accordance with the provisions set forth at N.J.A.C. 10A:16-7.6, Distribution of money and personal belongings of deceased inmates.

§ 10A:20-4.34 Inmate Program Authorized Community Time (P.A.C.T.) passes and furloughs

(a) Inmates may receive Program Authorized Community Time (P.A.C.T.) passes and/or furloughs in accordance with the phase system of the Residential Community Reintegration Program, which has been approved by the Office of Community Programs.

(b) The RCRP shall develop a written accountability procedure, to be utilized while the inmate is on a P.A.C.T. pass or furlough, which shall be submitted to the Office of Community Programs for review. If approved, the accountability procedure shall be incorporated into the policy and procedure manual of the RCRP.

§ 10A:20-4.35 Earned furlough privileges

(a) A furlough is an earned privilege afforded to an inmate in a Residential Community Reintegration Program who is not excluded from participation by any statutes of the State of New Jersey (such as N.J.S.A. 30:4-91.3.b) to aid in family reintegration.

(b) Inmates in Residential Community Reintegration Program programs are eligible to participate in a furlough program once the following criteria are met:

1. The inmate must be no more than 365 days from their maximum release date;
2. The inmate must have demonstrated evidence of program-compliant behavior to include, but not limited to:
 - i. No major in-house sanctions in the past six months;
 - ii. Treatment compliance; and
 - iii. Positive conduct adjustment;
3. The furlough site is approved by the State Parole Board;
4. The furlough host at the approved furlough site must participate in the required orientation for the furlough program;
5. The family member at the approved furlough site must participate in the required family orientation and must sign the furlough program agreement certifying agreement with all program rules and conditions; and
6. A family member who participates in the family orientation must pick up the inmate at the Residential Community Reintegration Program for furlough and transport the inmate back to the facility for the designated return time.

(c) An inmate may earn furloughs that are 12 hours in duration, inclusive of travel time, during the timeframe of 365 through 181 days from maximum release date.

1. The inmate who has earned 12 hour furloughs may participate in a furlough twice per 30-day period.
 - i. The second furlough in the 30-day period cannot commence until 14 days after the previous furlough.
 - ii. The inmate is not permitted to sign out of the facility for furlough before 7:00 A.M.
 - iii. The inmate must return to the facility by 7:00 P.M.
 - iv. Evidence of program-compliant behavior must continue to be demonstrated to remain furlough-eligible.
 - v. Movement in the community is restricted to the approved furlough site. Inmates are strictly prohibited from leaving the furlough site.

(d) An inmate may earn furloughs that are 24 hours in duration, inclusive of travel time, during the timeframe of 180 through 30 days from maximum release date.

1. An inmate who has earned 24-hour-furlough privileges may participate in these furloughs once every consecutive 30-day period.
- i. The inmate who is eligible for a 24-hour furlough is permitted to forgo this opportunity and alternatively elect to continue participating in 12-hour furloughs.
2. The start time of a 24-hour furlough may not begin before 7:00 A.M.
3. The 24-hour furlough must have a return time of no later than 7:00 P.M.
4. Evidence of program-compliant behavior must continue to be demonstrated to remain furlough-eligible.
- (e) Inmates in a Residential Community Reintegration Program are not permitted to furlough during the 30-day period prior to maximum release date.
- (f) The New Jersey Department of Corrections reserves the right to require inmates on 24-hour furloughs to wear a Global Positioning System (GPS) mechanism, if deemed necessary.
- (g) Overnight furloughs shall not exceed 24 hours.

§ 10A:20-4.36 Furlough exclusions

- (a) An inmate shall be excluded from receiving a furlough if the inmate:
1. Does not have an approved furlough plan;
 2. Is not authorized to receive a furlough in accordance with the internal management procedures of the Residential Community Reintegration Program; or
 3. Is ineligible pursuant to any statutes of the State of New Jersey (such as N.J.S.A. 30:4-91.3.b).

§ 10A:20-4.37 Escapes

- (a) An inmate residing at a Residential Community Reintegration Program shall be deemed an escapee under the following conditions:
1. The inmate leaves the RCRP without the authorization of the Director, or designee;
 2. The inmate fails to arrive at the approved leave site or fails to return to the RCRP, unless the designated time has been extended for a legitimate reason by the Director, or designee. The RCRP shall assume the responsibility for determining the legitimacy of the reason for granting an extension;
 3. The inmate is scheduled but is not present at the approved leave site on the date and time of a site visit or accountability call by personnel of the New Jersey Department of Corrections or the Residential Community Reintegration Program;
 4. If the location from which the inmate has contacted the Residential Community Reintegration Program is found to be fraudulent;
 5. The inmate is issued a Global Positioning System (GPS) tracking device and deviation from the approved destination and/or travel route is recorded; or
 6. The location of the inmate could not be identified, regardless of the inmate's return to the Residential Community Reintegration Program at the scheduled return time.
- (b) The inmate who cannot be contacted at the destination to which the inmate has been granted approved leave shall be deemed an escapee. If the RCRP receives information that the inmate is leaving, or has left, the jurisdiction, the regional institution shall be notified immediately.
- (c) If the inmate cannot be contacted at the approved leave site, but does contact the RCRP while in transit returning to the facility, the designated time of return may be adjusted by the Director of the RCRP, or designee, allowing sufficient time for the inmate to return to the RCRP.

(d) An adjustment in the time of return shall be documented with staff signatures on the sign in/out sheet and the management information system.

§ 10A:20-4.38 RCRP staff authorized to report escapes

The RCRP Director, or highest-ranking staff member on duty at the time of the escape, is authorized to report the escape of an inmate to the Office of Community Programs on-call supervisor and Center Control of the regional institution.

§ 10A:20-4.39 Procedure for reporting an escape

(a) The Director or highest-ranking staff member of the RCRP who is on duty at the time of the escape is responsible for the immediate notification of the escape to the Office of Community Programs on-call supervisor.

(b) In accordance with N.J.S.A. 30:4-91.13, the Director, or highest-ranking staff member who is on duty at the time of the escape, of the RCRP shall be responsible for immediately notifying, with all pertinent information that is available at the time, the following:

1. The chief law enforcement officer, or designee, of the municipality in which the RCRP is located and the chief law enforcement officer, or designee, of the municipality adjacent to the RCRP, if the RCRP is within 2,500 feet of the border of an adjacent municipality;
2. The Center Control of the regional institution; and
3. The Office of Community Programs on-call supervisor.

(c) Notification by the RCRP established in this section shall be accompanied by a current summary of all relevant information relating to the escapee's criminal history and background, to include a Special Incident Report Form OCP-001, Escape Report Form CA:44.2a, Disciplinary/Administrative/Walk-Away Escape Discharge Summary Form CA:44.2b, detailed call log, visit list, and a detailed timeline of events.

(d) When additional information becomes available or the inmate returns to the RCRP, the Director, or highest-ranking RCRP staff member who is on duty, shall immediately notify the Office of Community Programs on-call supervisor who will update Center Control at the regional institution.

(e) Upon notification by an RCRP Director, or highest-ranking staff member on duty at the time of the escape, that an escape has occurred, and upon notification that the escapee has returned to the RCRP, or when new information regarding a previously reported escape is forwarded, Center Control of the regional institution shall proceed in accordance with departmental internal management procedures and N.J.A.C. 10A:21 and 10A:22.

(f) The Director, or highest-ranking staff member on duty at the time of the escape, of the RCRP shall complete and email the appropriate Escape Report (Form CA:44.2a) to the Office of Community Programs within two hours of the occurrence.

(g) The highest-ranking RCRP staff member who was on duty at the time of the escape shall be responsible for writing the escape charge.

§ 10A:20-4.40 (Reserved)

§ 10A:20-4.41 Persons authorized to physically remove inmates from a Residential Community Reintegration Program

(a) An inmate residing in an RCRP may be removed from an RCRP only by the following persons:

1. Law enforcement authorities holding a legal warrant or a Writ of Habeas Corpus.
- i. In the event removal pursuant to this paragraph occurs, the Residential Community Reintegration Program Director/Assistant Director, or equivalent, shall contact the Regional Institution's Special Investigations Division office.
- ii. The Residential Community Reintegration Program Director/Assistant Director, or equivalent, shall contact the Office of Community Programs following the contact to the Regional Institution's Special Investigations Division office.
- iii. Whenever possible, Federal, State, and local law enforcement personnel should communicate pick-up of a Residential Community Reintegration Program inmate through the Regional Institution's Special Investigations Division prior to arrival at the facility;
2. Designated law enforcement personnel of the regional institution or from the correctional facility assigned to transfer the inmate;
3. Escort officers from Central Transportation Unit, Department of Corrections; or
4. Parole officers from the District Parole Office, acting jointly with the Department of Corrections.

(b) Advance notice of the impending removal of an inmate shall be provided to the RCRP by the regional institution, except in cases where such notification could lead to the inmate escaping.

(c) Upon arrival, official identification must be presented to the Director, or designee, of the Residential Community Reintegration Program by the person(s) authorized to remove an inmate from the residential community program.

§ 10A:20-4.42 Nondisciplinary administrative returns

(a) Situations warranting an administrative return of an inmate to the correctional facility may include, but are not limited to:

1. An inmate needing medical treatment which is required to be obtained at the correctional facility;
2. An inmate failing to make a satisfactory programmatic adjustment despite a minimum of two therapeutic interventions, although the inmate has not committed a major infraction as recommended by the Residential Community Reintegration Program Director and approved by the Office of Community Programs;
3. An inmate displaying signs of becoming a potential escape risk;
4. Receipt of a complaint from a community member expressing safety concerns or indicating unauthorized contact has occurred;
5. A preliminary positive prohibited substance test result;
6. The need for an investigation by the Special Investigations Division of an incident involving, or allegedly involving, the inmate;
7. Employment of a family member of an inmate at the Residential Community Reintegration Program;
8. An inmate's request and written statement to return to the correctional facility;
9. The need for a mental health evaluation due to a decline in functioning or program adjustment;

10. Any exigent circumstances in which the New Jersey Department of Corrections deems necessary for the safety of the inmate, personnel, and/or community; and/or

11. The correctional facility receiving a detainer which requires a change in the inmate's community custody status.

(b) In cases when an inmate is being returned to the correctional facility for administrative reasons, the Residential Community Reintegration Program director, or equivalent, shall prepare a report using Form CA:44.2b Disciplinary/Administrative/Walk-Away Escape Discharge Summary, which indicates the reason(s) for the return and Special Incident Report Form OCP-001, which provides details of the incident.

(c) A copy of the report shall be given to the custody staff member(s) who is transporting the inmate, and a copy shall be emailed as soon as possible to the Office of Community Programs. The report shall include the following information:

1. The detailed reasons for the return of the inmate; and
2. The Residential Community Reintegration Program Director's specific recommendation to the Community Corrections Classification Committee (C-4) for community release.

(d) The Community Corrections Classification Committee (C-4) shall, at the next regularly scheduled meeting, review the nondisciplinary administrative returns of inmates from Residential Community Reintegration Program programs to correctional facilities, with the exception of some medical transfers and returns pursuant to inmate's request.

§ 10A:20-4.43 Disciplinary and/or emergency transfer

(a) When an inmate violates a prohibited act(s) that is listed in N.J.A.C. 10A:20-4.19, the inmate shall be transferred to a Department of Corrections correctional facility in accordance with N.J.A.C. 10A:20-4.18.

(b) Copies of reports, notices, and other documents related to an inmate's return from an RCRP shall be given to the custody staff member(s) who is transporting the inmate, and copies shall be emailed as soon as possible by the Director, or designee, of the RCRP to the Office of Community Programs.

1. These reports shall include, but not be limited to:

- i.** Form 259 Disciplinary Report;
- ii.** Form CA:44.2b and the Disciplinary/Administrative/Walk-Away Discharge Summary; and
- iii.** Special Incident Report.

(c) Physical evidence to support the inmate's return from a Residential Community Reintegration Program shall be held in the facility's secured evidence locker for pick-up by Special Investigations Division investigators.

(d) The Community Corrections Classification Committee (C-4) shall, at the next regularly scheduled meeting, review the disciplinary transfers of inmates from an RCRP to correctional facilities within the New Jersey Department of Corrections and make appropriate housing assignments based upon the adjudication of disciplinary charges.

§ 10A:20-5.1 Discharge planning and release information

(a) The Residential Community Reintegration Program programs under contract with the New Jersey Department of Corrections are responsible to comply with the Fair Release and Reentry

Act of 2009 (P.L. 2009, c. 329), which was enacted on June 15, 2020 to assist inmates in obtaining necessary reentry benefits.

(b) Each contract agency is responsible for establishing policies and procedures for discharge planning requirements for their respective Residential Community Reintegration Program programs in accordance with the Fair Release and Reentry Act of 2009 (P.L. 2009, c. 329). These efforts are congruent with New Jersey Department of Corrections discharge planning practices that include required reentry benefits for all inmates.

(c) Mandatory discharge planning shall include, but is not limited to, that:

1. All inmates must be offered the opportunity to apply for reentry benefits through a Medicaid online application;
2. All inmates must be offered the opportunity to apply for reentry benefits through the New Jersey General Assistance/Supplemental Nutrition Program (SNAP) online application process;
3. Inmates identified as homeless during the discharge planning process must be appropriately assisted with housing assistance and referrals that ultimately result in a confirmed place to stay upon release; and
4. Any inmate who is identified as homeless on an emergency basis (that is, last minute housing arrangement change, release date change) shall be immediately referred to the New Jersey Work First Program's established Emergency Housing Assistance Hotline.

(d) Mandatory release information must be provided to each inmate at least 10 days prior to release. The New Jersey Department of Corrections will provide certain information for the inmates in the Residential Community Reintegration Program and other information is required to be created and/or disseminated by the Residential Community Reintegration Program. This information shall include, but is not limited to:

1. A copy of the inmate criminal history record and written information on the right to have criminal records expunged pursuant to N.J.S.A. 52:2C;
2. General written information on the inmate's right to vote pursuant to N.J.S.A. 19:4-1;
3. General written information on the availability of programs, including faith-based and secular programs that would assist in removing barriers to inmate employment or participation in vocational or educational rehabilitative programs including, but not limited to, information concerning the Rehabilitated Convicted Offenders Act, P.L. 1968, c. 282 (N.J.S.A. 2A:168A-1 et seq.), and the Certificate of Rehabilitation pursuant to P.L. 2007, c. 327 (N.J.S.A. 2A:168A-7 et seq.);
4. A detailed written record of the inmate participation in educational, training, employment, and medical or other treatment programs while the inmate was incarcerated;
5. A written accounting of the fines, assessments, surcharges, restitution, penalties, child support arrearages, and any other obligations due and payable;
6. A copy of the inmate's birth certificate, if the inmate was born in New Jersey;
7. Assistance in obtaining a Social Security card;
8. A non-driver's identification card, which shall be issued by the New Jersey Motor Vehicle Commission and for which the Motor Vehicle Commission shall accept a former New Jersey Department of Corrections inmate identification card to have a two-point value in applying for the non-driver's identification card;
9. A one-day New Jersey bus or rail pass;
10. A two-week supply of prescription medications;

- 11.** General written information concerning child support, including child support payments owed by the inmate, information on how to seek child support payments, and information on where to seek services regarding child support, child custody, and establishing parentage; and
 - 12.** A medical discharge summary, which shall include instructions on how to obtain from the Commissioner of the New Jersey Department of Corrections, a copy of the full medical record at no charge to the inmate.
- (e) The Residential Community Reintegration Program must confirm compliance with the Fair Release and Reentry Act of 2009, by providing a signed Fair Release and Reentry Act of 2009 RCRP Supplemental Form, signed by the inmate prior to release indicating the inmate received the required discharge planning and release information.
- 1.** The form shall be emailed to designated personnel in the Office of Community Programs within 24 hours of inmate release.

Office of Community Programs Communication CODES as of 2.23.2023

Situation	EMAIL SUBJECT LINE& DOCUMENT TITLES No parenthesis
Walkaway/Escape	(ITAG CODE)-WALK/ESCAPE: Last Name, SBI
Daily Pop and SAT Report	(ITAG CODE)-POP/SAT
Live Count	(ITAG CODE)-COUNT
Special Incident-Medical	(ITAG CODE)-MEDICAL: Last Name, SBI <i>*All 911 incidents (see note below)@</i>
FRARA Receipt	(ITAG CODE)-FRARA: Last Name, SBI
Ombudsperson Responses by the RCRP Director	(ITAG CODE)-OMBUDPERSON Inquiry: Last Name, SBI
Special Fire and/or Police (Law Enforcement)	(ITAG CODE)-FIRE/POLICE: Operations (ITAG CODE)-POLICE: Last Name, SBI
Request for Transfer	(ITAG CODE)-TRANSFER REQUEST: Last Name, SBI
Request for Variance	(ITAG CODE)-VARIANCE REQUEST: Last Name, SBI
Request to attend Private Viewing	(ITAG CODE)-PRIVATE VIEWING: Last Name, SBI
Disciplinary Return	(ITAG CODE)-DISC. RETURN: Last Name, SBI
Administrative Return	(ITAG CODE)-ADMIN. RETURN: Last Name, SBI
Request for Tattoo removal program	(ITAG CODE)-TATTOO REMOVAL: Last Name, SBI
Weather Situation Reports & Physical Plant Issues	(ITAG CODE)-SITUATIONAL REPORT
Special Other	(ITAG CODE)-SPEC-OTHER-Operations (ITAG CODE)-SPEC-OTHER- Last Name, SBI

© If a resident goes out 911 the initial code is MEDICAL. If later the resident has to be returned to custody as a result of the 911, use the appropriate return code.

HOUSE	ITAG CODE	ALPHABET	Military time
Clinton House	G CLINTN	Alpha A	0000 or 24000 midnight
CURA	N CURA	Bravo B	01:00 1:00am
Fenwick House	N FENWIC	Charlie C	02:00 2:00am
Fletcher House	G VOA	Delta D	03:00 3:00am
Garrett House	G GARR	Echo E	04:00 4:00am
Harbor House	E HARBOR	Foxtrot F	05:00 5:00am
ASSESSMENT CENTER			
Hope Hall	G HOPE	Golf G	06:00 6:00am
Hemm House	E HEMM	Hotel H	07:00 7:00am
Kintock Bridgeton	KTSLG	India I	08:00 8:00am
Legacy	S		
Kintock Bridgeton	KTSSA	Juliet J	09:00 9:00am
Substance Abuse	S		
Kintock Bridgeton	KTSWR	Kilo K	10:00 10:00am
Work Release	S		
Kintock Newark	N KTNSA	Lima L	11:00 11:00am
Tully House	E TULLY	Mike M	12:00 12:00pm
		November N	13:00 1:00pm
		Oscar O	14:00 2:00pm
		Papa P	15:00 3:00pm
PHONE NUMBERS		Quebec Q	16:00 4:00pm
		Romeo R	17:00 5:00pm
		Sierra S	18:00 6:00pm
		Tango T	19:00 7:00pm
Central Communications		Victor V	20:00 8:00pm
609-826-5666			
REGIONALS (Centerkeeper/Shift Commander)		X-ray X	21:00 9:00pm
GSYCF		Yankee Y	22:00 10:00pm
609-298-6330			
NSP		Zulu Z	23:00 11:00pm
973-465-0068			

Law Enforcement Notification
Incarcerated Person Assignment to a Residential Community
Reintegration Program

Click here to enter a date.

Dear

You are receiving this notification as the Chief Law Enforcement Officer of (1) the municipality in which the New Jersey Department of Corrections' contracted Residential Community Reintegration Program (RCRP) is located or (2) the adjacent municipality because the RCRP is within 2,500 feet of the border.

The below referenced individual is sentenced to the custody and care of the State of New Jersey Department of Corrections and is currently housed at Choose an item.

Incarcerated Person's Name:
SBI Number:
Date of Transfer to RCRP: Click here to enter a date.
RCRP Address: Choose an item.
RCRP Program Director's Name: Choose an item.
RCRP Telephone Number: Choose an item.

This correspondence serves as notification in accordance with N.J.A.C. 10A:20-4.13 Notification of Incarcerated Person assignment to a Residential Community Reintegration Program. Please contact the program for any additional information.

Thank you.

RCRP Director's Signature

Date

Law Enforcement Notification
Incarcerated Person Employment in the Community

Click here to enter a date.

Dear

You are receiving this employment notification for the below referenced individual who is sentenced to the custody and care of the State of New Jersey Department of Corrections (NJDOC) and is currently housed at Choose an item.

The Residential Community Reintegration Program (RCRP) is contracted by the NJDOC for community re-entry services including employment for eligible Incarcerated Persons.

Incarcerated Person's Name:
SBI Number:
Employment Site:
Employment Address:
Employment Start Date: Click here to enter a date.
RCRP Program Director's Name: Choose an item.
RCRP Address: Choose an item.
RCRP Telephone Number: Choose an item.

This correspondence serves as notification in accordance with N.J.A.C. 10A:20-4.28 Notification of local law enforcement authorities. Please contact the program for any additional information.

Thank you.

RCRP Director's Signature

Date

NEW JERSEY DEPARTMENT OF CORRECTIONS
JCAP Inmate Summary (Phase 3)
REPORT: JCAPSUM_P3

Page 1 of 8

Report Run Date: December 18, 2020

JCAP #: 73589

Inmate:

SSI #:

INMT #:

D.O.B.

Current Location: ADTC-7R WING-B-15

PART III: PRE-RELEASE INTERVIEWS

Interview Date: 12/16/20

Interviewer:

Institution:

Title: Social Worker 1

ITag info

PDS Date:

MAX Date: 03/14/21

Age: 24

SSN:

Do you have an address to return upon release? ☒

Do you require transit tickets? ☒

Address/Telephone

Relationship/Housing Type

CHOICE #1

Placement (DOB)

Other (Specify)

Emergency Contact

Comments

emergency contact was verified as his Mother. The address and phone number on file for her are both correct. He was encouraged to notify the Social Services department if his information changes at any point throughout the remainder of his sentence.

Education History

Level Attained

Area of Study

HIGH SCHOOL EQUIVALENCY

GENERAL STUDIES

Education Level

disclosed that he obtained a High School Diploma from Pinelands Regional High School in 2016.

At this time, he is satisfied with the extent of his education. He does not wish to enroll in additional educational classes.

Employment History

Limited experience at Shoprite, Target, KFC, Circle K and a high end restaurant as a bus person.

Mr. identified his skills as retail, stocking, and restaurant bussing.

ASI

ASI Drug

ASI Alcohol

LSIR Intake Score

LSIR Release Score

Drug History

Prior to his incarceration, stated that he used acid, "shrooms", and marijuana on a weekly basis. He explained that this usage started when he was a teenager and continued further into his adulthood. He used substances up until the time of his incarceration.

Veteran

Military Record:

Comments: Mr.

denied having any military affiliation.

Type of Discharge:

Ever Collect Social Security: ☒

When

Up until 2018

Ever Collect SSI: ☒

When

Up until 2018

Ever Collect Disability: ☒

When

Other Resources:

Balance in Account:

Spendable - Current Balance: 422.25 Held Balance:

NEW JERSEY DEPARTMENT OF CORRECTIONS
JCAP Inmate Summary (Phase 3)
REPORT: JCAPSUM_P3

Page 2 of 8

Report Run Date: December 18, 2020

JCAP #: 73690

Inmate:

SSI #:

INMT #:

D.O.B.

Current Location: ADTC-7R WING-B-18

Part III PRE-RELEASE REFERRALS

Transportation: Y

Referral: Mr. requested NJ Transit Tickets.

It was explained to Mr. that he will have the opportunity to purchase NJ Transit Tickets approximately 30 days prior to his release. If purchased, they will be in his FRARA packet on the day of his release. NJ Transit Tickets can be used for both buses and trains and do not expire.

Mr. stated that will be providing transportation on the day of his release. Writer offered to call and confirm transportation but Mr. declined.

Social Security: Y

Referral: Mr. requested Social Security Information.

It was explained to Mr. that the Social Security Administration offers temporary financial assistance such as SSI/SSDI, if eligible. He was encouraged to visit them upon his release.

SSA Office
 180 St. Catherine Blvd
 Toms River, NJ
 National #: 800-772-1213

Public Assistance: Y

Referral: Mr. requested Public Assistance Information.

It was explained to Mr. that the Board of Social Services offers temporary financial assistance such as NJSNAP, General Assistance, and Temporary Rental Assistance, if eligible.

ADTC Social Services will assist Mr. with applying for NJSNAP benefits approximately 45 days prior to his release during his JCAP 4.

BOSS
 1027 Hucper Ave
 Buildings # 3, 4, 5, 7
 Toms River, NJ
 732-346-1500

Veteran's Affairs: N

Referral: Mr. does not have any military affiliation. Therefore, no veteran's affairs information is required at this time.

Education: N

Referral: Mr. declined Education Information at this time.

Housing: N

Referral: Mr. declined Housing Information at this time.

Mr. plan is to submit an address to reside with his friend. However, if this address is denied by parole, Mr. will be assigned to a Parole Placement address.

NJ Homeless Hotline
 2-1-1

Jersey Shore Rescue Mission
 701 Memorial Drive
 Asbury Park, NJ
 732-888-0242

Substance Abuse: N

Referral: Mr. declined Substance Abuse Information at this time.

NEW JERSEY DEPARTMENT OF CORRECTIONS
JCAP Inmate Summary (Phase 3)
REPORT: JCAPSUM_P3

Page 3 of 8

Report Run Date: December 18, 2020

JCAP #: 73880

Inmate:

SSI #:

INM# #:

D.O.B.

Current Location: ADTC-7R WING-B-16

Medical Health / Medication: Y

Referral: Mr. requested Medical Health information.

In the event of a Medical Health emergency, Mr. can utilize the following options:

Red Bank Community Health Center
178 Riverside Ave
Red Bank, NJ
732-218-8625

Lakewood Health Center
101 2nd Street
Lakewood, NJ
732-383-8868

Mental Health: Y

Referral: Mr. requested Mental Health information.

In the event of a Mental Health emergency, Mr. can utilize the following options:

Mental Health Hotline
800-398-4367

Kimball Medical Center
800 River Ave
Lakewood, NJ
732-888-4474

NJ Mental Health Care
888-202-4367

Spiritual Health: N

Referral: Mr. declined Spiritual Health information at this time. He stated that he will find a place of worship on his own accord.

Employment: Y

Referral: Mr. requested Employment information.

It was explained to Mr. that the One Stop Career Center offers employment services such as workshops, trainings, resume assistance, and current job postings. He was encouraged to visit them upon his release.

One Stop Career Center
1027 Hooper Ave
Building #2
Toms River, NJ
732-388-8816

Domestic Violence: N

Referral: Mr. declined Domestic Violence information at this time.

Comments:

Mr. was advised about the various resources available to him in Ocean County, NJ. He was provided with a Monmouth/Ocean County Smart Book to familiarize himself with the services in his community. He was encouraged to notify the Social Services department if his needs change and/or he requires additional resources prior to his release. Since Mr. has never held a valid drivers license, he was also provided with a NJ Drivers Manual to study for both the written and driving exams.

Mr. previously applied for a duplicate copy of his Birth Certificate during the STARS program. Since then, Mr. BC has been received and secured. The Social Services department will continue to secure this identification document until the day of his release. At that time, his BC will be placed in his FRARA packet.

During this interview, Mr. was offered the opportunity to apply for a duplicate copy of his SSN card. It was explained to him that if his application is successfully processed and arrives prior to his release, it will be secured with the Social Services department. At that time, his

NEW JERSEY DEPARTMENT OF CORRECTIONS
JCAP Inmate Summary (Phase 3)
REPORT: JCAPSUM_P3

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Report Run Date: December 18, 2020

JCAP #: 73680

Inmate:

SBI #:

INMT #:

D.O.B.

Current Location: ADTC-7R WING-B-16

Identification document will be placed in his FRARA packet to utilize.

He was informed that a copy of this JCAP 3 will be placed in his FRARA packet.

III. MEDICAL/ MENTAL HEALTH:

Inmate is on Mental Health Roster:
Inmate is on Mental Health Medication Roster:
Past Suicide Attempts:
Past Psych Hospitalizations: Yes
Past History of Psych Meds: Yes

Significant Medical Condition: ☒ N

Medical Condition Details: Mr. denied having any medical conditions or illnesses. However, he disclosed that he has a Condition of Gender Identity and is currently taking hormone therapy medications on a daily basis.

Mr. was advised that he will receive a 30 day supply of any medications he is required to take, a prescription of an additional 30 day supply, and 1 refill on the prescription. The Medical department will be conducting and providing Mr. with a discharge plan appropriate to his needs. Approximately 60 days prior to his release, Mr. will be offered the opportunity to apply for the Affordable Care Act (ACA insurance) with the Social Services department. If he is found eligible for insurance benefits, Mr. will receive his insurance card in the mail approximately 7-10 days following his release.

Part III: Case Monitoring

Mr. can utilize any of these additional resources as needed for Ocean County, NJ:

MVC LOCATIONS:

Ocean County MVC #: 809-292-8500

1195 Route 70
Leisure Center, Store #8
Lakewood, NJ

1891 Hooper Ave
Village Square Plaza
Toms River, NJ

CLOTHING:

Jersey Shore Dream Center
1301 Cortes Ave
Neptune City, NJ
877-381-5732
*Prisoner Relief Program - provides clothing and food for newly released inmates

Goodwill
1 North Mall Drive
Ocean Twp. NJ
732-843-1084

FOOD:

Kai's Kitchen
100 Bishop Way
Marlborough, NJ

**NEW JERSEY DEPARTMENT OF CORRECTIONS
JCAP Inmate Summary (Phase 3)
REPORT: JCAPSUM_P3**

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Report Run Date: December 18, 2020

JCAP #: 73680

Inmate:

SSI#:

INMT#:

D.O.B.:

Current Location: ADTC-7R WING-B-15

609-690-8388
*Thursday @11am-12pm

Simon's Kitchen
188 Grant Ave
Seaside Heights, NJ
732-270-8841
*Tuesday & Friday @5:30pm-7:40pm

Abundant Grace Soup Kitchen
102 Indian Head Road
Toms River, NJ
732-914-2088
*1st Saturday of month @12pm-3pm

King of Kings Food Pantry
1000 N. Main Street
Manahawick, NJ
609-597-7177
*Tuesday @12pm-5pm

St. Joseph's Pantry
826 Hooper Ave
Toms River, NJ
732-946-0618 ext. 2207
*Monday - Friday @10am-4pm

DENTAL CARE:

Toms River Health Center
301 Lakeshore Road
Toms River, NJ
732-383-8866

2240 Case Notes

Effective Date: 12/16/20 Sequence #31 Program Type: DPLAN, On 12/16/2020 JS completed by G.LaGuardia. GL/SWI/ADTC

Effective Date: 12/16/20 Sequence #32 Program Type: SSN, On 12/16/2020 offered and accepted. GL/SWI/ADTC

Effective Date: 12/16/20 Sequence #33 Program Type: SSN, On 12/16/2020 application forwarded to S.Lawrence, SWS for review. GL/SWI/ADTC

Effective Date: 12/08/20 Sequence #30 Program Type: DPLAN, On 12/8/2020 IM had a scheduled phone assessment with Monmouth County DDD supervisor Meredith Czarnak to determine eligibility for benefits and services. GL/SWI/ADTC

Effective Date: 01/02/20 Sequence #26 Program Type: BC, On 1/2/2020 by G.LaGuardia BC received from OVS and secured at ADTC. GL/SWI/ADTC

Effective Date: 11/13/19 Sequence #22 Program Type: BC, On 11/12/2019 via Business Office. CCH, SWI, ADTC

Effective Date: 11/12/19 Sequence #21 Program Type: BC, 11/12/19 received from OTS and forwarded to BO for further processing and mailing. MC,SWS,ADTC

Effective Date: 10/11/19 Sequence #19 Program Type: BC, 10/10/19 to OTS (Isaiah, L Kirby. MC,SWS,ADTC

Effective Date: 09/30/19 Sequence #17 Program Type: BC, on 09/30/2019 BC forwarded to Ms. Chyburn, SWS, BC Liaison. LR/SWI/ADTC

NEW JERSEY DEPARTMENT OF CORRECTIONS
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Report Run Date: December 18, 2020

JCAP #: 73690	Inmate:	SSI #:	INMT #:
D.O.B.	Current Location:	ADTC-7R WING-B-15	

Effective Date: 08/27/19 Sequence #16 Program Type: BC, on 08/27/19 offered and accepted STARS BC. Application completed at this time. LR/SWI/ADTC
Effective Date: 05/01/18 Sequence #2 Program Type: DPLAN, On 05/01/2018 JCAP I completed by LB. LB/SWI/ADTC

SAMPLE

NEW JERSEY DEPARTMENT OF CORRECTIONS
JCAP Inmate Summary (Phase 3)
REPORT: JCAPSUM_P3

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Report Run Date: December 18, 2020

JCAP #: 73680

Inmate:

SBI #:

UNIT #:

D.O.B.:

Current Location: ADTC-7R WING-B-16

Part IV: FRARA

Prepared By: G. LaGuardia

Title: Social Worker 1

Institution: ADTC

Date: 12/18/20

Did you advise the inmate about receiving a FRARA packet on the day of release? YES

Did you advise the inmate of what to expect in their FRARA packet on the day of release? YES

Did you advise the inmate that if they are leaving with additional supervision to serve, they are required to bring the FRARA packet to the reporting agency? YES

Part V: Selective Service

"Almost all male U.S. citizens, and male immigrants living in the U.S., who are 18 through 26, are required to register with Selective Service. It's important for you to know that even if you are registered, you will not automatically be inducted into the military. In a draft requiring a draft, you would be called in sequence determined by random lottery number and the year of your birth. Then, you would be examined for mental, physical, and moral fitness by the military before being deferred or exempted from military service or inducted into the Armed Forces. Young men in hospitals, psychiatric institutions, or prisons do not have to register while they are committed. However, you must register within 30 days after being released. If you have not yet reached your 26th birthday. A comprehensive "Who Must Register" chart can be found on the FRARA informational CD which you will receive on the day of your release."

Was the inmate advised about the Selective Service registration requirements? Y

Would you like for the Social Worker to assist you with filling out the registration forms prior to your release? N

Part VI: Voter Registration

Effective March 16, 2020, in New Jersey, N.J.S.A. P.L. 2019, c. 270 removes prohibition on voting by persons convicted of a indictable offense who are on parole or probation.

Thus, any returning citizen who has completed the term of his or her sentence OR any returning citizen under the supervision of the New Jersey State Parole Board, may register to vote in New Jersey.

A copy of the NJ Voter Registration form is included in your release packet.

Would you like for the Social Worker to assist you with completing the NJ Voter Registration Form today? N

NEW JERSEY DEPARTMENT OF CORRECTIONS

JCAP Inmate Summary (Phase 4)

Page 1 of 6

Report Run Date: December 18, 2020

REPORT: JCAPSUM_P4

JCAP #: 88615

Inmate:

SBI #:

INMT #:

D.O.B.

Current Location: ADTC-3 WING-WEST-D-05

PART IV: Final Discharge Information

IMS Data

Date of Birth:

Place of Birth:

Marital Status:

Inmate Response

Date of Birth:

Place of Birth:

Marital Status:

Parole Date Set:

Release Date:

Approved Address:

District Office:

Dependents Children:

Citizenship: YES

Leir Intake Score:

Leir Release Score:

CASE Identified As:

CSL

Y PSL

IRV

SCRB

DYPS

Juvenile Post Conviction

Child Support Order

IRD

Medical Special Needs

Psychological Special Needs

Sex Offender

Security Threat Group:

Detainers Comments:

Order Type:RN Info #:CSL Issue Date: Offense:Notify Prior to Release SPB
Order Type:RN Info #:NERA Issue Date: Offense:Notify Prior to Release SPB

Charges Comments:

NEW JERSEY DEPARTMENT OF CORRECTIONS
JCAP Inmate Summary (Phase 4)
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Report Run Date: December 18, 2020

JCAP #: 85516

Inmate:

SBI #:

INMT #:

D.O.B.

Current Location: ADTC-3 WING-WEST-D-05

PART IV: Final Discharge Information - CONT.

INMATE RELEASED WITH THE FOLLOWING MEDICATIONS:

Mr. stated that he takes medication for asthma and a heart condition.

Mr. was advised that he will receive a 30 day supply of medications, 1 prescription, and 1 additional refill of medications upon his release. The Medical department will be conducting and providing Mr. with a discharge plan appropriate to his needs. Mr. previously obtained ACA coverage while he was in the hospital. SWS has the medical insurance card secured in the safe. On the day of his release, his health insurance card will be placed in his FRARA packet.

SPECIAL NEEDS:

Mr. requires a wheelchair for long distance walking. He cannot walk for long periods of time or climb stairs. He utilizes a cane for walking within short distances but states that he relies heavily on a wheelchair.

IDENTIFY ANY COMMUNICATION BARRIERS:

Mr. does not have any communication barriers.

NEEDS IDENTIFIED BY LSI-R:

Not completed per OTS policy.

IDENTIFY INMATE'S IMMEDIATE CONCERNS UPON RELEASE:

Mr. identified his immediate concerns as if he is going to get SSDI, what the finances regarding the stimulus check.

is going to be like, and if he will receive

SCHEDULED APPOINTMENTS

Mr. does not have any future scheduled appointments. However, he is aware that it is his responsibility to report to Parole District Office #6 within the required time frame. Additionally, Mr. is required to register with the local police department.

Parole District Office #6
210 South Broad Street
4th Floor
Trenton, NJ
609-292-4393

IDENTIFY INMATE'S GOALS AND OBJECTIVES UPON RELEASE:

Mr. plans on opening his own personal banking account upon his release. He was encouraged to gather information on various banking institutions so that he could open an account with the best rates and perks.

CHILD SUPPORT ORDER:

Mr. does not have any child support orders.

NEW JERSEY DEPARTMENT OF CORRECTIONS
JCAP Inmate Summary (Phase 4)
REPORT: JCAPSUM_P4

Page 3 of 6

Report Run Date: December 18, 2020

JCAP #: 88816

Inmate:

SB1#:

INMT#:

D.O.B.

Current Location: ADTC-3 WING-WEST-D-05

PART IV: Final Discharge Information - CONT.

INMATE TO BE RELEASED TO FACILITY:

Mr. is scheduled to be released from custody on 2/10/2021. Nurse Violet in ADTC's medical department is currently working with the case manager at. She is currently working on arranging for transportation on the day of his release. She said that either will provide transportation to their facility or they will arrange for a different medical transport to bring him to their facility.

PAROLEE MAY BE DELAYED IN REPORTING TO THE DISTRICT OFFICE DUE TO:

There are no foreseen delays in Mr. reporting to Parole District Office #8 within the required time frame.

Parole District Office #8
210 South Broad Street
4th Floor
Trenton, NJ
609-292-4383

PROGRAMS COMPLETED PRIOR TO RELEASE:

ADDITIONAL COMMENTS:

Mr. purchased 5 NJ Transit Tickets for his release. It was explained to Mr. that these NJ Transit Tickets do not expire and can be used for buses or trains.

NEW JERSEY DEPARTMENT OF CORRECTIONS
JCAP Inmate Summary (Phase 4)

Page 4 of 6

Report Run Date: December 18, 2020

REPORT: JCAPSUM_P4

JCAP #: 88516

Inmate:

SSI#:

INMT #:

D.O.B.

Current Location: ADTC-3 WING-WEST-D-05

Part IV: NJ Helps Resources

NJ Family Care

I would like assistance applying for NJ Family Care/Medicaid which provides free or low-cost health care.

☒ No

Check here if under 27 years old ☐

If no, reason for declining NJ Family Care/Medicaid application

Mr. _____ already applied for ACA insurance during a hospital visit. Social Services has received and secured his health ID card.

Check here if the inmate has stated they will not be residing in NJ or an ACA participating state) ☐

Cash Assistance: Work First NJ(WFNJ), Temporary Assistance for Needy Families (TANF) & General Assistance (GA)

I would like assistance applying for Work First NJ which provide cash and short term housing, child care, and job search support ☒ No

If no, reason for declining Work First NJ application

Check here if the inmate has stated they will not be residing in NJ or an ACA participating state) ☐

Food Assistance: Supplemental Nutrition Assistance Program (SNAP)

I would like assistance applying for SNAP which provide assistance to pay for food. ☒ No

If no, reason for declining SNAP application

Mr. _____ wanted to apply for NJSNAP benefits, but will be residing at _____ following his release. Therefore, he will not be eligible to apply for these benefits.

Check here if the inmate has stated they will not be residing in NJ or an ACA participating state) ☐

NEW JERSEY DEPARTMENT OF CORRECTIONS
JCAP Inmate Summary (Phase 4)
REPORT: JCAPSUM P4

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Report Run Date: December 18, 2020

JCAP #: 88916

Inmate:

SBI#:

INMT#:

D.O.B.

Current Location: ADTC-3 WING-WEST-D-05

PART IV: Final Discharge Information - CONT.

Prepared By: G.

Title: Social Worker 1

Institution:

Date: 12/11/20

PART IV: FRARA

Did you advise the inmate about receiving a FRARA packet on the day of release? YES

Did you advise the inmate of what to expect in their FRARA packet on the day of release? YES

Did you advise the inmate that if they are leaving with additional supervision to serve, they are required to bring the FRARA packet to the reporting agency? YES

Other Comments:

Mr. [redacted] is aware that he is to carefully read his Parole Reporting Instructions. These documents will explain to him where he should be reporting and when his Parole Officer will be expecting him. In the event that he has any questions, there will be a phone number provided to him in his FRARA packet.

Mr. [redacted] was advised about the contents of his FRARA packet. It was explained to Mr. [redacted] that he is required to bring his FRARA packet with him to Parole. Following his initial check-in with his Parole Officer, Mr. [redacted] was encouraged to keep his FRARA packet and any release paperwork in safe keeping.

The JPAY Card was explained to Mr. [redacted] along with how to access his funds. A list of ATM's throughout the state of NJ where he can withdraw his funds from will be provided for Mr. [redacted]. He was encouraged to withdraw the funds as soon as possible to avoid the maintenance charges associated with the account.

SOCIAL SERVICES INMATE EMERGENCY CONTACT/FAMILY INFORMATION FORM
[FORMULARIO DE CONTACTOS EN CASO DE EMERGENCIA/INFORMACIÓN FAMILIAR
DEL CONFINADO DEL DEPARTAMENTO DE SERVICIOS SOCIALES]

INMATE NAME: _____ PRISON #: _____ SBI #: _____
[NOMBRE DEL(LA) CONFINADO(A)] [NÚMERO DE PRISIÓN] [NÚMERO DE SBI]

LOCATION: _____ DATE: _____ REVIEW TYPE: ☐ INITIAL ☐ ANNUAL ☐ OTHER
[UBICACIÓN] [FECHA] [TIPO DE REVISIÓN] [INICIAL] [ANUAL] [OTRO]

YOU MUST FILL OUT THIS FORM COMPLETELY IF YOU PLAN TO CONTACT A FAMILY MEMBER OR HAVE A FAMILY MEMBER CONTACT YOU IN CASE OF EMERGENCY OR DEATH. USE N/A FOR NOT APPLICABLE. NOTE IF RELATIVES ARE LIVING OR DECEASED [USTED DEBE RELLENAR COMPLETAMENTE ESTE FORMULARIO SI PIENSA PONERSE EN CONTACTO CON UN FAMILIAR O QUIERE QUE UN FAMILIAR SE PONGA EN CONTACTO CON USTED EN CASO DE EMERGENCIA O MUERTE. ESCRIBA N/A SI NO SE APLICA. INDIQUE SI LOS PARIENTES SON VIVOS O DIFUNTOS.]

FOR ANNUAL/OTHER REVIEWS: I HAVE REVIEWED THE EMERGENCY CONTACT, FAMILY AND RELIGIOUS INFORMATION CONTAINED IN MY RECORDS AND VERFIY THAT IT IS CORRECT AND REQUIRES NO UPDATE [PARA LAS REVISIONES ANUALES/OTRAS: YO HE REVISADO LA INFORMACIÓN SOBRE LOS CONTACTOS EN CASO DE EMERGENCIA, LA FAMILIA Y LA RELIGIÓN QUE SE CONTIENE EN MI EXPEDIENTE Y VERIFICO QUE ES CORRECTA Y QUE NO SE REQUIERE QUE SE LA ACTUALICE].

Initial [Firme con las iniciales] _____

I. EMERGENCY CONTACTS [LOS CONTACTOS EN CASO DE EMERGENCIA]:

IN CASE OF A THREATENING EMERGENCY, CRITICAL ILLNESS, OR IN THE EVENT OF MY DEATH CONTACT [EN CASO DE EMERGENCIA AMENAZADORA, ENFERMEDAD GRAVE, O EN CASO DE QUE YO ME MURIESE, PÓNGASE EN CONTACTO CON]:

PRIMARY EMERGENCY CONTACT NAME: _____ **RELATIONSHIP:** _____
[NOMBRE DEL CONTACTO EN CASO DE EMERGENCIA PRINCIPAL] [PARENTESCO]

ADDRESS: _____ **CONTACT PHONE:** () _____
[DIRECCIÓN] [NÚMERO DE TELÉFONO]

CITY: _____ **STATE:** _____ **ZIP:** _____
[CIUDAD] [ESTADO] [CÓDIGO POSTAL]

SECONDARY EMERGENCY CONTACT NAME: _____ **RELATIONSHIP:** _____
[NOMBRE DEL CONTACTO EN CASO DE EMERGENCIA SECUNDARIO] [PARENTESCO]

ADDRESS: _____ **CONTACT PHONE:** () _____
[DIRECCIÓN] [NÚMERO DE TELÉFONO]

CITY: _____ **STATE:** _____ **ZIP:** _____
[CIUDAD] [ESTADO] [CÓDIGO POSTAL]

II. FAMILY INFORMATION [LA INFORMACIÓN FAMILIAR]:

MOTHER'S NAME [NOMBRE DE LA MADRE]: _____

DECEASED: ☐ Yes ☐ No **(IF NO, FILL OUT BELOW) [(SI CONTESTA QUE NO, RELLENE LO QUE SIGUE**
[DIFUNTA] [SI] **A CONTINUACIÓN]:**

ADDRESS: _____ **CONTACT PHONE:** () _____
[DIRECCIÓN] [NÚMERO DE TELÉFONO]

CITY: _____ **STATE:** _____ **ZIP:** _____
[CIUDAD] [ESTADO] [CÓDIGO POSTAL]

FATHER'S NAME [NOMBRE DEL PADRE]:

DECEASED: ☐ Yes ☐ No (IF NO, FILL OUT BELOW) [(SI CONTESTA QUE NO, RELLENE LO QUE SIGUE
[DIFUNTO] [SI] A CONTINUACIÓN]]:

ADDRESS: CONTACT PHONE: ()
[DIRECCIÓN] [NÚMERO DE TELÉFONO]

CITY: STATE: ZIP:
[CIUDAD] [ESTADO] [CÓDIGO POSTAL]

RAISED BY [CRIADO(A) POR]: (IF DIFFERENT FROM MOTHER AND FATHER LISTED ABOVE, FILL OUT BELOW)

[(SI ES DIFERENTE DE LA MADRE Y EL PADRE QUE APARECEN ARRIBA, RELLENE LO QUE SIGUE A CONTINUACIÓN]]:

NAME: RELATIONSHIP:
[NOMBRE] [PARENTESCO]

DECEASED: ☐ Yes ☐ No (IF NO, FILL OUT BELOW) [(SI CONTESTA QUE NO, RELLENE LO QUE SIGUE
[DIFUNTO(A)] [SI] A CONTINUACIÓN]]:

ADDRESS: CONTACT PHONE: ()
[DIRECCIÓN] [NÚMERO DE TELÉFONO]

CITY: STATE: ZIP:
[CIUDAD] [ESTADO] [CÓDIGO POSTAL]

SIBLING NAME (s) [NOMBRES DE LOS HERMANOS]	SEX [SEXO]	CITY, STATE [CIUDAD, ESTADO]	CONTACT PHONE (INCLUDE AREA CODE) [NÚMERO DE TELÉFONO (INCLUYA EL CÓDIGO DE ÁREA)]	DECEASED [DIFUNTO(A)]
(1)				<input type="checkbox"/> Yes [SI] <input type="checkbox"/> No
(2)				<input type="checkbox"/> Yes [SI] <input type="checkbox"/> No
(3)				<input type="checkbox"/> Yes [SI] <input type="checkbox"/> No
(4)				<input type="checkbox"/> Yes [SI] <input type="checkbox"/> No
(5)				<input type="checkbox"/> Yes [SI] <input type="checkbox"/> No
(6)				<input type="checkbox"/> Yes [SI] <input type="checkbox"/> No
(7)				<input type="checkbox"/> Yes [SI] <input type="checkbox"/> No

MARITAL STATUS: ☐ MARRIED ☐ CIVIL UNION ☐ SINGLE ☐ DIVORCED ☐ SEPARATED ☐ WIDOWED
[ESTADO CIVIL] [CASADO(A)] [UNIÓN CIVIL] [SOLTERO(A)] [DIVORCIADO(A)] [SEPARADO(A)] [VIUDO(A)]

SPOUSE/CIVIL UNION PARTNER'S NAME :

[NOMBRE DEL(LA) CÓNYUGE/PAREJA DE UNIÓN CIVIL]

DECEASED: ☐ Yes ☐ No (IF NO, FILL OUT BELOW) [(SI CONTESTA QUE NO, RELLENE LO QUE SIGUE
[DIFUNTO(A)] [SI] A CONTINUACIÓN]]:

ADDRESS: CONTACT PHONE: ()
[DIRECCIÓN] [NÚMERO DE TELÉFONO]

CITY: STATE: ZIP:
[CIUDAD] [ESTADO] [CÓDIGO POSTAL]

CHILD'S NAME	SEX	DOB:	PARENT'S NAME	CARETAKER:	CONTACT PHONE	OPEN DYFS CASE(S)
[NOMBRE DEL(LA) HIJO(A)]	[SEXO]	[FECHA DE NACIMIENTO]	[NOMBRE DEL(LA) PADRE(MADRE)]	[CUIDADOR(A)]	(INCLUDE AREA CODE) [NÚMERO DE TELÉFONO (INCLUYA EL CÓDIGO DE ÁREA)]	[CASO(S) ABIERTO(S) DE DYFS]

(1)						<input type="checkbox"/> Yes [SI] <input type="checkbox"/> No
(2)						<input type="checkbox"/> Yes [SI] <input type="checkbox"/> No
(3)						<input type="checkbox"/> Yes [SI] <input type="checkbox"/> No
(4)						<input type="checkbox"/> Yes [SI] <input type="checkbox"/> No
(5)						<input type="checkbox"/> Yes [SI] <input type="checkbox"/> No
(6)						<input type="checkbox"/> Yes [SI] <input type="checkbox"/> No
(7)						<input type="checkbox"/> Yes [SI] <input type="checkbox"/> No

DYFS OFFICE [LA OFICINA DE DYFS]: _____

ARE YOU EXPECTING A CHILD IN THE NEXT NINE MONTHS? [¿VA A TENER UN HIJO DENTRO DE LOS PRÓXIMOS NUEVE MESES?]

☐ Yes [SI] ☐ No

IF YES, FILL OUT BELOW

[SI CONTESTA QUE SÍ, RELLENE LO QUE SIGUE A CONTINUACIÓN]:

ANTICIPATED DUE DATE? [¿EL DÍA ANTICIPADO DE DAR A LUZ?] _____

CHILD'S PARENT NAME [NOMBRE DE MADRE/PADRE DE HIJO]: _____
(EXCLUDE SELF) [EXCLUYENDO A SÍ MISMO]

ADDRESS: _____ CONTACT PHONE: () _____
[DIRECCIÓN] [NÚMERO DE TELÉFONO]

CITY: _____ STATE: _____ ZIP: _____
[CIUDAD] [ESTADO] [CÓDIGO POSTAL]

III. MISCELLANEOUS [LA INFORMACIÓN MISCELÁNEA]:

DO YOU IDENTIFY WITH ANY PARTICULAR RELIGIOUS DENOMINATION? ☐ Yes [SI] ☐ No

[¿SE IDENTIFICA USTED CON CUALQUIER CONFESIÓN RELIGIOSA EN PARTICULAR?]

IF YES TO THE ABOVE, SPECIFY: _____

[SI CONTESTÓ QUE SÍ A LA PREGUNTA ANTERIOR, SEA PRECISO(A)]

DO YOU HAVE A WILL? [¿TIENE USTED UN TESTAMENTO?] ☐ Yes [SI] ☐ No

Inmate Signature
[Firma del(la) confinado(a)]

Date
[Fecha]

Information updated in Itag: _____

Staff Initial & date

EXHIBIT D

**N.J.A.C. 10A:3-5.10 Testing for Prohibited
Substances**

**N.J.A.C. 10A:3-5.11 Collection, Storage and Analysis
of Specimens**

**Form 172-II Continuity of Evidence On-Site
Urine/Saliva Specimen Testing**

**Form 285-II Prohibited Substance Testing Request
Summary**

New Jersey Administrative Code
Title 10A. CORRECTIONS
CHAPTER 3. SECURITY AND CONTROL
SUBCHAPTER 5. SEARCHES OF INMATES AND FACILITIES

§ 10A:3-5.10 Testing for prohibited substances

(a) Testing for prohibited substances may be conducted for the purpose of deterring and controlling the introduction of contraband or to detect the presence of any substance not authorized for possession or use by the inmate.

(b) Inmates shall be tested:

1. When the name of the inmate appears on a computer-generated randomly selected list of names, regardless of how often the name of the inmate is randomly selected;
2. Prior to commencing participation in any unsupervised community release program such as, but not limited to, furlough or work release;
3. During the 72 hour period prior to an inmate's release from custody on parole;
4. During the 10 calendar days prior to the inmate's release from custody on expiration of maximum sentence;
5. In accordance with drug treatment program requirements;
6. When a custody staff member of the rank of Sergeant or above or a Special Investigations Division Investigator believes, based upon his or her education and experience, that there is a reasonable factual basis to suspect the inmate of using or possessing a non-alcoholic prohibited substance;
7. When a supervising staff member or a licensed medical staff person in a residential community program utilizing non-custody staff believes based upon his or her education and experience that there is a reasonable factual basis to suspect the inmate of using or possessing a non-alcoholic prohibited substance;
8. When the Administrator, Associate Administrator, Assistant Superintendent, or a Correction Major orders all inmates of a particular housing unit, work detail, or other functional unit to be tested;
9. When a custody staff member of the rank of Sergeant or above orders testing upon any inmate's return from furlough or other unsupervised temporary release from custody; or
10. When a Disciplinary Hearing Officer/Adjustment Committee orders testing as part of a sanction for a prohibited substance related prohibited act.

(c) An inmate's refusal to submit to testing, or failure to comply with an order to submit a specimen shall result in disciplinary action in accordance with N.J.A.C. 10A:4.

(d) When an inmate is scheduled for release on parole and either the initial test result is positive, or the inmate refuses to submit to testing, or the inmate fails to comply with an order to submit a specimen, the initial positive test result or documentation of the inmate's refusal to provide or failure to comply shall be forwarded to the New Jersey State Parole Board. If an inmate scheduled for release on parole receives a disciplinary charge(s) based upon either positive test results, or refusal to be tested or a failure to comply with an order to submit a specimen, the disciplinary adjudication result(s) shall be forwarded to the New Jersey State Parole Board.

§ 10A:3-5.11 Collection, storage and analysis of specimens

- (a) Testing shall be conducted by staff who have been trained to perform the test(s).
- (b) Specimens shall be collected, labeled, handled and, when necessary, sealed, stored, and transported in accordance with the instructions/standards provided by the manufacturer of the test.
- (c) Testing shall be conducted using methods deemed reliable by the Department of Corrections.
- (d) If the initial test result is positive, the specimen shall be subject to a confirmation test of equal or greater sensitivity than the initial test.
- (e) Each time a specimen is collected for the reasons stated in [N.J.A.C. 10A:3-5.10](#), form 172-I Continuity of Evidence-Urine Specimen or form 172-II Continuity of Evidence-On Site Urine Specimen Testing shall be completed and maintained with the specimen.
 - 1. Verbal assistance or interpretation, and assistance in signing the continuity of evidence forms shall be provided to illiterate inmates, inmates not sufficiently conversant with the English language or inmates otherwise unable to read or write due to physical/medical inability. Such assistance shall be documented on the continuity of evidence form by the custody staff member or other authorized staff member who witnessed the voiding of the specimen.
 - 2. Should the inmate refuse to sign, the custody staff member or other authorized staff member who witnessed the voiding of the specimen shall indicate the refusal on the continuity of evidence form.
- (f) If testing is conducted through urinalysis, specimens taken from inmates shall be voided directly into an approved specimen container and immediately labeled in the presence of the inmate and at least one custody staff member or other authorized staff member of the same gender as the inmate.
 - 1. A minimum of 30 milliliters must be voided to ensure a sufficient quantity for all required testing.
 - 2. Urine specimen testing shall be performed on-site or at a licensed laboratory as determined by the Commissioner or designee.
 - 3. For initial on-site and confirmatory on-site testing of a urine specimen, the labeled specimen shall be tested and handled in accordance with the instructions/standards provided by the manufacturer of the on-site test. Chain of custody of the specimen shall be maintained.
 - 4. For initial laboratory and confirmatory laboratory testing of a urine specimen, the labeled specimen shall immediately be closed and sealed in the presence of the inmate by the custody staff member or other authorized staff member. Chain of custody of the specimen shall be maintained.
 - 5. The specimen label shall include the inmate's name and number, the correctional facility to which the inmate is assigned, the name of the custody staff member or other authorized staff member who witness the voiding of the specimen, the date and time the specimen was voided, and the inmate's signature. Verbal assistance or interpretation, and assistance to inmates signing the specimen label shall be provided to illiterate inmates, inmates not sufficiently conversant with the English language or inmates otherwise unable to read or write due to physical/medical inability. Such assistance shall be documented on the continuity of evidence form. Should the inmate refuse to sign, the custody staff member or other authorized staff member who witnessed the voiding of the specimen shall indicate the refusal on the label and on the continuity of evidence form.

- 6.** When an initial urine test result is positive, the custody staff member or other authorized staff member who signs the label as witness shall, as soon as reasonably practicable, deliver the urine specimen to the Special Investigations Division Investigator or other custody staff member responsible for maintaining custody over evidence.
- 7.** For laboratory confirmatory testing, the urine specimen shall be placed in a locked and secure refrigerator or freezer by the custody staff member or other authorized staff member responsible for maintaining custody over evidence as soon as reasonably practical, but in no event later than eight hours after the specimen was voided.
- 8.** The custody staff member or other authorized staff member who receives custody of the urine specimen shall record on the continuity of evidence form the date and time the specimen was received, the name of the staff member from whom it was received, and the date and time of specimen placement into the evidence locker and/or locked refrigerator.
- 9.** Inmate urine specimens transported out of the correctional facility for laboratory testing shall be transported, where reasonably practical, in an iced cooler or similar device. The date and time of the removal of the urine specimen from the correctional facility, as well as the date and time of specimen receipt by the testing facility shall be noted on the continuity of evidence form by the person(s) performing these functions.
- 10.** Laboratory testing of urine specimens shall be conducted only when the urine specimen arrives at the testing facility in a sealed and approved urine specimen container.
 - (g)** Inmates charged with the use of prohibited substances not prescribed by the medical staff based upon the results of testing shall be advised of the results of any tests at least 24 hours prior to any disciplinary hearing ordered because of those charges.
 - (h)** All testing shall be accomplished in a professional and dignified manner with maximum courtesy and respect for the inmate's person.
 - (i)** No inmate shall be disciplined for refusing to provide a specimen or failing to comply with an order to submit a specimen unless that inmate has been given a reasonable physical opportunity to comply with such order.
 - 1.** For the purposes of urine testing, a reasonable physical opportunity shall constitute a two-hour period from the time of the initial order. The inmate may be required to remain in isolation during this two-hour period.
 - 2.** The inmate shall not be deemed to have complied with the order to submit a specimen unless he or she provides a specimen in the presence of a custody staff member or other authorized staff member.



State of New Jersey
DEPARTMENT OF CORRECTIONS

Form 172-II
Rev. 8/2012
NJAC
10A:3-5

CONTINUITY OF EVIDENCE - ON-SITE URINE/SALIVA SPECIMEN TESTING

Please Print or Type

PART I.

Correctional Facility, Contract Facility, or Other Location

Name of Inmate _____ Number _____ SBI # _____

Reason for request _____

Order to test inmate issued by _____
Printed Name and Rank/Title _____ Date _____

Order to provide given by _____
Printed Name and Rank/Title _____ Time _____ AM / PM _____
Date _____

Device bag inspected and opened by _____
Printed Name and Rank/Title _____ Time _____ AM / PM _____
Date _____

Date collected _____ Time collected _____ AM / PM _____

Custody witness to collection _____
Printed Name and Rank/Title _____ Signature _____ Date _____

Closed, sealed and labeled
in inmate's presence by _____
Printed Name and Rank/Title _____ Signature _____ Date _____

Closed, sealed and labeled in my presence _____
[Cerrado, tapado y etiquetado en mi presencia] _____
Signature of Inmate [Firma del confinado]*

In the event that this specimen tests positive for drugs of abuse, I hereby authorize the release of my medical records pertaining to the medication(s) and dosage used by me in the last 30 days. I understand that my records are protected by Federal law 42 CFR Part 2, the Federal Alcohol and Drug Abuse Act PL 92-282, and applicable provisions of N.J.A.C. 10A:22 and therefore, cannot be disclosed without my written consent. [En caso de que esta muestra dé positivo en la prueba de drogas de abuso, por la presente autorizo la entrega de mi historial médico relacionado con la(s) medicación(es) y la dosis usada(s) por mí en los últimos 30 días. Entiendo que la ley Federal 42 CFR Parte 2, El Acto Federal de Abuso de Drogas y Alcohol PL 92-282, y las estipulaciones aplicables de N.J.A.C. 10A:22 protegen a mi historial y, por lo tanto, no se puede divulgarlo sin mi consentimiento escrito.]

Signature of Inmate [Firma del confinado] _____ Date [Fecha] _____

On-site test results: ☐ Negative ☐ Positive for _____

Staff member reading test results _____
Printed Name and Rank/Title _____ Signature _____

Positive on-site test results verified by _____
Printed Name of Supervisor _____ Signature of Supervisor _____

Please detail any physical indications of intoxication such as inmate's ability to walk, speech, demeanor, eyes, facial characteristics, odor of drugs or alcohol, and any other observations. (Specify and submit additional special reports if necessary.) _____

Observed by _____
Printed Name and Rank/Title _____ Signature _____ Date _____

PART II. Satellite Unit Only (If sample is not taken in satellite unit, proceed to PART III)

A. Specimen received from custody witness: Time _____ AM / PM Date _____
by _____
Printed Name and Rank/Title _____ Signature _____

*An inmate refusal to sign this form in Part I shall be indicated on the "Signature of Inmate" line by the witness.

*[El testigo indicará en la línea "Firma del Confinado" una negativa del confinado a firmar este formulario en la Parte I.]

CONTINUITY OF EVIDENCE - ON-SITE URINE/SALIVA SPECIMEN TESTING (CONT)

- B.** Specimen received: Time _____ AM / PM Date _____
from _____
Printed Name and Rank/Title Signature
by _____
Printed Name and Rank/Title Signature
- C.** Specimen placed in evidence refrigerator: Time _____ AM / PM Date _____
by _____
Printed Name and Rank/Title Signature
- D.** Specimen removed from evidence refrigerator: Time _____ AM / PM Date _____
by _____
Printed Name and Rank/Title Signature
- E.** Specimen transported to main correctional facility: Time _____ AM / PM Date _____
by _____
Printed Name and Rank/Title Signature

Note: Proceed to Part III. Section B

PART III. For Use at Correctional Facility, Contract Facility, or Other Location

- A.** Specimen received from custody witness: Time _____ AM / PM Date _____
by _____
Printed Name and Rank/Title Signature
- B.** Specimen received: Time _____ AM / PM Date _____
from _____
Printed Name and Rank/Title Signature
by _____
Printed Name and Rank/Title Signature
- C.** Specimen placed in evidence refrigerator: Time _____ AM / PM Date _____
by _____
Printed Name and Rank/Title Signature
- D.** Specimen removed from evidence refrigerator: Time _____ AM / PM Date _____
by _____
Printed Name and Rank/Title Signature
- E.** Specimen transported to Designated Laboratory: Time _____ AM / PM Date _____
by _____
Printed Name of Courier Signature

PART IV. For Use at Testing Facility

- Specimen received and seals checked at Laboratory: Time _____ AM / PM Date _____
by _____
Printed Name of Laboratory Staff Signature

The original of this form shall remain with the specimen until the testing process is completed. The original of this form must be returned to the Head Administrator of the Correctional Facility, Contract Facility, or other location upon completion of testing. If the result of the test proves positive, the original of this form shall be forwarded to the Disciplinary Hearing Officer for use at the disciplinary hearing.

Failure to properly complete and date all sections of this form may result in the dismissal of any disciplinary action taken as a result of the submission of this urine specimen.



State of New Jersey
DEPARTMENT OF CORRECTIONS



PROHIBITED SUBSTANCE TESTING REQUEST SUMMARY

Please Print or Type

Correctional Facility

Date

Name of Inmate: Number:

Housing Unit: Work Assignment:

Age: Weight:

INITIAL REASON FOR REQUEST FOR TESTING:

Staff member who made initial observation Time of observation Location of observation

OBSERVATIONS: (Please check applicable observations)

ODOR OF PROHIBITED SUBSTANCE ON BREATH OR PERSON: YES NO Prohibited Substance

SWEAT PRESENTATION: Face Body Clothing Other

MOTOR COORDINATION: Normal Unable to walk Falling Unable to stand or sit

Balance impaired while standing/sitting/walking Other

SPEECH: Normal Loud Boisterous Slurred Demanding

Excessive Incoherent Slow Fast

Other

DEMEANOR: Normal Confrontational Indifferent Withdrawn

Hilarity Emotional Agitated Aggressive

Other

ACTIONS:

Normal Punching Resisting Kicking Vomiting Obscene Gestures

Profanity Threatening Crying Sleeping Other

EYES: Normal Bloodshot Watery Drooping Eyelids Glassy Dilated Pupils

Rapid Eye Movement Other

CLOTHING:

Normal Disheveled Dirty Partly Dressed Vomited On Defecated In

Urinated In Other

MOVEMENT OF HANDS: Normal Fumbling Slow Trembling Other

FACE: Normal Flushed Pale Other

Printed name of staff member requesting prohibited substance testing

Title/Rank

Signature of staff member requesting prohibited substance testing

Date

Signature of Supervisor/Administrator

Date

EXHIBIT E

**Residential Community Reintegration Program
Assessment and Treatment Centers – Emergency
and Non-Emergency Medical, Dental, Mental Health
and Pharmaceutical Services**

N.J.A.C. 10A:16 Medical and Health Services

**NJDOC Policy MED.001.000 Mission, Goals,
Objectives & Organizational Structure of the NJDOC
Medical, Dental and Mental Health Care Services**

NJDOC Policy MED.001.002 Disasters: Healthcare
Staff Readiness and Response

NJDOC Policy MED.001.003 Healthcare Records

NJDOC Policy MED.001.004 Infection Control
Program

NJDOC Policy MED.001.008 Inmate Medical
Appraisals

NJDOC Policy MED.002.001 Mental Health Services

NJDOC Policy MED.002.002 Emergency Mental
Health Services

NJDOC Policy MED.003.001 Dental Services

**Residential Community Reintegration Programs
Assessment and Treatment Centers
Emergency and Non-Emergency Medical, Dental, Mental Health and Pharmaceutical
Services**

I. Medical Services to be Provided

A. Informed Consent/Right to Refuse Treatment Medical Services

1. To assure that the Incarcerated Person (IP) receives the material facts about the nature, consequences, and risks of the proposed treatment, examination, or procedure, and the alternatives to same, a written informed consent will be obtained according to N.J.A.C. 10A:16-5.
2. In every case in which the IP, after having been informed of the condition and the treatment prescribed, refuses treatment, the refusal must be in writing according to N.J.A.C. 10A:16-5.3.
3. Intrasystem Transfer Screening Medical Services

IPs being transferred between New Jersey Department of Corrections (NJDOC) institutions will have the appropriate Electronic Medical Record (EMR) form completed at the sending institution before departure, and will have immediate contact with a physician, Physician's Assistant (PA), Nurse Practitioner (NP), or Registered Nurse (RN) from the medical staff of the receiving institution. In no case will this occur more than four (4) hours from arrival. This contact will include a review of the existing medical summary and the individual medical interview documents on the appropriate EMR form. All necessary referrals for medical or dental follow-up are required at this time. Within 24 hours of arrival, medical and dental clinicians will document chart review and appropriate follow-up and/or referrals also to be recorded on the appropriate EMR form.

II. Sick Call

Sick call shall be held at each facility according to N.J.A.C. 10:16. Sick call must be available for all IPs daily, including weekends and holidays and must be done by a Registered Nurse (RN), Nurse Practitioner (NP), Physician's Assistant (PA), or physician.

A. Daily Triaging of Complaints

Contractor shall establish appropriate triage mechanisms to be utilized for IP complaints. The medical department at each facility shall have procedures in place that enables all IPs to request health care services daily including weekends and holidays.

1. IP MR-007 forms (Health Services Request) will be deposited in locked boxes on each housing unit. The Contractor shall collect them daily. Site based procedures will determine the collection time.
2. MR-007 forms will be reviewed, time and date stamped, and signed by the responsible clinician.
3. All medical, dental, addiction and mental health requests will be triaged via face-to-face encounter with the IP and the appropriate clinician within 24 hours of the form being collected. Referrals for appropriate treatment will be made at that time. All medication issues will be seen by the appropriate physician, nurse practitioner, or psychiatrist.
 - a. On days that the dental staff is not available to provide sick call, the sick call encounter will be performed by an RN, NP or physician. If not an emergency, follow up with the appropriate clinician will occur within 48 hours.
 - b. All requests for mental health sick call will be referred to the Assessment and Treatment Center's mental health department if the request is not medication related. If the mental health staff is not on duty the day of the request the on-call psychologist will be contacted regarding all sick call requests for the day.
 - c. All documentation of the triage, examination, and subsequent treatment will be entered into the EMR on the appropriate form. The original MR-007 shall be filed in the medical reference file.
4. Once the triage process is complete, if a follow-up medical appointment is required, the Assessment and Treatment Center clinician must notify the Regional Institution to schedule a follow-up appointment for a face-to-face encounter with the provider.

B. Co-pay

The Contractor shall cooperate with the NJDOC procedure on IP co-pay for health care services in accordance with N.J.A.C. 10A:16-1.5. Medical staff will comply with procedures for recording and reporting services which IPs may be charged.

III. Telemedicine Usage for Medical Services

Assessment and Treatment Center Contractors shall be equipped to operate as a telemedicine site for appointments, as deemed medically appropriate. Any proposal submitted by a Bidder in response to a NJDOC Request For Proposals for operation of an Assessment and Treatment Center shall include the Bidder's proposed plan for providing

telemedicine. The NJDOC reserves the right to a prior evaluation of the plan proposal for providing telemedicine application.

IV. **Medical and Dental Specialty Care**

The contract is predicated on the concept that the Contractor will be responsible for a full and comprehensive range of medical/dental/psychiatric services to the IPs of the NJDOC. All services shall be provided on-site unless off-site services are approved by the NJDOC Healthcare Compliance Unit.

A. Requirement for Prompt Specialty Care Attention

Referrals to specialty care will be scheduled and completed in whatever timeframe is clinically indicated, but, in no case will a routine referral to a specialist be delayed for more than ninety (90) calendar days from the date of the request.

B. Specialty Care Professional Credential Requirement

Contractor shall make referral arrangements with New Jersey Licensed and Board Certified specialty physicians for the treatment of those IPs with health care problems that extend beyond the primary care services. Board Certification in the field of care provided is required for all specialists.

C. Responsibility for Cost of Specialty Care and Transportation

Contractor shall pay all costs of such care by specialists and other service providers. Contractors shall be responsible for all supplies used or ordered by the specialist, including but not limited to prosthetics, braces, special shoes, eyeglasses, hearing aids, and orthopedic devices.

D. Tracking and Scheduling Specialty Care Needs

Requests for specialty care will be maintained and tracked in a logbook at each Assessment and Treatment Center as well as documented in the individual patient charts in the EMR. All scheduling and prioritizing of specialty medical care shall be accomplished by a medical professional. The Contractor will provide all necessary medical information related to a requested procedure or evaluation, to the specialist. Any utilization review process developed by the Contractor for approval of outside consultations will involve direct verbal communication between the requesting and reviewing physicians and must be completed within five (5) working days of the request. The reviewing physician may access the EMR in order to expedite this process.

E. Specialty Care Disputes

Any dispute regarding the need for care by a specialist will be resolved between the Contractor's on-site physician and the NJDOC Executive Director of the Healthcare Compliance Unit. The NJDOC Executive Director of the Healthcare Compliance Unit will have final authority in the resolution of those disputes.

F. Security Concerns for Specialty Care

For reason of security, IPs are not to be informed in advance of the date of any scheduled off-site movement. Contractor shall ensure that its personnel understand and comply with this practice. Contractors shall remain sensitive to maximum-security considerations and coordinate usage of apparatus and prosthesis that may compromise security with NJDOC authorities.

V. Hospital Care

The contract is predicated on the concept that the Contractor will be responsible for a full and comprehensive range of medical/dental/psychiatric services to the IPs of the NJDOC. All services shall be provided on-site unless off-site services are approved by the NJDOC Health Services Unit.

A. Capital Health Medical Center

State IPs requiring hospitalization are to be admitted or transferred to Capital Health Medical Center whenever their condition safely permits. Due to the legally incarcerated status of NJDOC IPs, a secure unit has been maintained at Capital Health Medical Center in Hopewell. Contractor shall obtain routine outpatient/inpatient services from Capital Health Medical Center to meet the health care requirements of the NJDOC IPs in accordance with the current agreement between the hospital and the NJDOC. Contractor shall serve as the agent of the NJDOC in the contract with Saint Francis Medical Center, and as such shall abide by all terms contained therein.

Contractor will be responsible for negotiating rates and pay for IPs' inpatient hospitalizations at Capital Health Medical Center if Medicaid is not activated or Medicaid denies payment and at all other hospitals where IPs receive treatment while assigned to the Assessment and Treatment Center including pre-approvals; controlling admissions; case management; utilization review; discharge planning; and payment and processing of all hospital and practitioner bills. The Contractor must contact the NJDOC contracted healthcare vendor Statewide Medical Director prior to transferring the IP to a hospital, unless it is an emergent situation. In an emergent situation, the Contractor must call 9-1-1 and notify the contracted healthcare vendor Statewide Medical Director as soon as possible.

B. Hospitalization Outside of Capital Health Medical Center

Various exceptions for specialty care exist within the state and outside New Jersey when necessary. The Contractor will keep the NJDOC Executive Director of the Healthcare Compliance Unit advised of all IPs hospitalized on a daily basis via e-mail roster as approved by the NJDOC Healthcare Compliance Unit. Hospitalization at community hospitals creates additional security costs and community risk.

C. Approval for all Hospitalization Outside of Capital Health Medical Center

The NJDOC Executive Director of the Healthcare Compliance Unit must explicitly approve all admissions or retention of IPs in community hospitals. Exemptions will be limited to the following categories:

1. Admissions or transfers to hospitals other than Capital Health Medical Center for services not readily available at Capital Health Medical Center. The duration of such hospitalizations must be kept to a minimum, with transfer back to Capital Health Medical Center accomplished as soon as medically acceptable.
2. Emergency admissions to community hospitals when the patient is not stable enough to be moved to Capital Health Medical Center. Subsequent transfer to Capital Health Medical Center must be accomplished as soon as the patient is stable and transportable.

D. Pricing Requirement for Acute and Chronic Care

The Contractor's medical per diem rate provided in response to the RFP shall reflect Contractor's financial responsibility for all medically related costs associated with the inpatient care for all conditions including routine and catastrophic of an IP, including those with a diagnosis of HIV/AIDS, Hepatitis C, malignancy, or end-state kidney disease requiring dialysis. The Contractor's price is intended to be all inclusive and reflect any costs incurred in the routine evolution of medical care in the community (new medications, procedures, treatments, etc.). Note that Contractor will not be responsible for HIV medications as these would be provided under a 340B contract. The Contractor's price should take into account that they will not be responsible for HIV medications.

VI. Emergency Care

A. Overview of Emergency Care

Contractor shall respond to, make provisions for, and be responsible for all services and costs for 24-hour emergency, medical, mental health, and dental care including,

but not limited to, 24-hour on-call services in each discipline and ambulance services when necessary. Contractors shall ensure availability of emergency treatment through predetermined arrangements with local, state-licensed acute care hospitals.

B. Ambulance Services

All ambulances utilized shall be equipped with life support systems and shall be operated by personnel trained in life support and certified by the State of New Jersey. The Contractor shall be responsible for arranging and paying for all medical transportation (emergency and scheduled trips) and will coordinate all emergency transfers with the NJDOC administrative and security staff. The Contractor will be responsible for all types of medi-vac services including air lift if necessary.

All fees and/or donations to community organizations that provide ambulance services will be the responsibility of the Contractors.

VII. Ancillary Services

A. Contractor shall utilize on-site Facility ancillary services to their fullest extent and shall be responsible for the payment of all off-site laboratories, x-ray, and other diagnostic services as required and indicated. The Contractor shall arrange for regular on-site ancillary services including, but not limited to, phlebotomy and laboratory services, X-ray, EKG, mammogram, and ultrasound services.

1. Laboratory Services

- a. Contractor shall be responsible for all medical laboratory services, including supplies, forms and tests. Lab services must include a mechanism to ensure the availability of STAT services within four (4) hours, and daily pick-up and delivery of specimens and reports.
- b. A provider such as a physician or mid-level practitioner [NP or PA] shall review all routine lab results within 72 hours of receipt. The provider shall document this review by initialing and dating the lab report. In order to assess the follow-up care indicated, and to screen for discrepancies between clinical observations and laboratory results, the provider will address all abnormal lab results in the EMR. When STAT or critical lab report results are received and there is no on-site provider available, the provider on-call shall be notified immediately upon the availability of such results.
- c. Pursuant to the Roe v. Fauver Consent Decree, all class members will be informed of their medical condition, test results, prognosis, and treatment plan within seven days of lab results. All non-class members will be informed of any abnormal laboratory or diagnostic test results within seven (7) days.

- d. Contractor shall be responsible to arrange and pay for the collection of specimens needed for any forensic testing required by state law and/or court order. This may include DNA tests or similar items that require the drawing of blood or other medical procedures. In some cases it may be preferable for the Contractor to arrange and pay for an outside party to conduct the actual service.

VIII. Optometry/Optical Services

A. Eye Examinations

Eye examinations shall be provided on-site by a New Jersey Licensed Optometrist. Health care requests for eyeglasses shall be triaged in person at nurse sick call. A New Jersey Licensed Optometrist shall evaluate IPs with refractive complaints and document findings on the appropriate EMR encounter. All other eye-related complaints shall be referred to a Board Certified Ophthalmologist. If any condition other than the need for eyeglasses is present, the IP will be referred to the physician.

B. Timeframe and Tracking Requirements

The Contractor will maintain a log indicating the status of all requests for eye examinations and eyewear. The Contractor shall provide sufficient optometry services so that no more than 90 days shall intervene between an IP's request for eye care services and his appointment with the optometrist. Prescriptions for eyeglasses shall be sent to the optical laboratory within 24 hours of the refraction. Finished eyewear will be delivered to the IP and properly fitted by the optometrist within seven (7) days of receipt at the Assessment and Treatment Center. If eyeglasses are ordered while in the Assessment and Treatment Center and arrive after the IP is transferred to another facility, the Contractor is obligated to forward the eyeglasses to the IP in a timely manner.

C. Purchase of Eyewear Requirement

The Contractor shall purchase eyeglasses to be dispensed to IPs as clinically indicated from the New Jersey Juvenile Justice Commission optical laboratory located at the New Jersey Training School for Boys in Jamesburg.

Prosthetics (e.g., contact lenses and tinted glasses) will only be provided to IPs when clinically indicated and ordered for medical reasons by an ophthalmologist. It is required that all service provided shall be documented in the EMR.

IX. Medical Diet Program

- A. Contractor will evaluate and make appropriate orders for IPs with regard to medical diets. Medical diets will be supplied by the Contractor when ordered by a physician or dentist for documented valid medical reasons, and noted on the appropriate EMR

encounter form as part of a treatment plan. The order for a diet will be written for a specified amount of time not to exceed six (6) months.

- B. Special diet restrictions in response to alleged food allergy or intolerance are honored only when medically ordered. Personal or religious-based dietary preferences of an IP are not considered by the health care staff as a cause for ordering a special diet.
- C. Dietary supplements, such as, Ensure™ and similar commercially available products will be provided to IPs only when prescribed by a physician or dentist for a documented medical reason. The Contractor will be responsible for the purchase, delivery, and cost of these items, whenever these items are medically prescribed.

X. Specialized Services to be Provided

A. Infection Control

The Contractor shall implement an infection control program including concurrent surveillance of patients and staff, prevention techniques, and treatment and reporting of all infections and reportable diseases in accordance with N.J.A.C. 8:57-1.5 and local and state laws. Reports to the NJ Department of Health and Senior Services and/or any other agency, regarding an individual or condition, will be copied to the NJDOC, Healthcare Compliance Unit. All epidemiology testing as a result of any mass casualty event (e.g., suggested food poisoning) is the responsibility of the Contractor. The program shall encompass complete implementation of the NJDOC HCV Procedure (currently using Federal Bureau of Prisons guidelines) and tuberculosis and blood borne pathogens procedure; enhancement of the current program is permissible, but omissions or deletions must have NJDOC approval.

B. HIV/AIDS Services

1. Community Standard of Care

For the purpose of defining the Community Standard of Care regarding HIV/AIDS, health care service providers are expected to follow the guidelines (and subsequent revisions or updates) issued by the NJ Department of Health and Senior Services and the US Department of Health and Human Services. Note that ALL HIV positive IPs are under the direct care of Capital Health Medical Center and its board-certified ID physicians. Once per year, ALL HIV positive IPs are seen in-person at Capital Health Medical Center. All other scheduled HIV visits are done via tele-medicine. Contractor will be expected to transport IPs to a NJDOC facility for this tele-medicine visit or alternatively provide tele-medicine capability at their facility.

There are currently grants that provide enhanced services that are ultimately the Contractor's responsibility in accordance with the specifications outlined below. Some of the services provided include, but are not limited to, HIV Education Service Programs, pre- and post-test counseling services, supportive services, and discharge planning services. It is understood that any of the services provided by the current, and any future grants, do not remove these responsibilities from the Contractor.

Additionally, the Contractor must enter notice of services provided by grant positions in the patient EMR (i.e., pre- and post-test counseling, discharge plans, etc.).

2. Treatment

The NJDOC is under a Consent Decree (Roe v. Fauver) relevant to the care and treatment of those individuals with HIV disease. All aspects of this decree are to be followed in their entirety by the Contractor. A copy of this decree is available through the Healthcare Compliance Unit.

The Contractor shall provide HIV/AIDS treatment under the direction of Capital Health Medical Center. The Contractor shall be responsible for all medical ancillary costs associated with the treatment of HIV/AIDS including, but not limited to, inpatient and outpatient medical services if Medicaid is not activated or Medicaid denies payment. HIV/AIDS medications will be purchased by the NJDOC at a discounted rate through its participation in the 340B Drug Discount Program, as authorized through the Public Health Service Act (PHSA). The Contractor will not be responsible for providing HIV medications.

3. AIDS Education for Primary Care Provider

All primary medical, dental, and mental health providers shall participate in HIV/AIDS educational programs. The NJDOC contracted healthcare vendor shall formulate these programs and provide such education to all primary medical, dental, and mental health staff.

C. Hepatitis C Treatment

In certain instances IPs may be released to an Assessment and Treatment Center while on Hepatitis C treatment. The Contractor is expected to continue Hepatitis C treatment. If the treatment was initiated prior to being released to the Assessment and Treatment Center and has not been completed the cost will be the responsibility of the NJDOC and its contracted healthcare vendor. If the treatment is initiated while in the Assessment and Treatment Center the cost of this treatment is the responsibility of the Assessment and Treatment Center.

XI. Co-Pay

NJ Public Law 1995, Chapter 254 mandates the NJDOC to hold IPs liable for the cost of their health care. In response to this law, the NJDOC has developed a co-pay procedure (HS: 96-01) that outlines procedures for documentation to the institutional business office of health care services delivered to IPs. The Contractor will document services meeting the copay charge as required by the co-pay procedure HS: 96-01. No IP will be denied health care due to the inability to pay a fee for service. Documentation of co-pay for each IP shall be done in the EMR. The Contractor shall generate a daily co-pay report from the EMR for submission to its business office on a weekly basis.

XII. Psychiatry

A. Psychiatry Overview

The Contractor must provide quality, accessible psychiatric services in accordance with industry standards and consistent with NJDOC policies regarding staffing guidelines.

B. Psychiatric Care Program Components Shall include but are not limited to:

1. Psychiatric coverage on-site or on-call 24 hours a day at each Assessment and Treatment Center.
2. Participation in treatment plan for each IP who is identified as a mental health “special needs” IP.
 - a. The plan will be initiated within 30 days of the first psychiatric examination and updated every six (6) months or less.
 - b. Treatment plans are to be documented on the appropriate EMR encounter form.
3. Psychiatric evaluation of unstable IPs referred by a psychologist, physician, or other medical or NJDOC staff, to determine the need for psychotropic medication and/or appropriate mental health intervention shall occur within 24 hours (including weekends and holidays) of the problem being noted and reported.
4. Monitoring of all IPs receiving psychotropic medication shall be performed at least once every 90 days, including appropriate laboratory studies. The Contractor will provide a schedule of type and frequency for laboratory studies of IPs taking those psychotropic medications, which require ongoing monitoring (including, but not limited to, Carbamazepine, Valproic Acid, and Lithium). Psychotropic medications will be ordered no more than 90 days at a time, and renewals will be based on a face-to-face encounter between the IP and the psychiatrist.
5. Development of policies and procedures for distribution of psychotropic medication, to maximize potential for safety and compliance.

6. Assessment Involuntary Movement Scale (AIMS) assessment for tardive dyskinesia to be conducted at least every six months or more often if clinically necessary.
7. Cooperate with the Mental Health Contractor in the Suicide Prevention Program.
8. Special psychiatric evaluations, as requested by Classification Committees, the facility, and/or the Department Administration, completed within stated deadlines.
9. Evaluation for the involuntary administration of psychotropic medication, and participation as a member of the Treatment Review Committee, in accordance with NJDOC procedures.
10. Competency evaluations for special medical guardianship and other legal purposes completed within stated guidelines.

XIII. Dental Services

All dental services shall be performed as outlined below using appropriately licensed professionals, (dentists, hygienists, radiography technicians, and dental assistants).

Dental Care Overview – Dental care shall be provided according to N.J.A.C. 10A:16-3 requirements and guidelines promulgated by the American Dental Association, Centers for Disease Control, the Occupational Safety and Health Administration (OSHA), and the National Commission on Correctional Health Care (NCCHC), in the event that these standards exceed N.J.A.C. requirements. The following dental services shall be provided to all NJDOC IPs and documented on the appropriate EMR encounter forms:

A. Daily Sick Call Requirement

The Contractor shall conduct daily sick call for complaints relating to dental care. When there is a dental complaint at a facility with dental coverage scheduled on that day, the dentist will be responsible for the triage of sick call request slips. There is to be a daily pick up by the dental staff of the Sick Call Request Form (MR-007) from the medical department. On days when there is no dental coverage scheduled at a facility (including weekends and holidays), the nursing staff will triage and act upon all sick call request slips. A dentist will be available for telephone consultation 24 hours a day, 7 days a week. When a nurse applies a dental protocol, the dentist contacted will countersign any order in the medical/dental record within 48 hours except for weekends when 72 hours is allowable.

All dental complaints indicative of illness or injury must be assessed by an RN or higher level of care within 24 hours of the complaint being triaged. If an RN is conducting a nurse sick call, the RN will make the determination if the complaint is in need of dental

and/or medical provider services and will properly order a referral within the EMR to dental or the physician or Nurse Practitioner (NP) as deemed appropriate.

B. Routine Dental Care

The routine comprehensive dental treatment shall include, but is not limited to, restorations, endodontic therapy, periodontal maintenance and therapy, prosthesis fabrication, and extractions where clinically indicated.

C. Emergency Care

Emergency care shall be available to any IP on a daily basis. Acute pain, swelling, trauma, infection, and bleeding are some of the signs and symptoms indicating emergency status. When medical assessment reveals any of these conditions, immediate referral to the dentist shall occur. Emergency care shall be provided immediately when clinically indicated. Urgent care shall be provided within 48 hours of notice to the medical staff of the occurrence.

D. Specialty Dental Care

The Contractor shall provide dental specialists as needed, including oral surgeons. Treatment by the specialist shall begin within 90 days of referral, or sooner if clinically necessary.

E. Prosthetic Services

1. Provisions for dental prostheses and utilization of dental prosthetic laboratory services to repair dental prostheses are to be provided by the Contractor. Replacement will be done when necessary.
2. The Contractor is responsible to provide and/or replace dental prosthesis, whenever there is a need for prosthesis in accordance with community standards of care.
3. The Contractor may replace lost or damaged prostheses, with laboratory fees borne by the IP, if the NJDOC determines that the IP was responsible for the loss or breakage.
4. Dentures and dental prostheses shall be provided to the IP within 90 days of impressions.
5. If the prosthetic treatment is in progress and the IP is transferred to another facility within the NJDOC, the dentist is responsible for promptly forwarding the IP's prosthesis to the next facility.

6. When an IP has prosthetic treatment in progress and is released from the NJDOC, the IP is to be given 60 days to provide the name and address of a dentist in the community. Contractor's dental staff will coordinate follow-up care and forward any necessary information and/or materials.

F. Dispute Resolution

The NJDOC Dental Director shall be the final authority in matters of disagreement between the Contractor and the state over the provision of dental care.

G. Refusal of Care

If the IP still chooses not to receive the service, the refusal of service form notation shall be entered in the EMR and the signed form made part of the medical record. All refusals must indicate the specific treatment that the IP is refusing.

XIV. Pharmacy Services

- A. The Contractors shall provide medication as ordered or prescribed by a health care provider to all IPs. The exceptions are HIV/AIDS medication that will be purchased by the NJDOC as indicated in Section X (B) (2) and Hepatitis C medications when treatment was initiated prior to release to the Assessment and Treatment Center as indicated in Section X (C).
- B. The Contractor shall supply all over the counter products and supplements prescribed or ordered by a health care provider for specific conditions.
- C. The Contractor shall provide hypodermic supplies, including needles, syringes, and disposal containers that are tamper proof and puncture resistant. The Contractor shall adhere to all applicable federal and state requirements pertaining to these items. The Contractor shall be responsible for appropriate storage and disposal of needles and syringes with documentation of such in the Regulated Medical Waste Report.
- D. Pharmacy Policies – The Contractor shall provide policies and procedures which allow for the timely delivery of all formulary and non-formulary medications when prescribed by a licensed practitioner for the individual care of a specific patient when medically necessary, and based on sound medical and scientific information. Qualified personnel shall provide medication delivery only, acting within the scope of their licensure.
- E. Medication Delivery Requirement – Pharmacy deliveries shall be available as needed seven days per week. The Contactor shall supply all medications within 24 hours of the generation of the order Monday through Saturday. Pharmacy services shall deliver all STAT orders within four hours of the order being generated. STAT orders are those orders which require immediate administration.

- F. The Contractor shall ensure that the level of staffing is commensurate with the requirements of each facility, depending on whatever situation may arise, so as to facilitate quick and efficient delivery of Directly Observed Therapy (DOT) medication and the delivery of Keep on Person (KOP) medication to the IP population. The Contractor is not required, but may utilize licensed nursing staff on site during administration times for substance use disorder medications and narcotics given DOT.
- G. Medications Available on-Site – The Contractor shall make provision for STAT dose capability for emergencies. Mechanisms must be established for the immediate delivery from community sources of STAT orders not in stock at the facility. STAT dose capability should be maintained to ensure adequate supplies of stock medication at each medical site. The Contractor should determine a listing of all on-site medication. This list should be readily accessible on-site.
- H. IPs transferring to RCRP will receive a 14 day supply of their current prescribed medications.
- I. IPs being released will receive a 14-day supply of their current prescribed medications.
- J. Medication Order and Delivery Documentation Requirement – All medication orders shall be placed and maintained in the EMR. All medication refusals are to be documented on the appropriate EMR forms. The Contractor shall utilize a Medication Administration Record (MR-025) or electronic medication administration record, which includes, but is not limited to, all information contained on the prescription label and the name of the practitioner who prescribed the medication. All telephone and verbal orders will be co-signed by the ordering practitioner during the next duty day, but not to exceed 72 hours after the order was written. Transcription of all medication orders will occur within the shift that the order is written.
- K. Dispute Resolution – The NJDOC Executive Director of the Healthcare Compliance Unit shall be the final authority in matters of disagreement between the Contractor and the state over pharmaceuticals.

XV. Program Support Services

A. Hazardous Waste

Infectious Waste Disposal – The Contractor shall be responsible for appropriate state licensure, collection, storage, and removal of medical waste and sharps containers in accordance with state and federal regulations. (N.J.A.C. 7:26-3A.1) promulgated pursuant to the authority of the Solid Waste Management Act, N.J.S.A. 13:1E-48.1. The Contractor shall be responsible for the cost of registration, removal, and disposal of medical waste, including all related supplies. The Contractor shall notify the

NJDOC of its means for compliance and shall submit copies of all related documents to the NJDOC Healthcare Compliance Unit.

B. IP/Other Grievances/Complaints

1. The Contractor must provide timely investigation and reports within seven days for all complaints and inquiries not only at the facility level, but for those received from various sources by the Commissioner and other administrative offices of the NJDOC.
2. The Contractor shall maintain monthly statistics of all IP grievances filed at the facility, i.e., those with and without merit.
3. The Contractor shall provide the Quality Assurance staff member with a copy of each grievance/complaint, as well as documentation of the efforts to resolve the matter. Copies shall also be sent to the complainant (except when the complainant is not the IP and confidential material is involved) and filed in the IP medical record. The NJDOC shall reserve the right to review any IP complaint and review the Contractor's actions.
4. The Contractor must implement NJDOC recommendations in disputed cases. Failure by the Contractor to follow NJDOC recommendations shall hold the Contractor responsible for any liability or litigation that results. No additional costs will be paid by the state to the Contractor in such cases.

C. Medical Records

The Contractor will be required to provide the space for the EMR terminal and access to the internet. The state will provide the terminal, the software and the wiring. Medical records, both EMR and any paper/hardcopy documents, shall be maintained in accordance with established NJDOC procedure and forwarded to the NJDOC Regional Institution. The Contractor shall ensure that all services are properly recorded in the appropriate IPs' medical records in such manner as to satisfy applicable requirements of governmental and accrediting agencies including the NCCHC. All medical records, staffing and supplies are the responsibility of the Contractor.

1. Official NJDOC Medical/Dental/Mental Health Record

The NJDOC currently utilizes the Centricity® electronic data base system (EMR) as the official NJDOC medical/dental/mental health record. There is additionally a medical referenced file on each IP in the NJDOC.

Centricity® is a Health Level 7 electronic database system. The Contractor shall ensure that its equipment, and the equipment of any subcontractor inputting data into the medical database, is compatible with EMR.

2. EMR

The Contractor shall cooperate with any upgrading of the EMR applications as well as maintenance of the program.

a. Documentation

The Contractor shall ensure that qualified health care staff documents all health care encounters on the appropriate EMR forms (as instructed in the Workflow Manuals). The NJDOC will make every effort to provide access to the EMR at the point of service, but this will not always be possible. The Contractor is responsible to input all encounters in the EMR even if it is after the encounter has occurred if the patient is cared for in an area without a terminal.

b. Training

The Contractor shall train all of its personnel upon hire and on an ongoing basis, in order to keep at EMR skills sharp and keep staff apprised of any updating of the EMR. The Contractor must ensure that all training is documented and approved by the NJDOC. The Contractor personnel must comply with the NJDOC policies on computer use in areas such as confidentiality, levels of access, and individual security codes.

3. EMR Security Requirements

The Contractor shall comply with the NJDOC Office of Information Technology (OIT) policy on microcomputer security. The Contractor shall submit OIT access forms to the Healthcare Compliance Unit for all new employees at the same time that credentials and security clearance forms are submitted.

4. Downtime

While every effort is made to keep the EMR operating continuously, there are times that the system will be taken down for maintenance, backup, or upgrade. EMR users are warned several days in advance of any scheduled downtime. The Contractor must keep sufficient supplies of downtime forms available for all scheduled and unscheduled downtime. The Contractor must use these authorized downtime forms to enter all data into the EMR when the system comes back up. There must be a site-by-site plan of action in the event of unscheduled downtime.

5. Medical Reference File

- a. A medical reference file will also be kept on each IP. In addition to documenting in the EMR as required, the Contractor shall ensure that accurate, comprehensive, and legible records (with legible, dated, and timed signatures accompanied by a name stamp) are kept on each IP under its care. All documents require patient signatures, copies of reports of outside hospitalization, outside consultations, and emergency room visits shall be returned to the Assessment and Treatment Center for conclusion in the medical reference file in a timely manner and their existence in this file must be documented in the EMR.
- b. The Contractor shall utilize the NJDOC forms and medical reference file jackets and may supplement the record system with others, if instituted system-wide, and if submitted to and approved by the NJDOC. The Contractor shall assume all costs related to the maintenance of this medical reference file including form reproduction of medical reference file jackets.

6. Confidentiality and Informed Consent

Records shall remain confidential. The Contractor shall ensure specific compliance with NJDOC administrative regulations regarding confidentiality, informed consent, and legal access/disclosure (N.J.A.C. 10A:22).

7. Record Retention and Record Copying

The Contractor shall comply with NJDOC policies regarding the transfer, release, and retention of health records. The Contractor shall be responsible for all duplication costs incurred. The Contractor shall determine if the requesting party (IP or non-IP) is to be charged for the copies, and shall approve any release of IP medical records. All medical records, both electronic and paper are, and shall at all times remain, the property of the State of New Jersey.

8. Ownership of the Record

All medical records prepared by the Contractor are the sole property of the NJDOC. The Contractor shall be the custodian of all medical records. At the expiration or termination of this agreement, the custody of such medical records shall be transferred to the NJDOC. During the term of this agreement, the NJDOC's designated representatives shall have access to all medical records, both electronic and paper are, and shall at all times remain the property of the State of New Jersey.

9. Records for Discharged IPs

Medical records for discharged IPs shall be forwarded to the NJDOC archives according to established NJDOC policies and procedures.

10. Record Access after Termination of Contract

Upon the expiration or termination of this agreement, the Contractor shall continue to have access to the medical records for any reasonable purpose, including without limitation, preparation for any litigation.

D. Research

The conditions under which the research shall be conducted shall be as described in N.J.A.C. 10A:16-2.20 and 10A:16.5. Research shall be agreed upon by the Contractor and the NJDOC and shall be governed by written guidelines. In every case, the written informed consent of each IP, who is subject of the research project, shall be obtained prior to the IP's participation as a subject as well as the NCCHC standards and existing NJDOC policies. All proposed policies are subject to the final approval of the NJDOC.

E. Exclusions

1. Service Exclusions

The Contractor shall be under no obligation to provide or pay for the following types of services:

- a. Cosmetic surgery;
- b. Gender reassignment surgery (sex change);
- c. Elective vasectomy; and
- d. Pharmaceuticals for any care covered in points (a) through (c) of this section.

Nothing contained in this section shall prevent the conduct of clinical drug trials as indicated in Paragraphs 38-40 of the Roe v. Fauver Consent Decree.

2. IPs Excluded from Coverage

- a. IPs on escape status shall not be covered under this agreement during the escape period and prior to their return to NJDOC custody. Once the IP is returned to NJDOC custody all conditions pre-existing and those developed during escape status will be covered under the terms of this contract.

XVI. Reports and Data

A. Daily

Hospital Utilization

Hospitalization of NJ state IPs outside of Capital Health Medical Center will be reported to the NJDOC contracted healthcare vendor's Statewide Medical Director and the institutional administration on a daily basis via an e-mail roster.

B. Weekly

Co-pay reports generated by Contractor staff via EMR will be submitted to the institutional Business Office on a weekly basis. The Co-pay reports shall be submitted by the Contractor to the NJDOC Office of Community Programs with the vendor invoice for Residential Community Reintegration Program services. This report does not need to be submitted to the NJDOC Healthcare Compliance Unit.

C. Other

Reportable Diseases

1. Requirements for reporting diseases to the NJ Department of Health and Senior Services and other administrative agencies are identified in N.J.A.C. Chapter 8, Title 57.

Regulatory Agency Reports

2. All citations, from outside regulatory agencies regarding healthcare matters, shall be reported upon occurrence to the NJDOC Executive Director of Healthcare Compliance Unit. These agencies include, but are not limited to, OSHA, any federal, state or NJDOC regulatory agency.

D. Prison Records

The Contractor staff will have access to IP prison records on a need-to-know-basis. Unless otherwise determined by the NJDOC Institutional Administrator, they will not have access to NJDOC investigative reports, except for such reports generated and provided by the NJDOC for the purpose of quality assurance and risk management.

The provisions of this section shall survive the expiration or termination of this agreement.

E. Confidentiality

In performing its obligations under the contract, the Contractor shall comply with all confidentiality provisions applicable to IP medical records. The Contractor shall not be required to make any report or keep any record which would either (i) breach a confidentiality requirement or (ii) constitute waiver of any privilege that the Contractor may have, such as an attorney-client or peer review privilege. If necessary to protect the confidentiality of medical records, the Contractor may redact IP medical records to delete identifying information in connection with submission of such reports, except for submission of reports to the NJDOC. In addition, the Contractor shall comply with the confidentiality provisions set forth in N.J.A.C. 10A:16-2.1A and 10A:22.2.

XVII. Mental Health

A. Mental Health Care on Call

1. On-Call Requirements

The Contractor shall designate a psychologist on-call for each facility 24 hours per day, 7 days per week. In addition, the Contractor shall provide all on-site Mental Health Administrators with a beeper, pager, or phone device so they may be contacted while off site.

2. On-Call Response

The Contractor shall respond to administrative and/or mental health problems within 30 minutes of paging/messaging and appropriate personnel shall return to the facility as necessary.

B. Mental Health Services to be Provided

Mental Health Program components shall include, but are not limited to:

1. Assessment of IPs who are referred for medication non-compliance, self-referred, and/or having difficulty coping with conditions of confinement (within 24 hours).
2. Emergency/crisis intervention services to IPs with appropriate follow-up to medical/psychiatric services.
3. IPs who are experiencing difficulty with conditions of confinement or who are self-referred to the Contractor by staff must be seen within the same day of referral by mental health staff in order to assess the degree of concern.

4. After-hours referrals to staff that involve IPs that are experiencing difficulty with conditions of confinement should be made to the on-call psychologist for appropriate follow up.

XVIII. Informed Consent/Right to Refuse Treatment

- A. To assure that the IP receives the material facts about the nature, consequences, and risks of the proposed treatment, examination, or procedure, and the alternatives to the same, a written informed consent will be obtained according to N.J.A.C. 10:16-5.
- B. In every case in which the IP, after having been informed of the condition and the treatment prescribed, refused treatment, the refusal must be in writing according to N.J.A.C. 10A:16-5.3.

XIX. Mental Health Discharge Planning

Contractor is responsible for all aspects of mental health release planning for any IP who is being discharged to the community from the Assessment and Treatment Center. All discharge planning is to be documented in the EMR and is to include identification of individual needs, identification of sources of community care, and actual scheduling of appointments with appropriate mental health providers.

XX. Sick Call and Daily Triage of Mental Health Complaints

- A. All mental health requests will be triaged via face-to-face encounter between the IP and a mental health professional (as appropriate) within 24 hours of the form being collected. On days that the mental health staff is not available to provide sick call, the sick call encounter will be performed by an RN, NP, or physician. If not an emergency, follow-up with the appropriate clinician will occur within 48 hours.
- B. All requests for mental health sick call will be referred to the on-call psychologist or psychiatrist for appropriate follow-up, if the mental health staff is not on duty the day of the request.
- C. All documentation of the triage, examination, and subsequent treatment will be entered into the EMR on the appropriate form. The original MR-007 shall be filed in the medical reference file.
- D. There is no co-pay applicable for mental health care.

XXI. Telemedicine Usage for Mental Health Services

Assessment and Treatment Center Contractors shall be equipped to operate as a telemedicine site for mental health appointments, as deemed appropriate. Any proposal submitted by a Bidder in response to a NJDOC Request For Proposals for operation of an Assessment and Treatment Center shall include the Bidder's proposed plan for providing telemedicine. The NJDOC reserves the right to a prior evaluation of the plan proposal for providing telemedicine application.

XXII. Emergency Care

The Contractor shall respond to, make provisions for, and be responsible for all services and costs for 24-hour emergency mental health care including, but not limited to, 24-hour on-call services.

XXIII. Resolution of Mental Health Treatment Disputes

The NJDOC Executive Director of the Healthcare Compliance Unit shall be the final authority in matters of disagreement with the Contractor over the provision of mental health care.

XXIV. Treatment

The NJDOC is under a Consent Decree (Roe v. Fauver) relevant to the care and treatment of those individuals with HIV disease. The mental health Contractor shall be responsible for providing mental health care to class members relative to their HIV disease as required under this Consent Decree. All aspects of this decree are to be followed in its entirety by the Contractor.

XXV. Crisis Intervention Program

The Bidders will provide, in its proposal, a model program for crisis intervention strategies aimed at early identification of potential problems, and professional intervention.

New Jersey Administrative Code
TITLE 10A. CORRECTIONS
CHAPTER 16. HEALTH SERVICES

§ 10A:16-1.1 Purpose

(a) The purpose of this chapter is to establish guidelines for:

- 1.** Providing medical services for inmates;
- 2.** Providing dental services for inmates;
- 3.** Providing mental health and addiction services for inmates;
- 4.** Obtaining informed consent from an inmate to perform certain medical, dental or surgical procedures;
- 5.** Providing assistance to pregnant inmates and placement of their newborn;
- 6.** Providing notification to next of kin in the event of an inmate's critical illness or death;
- 7.** Providing for burial or cremation of unclaimed inmate bodies;
- 8.** Applying for executive clemency;
- 9.** Providing provisions for inmate co-payment for health and dental services, ancillary services and treatment;
- 10.** Donation of blood, tissue(s) and organ(s) by inmates;
- 11.** Involuntary psychotropic medications;
- 12.** Advance directives;
- 13.** Keep on person (KOP) medication;
- 14.** Maintaining inmate records;
- 15.** Medical transfer; and
- 16.** The identification, placement and monitoring of inmates who are deemed to be at risk for suicide.

§ 10A:16-1.2 (Reserved)

§ 10A:16-1.3 Definitions

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

"Advance directive" means a document that declares the wishes of a person to prolong or not prolong life under certain conditions if that person faces certain death from illness or injury and can only survive with the use of extraordinary or extensive medical means.

"Co-payment" means a nominal fee paid by an inmate.

"Department of Human Services" means the New Jersey Department of Human Services.

"Directly observed therapy" or "DOT" means the procedure in which an inmate receives each dose of medication directly administered and observed by the health care provider.

"Electronic healthcare record," hereafter referred to as "EHR," means the primary healthcare record of an inmate in an electronic format that contains recorded information concerning the medical, dental, and mental health history and related health activities of the inmate. The EHR may be interchangeably referred to as the Electronic Medical Record (EMR).

"Executive clemency" means the exclusive power of the Governor to commute the sentence of an inmate making the inmate eligible for parole consideration.

"Experimentation" means the use of any healthcare intervention that has not been previously tested and approved for the community population.

"Forensic psychiatric hospital" means the forensic psychiatric hospital that is administered by the New Jersey Department of Human Services.

"Grave medical condition" means a prognosis by the licensed physicians designated by the Commissioner of the Department of Corrections that an inmate has more than six months, but not more than 12 months, to live or has a medical condition that did not exist at the time of sentencing and for at least three months has rendered the inmate unable to perform activities of basic daily living, resulting in the inmate requiring 24-hour care.

"Health care provider" means the entity which is providing the medical, dental and/or mental health services to inmates.

"Health Services Unit" means the unit administered by the Assistant Commissioner, Division of Operations, responsible for auditing the provision of medical, dental, and mental health and substance use disorder services to inmates under the jurisdiction of the Department of Corrections.

"Keep on person" or "KOP" means the procedure in which an inmate is authorized to keep in his or her possession certain medication for purposes of independent self-administration in accordance with Departmental rules at N.J.A.C. 10A:16-15 and related internal management procedures.

"Medical reference file" hereafter referred to as "MRF" means the paper, written or printed record that contains information concerning the medical, dental and mental health history and related health activities of an inmate.

"Permanent physical incapacity" means a prognosis by the licensed physicians designated by the Commissioner of the Department of Corrections, pursuant to N.J.S.A. 30:4-123.51e that an inmate has a medical condition that renders the inmate permanently unable to perform activities of basic daily living, resulting in the inmate requiring 24-hour care, and that such condition did not exist at the time of sentencing.

"Research" means a systematic investigation, including research development, testing, and evaluation, designed to develop or contribute to general knowledge.

"Responsible health authority" means a designated person within a correctional facility who shall be a physician, advanced practice nurse or health administrator responsible for arranging health services to all inmates. When this authority is other than a physician, medical judgments rest with a designated licensed responsible physician.

"Screening service" means a public or private ambulatory service which provides mental health services including assessment, emergency and referral services to mentally ill persons in a specified geographic area (see N.J.S.A. 30:4-27.2).

"St. Francis Unit" means a unit within the St. Francis Hospital that is designated for the treatment of inmates who need hospitalization.

"Terminal condition, disease, or syndrome" means a prognosis by the licensed physicians designated by the Commissioner of the Department of Corrections, pursuant to N.J.S.A. 30:4-123.51e, that an inmate has six months or less to live.

§ 10A:16-1.4 (Reserved)

§ 10A:16-1.5 Medical co-payment

(a) Pursuant to N.J.S.A. 30:7E-1 et seq., inmates shall be liable for the cost of, and charged a nominal co-payment as determined by the State Treasurer for health care to include surgery, dental care, hospitalization or treatment; and medication to include prescription or nonprescription drugs, medicine or dietary supplements. The medical co-payment shall be \$ 5.00 and the medication co-payment shall be \$ 1.00. If fees for inmate co-payment change in accordance with N.J.S.A. 30:7E-1 et seq., these changes shall be published as a notice of administrative change in the New Jersey Register.

(b) No inmate shall be denied medical services, surgery, dental services, hospitalization, medication or treatment due to an inmate's inability to pay the co-payment fee.

(c) Payment for health services and medication shall be deducted from the inmate's account in accordance with [N.J.A.C. 10A:2-2.2\(d\)](#)8.

(d) The following services are excluded from the co-payment requirement:

1. Initial assessments during the reception and classification process, classification physicals and transfer evaluations and discharge physical examinations;
2. Prescribed laboratory work to include inmate requests for HIV testing;
3. Prescribed x-rays;
4. Immunizations and other treatments mandated for public health reasons such as, but not limited to, tuberculosis (TB) testing and hepatitis B vaccine;
5. Psychiatric, psychological, substance abuse and social work treatment including medication prescribed by the psychiatrist for mental health purposes;
6. Treatment that is prescribed over the course of several days or weeks, such as, electrocardiograms, dressing changes, and other ongoing treatments ordered by health care staff;

- 7.** Health care visits initiated by health care staff to comply with internal management procedures;
 - 8.** Follow-up visits scheduled by the health care provider;
 - 9.** Written referrals from one provider to another;
 - 10.** Dental referrals made by health care staff;
 - 11.** Infirmary care;
 - 12.** Emergency care requiring transport via an emergency response unit to a hospital; and
 - 13.** Medication provided immediately during a medical visit.
- (e)** All medications shall be ordered by qualified health care professionals in the largest quantities and longest durations that are medically appropriate and in accordance with all applicable laws and pharmaceutical regulations. The inmate is charged for a prescription when a health care professional writes an initial order and is then required to rewrite the medication order; therefore, for maintenance medications, prescriptions shall be written for as long a period of time as is medically acceptable.
- (f)** New and amended regulations regarding medical co-payment shall be posted in each housing area, other appropriate areas of the correctional facility and incorporated into the next revision of the correctional facility Inmate Handbook.

§ 10A:16-1.6 Quality Assurance Program

- (a)** The Department of Corrections shall maintain a Quality Assurance Program related to the provision of health services to include medical, dental, mental health and ancillary services.
- (b)** The purpose of the Quality Assurance Program shall be to analyze and evaluate the adequacy of health services provided to inmates and to identify any deficiencies in the provision of health services that require intervention, improvement or resolution.
- (c)** Quality Assurance Program staff shall be responsible for the physical inspection and evaluation of all areas related to the provision of health services, which shall include, but not be limited to:
- 1.** Conducting formal audits of internal management procedures related to the provision of health services to inmates;
 - 2.** Monitoring inmate complaints related to the provision of health services;
 - 3.** Monitoring issues related to the provision of health services by external providers;
 - 4.** Reviewing all records, files, reports and documents related to the provision of health services; and
 - 5.** Participating in activities including, but not limited to, writing policy and internal management procedure, audit development and maintenance of essential records and files.

§ 10A:16-1.7 Health services research or experimentation

- (a)** No experimentation shall be conducted involving the use of inmates or employees of the New Jersey Department of Corrections, as set forth at N.J.A.C. 10A:1-10.
- (b)** This prohibition does not preclude individual treatment of an inmate based on need for a specific medical procedure that is not generally available.

(c) Any person(s) or agency(ies) who wishes to conduct research projects not precluded by this section, shall complete and submit the research request application package to the Departmental Research Review Board (DRRB) in accordance with [N.J.A.C. 10A:1-10.3](#), Procedure for submitting and handling requests to conduct research projects to the Departmental Research Review Board (DRRB).

(d) The Commissioner shall retain the final review and approval/disapproval authority on all research projects.

§ 10A:16-1.8 Reporting responsibilities of health services staff

(a) Monthly and annual reports shall be prepared by the responsible health authority and submitted to the correctional facility Administrator and to the Director of Health Services.

(b) The monthly and annual reports shall include medical, dental and mental health services statistical and/or narrative data as defined by the Director of Health Services in related internal management procedures.

§ 10A:16-1.9 Comprehensive health internal management procedures

(a) The responsible health authority in collaboration with the medical care, dental care and mental health services provider shall develop and maintain comprehensive site-specific health care procedures. Such procedures shall provide medical, dental and mental health services goals, objectives and internal management policies and procedures for correctional facility infirmaries and related satellite units, correctional facilities housing female inmates, correctional community-based facilities and home confinement cases that are consistent with the requirements of this chapter, contractual stipulations and State and Federal regulations.

(b) The internal management procedures shall be reviewed at least annually, updated, as needed and be immediately available to all health care staff on each shift via electronic web posting. Internal management procedures shall bear the date of the most recent review or revision.

§ 10A:16-1.10 Inspection

(a) The Division of Operations, Director of Health Services shall visit and inspect medical programs, dental clinics and mental health services programs that are provided at all correctional facilities on a regular basis.

(b) A written report of the findings shall be prepared by the Division of Operations, Director of Health Services and submitted electronically/manually within the time periods indicated in internal management procedures to the:

1. Commissioner or designee;
2. Deputy Commissioner, or designee;
3. Assistant Commissioner, Division of Operations;
4. Appropriate Division Director;
5. Administrator;
6. Responsible health authority; and

7. Correctional facility chief physician, dental health care provider and/or Director of Psychiatry.

(c) The responsible health authority shall respond within 15 business days of receipt of the written inspection report to the Director of Health Services with a written action plan for correcting any deficiencies.

§ 10A:16-2.1 Medical services provided

(a) Medical services shall be provided for the following:

- 1.** Emergency and life threatening/limb threatening conditions;
- 2.** Accidental or traumatic injuries occurring while incarcerated;
- 3.** Acute illness;
- 4.** Chronic conditions that are considered life threatening or if untreated would likely lead to a significant loss of function; and
- 5.** Any other medical condition that the treating physician believes will cause deterioration of the inmate's health or uncontrolled suffering.

(b) The health care provider shall be responsible for notifying inmates in a timely manner of any serious medical condition that requires treatment along with an explanation of the condition and treatment.

(c) Primary care shall be provided by physicians, nurses, technicians, and other support staff of the health care provider operating in compliance with the appropriate regulations of their respective licensing boards. Specialty care may be arranged and provided according to community medical standards, in accordance with [N.J.A.C. 10A:16-2.6](#) and when deemed medically appropriate by the health care provider.

§ 10A:16-2.2 Director of Health Services, Department of Corrections

(a) The Director of Health Services of the Department of Corrections serving under the Deputy Commissioner, Division of Operations, or designee shall:

- 1.** Be a plenary licensed physician in the State of New Jersey;
- 2.** Have formal training in internal medicine, family practice, psychiatry or other primary care field;
- 3.** Have experience and knowledge in the field of correctional medicine;
- 4.** Oversee the provision of medical, dental and mental health services to inmates within the Department of Corrections;
- 5.** Advise the administrative staff of the Department of Corrections in the formulation of directives and policies for the provision of health services within the Department;
- 6.** Be responsible for the development of internal management procedures describing and directing the delivery of health care services;
- 7.** Direct continuous quality improvement activities;
- 8.** Conduct peer reviews; and
- 9.** Be responsible for ensuring that all licensed staff maintain professional credentialing.

§ 10A:16-2.3 Administration of medical services and program

(a) The health care provider shall designate a staff member(s) as the responsible health authority in each correctional facility who will be administratively and/or clinically responsible for the management and direction of the correctional facility's medical services and/or program. The Division of Operations, Director of Health Services shall be notified in writing by the health care provider as to who is administratively and clinically responsible for the correctional facility's medical services and/or program and shall be immediately notified in writing if the designee(s) is changed.

(b) The health care provider through the responsible health authority shall ensure that medical conditions as described in [N.J.A.C. 10A:16-2.1](#) are treated.

§ 10A:16-2.4 Licensure and certification

(a) All health care providers shall maintain valid and current licenses or certifications, as appropriate, to practice within their respective disciplines in the State of New Jersey.

(b) The following physician's licenses and certificates and renewal of same shall be forwarded to the Director of Health Services:

1. The New Jersey license to practice medicine;
2. The Drug Enforcement Administration Federal Narcotics License;
3. The State of New Jersey Division of Consumer Affairs Certificate of Registration for Controlled Dangerous Substances (C.D.S.);
4. The certificate for Cardiopulmonary Resuscitation (CPR);
5. The current certificate of liability insurance appropriate for area of practice; and
6. Any certification(s) for services other than primary care.

(c) Proof of appropriate licensing and certification credentials and renewal of same for all other regulated professionals including, but not limited to, nurses and technicians, shall be submitted to the Director of Health Services.

(d) The health care provider shall report all disciplinary action and/or license suspension to the Director of Health Services and other State regulatory bodies, as required by law.

(e) All persons taking x-rays shall be licensed by the State of New Jersey in accordance with N.J.S.A. 45:25-1 et seq.

(f) All medical service providers shall maintain current certification in CPR.

(g) The final approval to hire physicians, nurses and other regulated professionals may be granted only with credential review approval by the Director of Health Services.

(h) The health provider shall be responsible to submit proof of license(s) and certification(s) renewal to the Director of Health Services. The responsible health authority shall conduct an annual review of license and certification currency and shall provide a written report of such annually to the Director of Health Services.

§ 10A:16-2.5 Medical students, interns and residents

Any program to utilize students, interns or residents in health care delivery to inmates within the Department of Corrections shall be subject to the review and prior written approval of the Director of Health Services.

§ 10A:16-2.6 Use of community facilities and medical specialty consultants

- (a)** The health care provider may contract with community medical facilities and medical specialty consultants to provide inpatient and outpatient health care.
- (b)** The use of community facilities and medical specialty consultants shall be subject to the review and prior written approval of the Director of Health Services.

§ 10A:16-2.7 Inmate work assignments in medical services

- (a)** Inmates shall be prohibited from performing the following duties:
1. Providing direct inmate care services;
 2. Scheduling health care appointments;
 3. Determining the access of other inmates to health care services;
 4. Handling or having access to:
 - i. Surgical instruments;
 - ii. Syringes;
 - iii. Needles;
 - iv. Medications; and
 - v. Health Records.
 5. Operating any health care equipment; and/or
 6. Handling regulated medical waste, except as established in (b) below.
- (b)** Inmates may assist in the medical area in the performance of routine housekeeping duties. Handling of regulated medical waste shall be limited to housekeeping and clean-up duties for which appropriate training and supplies have been provided to the inmate.
- (c)** Inmates working in medical areas shall be kept under close supervision by custody and/or medical personnel.
- (d)** Inmates shall be permitted to assist in moving and lifting other inmates.
- (e)** Inmates shall be permitted to assist in transporting other inmates to authorized areas of the correctional facility.

§ 10A:16-2.8 Sick call

- (a)** Daily sick call shall be conducted at each correctional facility by a physician and/or other qualified medical personnel at a regularly scheduled time. However, inmates shall be offered the opportunity to see medical personnel, when necessary.
- (b)** If an inmate's custody status precludes attendance at sick call, arrangements shall be made to provide sick call services in the place the inmate is housed, such as, but not limited to, a close custody unit.

§ 10A:16-2.9 Correctional facility infirmary

- (a)** Care is provided in the correctional facility infirmary, for diagnosis, illness or treatment that requires limited observation and/or management and does not require admission to a licensed acute care hospital or facility.
- (b)** Written policies and procedures for infirmary care shall be developed in accordance with [N.J.A.C. 10A:16-2.9](#) and any other applicable State statutes and rules.

(c) The minimum requirements for a correctional facility infirmary shall include, but not be limited to:

1. A physician or advanced practice nurse on call 24 hours per day, seven days per week;
2. A Supervising Registered Nurse on site at least one shift within a 24-hour period, seven days per week;
3. All inmates being maintained within sight or sound of a medical staff person;
4. The accurate and timely recording in the EHR of medical information for each inmate;
5. A manual of nursing policies and procedures immediately available to health care staff.

§ 10A:16-2.10 Emergency medical treatment

(a) Emergency medical care shall be available 24 hours per day, seven days per week, which includes, but is not limited to, arrangements for:

1. On-site emergency first aid;
2. Use of an emergency vehicle;
3. Use of one or more designated hospital emergency rooms or other appropriate health facility;
4. An on call physician; and
5. The provision of security when the immediate transfer of an inmate(s) is necessary.

(b) All staff likely to be needed or involved in a medical emergency shall be trained in first aid under emergency conditions. This training shall include, but not be limited to:

1. Types of action required for potential emergency situations;
2. Signs and symptoms of an emergency;
3. Administration of first aid;
4. Methods of obtaining emergency care;
5. Location of the correctional facility's first aid kits; and
6. Procedures for transferring an inmate(s) to appropriate medical facilities or health care providers.

(c) Medical transportation shall be handled in accordance with [N.J.A.C. 10A:3-9.12](#), Medical transportation.

§ 10A:16-2.11 Medical examinations

(a) At a Department of Corrections reception facility, an initial screening shall be completed on each new admission within 24 hours, which shall include, but is not limited to:

1. A medical history;
2. A physical examination;
3. A pregnancy test for female inmates; and
4. Any test determined necessary by the Director of Health Services.

(b) In the event a Department of Corrections reception facility is bypassed, the health care provider at the receiving correctional facility shall perform the initial history, screening and physical examination set forth in (a) above.

(c) An initial history and physical examination will not routinely be done on inmates who are transferred from other correctional facilities within the Department of Corrections; however, all

medical condition(s), and/or medical investigation(s)/treatment(s) in progress shall be communicated in writing via the EHR by the health care provider to the correctional facility Medical Department where the inmate is being transferred. A medical screening shall be performed by appropriate medical staff on all transferred inmates at the receiving correctional facility.

(d) Routine complete physical examinations for inmates without known medical problems shall be offered to all inmates in accordance with the following schedule:

1. Inmates 50 years of age or over, once every two years; and
2. Inmates under 50 years of age, once every four years.

(e) Each inmate shall be offered a physical examination and clinical evaluation not more than two calendar months prior to scheduled release from the correctional facility. A summary report of findings shall be prepared, signed, and dated by the physician. This summary shall include any significant medical problems encountered during the inmate's incarceration, and it shall be made part of the EHR of the inmate.

(f) An inmate's refusal of a medical examination(s) as established in this section shall be documented in the EHR of the inmate.

(g) Unless there are emergent circumstances or an unusual security problem is present, no custody staff member of the opposite gender shall be present during a medical examination of an inmate. A female attendant shall always be present during the medical examination of a female inmate by a male physician.

§ 10A:16-2.12 Food handlers and special activity medical examinations

(a) All food handlers shall be given a medical examination prior to beginning food service job duties, and at least annually thereafter, or more frequently if deemed necessary by medical or administrative authorities.

(b) If deemed appropriate by a medical or an administrative authority, medical examinations may be given to inmates prior to participation in certain sports.

§ 10A:16-2.13 Medical facilities and equipment

(a) All medical areas shall have:

1. Facilities where inmates can be examined and treated with as much privacy as possible; and
2. Medical equipment and supplies that meet with the approval of the Director of Health Services.

(b) Hypodermic needles and syringes shall be of the single service, disposable variety and their control shall be in strict compliance with all applicable State statutes and regulations.

(c) All "sharps" such as hypodermic needles, syringes, and scalpels shall be disposed of in accordance with New Jersey Medical Waste Management Act, N.J.S.A. 13:1E-48.1 et seq. and N.J.A.C. 7:26-3A.

(d) Used and unused hypodermic needles, syringes and scalpels shall be protected against theft or pilferage by providing:

1. Locked storage;
2. Distribution supervision; and

3. Inventories that shall be signed at the termination of each shift by the incoming and offgoing responsible medical service provider.

§ 10A:16-2.14 First aid kits, disaster boxes, and equipment

(a) First aid kit(s), disaster boxes and equipment shall be available in designated areas of the correctional facility based on need. The responsible health authority in the correctional facility shall formulate a list of the contents of the first aid kits, disaster boxes and equipment and submit the list to the Director of Health Services for approval.

(b) The responsible health authority in each correctional facility shall be responsible for overseeing the monthly inspection of the first aid kits, disaster boxes, and equipment to ensure the contents are:

- 1.** Properly maintained;
- 2.** Safely stored;
- 3.** Legibly labeled;
- 4.** Properly inventoried (with a list of contents) and stocked; and
- 5.** Disposed of upon expiration and restocked.

(c) The responsible health authority in each correctional facility shall be responsible for ensuring the development of site-specific, written internal management procedures consistent with the provisions of this section.

§ 10A:16-2.15 Reportable diseases

(a) The health care provider at each correctional facility shall adhere strictly to the reporting requirements of diseases declared reportable in [N.J.A.C. 8:57](#), Communicable Diseases.

(b) Information and forms regarding reportable diseases are available by contacting the New Jersey Department of Health and Senior Services, Division of Epidemiology and Disease Control.

(c) Copies of all reports submitted to the New Jersey Department of Health and Senior Services shall be sent to the Director of Health Services.

§ 10A:16-2.16 Prosthetic devices

(a) Medical services include the provision of prosthetic devices as determined necessary and approved by the physician. Maintenance of prosthetic devices shall be provided in accordance with internal management procedures. Examples of prosthetic devices are as follows:

- 1.** Eye glasses;
- 2.** Hearing aids;
- 3.** Artificial limbs; and
- 4.** Such other devices as are deemed medically necessary by the physician with the approval of the Administrator or designee.

§ 10A:16-2.17 Satellite units, correctional community-based facilities, and home confinement

(a) Twenty-four hours per day, seven days per week medical care for nonemergency and emergency illness or injury shall be available for inmates housed at correctional facility satellite units, at correctional community-based facilities and on home confinement.

(b) Written policies and procedures for medical services in satellite units, correctional community-based facilities, and for the home confinement programs shall be developed in accordance with [N.J.A.C. 10A:16-1.9](#).

§ 10A:16-2.18 Medical records

(a) A complete medical record shall be maintained for each inmate to accurately document all health care services provided throughout the inmate's period of incarceration. The medical record shall consist of an Electronic Health Record (EHR) and a Medical Reference File (MRF). The EHR and/or MRF shall contain the following items:

- 1.** Initial intake medical history;
- 2.** Initial intake physical examination;
- 3.** Health history records;
- 4.** Each health encounter with health care staff including sick call appearances;
- 5.** Progress notes for all health care visitations, treatments, medical findings and diagnoses;
- 6.** Prescribed medications and their administration;
- 7.** Health service reports and consultations, including dental and psychiatric;
- 8.** Prescribed diets and other treatments;
- 9.** Laboratory, x-ray and diagnostic studies;
- 10.** Discharge summary of hospitalizations and other terminations summaries; and
- 11.** Refusal and consent forms.

(b) Only appropriately credentialed and qualified health care staff shall collect and record health history, vital signs and other health appraisal data.

(c) Each health care encounter shall be recorded in the appropriate section of the inmate's EHR. Each entry in the MRF shall be written in black ink or typed, signed or initialed, and clearly dated by the appropriate health care provider staff member. In addition to a physician or health care provider's signature or initials, a name stamp must be used.

(d) All active EHR and MRF records shall be maintained separately from the classification records.

(e) Billing records and parole related mental health evaluations shall be maintained separately from the medical record.

(f) Inactive MRF records shall be stored separately from the active records and in accordance with the retention schedule of the Records Management Program.

(g) MRF records shall accompany inmates when transferred to another correctional facility in order to assure continuity of care and to avoid the duplication of tests and examinations.

(h) Confidentiality of inmate records shall be maintained and records released in accordance with [N.J.A.C. 10A:22](#).

(i) Medical records are maintained in the EHR in accordance with [N.J.A.C. 13:35-6.5](#). Medical records are available to inmates in accordance with provisions at [N.J.A.C. 10A:22-2.7](#).

(j) An inmate may request an amendment or correction of his or her medical record in writing to the responsible health authority. The request must be signed by the inmate and include the following information:

- 1.** The recorded information that the inmate is requesting be amended or corrected;

2. The requested entry representing the amendment or correction to the recorded information that the inmate is seeking;

3. The reason or factual basis for the request of the amendment or correction; and

4. Any other information relevant to the request.

(k) An inmate's request for amendment or correction of his or her medical record shall be considered by the responsible health authority. The inmate shall be notified in writing as soon as possible within 60-calendar days of the receipt of the request to amend or correct the medical record that:

1. The request has been granted and the amendment or correction has been made and the amended or corrected section(s) of the record will be provided to the inmate at no cost to the inmate;

2. The request has been denied along with a written statement of the reasons for the denial; or

3. An extension has been deemed necessary in order to research or obtain additional information relative to the request. In this case, the written notification shall include the reasons for the extension and the reasonable time period within which a response will be provided.

(l) Inmates who disagree with a denial of a request for amendment or correction may utilize the Inmate Remedy System to have the decision reviewed as set forth at [N.J.A.C. 10A:1-4.5](#) and [4.6](#).

§ 10A:16-2.19 Informed consent for treatment

Informed consent for treatment shall be handled in accordance with N.J.A.C. 10A:16-5, Informed Consent to Perform Medical, Dental or Surgical Treatment.

§ 10A:16-2.20 (Reserved)

§ 10A:16-2.21 (Reserved)

§ 10A:16-2.22 (Reserved)

§ 10A:16-2.23 (Reserved)

§ 10A:16-3.1 Director of Dental Services, Department of Corrections

(a) The Director of Dental Services of the Department, serving under the Division of Operations, Director of Health Services, shall:

1. Advise the Director of Health Services of the Department of Corrections regarding the formulation of Departmental dental program directives and policies;

2. Have experience and knowledge in the field of Correctional Dentistry;
3. Oversee the provision of dental services to inmates within the Department of Corrections; and
4. Be responsible for ensuring that all dental staff maintain professional credentialing.

§ 10A:16-3.2 Administration of dental services and program(s)

- (a)** The dental health services provider in each correctional facility shall designate a dental health services staff member as the responsible health authority who shall be administratively and/or clinically responsible for the management and direction of the dental services and/or program. The Division of Operations, Health Services Unit staff shall be notified in writing as to who is administratively and clinically responsible for the dental services and/or program of the correctional facility and immediately be notified in writing if the designee(s) is changed.
- (b)** The dental health services provider, through the responsible health authority, shall be responsible for ensuring that only those dental conditions assessed as necessary in the judgment of the dentist are treated to maintain the inmate's dental health.

§ 10A:16-3.3 Dental staff

- (a)** The following dental personnel may provide dental services;
1. Dentists;
 2. Dental Specialists;
 3. Dental Hygienists; and
 4. Dental Assistants.
- (b)** Dental staff shall practice within the guidelines of the Dental Practice Act, N.J.S.A. 45:6-1 et seq.

§ 10A:16-3.4 Licensure

- (a)** Only persons licensed and registered in accordance with N.J.S.A. 45:6-1 et seq. shall be permitted to practice dentistry within the State of New Jersey.
- (b)** The following licenses and certificates of dentists shall be forwarded to the Health Services Unit, Director of Dental Services:
1. The New Jersey License to practice dentistry;
 2. The Drug Enforcement Administration Federal Narcotics License;
 3. The State of New Jersey Consumer Health Service Certificate of Registration for Controlled Dangerous Substances (C.D.S.);
 4. The current certificate of liability insurance appropriate for area of practice; and
 5. Any certification(s) for services other than primary dental care.
- (c)** Final approval to hire dental personnel may be granted only after credential review by the Health Services Unit, Director of Dental Services.
- (d)** Copies of licenses of dental personnel shall be maintained both at the correctional facility dental department and at the Division of Operations, Health Services Unit.

(e) The dental health care provider shall report all disciplinary actions and license suspensions to the Health Services Unit, Director of Dental Services and other State regulatory bodies, as required by law.

(f) Dental personnel shall be responsible for providing proof of license(s) and certification(s) renewal to the Health Services Unit, Director of Dental Services through the dental health care provider. The responsible health authority of each dental service and/or program shall conduct an annual review of license and certification validation and shall provide a written report of such annually to the Director of Health Services.

(g) All persons taking dental x-rays shall be licensed by the State of New Jersey in accordance with N.J.S.A. 26:2D-27 et seq.

§ 10A:16-3.5 Dental personnel identifications badges

In accordance with [N.J.A.C. 13:30-8.9](#), all dental personnel shall wear identification badges indicating their name and professional title while working in the facility.

§ 10A:16-3.6 Inmate work assignments in dental clinics

(a) Inmates shall be prohibited from performing the following dental care services:

1. Providing direct or indirect inmate care services;
2. Scheduling dental appointments;
3. Determining the access of other inmates to dental services;
4. Handling or having access to:
 - i. Surgical instruments;
 - ii. Syringes;
 - iii. Needles;
 - iv. Medications; and
 - v. Dental records.
5. Operating any dental equipment;
6. Handling regulated medical waste, except as established in (b) below.

(b) Inmates may assist in the dental area in the performance of routine housekeeping duties. Handling of regulated medical waste shall be limited to housekeeping clean-up duties, for which appropriate training and supplies have been provided to the inmate.

(c) Inmates working in dental areas shall be kept under close supervision by custody and dental personnel.

§ 10A:16-3.7 Dental services coverage

(a) Arrangements shall be made to provide dental service coverage by the dental health care provider 24 hours per day, seven days per week.

(b) Written policies and procedures for dental services shall be developed in accordance with [N.J.A.C. 10A:16-1.9](#).

(c) All staff likely to be needed or involved in a dental emergency shall be trained in providing dental first aid under emergency conditions. This training shall include, but not be limited to:

1. Signs and symptoms of an emergency;
2. Types of action required for potential emergency situations;
3. Methods of obtaining emergency dental services; and
4. Procedures for transferring the inmate to an appropriate dental provider or facility.

§ 10A:16-3.8 Use of community facilities and consultants

- (a) Provisions shall be made by the dental health care provider for the use of general and specialist community dental offices or hospitals when deemed necessary.
- (b) Use of general and specialist community dental offices or hospitals shall be subject to the review and written approval of the Health Services Unit, Director of Dental Services.

§ 10A:16-3.9 Dental intake screening and comprehensive dental examination

- (a) A dental intake screening shall be performed on all inmates within seven calendar days of admission to a reception unit. The dental intake screening shall include, but not be limited to:
1. A panoramic x-ray; or
 2. A full mouth x-ray series.
- (b) A comprehensive dental examination shall be accomplished within 14 business days after the inmate's arrival at the correctional facility to which he or she is initially assigned. The examination shall include a manual and visual examination of the structures related to the dental field using a mirror.
- (c) In the event an inmate bypasses a reception unit of the Department of Corrections, the dental health care provider at the receiving correctional facility shall perform the dental intake screening and comprehensive dental examination of the inmate set forth in (a) and (b) above.
- (d) The examination should be augmented by an x-ray examination with appropriate reading and application to the clinical findings. Diagnostic mechanisms, such as study models, photographs and tooth vitality determination may also be used.
- (e) The findings of the examination shall be recorded on the EHR Dental Intake Encounter form in accordance with [N.J.A.C. 13:30-8.7](#).

§ 10A:16-3.10 Dental treatment classification and priority treatment guidelines

- (a) Dental staff in each correctional facility shall follow and comply with the Health Services Unit dental treatment classifications to be used following the initial examination and as treatment progresses as established in internal management procedures.
- (b) Dental staff in each correctional facility shall follow and comply with the Health Services Unit guidelines for dental priority treatment as established in the internal management procedures (see [N.J.A.C. 10A:16-1.9](#)). Dental treatment classifications for which priority treatment may apply includes, but is not limited to:
1. Emergency dental treatment such as, but not limited to, fractures, infection and pain relief; and
 2. Insufficient dentition to masticate therefore requiring prosthetic appliances.

§ 10A:16-3.11 Routine dental treatment

(a) Excluding emergency treatment, dental treatment shall be rendered in accordance with the written Health Services Unit dental classifications and priority treatment guidelines as established in the internal management procedures (see [N.J.A.C. 10A:16-1.9](#)).

(b) Routine dental treatment shall be scheduled and provided to the inmate within 30 calendar days after such treatment is identified by a dentist during a dental examination.

§ 10A:16-3.12 Oral surgery

(a) Oral surgery shall be performed when the prognosis for success and anticipated gain is sufficient to offset risk to the inmate.

(b) Trauma shall be managed within the scope of the qualification(s) and experience of the dentist(s) or by referral. Management of trauma shall include:

1. Suturing of facial and oral mucosal lacerations;
2. Reimplantations;
3. Repositioning and affixation of involved teeth and alveolar processes;
4. Management of facial bone fractures; and
5. Control of bleeding.

§ 10A:16-3.13 Preventive dentistry

(a) A dental cleaning (prophylaxis) and dental examination shall be offered to all inmates every two years (biennially) unless such cleaning and dental examination is determined to be clinically indicated on a more frequent basis.

1. In the event an inmate refuses to participate in a dental cleaning or examination, such a refusal shall be documented in the EHR by dental staff.

2. The inmate who refuses a dental cleaning or examination shall sign a form provided by the Health Services Unit indicating his or her refusal of such dental treatment. In the event the inmate refuses to sign the form, the following shall be indicated in the EHR along with the date and name of the dental staff member: "Inmate refuses to sign (date and name of dental staff member)."

3. The refusal of an inmate to participate in a dental cleaning or recall examination when offered by dental staff shall not preclude that inmate from requesting and/or being offered a cleaning or recall examination at a future date.

(b) Preventive dentistry shall be part of inmate patient education.

(c) Preventive dentistry education shall include, but not be limited to, the following:

1. Care of teeth;
2. Function of teeth;
3. Brushing and flossing of teeth;
4. Prosthetic appliance maintenance; and
5. Direct instructional programs.

§ 10A:16-3.14 Administration of medications

(a) Medications prescribed by the dentist may be administered, in the manner prescribed, by designated health care provider staff.

(b) No one shall give medications or administer treatment, with the exception of first aid, unless it is under the express direction or prescription of the dentist or the physician.

§ 10A:16-3.15 Local anesthesia

Local anesthesia is considered the anesthesia of choice. It shall be used whenever it is considered to be in the best interest of the inmate, or in the dentist's judgment, for success of the procedure.

§ 10A:16-3.16 General anesthesia

(a) General anesthesia shall be indicated when inmates have certain medical complications that would contraindicate the use of local anesthetics.

(b) General anesthesia shall only be administered in the surgical clinic of a licensed dentist, dental specialist, or a hospital.

§ 10A:16-3.17 Records

(a) The EHR Dental Intake Encounter form shall be completed on each inmate committed to the Department of Corrections or admitted to a reception correctional facility and shall include the dental classification assignment.

(b) Any MRF dental records shall be sent with inmates when they are transferred to another correctional facility. The dentist or dental assistant receiving the dental records shall review the records within 72 hours of the inmate's transfer.

(c) A daily record shall be maintained describing the activity of the Dental Department on a statistical and narrative basis. These shall be compiled by the week, month and year.

(d) Confidentiality of inmate records shall be maintained in accordance with [N.J.A.C. 10A:22-2.6](#), Availability of records and information to staff.

§ 10A:16-3.18 Informed consent for treatment

Informed consent for treatment shall be handled in accordance with N.J.A.C. 10A:16-5, Informed Consent to Perform Medical, Dental or Surgical Treatment.

§ 10A:16-3.19 Dental equipment and supplies

(a) The dental equipment, instruments and supplies shall be closely supervised by the dental health care provider staff.

(b) Used and unused needles, syringes and scalpels shall be protected against theft or pilferage by:

1. Providing locked storage;
2. Providing supervision of distribution; and
3. Requiring signed inventories at the termination of each shift by the incoming and outgoing dentist.

(c) Shelf life of dated supplies and equipment which requires sterilization shall be current.

§ 10A:16-3.20 (Reserved)

§ 10A:16-3.21 (Reserved)

§ 10A:16-3.22 (Reserved)

§ 10A:16-3.23 (Reserved)

§ 10A:16-4.1 Director of Mental Health Services

(a) The Director of Mental Health Services, serving under the Division of Operations, Director of Health Services shall:

- 1.** Be a plenary licensed physician in the State of New Jersey;
- 2.** Be Board certified in the field of psychiatry;
- 3.** Have experience and knowledge in the field of Correctional Medicine;
- 4.** Advise the Director of Health Services of the Department of Corrections regarding the formulation of Departmental mental health directives and policies;
- 5.** Oversee the provision of mental health services to inmates within the Department of Corrections; and
- 6.** Be responsible for ensuring that all mental health staff maintain professional credentialing.

§ 10A:16-4.2 Correctional facility staff, structure and licensure

(a) A New Jersey licensed psychologist shall be designated by the mental health care provider as the Director of Psychology of each correctional facility and the Director of Psychology shall be administratively responsible to the Administrator or designee. The Division of Operations and the Health Services Unit shall be immediately notified in writing if the designee is changed.

(b) The Director of Psychology of each correctional facility shall be responsible for:

- 1.** Ensuring adequate, equitable and consistent mental health services;
- 2.** Coordinating the activities of the mental health services with other professional and technical groups, both within and outside the correctional facility;
- 3.** Developing a table of organization which delineates the line of authority for mental health services personnel;
- 4.** Conducting a biannual review of license and certification validation and providing a written report of such to the Health Services Unit, Director of Mental Health Services (see [N.J.A.C. 10A:16-2.4](#)); and
- 5.** Reporting all disciplinary actions(s), license suspension(s) and/or resignation(s) of mental health services staff to the Health Services Unit, Director of Mental Health Services and other State regulatory bodies as required by law.

(c) It shall be the responsibility of the mental health services staff to provide proof of license(s) and certificate(s) renewal to the Health Services Unit, Director of Mental Health Services through the health care provider.

(d) Any psychologist in training offering mental health services who is not a New Jersey licensed psychologist shall be supervised by a New Jersey licensed psychologist.

§ 10A:16-4.3 Access to mental health services

(a) At the time of admission to a correctional facility, inmates shall receive a written communication, and for illiterate inmates, inmates not sufficiently conversant with the English language, or inmates otherwise unable to read due to a physical/medical inability, verbal communication explaining the procedures for gaining access to mental health services.

(b) New or revised information regarding inmate access to mental health services shall be posted in housing units and incorporated into the next printing of the correctional facility Inmate Handbook.

§ 10A:16-4.4 Inmate/therapist confidentiality

(a) Confidential relations between and among mental health practitioners and individuals or groups in the course of practice are privileged communications and not to be disclosed to any person.

(b) The following exceptions to privileged communications are applicable only in situations which present a clear and imminent danger to the inmate or others:

1. Where the inmate discloses planned action which involves a clear and substantial risk of imminent serious injury, disease or death to the inmate or other identifiable persons;
2. Where an escape plan is disclosed to the mental health practitioner;
3. Where drug trafficking for profit or illicit influence on others, involving Controlled Dangerous Substances (C.D.S.) or drug paraphernalia, presents a clear and imminent danger to the inmate or other identifiable persons;
4. Where the inmate discloses suicide plans or other life threatening behavior; and/or
5. Where the inmate discloses a past, previously unreported murder, aggravated sexual assault (meaning those offenses set forth in N.J.S.A. 2C:14-2(a)) or arson which resulted in a death, under circumstances which present a clear and imminent danger to other identifiable persons.

(c) When a mental health practitioner receives information concerning the exception categories listed in (b) above, the mental health practitioner shall immediately confer with the correctional facility Director of Psychology who will also contact the Health Services Unit, Director of Mental Health Services to determine whether disclosure is necessary. Relevant considerations, in addition to the information given to the mental health practitioner may include, but are not limited to, whether:

1. It is known that another individual is serving a sentence for the crime confessed by the inmate to the mental health practitioner;
2. It can be ascertained that the crime was in fact committed, but no one was prosecuted;
3. The inmate is under consideration for parole and the Administrator, Special Classification Review Board, or State Parole Board is unaware that the inmate has committed, or plans to commit, another serious crime;

4. The inmate has described the criminal event or plan in such intimate detail as to render the story credible; and/or

5. Consequences of the inmate's past or intended conduct are considered dangerous to the health or well-being of correctional facility residents or personnel.

(d) In any case in which the mental health practitioner, the correctional facility Director of Psychology and the Health Services Unit, Director of Mental Health Services agree and conclude that the information does not fall within the scope of the exception categories listed in (b) above, no disclosure need be made.

(e) If the mental health practitioner, the correctional facility Director of Psychology and the Health Services Unit, Director of Mental Health Services believe that the subject matter falls within the scope of an exception category(ies) listed in (b) above, the correctional facility Director of Psychology shall immediately make this information known to the correctional facility Administrator providing the facts and background information that are necessary to give the Administrator a clear understanding of the case.

(f) In any case in which the mental health practitioner, the correctional facility Director of Psychology and the Health Services Unit, Director of Mental Health Services disagree as to whether disclosure should be made, the person who believes that the matter should be disclosed shall notify the correctional facility Administrator immediately, providing the facts and background information that are necessary to give the Administrator a clear understanding of the case.

(g) The Administrator shall institute such action as is deemed appropriate considering the needs of the correctional facility and facts of the particular case. This action may include, but is not limited to:

- 1.** Requesting the Special Investigations Division to investigate further or to administer a polygraph test;
- 2.** Transmitting information to the Central Office Special Investigations Division to refer to the prosecutor;
- 3.** Initiating disciplinary charges against the inmate;
- 4.** Placing the inmate in close custody pending the result of the investigation; and/or
- 5.** Increasing the inmate's custody status to maximum.

(h) Upon entry into therapy, the inmate shall be advised of the limitations on confidentiality. The therapist shall ensure the inmate is given and the inmate reads the Inmate Therapist Confidentiality form. Verbal notice shall be provided to illiterate inmates, inmates not sufficiently conversant with the English language, and inmates otherwise unable to read due to a physical/medical inability. Notification of verbal notice shall be recorded by the therapist on the Form. The inmate shall be required to sign the Form before beginning therapy and the Form shall be filed in the psychological/psychiatric section of the inmate's MRF.

(i) All mental health information of inmates who are sentenced as sex offenders pursuant to N.J.S.A. 2C:47-1 et seq. and/or 2A:164-1 et seq. who are involved in sex offender therapeutic programs at the Adult Diagnostic and Treatment Center or any other correctional facility may be subject to full disclosure to the Special Classification Review Board for consideration during inmate reviews (see: N.J.A.C. 10A:9-8).

(j) Questions concerning the interpretation of the policy on inmate/therapist confidentiality shall be addressed to the Health Services Unit, Director of Psychological Services.

§ 10A:16-4.5 (Reserved)

§ 10A:16-4.6 Records

(a) Documentation shall be made of the mental health services provided. Records kept of the mental health services shall include, but are not limited to:

1. Identifying data;
2. Date of service;
3. Types of services; and
4. Action taken.

(b) Mental health staff shall ensure that required information concerning mental health services rendered is recorded within 24 hours or by the end of the next business day in the EMR.

(c) Collection of mental health assessment data shall be performed by the appropriate licensed mental health professionals within the scope of their respective licenses.

(d) Development of plans of treatment shall be done under the supervision of a licensed psychologist in consultation with the psychiatrist.

(e) Confidentiality of inmate records shall be maintained in accordance with [N.J.A.C. 10A:22-2.6](#), Availability of records and information to staff.

§ 10A:16-4.7 (Reserved)

§ 10A:16-4.8 (Reserved)

§ 10A:16-4.9 (Reserved)

§ 10A:16-5.1 Express written consent required

(a) The express written consent of the inmate shall be required for:

1. Surgery;
2. Invasive procedures; and
3. Medical and dental procedures governed by informed consent standards in the community.

(b) In order to obtain written informed consent, the EHR Consent for Treatment form shall be read, completed in its entirety, and signed by the inmate or guardian and a witness. The contents of the form shall be presented verbally to illiterate inmates, inmates not sufficiently conversant with the English language, and inmates otherwise unable to read due to a physical/medical inability. Notation of verbal notice shall be recorded on the form. The signed consent form shall be maintained in the inmate's MRF.

(c) The inmate or guardian must:

1. Have legal capacity to give written consent and be able to exercise free choice without any element of force or coercion; and
 2. Be informed of the:
 - i. Nature, duration and purpose of the procedure;
 - ii. Known alternative(s), if any, to the procedure;
 - iii. Known inconveniences, discomforts and risks that may occur; and
 - iv. Known effects upon health or person which can be reasonably expected.
- (d)** Information regarding the procedure shall be provided to the inmate by the health care provider staff.
- (e)** If there is doubt as to the inmate's mental capacity to make an informed decision, the inmate shall be examined by the psychologist or psychiatrist and the Director of Health Services shall be notified.

§ 10A:16-5.2 Exception to inmates 18 years or older written consent requirement

(a) Written consent shall not be required in the case of inmates (18 years or older) in the following circumstances:

1. In a case certified by a licensed physician or dentist to be one of grave emergency which requires immediate surgical intervention or other treatment in order to prevent the death of, or serious consequences to such inmate; and
2. In any case in which a court of competent jurisdiction has determined that the inmate is incompetent to give informed consent on the inmate's own behalf, or is otherwise ordered to undergo treatment (see [N.J.A.C. 10A:16-5.4](#)).

§ 10A:16-5.3 Inmate treatment refusal

In every case in which the inmate, after having been informed of the condition and the treatment prescribed, refuses treatment, this refusal shall be recorded on the EHR Consent for Treatment form in the space provided. Medical staff shall advise the inmate of the possible known medical/dental consequences and risks of such refusal.

§ 10A:16-5.4 Special medical guardianship of inmates

(a) The mental health staff shall evaluate an inmate for whom there is a reasonable suspicion that the inmate may require a special medical guardianship. Evaluation documentation shall be recorded in the EHR and a copy placed in the MRF.

(b) The appropriate Department of Corrections staff shall consider the necessity of initiating the guardianship process based upon the mental health evaluation and all other required information and shall follow the guidelines and procedures set forth by New Jersey Court Rule 4:86-12, Special Medical Guardianship.

§ 10A:16-5.5 (Reserved)

§ 10A:16-6.1 Care of pregnant inmates

(a) The Department of Corrections shall provide a pregnant inmate with medical and social services, which shall include:

- 1.** Prenatal medical evaluation and care;
- 2.** Nutritional supplements and diet as prescribed by the physician;
- 3.** Counseling regarding:
 - i.** Family planning;
 - ii.** Birth control;
 - iii.** Test results;
 - iv.** Termination of pregnancy;
 - v.** Child placement services;
 - vi.** Religious counseling, if desired by the inmate; and
- 4.** Appropriate postpartum care.

§ 10A:16-6.2 Obstetrical services

When the pregnant inmate elects to carry the pregnancy to term, arrangements shall be scheduled in advance for the delivery at an appropriate medical facility.

§ 10A:16-6.3 Maternity clothes, housing assignments, exercise and work schedules

(a) The correctional facility shall provide the pregnant inmate with:

- 1.** Suitable maternity clothes;
- 2.** Reasonable housing assignments, as permitted by available space and the inmate's security status; and
- 3.** Appropriate exercise and reduced work schedules, as deemed medically advisable by the treating physician.

§ 10A:16-6.4 Termination of pregnancy

(a) As soon as possible after the pregnancy is diagnosed, the health care provider shall provide the pregnant inmate with medical care and the Social Services Unit of the correctional facility shall offer her religious and social counseling to aid her in making the decision to continue or to terminate the pregnancy.

(b) Should the pregnant inmate elect to terminate the pregnancy, arrangements shall be made by the health care provider without undue delay to schedule and complete the procedure, unless the treating physician and/or obstetrician determines that the pregnancy cannot be terminated.

(c) An inmate who elects to terminate a pregnancy shall be required to sign a form indicating her desire to terminate the pregnancy and acknowledging that she has received medical care and has been offered religious and social counseling in reaching her decision.

(d) A pregnancy shall be terminated only at a state-licensed medical facility or hospital. Follow-up medical care shall be provided in the Edna Mahan Correctional Facility for Women.

§ 10A:16-6.5 Father of the child

(a) The father, if not incarcerated, may attend the birth of his child in the delivery room.

(b) The father's presence in the delivery room is contingent upon approval by the:

1. Department of Corrections custody administrative authorities;
2. Hospital administration; and
3. Attending physician(s).

§ 10A:16-6.6 Placement of infants

(a) The social work supervisor or designee shall ensure that assistance shall be provided to the pregnant inmate in planning for her unborn child. Social services staff shall be available to assist the pregnant inmate in making decisions, such as whether to keep her child or give the child up for adoption. The social services staff shall not advocate any particular alternative to the inmate.

(b) The social work supervisor or designee shall ensure that plans for the placement of the anticipated infant(s) shall be developed well in advance of the delivery date.

(c) The Division of Child Protection and Permanency (DCP&P), shall be contacted by the social services staff of the correctional facility when adoption or foster home placement is being contemplated by the prospective mother.

(d) If the inmate chooses to grant temporary custody of the child to a family member, the Department of Corrections shall not be responsible for any of the infant's medical costs.

(e) If the inmate chooses to place the child in a foster home or release the child for adoption, DCP&P shall be granted custody of the child and the Department of Corrections shall assume no responsibility for any of the infant's medical costs.

§ 10A:16-6.7 (Reserved)

§ 10A:16-7.1 Notification of next of kin

(a) In the event of an inmate's critical illness or death, the inmate's next of kin shall be notified within 24 hours by the Administrator or designee of the correctional facility that maintains the classification and medical files of the inmate.

(b) "Next of kin" shall be interpreted to mean:

1. Spouse;
2. Domestic partner;
3. Partner in a civil union couple;
4. Mother;
5. Father;
6. Guardian;
7. Persons connected by birth, marriage or civil union; or
8. Other persons indicated on official records.

(c) Initial contact with the next of kin shall be by telephone. In cases where the next of kin cannot be reached by phone, the local law enforcement authority or New Jersey State Police

shall be contacted and requested to advise the next of kin to contact the correctional facility immediately.

(d) A letter confirming the telephone conversation shall be forwarded to the next of kin, and a copy of the letter shall be placed in the inmate's classification file.

(e) In the event the inmate is removed from the critical list, the next of kin shall again be informed in accordance with this section.

(f) In the case of a death of an inmate, the Administrator or designee shall be responsible to ensure that the following individuals have immediately been notified:

1. The inmate's next of kin;
2. The Assistant Commissioner, Division of Operations;
3. The Director of Health Services; and
4. The county medical examiner's office.

(g) All reports shall be prepared in accordance with [N.J.A.C. 10A:21-4.1](#), Written reports regarding the critical illness or death of an inmate.

§ 10A:16-7.2 Advance directive

(a) At the inmate's request, an advance directive that complies with N.J.S.A. 26:2H-55 et seq., shall be completed and placed in the inmate's MRF and the inmate's classification file. The enactment of the advance directive shall be noted in the EHR.

(b) Department of Corrections Social Services staff shall assist inmates who are interested in an advance directive to obtain and complete the appropriate advance directive forms in accordance with this section.

(c) Department of Corrections employees shall not attempt to influence the decision of an inmate regarding an advance directive.

(d) While under the jurisdiction of the New Jersey Department of Corrections, an inmate shall not be prevented from voluntarily withdrawing or changing his or her advance directive. At the request of an inmate, the social services staff shall assist the inmate who wishes to withdraw or change his or her advance directive and any such withdrawal or change shall be noted in the MRF, EHR, and the inmate's classification file.

§ 10A:16-7.3 Security procedures upon the death of an inmate

(a) If death is confirmed other than in a hospital, the body cannot be moved to a hospital without the approval of the county medical examiner.

(b) Prior to release of a body from the correctional facility, hospital or medical examiner, photographs and fingerprints shall be obtained by Special Investigations Division staff for the records.

(c) An autopsy shall be performed when regulations by the county medical examiner so require and/or when requested by the medical or surgical staff of the medical facility where the inmate expired.

§ 10A:16-7.4 Claiming bodies of deceased inmates

- (a)** The Department of Corrections shall make reasonable attempts to notify the next of kin regarding claiming the body of a deceased inmate in accordance with the notification provisions established in this subchapter and related internal management procedures.
- (b)** Persons claiming the body of a deceased inmate must contact the hospital where the inmate expired or appropriate medical examiner's office where the body was taken in order to obtain the release of the body.
- (c)** The Department of Corrections shall not be responsible for the costs of burial or cremation for bodies of deceased inmates that are claimed.

§ 10A:16-7.5 Burial or cremation of unclaimed bodies

- (a)** In accordance with internal management procedures, when an inmate's body is determined to be unclaimed or the next of kin has indicated an unwillingness or inability to claim the body of an inmate, the appropriate correctional facility staff member shall arrange for the burial or cremation. The county medical examiner's office shall be contacted for assistance in such cases.
- (b)** An unclaimed body shall be cremated where it is reasonably believed that it would not violate the religious tenets of the deceased inmate.
- (c)** The Social Security Administration, Veteran's Administration and Public Welfare shall be contacted by the correctional facility for any possible death benefits.
- (d)** Money remaining in the account of a deceased inmate may be used for burial or cremation expenses.

§ 10A:16-7.6 Distribution of money and personal belongings of deceased inmates

- (a)** Before money remaining in the account of a deceased inmate is distributed in accordance with (b) through (d) below, these funds shall be used to pay any fines, fees, penalties and restitution set forth in [N.J.A.C. 10A:2-2.2](#).
- (b)** When an inmate expires without a will and the amount of money in the inmate's account and/or the value of personal property is \$ 2,000 or less, such money and personal property may be turned over to the next-of-kin shown in the most recent classification records. The next-of-kin shall be required to sign an itemized list/receipt of such money and personal property, and a statement in which the next-of-kin certifies no knowledge of the existence of an official will. The Administrator or designee shall take the necessary steps to verify the identity of the next-of-kin.
- (c)** When an inmate expires without a will and the amount of money in the account and/or the value of personal property exceeds \$ 2,000, these assets may be released to the inmate's relative or other claimant only after the relative or claimant presents to the Administrator or designee a certified, filed copy of Letters Testamentary, Letters of Administration, or a filed Affidavit from the Office of County Probate which entitles the claimant to assets without administration (see N.J.S.A. 3B:10-3 and 4).
- (d)** In the event an inmate dies without leaving a will, and there are no known relatives, the funds in the inmate's account, if any, shall be closed out and pursuant to the Uniform

Unclaimed Property Act (1981), N.J.S.A. 46:30B, transferred to the Department of Treasury after deductions for burial or cremation.

§ 10A:16-7.7 Written procedures

The Administrator of each correctional facility shall be responsible for the development and implementation of written procedures consistent with the requirements of this subchapter.

§ 10A:16-8.1 Eligibility requirements for executive clemency

(a) Application for executive clemency may be made in cases when the health care provider physician at the correctional facility has determined that an inmate's medical condition is such that:

- 1.** The inmate has a terminal illness;
 - 2.** Death is imminent; or
 - 3.** The inmate has become so ill that the inmate is without prospect of recovery.
- (b)** A confirming second opinion regarding the medical condition in accordance with (a) above, by a second physician must be obtained by the health care provider.
- (c)** Upon receipt of the second opinion, the responsible health authority shall immediately advise the Administrator of the inmate's medical condition.
- (d)** All executive clemency procedures shall be handled as expeditiously as possible.

§ 10A:16-8.2 Petition for executive clemency

- (a)** The petition for executive clemency may be initiated either by the inmate or the Administrator of the correctional facility.
- (b)** The inmate who wishes to apply for executive clemency shall obtain and complete Form Petition of Executive Clemency. The form is available by contacting the State Parole Board. The completed form shall be forwarded to the Administrator for submission to the Office of the Commissioner or designee.
- (c)** The Administrator or designee may complete Form Petition for Executive Clemency on behalf of an inmate.

§ 10A:16-8.3 Role of the Administrator

- (a)** Upon receipt of a completed Form Petition for Executive Clemency, the Administrator shall obtain from the Classification Office up-to-date classification material which shall include, but is not limited to:
- 1.** Criminal history;
 - 2.** Presentence investigation reports; and
 - 3.** Progress reports.
- (b)** The Administrator shall obtain from the Medical Department a copy of the following:
- 1.** Charted records, if deemed necessary;
 - 2.** Psychological/psychiatric reports; and
 - 3.** Current medical status reports which include:

- i. A letter from the health care provider physician which includes the physician's diagnosis(es) and prognosis(es) of the inmate's medical condition and a description of the continuing medical/nursing care which will be required; and
 - ii. A letter from the second physician confirming the opinion of the first physician.
- (c)** The Administrator shall send the following to the Commissioner or designee, Department of Corrections:
1. Three copies of the classification materials;
 2. One copy of the medical material as outlined in (b) above;
 3. Completed Form Petition for Executive Clemency; and
 4. A cover letter which includes the Administrator's recommendations regarding the petition and whether a medical transfer should be granted (see N.J.A.C. 10A:16-10).

§ 10A:16-8.4 Role of the Commissioner

- (a)** The Commissioner or designee, upon receipt of the material outlined in [N.J.A.C. 10A:16-8.3\(c\)](#), shall notify the Director of Health Services and request that the Director of Health Services review the inmate's medical status and submit a report of the findings.
- (b)** The Commissioner or designee may advise the New Jersey State Parole Board of special medical conditions or services required if executive clemency is granted.

§ 10A:16-8.5 Eligibility requirements for compassionate release

- (a)** A medical diagnosis to determine an inmate's eligibility for compassionate release may be initiated by the administrator, superintendent, a staff member of a correctional facility, or by the inmate, a member of the inmate's family, or the inmate's attorney by submitting the Compassionate Release Request Form to the Health Services Unit. The form will be available from members of the custody staff or health services in all correctional facilities. The medical diagnosis required for compassionate release shall be made by two health services licensed physicians designated by the Commissioner of the Department of Corrections and shall include, but not be limited to:
1. A description of the terminal condition, disease, or syndrome or permanent physical incapacity;
 2. A prognosis concerning the likelihood of recovery from the terminal condition, disease, or syndrome or permanent physical incapacity;
 3. A description of the inmate's physical incapacity, if appropriate; and
 4. A description of the type of ongoing treatment that would be required if the inmate is granted compassionate release.

§ 10A:16-8.6 Medical diagnosis and Certificate of Eligibility for compassionate release

- (a)** The two designated physicians will complete the required examinations and forward their attestations, and all related medical records, to the health services unit medical director for review. Following review of the medical records, the medical director shall make a medical

determination of eligibility or ineligibility and issue a memo to the Commissioner of the Department of Corrections detailing the same.

(b) All compassionate release procedures shall be handled on an expedited basis.

(c) The health services unit shall compile a compassionate release package (that is, medical records, attestations, Compassionate Release Request Form) for further review and processing.

(d) Once the Compassionate Release Request Form and packet details at (a) above have been finalized, the form and other relevant documentation shall be forwarded to the Division of Operations for review and notification to the inmate regarding eligibility. A copy of the notification will be provided to the State Parole Board for all eligible inmates. The Division of Operations will draft a Certificate of Eligibility for Compassionate Release for review and signature by the Commissioner for those deemed medically eligible. The signed certificate, along with the compassionate release packet, will be sent to a compassionate release designee in the facility in which the inmate is assigned for issuance to the inmate.

(e) The facility designee will ensure the inmate receives the packet and signs a receipt indicating the same. Instructions on how to file with the courts and the related addresses will be included in the packet provided to the inmate. If the inmate has retained counsel, the packet will be sent through certified mailed to the inmate's attorney or public defender.

§ 10A:16-8.7 Petition for compassionate release

(a) In the event that a medical diagnosis determines that an inmate is suffering from a grave medical condition, the Department of Corrections shall notify the inmate's attorney or, if the inmate does not have an attorney, the Public Defender, to initiate the process of petitioning for compassionate release. The petition shall not be filed until a second, subsequent medical diagnosis by a licensed physician designated by the Commissioner of the Department of Corrections determines that the inmate is suffering from a terminal condition, disease, or syndrome or a permanent physical incapacity and the Department of Corrections issues to the inmate a Certificate of Eligibility for Compassionate Release.

(b) In the event that a medical diagnosis determines that an inmate is suffering from a terminal condition, disease, or syndrome or permanent physical incapacity, the Department of Corrections shall issue to the inmate a Certificate of Eligibility for Compassionate Release and provide a copy of the certificate to the inmate's attorney or, if the inmate does not have an attorney, the Public Defender. An inmate who receives a Certificate of Eligibility for Compassionate Release may petition the Superior Court for compassionate release.

(c) In the event of a medical diagnosis that an inmate is suffering from a grave medical condition or upon issuance of a Certificate of Eligibility for Compassionate Release, an inmate may request representation from the Office of the Public Defender for the purpose of filing a petition for compassionate release.

(d) Once the Department of Corrections provides a copy of a Certificate of Eligibility for Compassionate Release to the inmate's attorney or the Public Defender, the attorney or Public Defender shall petition the Superior Court, in accordance with N.J.S.A. 30:4-123e. The petition must be accompanied by a copy of the Certificate of Eligibility for Compassionate Release.

§ 10A:16-8.8 Applying for medical assistance

(a) Prior to any determination of ineligibility by the court, the Commissioner of the Department of Corrections shall ensure that any inmate who petitions for compassionate release is provided an opportunity to apply, and is provided necessary assistance to complete the application, for medical assistance benefits under the Medicaid program established, pursuant to N.J.S.A. 30:4D-1 et seq. The application for medical assistance benefits shall be undertaken prior to any determination of ineligibility by the court as a result of the inability to verify the availability of appropriate medical services.

(b) The Commissioner of the Department of Corrections, or designee, may advise the New Jersey State Parole Board of special medical conditions or services required if compassionate release is granted.

§ 10A:16-9.1 Blood, tissue and organ donation

(a) In accordance with the Blood Safety Act of 1991 (N.J.S.A. 26:2A-13 et seq.), the donation of blood by inmates to other individuals (homologous) is prohibited. There shall be no exceptions to this prohibition.

(b) When medically necessary and/or appropriate, the donation of tissue and blood by an inmate for his or her exclusive use (autologous) in anticipated non-emergency, scheduled surgery shall be permitted.

(c) Inmates shall be permitted to register to be organ/tissue donors upon their death.

(d) Inmates are prohibited from serving as organ/tissue donors prior to their death, except in extraordinary circumstances when requests for special approval may be granted by the Commissioner or designee.

§ 10A:16-10.1 Medical transfer

(a) The Administrator shall submit to the Commissioner or designee, along with the materials required in N.J.A.C. 10A:16-8, Executive clemency, a recommendation as to whether a medical transfer to a more appropriate place of confinement should be granted pending the outcome of the petition for executive clemency.

(b) Medical transfer approval or disapproval shall be determined by the Commissioner or designee.

§ 10A:16-11.1 Authority

(a) Pursuant to *Washington, et al. v. Harper*, 494 U.S. 210, 110 S. Ct. 1028 (1990), clinically indicated psychotropic medications which have been prescribed for the inmate by a psychiatrist as part of an individualized treatment plan may be administered by the responsible health care provider to any seriously mentally ill inmate against the will of the inmate and consistent with the medical interests of the inmate.

(b) Administration of clinically indicated involuntary psychotropic medications is in an inmate's medical interest where one or more of the following concerns exists:

1. There is substantial likelihood of serious physical harm to the inmate or to others;

2. There is a substantial likelihood of significant property damage;
 3. The inmate is unable to care for himself or herself so that the inmate's health or safety is endangered; and/or
 4. The inmate is incapable of participating in any treatment plan which would offer the inmate a realistic opportunity to improve his or her condition.
- (c) Prior to the administration of clinically indicated involuntary psychotropic medications to an inmate, the responsible health authority or designee shall consult with the correctional facility Administrator or designee. The Administrator or designee shall immediately notify the custody staff supervisor of the intended administration of involuntary psychotropic medications to an inmate.
- (d) When the custody staff supervisor reasonably believes the use of force is necessary in order to ensure that the responsible health care provider can administer the clinically indicated involuntary psychotropic medications, the use of force shall be authorized and the custody staff shall use only that force that is objectively reasonable in accordance with [N.J.A.C. 10A:3-3.2](#).

§ 10A:16-11.2 Treatment Review Committee

- (a) Within 24 hours of receiving the psychiatrist's involuntary medication recommendation, the responsible health authority shall appoint a Treatment Review Committee.
- (b) Where the 24 hour period expires on a weekend or holiday, the responsible health authority shall appoint a Treatment Review Committee on the next business day.
- (c) The Treatment Review Committee shall be composed of:
1. A psychiatrist;
 2. A psychologist; and
 3. The Administrator or designee.
- (d) No committee member may be currently involved in the inmate's treatment or diagnosis.
- (e) The Treatment Review Committee shall review the inmate's medical record and the psychiatrist's recommendation to institute involuntary medication and shall schedule a hearing no more than five calendar days from the review.

§ 10A:16-11.3 Notification of inmate of involuntary medication hearing

- (a) An inmate under consideration by the Treatment Review Committee for receiving involuntary medication shall be given written notification at least 24 hours before the hearing. Verbal notice shall be provided to illiterate inmates, inmates not sufficiently conversant with the English language and inmates otherwise unable to read due to a physical/medical inability.
- (b) The notice shall include the following:
1. The inmate's mental health diagnosis;
 2. The medication(s) prescribed to treat the inmate's illness;
 3. The recommendation to administer the prescribed medication to the inmate against the will of the inmate;
 4. The reason(s) for the recommendation;
 5. The date, time and location of the hearing;

6. The staff advisor appointed by the chairperson of the Treatment Review Committee, assigned to assist the inmate; and
7. Notation of verbal notice to the inmate requiring same.

§ 10A:16-11.4 Inmate rights during the involuntary medication(s) hearing proceeding

(a) The inmate being considered for involuntary medication shall have the following limited rights at the hearing:

1. To refuse medication(s) until the Treatment Review Committee reaches a decision on the administration of involuntary medication(s);
 2. To be present at the hearing and to make a statement to the Treatment Review Committee, unless the Treatment Review Committee determines that it is likely that the inmate's attendance would subject the inmate to substantial risk of serious physical or emotional harm or pose a threat to the safety of others;
 3. To have the aid of a staff advisor to assist in presenting evidence and questioning adverse witnesses;
 4. To have disclosed the evidence which supports involuntary medication to the extent such disclosure is consistent with the inmate's best medical interests and with correctional facility security;
 5. The opportunity to call witnesses and present evidence;
 6. The opportunity for confrontation and cross-examination of witnesses;
 7. To receive a written and for illiterate inmates, inmates not sufficiently conversant with the English language and inmates otherwise unable to read due to a physical/medical inability, a verbal report of findings and conclusions to include the length of time involuntary medications are to be given within 24 hours of the Treatment Review Committee hearing; and
 8. The opportunity to appeal in writing or receive assistance to appeal in writing when the inmate is illiterate, not sufficiently familiar with the English language or otherwise unable to write an appeal due to a physical/medical inability, to the health care authority within 24 hours of receipt of the written/verbal notification of the Treatment Review Committee's decision.
- (b)** When the 24 hour appeal period expires on a weekend or holiday, the period for filing an appeal shall be extended until the close of business on the next business day.

§ 10A:16-11.5 Emergency mental health treatment

If an inmate requires mental health treatment on an emergency basis before the Treatment Review Committee reaches a decision, the health care provider staff shall proceed according to policies and procedures.

§ 10A:16-11.6 Failure to adhere to time limits

The failure to adhere to any of the time limits prescribed by this subchapter shall not automatically mandate the dismissal of a Treatment Review Committee hearing or decision. However, the reasons for such failure to meet the prescribed time limits shall be recorded in the inmate's EHR and a copy placed in the MRF.

§ 10A:16-11.7 Treatment Review Committee decision

A copy of the signed Treatment Review Committee decision on administration of involuntary medication shall be placed in the inmate's MRF and a notation made of same in the EHR.

§ 10A:16-12.1 Reporting potential suicidal behavior

Any staff person(s) or volunteer(s) who, by reason of experience, education or observation of an inmate, suspects that an inmate may be at risk for suicidal behavior, shall convey this information to the highest ranking custody supervisor on duty or a designated professional person as soon as is reasonably practicable.

§ 10A:16-12.2 Decision making criteria for placing an inmate on or releasing an inmate from suicide watch

(a) In determining whether to place an inmate on suicide watch or to release an inmate from suicide watch, the factors to be considered include, but are not limited to:

- 1.** Mood or attitude;
- 2.** Behavior;
- 3.** Participation in activities;
- 4.** Personal hygiene;
- 5.** Sleeping patterns;
- 6.** Eating habits;
- 7.** Previous suicide attempts, if known; and/or
- 8.** Other information deemed relevant.

§ 10A:16-12.3 Temporary placement on suicide watch

(a) The following correctional facility staff persons are authorized to order that an inmate be placed on temporary suicide watch:

- 1.** Any physician;
- 2.** Any nurse;
- 3.** Any mental health staff person;
- 4.** The highest ranking custody supervisor on duty;
- 5.** The Administrator;
- 6.** The Correction Major; or
- 7.** Another staff person as designated by the Administrator.

(b) The EHR Suicide Watch Notice form shall be completed by the staff person who ordered the initial placement of the inmate on suicide watch, and this notice shall be submitted to the Administrator or designee for review and authorization for administrative support within two hours of placement on suicide watch. A copy of the form shall be forwarded by the staff person who ordered the initial placement of the inmate on suicide watch to the Classification Department for placement in the inmate's Classification file.

§ 10A:16-12.4 Psychological/psychiatric review

(a) The psychologist or psychiatrist shall interview the inmate as soon as possible, but in no event later than 72 hours after placement on suicide watch, and the inmate shall be interviewed daily thereafter by the psychologist or psychiatrist.

(b) The Daily Suicide Monitoring Report shall be completed by the psychologist or psychiatrist after each face-to-face visit. This report shall be filed daily in the inmate's MRF and findings recorded in the inmate's EHR.

§ 10A:16-12.5 Change in suicide watch status

(a) After the initial placement of an inmate on suicide watch, the psychologist or psychiatrist or other physician may change the type of observation of an inmate from close observation to constant observation or from constant observation to close observation by conducting a face-to-face visit with the inmate and by completing the EHR MH Suicide Status Change form in the EHR. A printed copy shall be filed in the inmate's MRF and a copy shall be forwarded by the staff person ordering the change to the Classification Department of the correctional facility for placement in the inmate's Classification file. A printed copy shall also be distributed to appropriate medical, custody, and administrative staff.

(b) The recommendation for a change in the type of observation of an inmate who is on suicide watch shall be reviewed and authorized for administrative support by the Administrator before action is taken to change the suicide watch status of an inmate on suicide watch.

§ 10A:16-12.6 Daily written report

(a) The custody staff member on each shift who is assigned to the suicide watch post shall complete the Daily Correction Officer Suicide Watch Report.

(b) The completed Daily Correction Officer Suicide Watch Report shall be submitted to the highest ranking custody supervisor on duty at the conclusion of the shift, and copies of the form shall be forwarded by the third shift highest ranking custody supervisor to:

1. The Director of Custody Operations;
2. The Administrator; and
3. The Director of Psychology of the correctional facility.

(c) The Daily Correction Officer Suicide Watch Report shall be placed in the inmate's MRF by the Director of Psychology of the correctional facility.

§ 10A:16-12.7 Personal property

(a) The highest ranking custody supervisor on duty, after reviewing the suicide watch form and consulting with the Director of Psychology of the correctional facility or a physician, psychologist or psychiatrist shall determine the items of personal property that an inmate on suicide watch is permitted to possess in the inmate's cell.

(b) The Director of Psychology or designee shall ensure that the items of personal property permitted are documented in the EHR.

(c) The correctional facility Administrator or designee shall ensure provisions are established in internal management procedures to contact the on-call psychologist or psychiatrist when necessary for the consultation required by this section.

§ 10A:16-12.8 Release from suicide watch

(a) The psychiatrist or psychologist of the correctional facility may order the inmate released from suicide watch by conducting a face-to-face visit and completing the EHR MH Suicide Release form in the EHR.

(b) The order to release an inmate from suicide watch shall be printed and signed by the psychiatrist or psychologist, and reviewed and authorized for administrative support by the Administrator before action is taken to release the inmate from suicide watch.

(c) The highest ranking custody supervisor on duty shall be notified by the Administrator or designee of the authorization for an inmate's release from suicide watch.

(d) If the inmate's release from suicide watch involves a transfer of the inmate and space is unavailable to accommodate an immediate transfer, the highest ranking custody supervisor on duty shall determine the time the transfer will take place.

(e) A printed copy of the EHR MH Suicide Release form shall be forwarded to the Classification Department and a copy filed in the inmate's MRF.

§ 10A:16-12.9 Attempt to commit suicide

(a) A custody or other staff person who becomes aware that an inmate is attempting to commit suicide, or apparently has already committed suicide, shall call Central Control immediately.

(b) Central Control shall advise the custody or other staff member on actions to take and shall send additional staff as are deemed necessary such as, but not limited to: emergency, medical, custody and/or supervisory staff.

(c) In circumstances where there is at least one custody staff member located in a protected position, another custody staff member may enter the cell to take the action that is necessary to:

1. Cut down a hanging inmate;
2. Extinguish a fire; or
3. Administer first aid.

(d) In circumstances where there is only one custody staff member assigned to a secured housing unit, that custody staff member shall wait for a second custody staff member to arrive and be located in a protected position before action can be initiated.

(e) Factors which should be considered when an inmate is attempting or has committed suicide include, but are not limited to:

1. The availability and location of back-up staff;
2. The staff present at location of incident;
3. The availability of keys;
4. The potential for hostage situations; and
5. The emergent nature of present circumstances.

(f) When determining the action to take, security of the housing unit and correctional facility shall be of primary concern.

§ 10A:16-12.10 Cutting tool

A special cutting tool known as a "911 rescue tool" shall be made available to a custody staff member working in a housing unit to cut down a hanging inmate.

§ 10A:16-12.11 Post orders, policies and procedures

(a) In order to implement this subchapter, each correctional facility shall develop written site-specific post orders and policies and procedures.

(b) When developing these post orders, policies and procedures, special attention shall be given to two primary objectives:

1. Maintaining security of the housing unit and the correctional facility at large; and
2. Providing the quickest and most effective means by which suicide prevention and/or a suicide attempt is handled in order to save the inmate's life under the circumstances presented.

(c) The post orders, policies and procedures shall be updated on a yearly basis and submitted to the appropriate Assistant Commissioner for review.

§ 10A:16-13.1 Psychiatric commitments

(a) Prior to considering the commitment of an inmate to the Forensic Psychiatric Hospital, the Director of Psychology of the correctional facility shall have exhausted all reasonable means toward managing the inmate's psychiatric symptoms within the correctional facility.

(b) The management of the inmate's symptoms shall include, but not be limited to:

1. Counseling;
2. Individual and/or group therapy;
3. Drug and alcohol therapy;
4. Encouraging the inmate to take prescribed medications which currently controls or has controlled said symptoms in the past; and/or
5. The administration of involuntary psychotropic medications in accordance with N.J.A.C. 10A:16-11.

(c) Inmates may be committed to the Forensic Psychiatric Hospital when:

1. They require psychiatric hospitalization;
2. They are assigned to housing units; and
3. The appropriate commitment documents have been processed in accordance with the procedures outlined in this subchapter.

§ 10A:16-13.2 Psychiatric admission

A mentally ill inmate, in need of psychiatric commitment shall be admitted to the Forensic Psychiatric Hospital in accordance with N.J.S.A. 30:4-27.1 et seq.

§ 10A:16-13.3 Psychiatric commitment of inmates to the Forensic Psychiatric Hospital

- (a)** Copies of the appropriate forms, which are available internally in the Health Services department or from New Jersey Department of Human Services, Division of Mental Health and Addiction Services, shall be used when an inmate, who is assigned to a housing unit is being committed to the Forensic Psychiatric Hospital.
- (b)** The Application for Temporary Commitment form shall be used for the commitment of an inmate(s) and shall be completed and signed by the Administrator or Acting Administrator.
- (c)** Two practicing physicians, one of whom must be a licensed psychiatrist, shall each complete a Clinical/Screening Certificate of Involuntary Commitment of Mentally Ill Adults.
- (d)** The physician and psychiatrist who each complete a Clinical/Screening Certificate may not be related by blood, marriage or civil union to the inmate, nor be the director, chief executive officer or proprietor of any institution for the care and treatment of the mentally ill to which certification for admission of the inmate is being made.
- (e)** The Temporary Order for Commitment shall be presented, by a representative of the sending correctional facility, to a judge for signature. After the judge has signed the Temporary Order, the Temporary Order shall be taken together with the certifications and the inmate to the Forensic Psychiatric Hospital.
- (f)** In all cases, the Forensic Psychiatric Hospital shall be contacted prior to transporting an inmate to that facility for admission.
- (g)** The originals of the completed form for the Application for Temporary Commitment, Clinical/Screening Certificate of Involuntary Commitment of Mentally Ill Adults, and Temporary Order for Commitment shall be turned over to the Forensic Psychiatric Hospital upon inmate admission and the psychiatric facility shall file these documents for the final hearing. The correctional facility shall maintain a copy of all these completed documents in the inmate's MRF.

§ 10A:16-13.4 (Reserved)

§ 10A:16-13.5 Screening service commitment of inmates

- (a)** A screening service in the community that has been approved by the Director or designee of the Division of Mental Health Services may be used by the Department of Corrections in emergency situations. The Administrator or designee shall contact the Director of Health Services or designee in such cases to obtain verbal approval or disapproval to use the designated screening service.
- (b)** In a situation in which a psychiatrist is unavailable to complete a Clinical/Screening Certificate of Involuntary Commitment of Mentally Ill Adults, the following procedures shall be utilized:
 - 1.** If the local Division of Mental Health Services (D.M.H.S.) designated screening service has been approved for this purpose by the D.M.H. S. Division Director, the correctional staff shall contact that screening service pursuant to N.J.S.A. 30:4-27.1 et seq. (Screening Law);
 - 2.** The screening service shall provide a screening evaluation either at the correctional facility or the Screening Service site; and

3. If the inmate meets the commitment standard, the screening service shall complete the Clinical Screening Certificate of Involuntary Commitment of Mentally Ill Adults and the New Jersey Department of Corrections shall transport the inmate to and from the screening service and to the Forensic Psychiatric Hospital, if necessary.

(c) In all cases, the Forensic Psychiatric Hospital shall be contacted prior to transporting an inmate to that facility for admission.

(d) The original of the completed Clinical/Screening Certificate of Involuntary Commitment of Mentally Ill Adults shall be turned over to the Forensic Psychiatric Hospital upon inmate admission and the psychiatric facility shall file this document for the final hearing.

(e) The correctional facility shall maintain a copy of each of the documents referenced in this section in the inmate's MRF.

(f) The Health Services Unit shall maintain an up-to-date listing of designated local mental health screening services, approved to perform inmate screenings, which shall be available to all correctional facilities within the Department of Corrections.

§ 10A:16-13.6 Transportation

(a) Transportation to and from the psychiatric hospital shall be provided by the New Jersey Department of Corrections.

(b) Transportation for court appearances or medical transfer to a community medical facility for an inmate(s) in a psychiatric hospital shall be provided with New Jersey Department of Corrections escorts coordinated by the Central Medical/Transportation Unit, Department of Corrections.

(c) The New Jersey Department of Corrections shall transport the inmate back to the appropriate correctional facility within 48 hours of the psychiatric hospital notification to the Department of Corrections that the inmate has been discharged.

§ 10A:16-14.1 Substance Use Disorder Treatment Program

(a) Inmates may, at any time, request treatment for substance use disorder on a voluntary basis.

1. The Department substance use disorder and addiction services staff and the healthcare provider will assess the inmate and, if the inmate is eligible, will develop an individualized treatment plan for each inmate.

§ 10A:16-14.2 Drug Diversion Program

(a) Inmates found guilty of Category F infractions at N.J.A.C. 10A:4-4.1(a)6 will be offered the opportunity to participate in a one-time only Drug Diversion Program (See N.J.A.C. 10A:4-5.1(n)). The program is a 60-day intervention pathway for drug rehabilitation and related behavioral modification. It is offered as a less punitive alternative to the sanctions found at N.J.A.C. 10A:4-5.1(g) with the intention of enrollment in a clinical Drug Diversion Program. During the 60-day interventional pathway:

1. The Department substance use disorder and addiction services staff and the healthcare provider will assess the inmate and develop an individualized treatment plan for each inmate referred by the Disciplinary Hearing Officer (see N.J.A.C. 10A:4-5.1(n));
 2. Inmates shall comply with all components of the prescribed treatment plan;
 3. Inmate noncompliance with all components of the prescribed treatment plan shall result in removal from the Drug Diversion Program and referral to the Disciplinary Hearing Officer at the correctional facility in which the infraction was committed (see N.J.A.C. 10A:4-5.1(n)); and
 4. Upon completion of the Drug Diversion Program, a report will be forwarded to the facility in which the infraction was committed and taken into consideration by the Disciplinary Hearing Officer or Adjustment Committee for disposition of the originally imposed sanctions.
- (b)** Inmates may, at any time, request treatment for substance use disorder on a voluntary basis.

§ 10A:16-15.1 Authority

- (a)** The Department of Corrections may authorize the use of certain KOP medications that are clinically indicated and have been ordered for an inmate by the responsible health authority of the correctional facility.
- (b)** The use of KOP medication that has been ordered for an inmate by the responsible health authority may be discontinued by the Administrator after consultation with and consent from the responsible health authority.
- (c)** When KOP medication is authorized, Departmental and health care provider staff and inmates shall be responsible to comply with the provisions of this subchapter and any related internal management procedures.
- (d)** Classes and categories of medication may be banned from the KOP distribution upon review and approval of the Division of Operations, Director of Health Services.

§ 10A:16-15.2 Distribution of and instructions for inmate use of KOP medication

- (a)** Prior to distributing a KOP medication to an inmate, the responsible health authority shall determine whether the inmate has the necessary stability, ability, and skill to handle independent self-administration of the medication and make a recommendation to the Administrator or designee. When independent, self-administration of the medication is disapproved, the reason(s) shall be documented in the EHR by the responsible health authority or designee.
- (b)** KOP medication shall be packaged with information to include, but not be limited to:
1. The name and number of the inmate;
 2. The name of the drug;
 3. The method of administration;
 4. The dosage;
 5. Strength;
 6. The order date;
 7. The expiration date;
 8. Directions for taking the medication; and

9. The name of the responsible health authority who ordered the medication.

(c) The health care provider shall ensure verbal instructions regarding the KOP medication are provided to each inmate authorized to possess and independently self-administer the medication. Instructions shall include, but not be limited to, the following:

1. The name, method of administration, dosage, and directions for taking the medication;
2. The intended use of the medication;
3. Possible side effects and instructions for reporting any side effects;
4. Special instructions;
5. Refill procedures (if appropriate) and handling of any unused KOP medication; and
6. Rules and internal management procedures regarding KOP medication and the responsibility of the inmate to fully comply.

§ 10A:16-15.3 Inmate responsibility and compliance associated with KOP medication

(a) Inmates shall be responsible for the proper use, handling, possession, maintenance, and requests for refill of KOP medication in compliance with the provisions of this subchapter and related internal management procedures.

(b) KOP medications must remain in the original container until the designated time of self-administration.

(c) Inmates shall not use, carry, handle, or be in possession of a KOP medication prescribed for another inmate.

(d) Inmates determined to be unable to comply with, or to be non-compliant with, requirements for the use, handling, possession, maintenance, or requests for refill of KOP medication shall be subject to the immediate removal of the KOP medication and, upon removal, shall receive medications via directly observed therapy (DOT). Inmates misusing KOP medication or non-compliant with related requirements shall be subject to disciplinary action in accordance with [N.J.A.C. 10A:4](#), Inmate Discipline.

(e) An inability to comply with, or refusal to comply with, requirements for the use, handling, possession, maintenance, or requests for refill of KOP medication, and any finding of guilt to a KOP medication related prohibited act shall be documented in the EHR by the responsible health care provider.

§ 10A:16-15.4 KOP medication spot checks

(a) KOP medication spot checks shall be conducted by health care provider staff on a regular, continuing and random basis to ensure inmate compliance with requirements for the use, handling, possession, maintenance, and requests for refill of KOP medication as established by the provisions of this subchapter and related internal management procedures.

(b) KOP medication that is being misused, or is unauthorized for the inmate's possession, shall be handled as contraband in accordance with [N.J.A.C. 10A:3-6](#), Contraband and Disposition of Contraband, and shall subject the inmate to disciplinary action as set forth in [N.J.A.C. 10A:4-4.1](#), Prohibited acts.

(c) Spot checks shall be conducted by health care provider staff to determine if the inmate is:

1. Authorized to possess KOP medication;

2. Self-administering the KOP medication dosage as prescribed;
 3. Maintaining the KOP medication as instructed;
 4. Requesting refills of KOP medication when necessary; and
 5. Complying with the provisions of this subchapter and related internal management procedures.
- (d) KOP medication spot checks shall be documented in designated records and reports by the health care provider in accordance with related internal management procedures.

§ 10A:16-15.5 Searches

- (a) Custody staff who find KOP medication while conducting a search in accordance with N.J.A.C. 10A:3-5 shall check the KOP medication to ensure inmate compliance with requirements for the use, handling and possession of KOP medication as indicated on the KOP package and as established in the provisions of this subchapter and related internal management procedures.
- (b) KOP medication that is being misused, or is unauthorized for the inmate's possession, shall be handled as contraband in accordance with [N.J.A.C. 10A:3-6](#), Contraband and Disposition of Contraband, and shall subject the inmate to disciplinary action as set forth in [N.J.A.C. 10A:4-4.1](#), Prohibited acts.

§ 10A:16-15.6 Handling of KOP medication upon transfer of an inmate


- (a) Prior to the transfer of an inmate to another unit within the correctional facility, or to another correctional facility or program within the Department, the Administrator or designee shall notify the responsible health authority. The health care provider shall be responsible to retrieve the KOP medication from the inmate prior to the transfer. The health care provider shall then secure the KOP medication with the Medical Reference File for transporting to the receiving correctional facility. The inmate shall receive medication ordered by the responsible health authority via DOT until KOP medication is reissued as set forth in this section.
- (b) After transfer, the KOP medication may be reissued to the inmate if authorized by the responsible health authority in consultation with the Administrator or designee at the receiving unit, correctional facility or program.

§ 10A:16-15.7 Handling and storage of KOP medication

The secure storage, receipt, inventory, stock, order, refill disposal, distribution and retrieval of KOP medication and the recordkeeping thereof shall be the responsibility of the appropriate responsible health authority or designee.

§ 10A:16-15.8 KOP records and compliance requirements

The responsible health authority and health care provider staff shall be responsible for documenting KOP medication related data in the EHR and for compliance with the rules set forth in this subchapter and related internal management procedures.

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Policy Title: Mission, Goals, Objectives & Organizational Structure of the NJDOC Medical, Dental and Mental Health Care Services		
Approved and Issued By Victoria L. Kuhn, Esq., Acting Commissioner on October 25, 2021.		
Note: This document is provided electronically for informational purposes only. Should you require an official, signed copy for any reason, contact the APPM Unit.		

Effective Date: May 15, 2003	Revised: October 1, 2013 Reviewed: October 2021, No Changes	Enabling Authority: N.J.S.A. 30:1B-6 Related Authority: N.J.A.C. 10A:16, N.J.A.C. 10A:20
Promulgating Office : Health Services Unit, Division of Operations		Professional Association Standard cited: ACA 4-4380 – 4-4382 NCCHC P-A-01, 02, 03, 05
Applicability: This Policy Statement applies to all Organizational Units of the New Jersey Department of Corrections.		
Supersedes: N/A		
Instructions: Affected Organizational Unit Managers within the New Jersey Department of Corrections shall be responsible for following Central Office, Division of Operations Level I <i>Internal Management Procedures</i> and, as necessary, developing written Operational Unit Level III <i>Internal Management Procedures</i> consistent with this Policy.		
Review Schedule: This document is scheduled for review on or about October 1, 2023 or as necessary.		

I. PURPOSE

To define the mission, goals and objectives of Medical, Dental and Mental Health Care Services within the New Jersey Department of Corrections.

II. DEFINITIONS

The following terms, when used in this policy, shall have the following meanings, unless the context clearly indicates otherwise:

Continuous Quality Improvement (CQI) - includes a multidisciplinary quality improvement committee that evaluates the quality of inmate/patient care by review of information collected by routine monitoring, review of sentinel events, performance of special studies, review of audit data and concerns shared by the NJDOC Health Services Unit Quality Assurance Staff, and an annual review of the effectiveness of the CQI Program itself. CQI meetings are both statewide and facility-based.

Health care provider means the entity which is providing the medical, dental and/or mental health services to inmates.

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Health Services Unit means the unit administered by the Deputy Commissioner, Division of Operations, responsible for auditing the provision of medical, dental and mental health services to inmates under the jurisdiction of the Department of Corrections.

Responsible health authority means a designated person within a correctional facility who shall be a physician, an advanced practice nurse or health administrator responsible for arranging health services to all inmates. When this authority is other than a physician, medical/ clinical judgments rest with a designated licensed responsible physician.

III. **MISSION, GOALS, OBJECTIVES & ORGANIZATIONAL STRUCTURE**

A. **MISSION & ORGANIZATIONAL STRUCTURE**

The health care mission of the New Jersey Department of Corrections is to provide medical, dental and mental health services that are consistent with evidence-based medical practices for all inmates under its control, regardless of custody status or financial means, for the best value at the lowest cost.

The following structure is established to ensure the accomplishment of the above stated mission: The overall provision of healthcare services shall be guided by the Health Services Unit and delivered by health care providers under the direct control of each operational unit's Responsible Health Authority. The Responsible Health Authority will be administratively and/or clinically responsible for the management of each operational unit's medical, dental and mental health care services.

B. **GOALS**

The goals of the Department of Corrections health care services are to relieve pain and suffering, prevent avoidable deterioration of health status, and promote the restoration of function, by developing a model service delivery system of correctional health care.

C. **OBJECTIVES**

1. To provide the adequate number of trained, credentialed and licensed professional staff in order to accomplish the health care mission of the NJ DOC.
2. To achieve NCCHC accreditation for all NJ DOC institutions.
3. To develop and apply ongoing application of Continuous Quality Improvement (CQI) data to ensure delivery of evidence-based best practices at the best value for the lowest cost.
4. To establish and maintain links with sister state correctional health care agencies and organizations and other correctional health care county and national agencies and organizations.
5. To provide a forum for ongoing professional development along with recruitment strategies in the form of internships, residency programs, etc. for health care professionals.

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6. To maximize in-house medical care while minimizing the use of outside medical facilities.
7. To participate in national meetings/events on correctional health care.
8. To foster the capability of providing a leadership role in the correctional health field on a national basis.
9. To collaborate with appropriate community organizations seeking to provide health care service opportunities to the inmate population.
10. To work with the NJ DOC and University Grants Manager to expand grant opportunities to provide additional health services.
11. To actively engage in applied and basic research in the field of correctional medicine.
12. To collaborate with custody staff to maximize inmate access to inmate health care.
13. To provide health and medical education for the inmate population.
14. To encourage the inmate population to maintain their health and to actively participate in a health life style.
15. To ensure that continuing education for professional healthcare staff and training for correctional staff is provided in accordance with National Commission on Correctional Health Care (NCCHC) and American Correctional Association (ACA) standards.
16. To promote positive communication between medical professionals and inmates/patients.
17. To comply fully with New Jersey Administrative Code (N.J.A.C.), and all applicable laws of the State of New Jersey, all court orders consent decrees and settlement agreements, as well as the established policies and procedures of the NJ DOC, and the New Jersey Department of Health and Senior Services (NJ DHSS), and to cooperate with the NJ DOC Quality Assurance Program.
18. To provide a comprehensive program for infection control for all employees and inmates, incorporating NJ DHSS policies.
19. To maintain complete and accurate healthcare records.
20. To develop and maintain a comprehensive set of policies and procedures regarding all inmate health care matters that are each reviewed and updated as necessary, but at least annually.
21. To provide ongoing monitoring of invoices for all health care services purchased.
22. To provide self-critical analysis of purchasing patterns and methods to ensure the best value for services rendered.


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IV. CROSS REFERENCE DOCUMENTS AND POLICIES

Document/ Policy Number	Title	Effective/ Revision Date

V. APPLICABLE FORMS

Form Number	Form Title	Effective/ Revision Date

	State of New Jersey Department of Corrections Policy Statement	Policy Number MED.001.002
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Policy Title: Disasters: Healthcare Staff Readiness and Response		
Approved and Issued By Victoria L. Kuhn, Esq., Acting Commissioner on October 25, 2021.		
Note: This document is provided electronically for informational purposes only. Should you require an official, signed copy for any reason, contact the APPM Unit.		

Effective Date: August 1, 2003	Revised: February 1, 2008 Reviewed: October 2021 - No Changes	Enabling Authority: N.J.S.A. 30:1B-6
		Related Authority : NJAC10A:16
Promulgating Office: NJDOC Health Services Unit, Division of Operations		Professional Association Standard cited: NCCHC P-A-07, ACA-4-4351
Applicability: This Policy Statement applies to all Departments and Organizational Units of the New Jersey Department of Corrections.		
Supersedes: MED.001.002 dated 1-August-2003		
Instructions: Affected Organizational Unit Managers within the New Jersey Department of Corrections shall be responsible for following Central Office, Division of Operations Level I <i>Internal Management Procedures</i> and, as necessary, developing written Operational Unit Level III <i>Internal Management Procedures</i> consistent with this Policy.		
Review Schedule: This document is scheduled for review on or about October 1, 2023 or as necessary.		

I. PURPOSE

The purpose of this policy is to ensure that disasters are responded to appropriately by having in place a written plan to provide twenty-four (24) hours a day, seven (7) days a week emergency medical care. The purpose is also to ensure that areas of responsibility and appropriate responses of healthcare staff are identified, and a Disaster Box containing sufficient medical supplies is available in the event of a disaster.

II DEFINITIONS

The following terms, when used in this policy, shall have the following meanings, unless the context clearly indicates otherwise:

Critique of Drill means the documentation and review of the disaster drill activities including response time, names, and titles of health care staff, as well as the roles and responses of all

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participants. The critique contains observations of appropriate and inappropriate staff response to the drill.

Disaster means any man-made or natural occurrence, riot, or internal or external occurrence that creates or has the potential to create large numbers of victims that cannot be handled by the on-duty medical personnel.

Disaster Box means a portable box of medical supplies to be used in case of a disaster situation with multiple injuries.

Disaster Drill means a simulated emergency involving multiple casualties that require triage by health care staff. It frequently involves a natural disaster (e.g., tornado, flood, earthquake), internal disaster (e.g., riot, kitchen explosion), or external disaster (e.g., mass arrests, bomb threat, power outage).

Disaster Plan (Emergency Plan): The plan developed to respond to manmade or natural, internal or external disasters inclusive of the triaging process, i.e. assessment of injured persons to determine priority of treatment, outlining where care can be provided, and a backup plan.

Responsible health authority means a designated person within a correctional facility who shall be a physician or health administrator, such as, but not limited to, an advanced practice nurse responsible for arranging health services to all inmates. When this authority is other than a physician, medical/clinical judgments rest with a designated licensed responsible physician

Triage means an assessment of injured persons to determine priority of treatment.

III POLICY

The NJDOC mandates the provision of emergency medical, mental health and dental care twenty-four hours a day, seven (7) days a week. Healthcare staff will provide emergency medical care and triage during a disaster; correctional staff will maintain security. Victim movement will be based on joint input of Healthcare staff and the Institutional Authority or designee. In the event of a disaster at a correctional facility the Responsible Health Authority in cooperation with the designated Institutional Authority or designee will direct the medical team. A "Call Directory" of healthcare staff, ambulance providers and hospitals has been developed and distributed to correctional facility healthcare staff and posted at the nurses' station. A portable box of medical supplies (Disaster Box), to be checked quarterly for expiration, is maintained at each correctional facility in case of disasters. Disaster drills will be held annually and critiqued at each correctional facility.

IV PROCEDURE

Procedures relating to Healthcare Staff Readiness and Response to Disasters are found in the NJDOC Health Service Unit Level I Internal Management Procedures MED.DIS.001 Disaster Box and MED.DIS.002 Disaster Plan.


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V CROSS REFERENCE DOCUMENTS AND POLICIES

Document/Policy Number	Title	Effective/Revision Date
MED.DIS.001	<i>Disaster Box</i>	February 2021
MED.DIS.002	<i>Disaster Plan</i>	February 2021

VI APPLICABLE FORMS

NA

	State of New Jersey Department of Corrections Policy Statement	Policy Number MED.001.003
		Page 1 of 4
Policy Title: Healthcare Records		
Approved and Issued By Victoria L. Kuhn, Esq., Acting Commissioner on November 16, 2021.		
Note: This document is provided electronically for informational purposes only. Should you require an official, signed copy for any reason, contact the APPM Unit.		

Effective Date: January 15, 2004	Revised: February 1, 2008 Reviewed: October 2021, No Changes	Enabling Authority: N.J.S.A 30:1B-6 Related Authority: N.J.A.C. 10A:16, N.J.A.C. 10A:22
Promulgating Office: Health Services Unit, Division of Operations		Professional Association Standard cited: ACA 4-4095, 4-4096, 4-4098, 4-4099, 4-4102, 4-4396, 4-4413, 4-4414 & 4-415; NCCHC P-H-01, P-H-02, P-H-03, P-H-05
Applicability: This Policy Statement applies to all Organizational Units of the New Jersey Department of Corrections.		
Instructions: All affected Organizational Unit Managers within the New Jersey Department of Corrections shall be responsible for following Central Office, Division of Operations Level I <i>Internal Management Procedures</i> and, as necessary, developing written Operational Unit Level III <i>Internal Management Procedures</i> consistent with this Policy.		
Supersedes: NA		
Review Schedule: This document is scheduled for review on or about October 1, 2023 or as necessary.		

I PURPOSE

To establish policy on the nature, and confidentiality of the inmate healthcare record, as well as access to the record and the proper mechanism for release and retention of the record.

II DEFINITIONS

The following terms, when used in this policy, shall have the following meanings, unless the context clearly indicates otherwise:

Access means the process through which health record information is gained via oral or written communication.

Confidential Information means material not to be released to unauthorized persons. All medical, dental and mental health information contained in the inmate healthcare record is confidential.

Policy Title: Healthcare Records	Revised Date February 1, 2008 Reviewed w/ No Changes October 2021	Policy Number: MED.001.003 Page 2 of 4
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Electronic Health Record (EHR) means the primary healthcare record of an inmate in an electronic format that contains recorded information concerning the medical, dental and mental health history and related health activities of the inmate. This is the primary healthcare record of all inmates who are processed in the NJDOC system.

Healthcare Record means a systematic collection of inmate healthcare information. In the NJDOC, this record consists of an Electronic Medical Record and a Medical Reference File.

Medical Reference File (MRF) means the paper, written or printed record that contains information concerning the medical, dental and mental health history and related health activities of an inmate. This information is integrated and/or referenced in the EMR while the inmate is incarcerated.

III POLICY

It is the policy of the New Jersey Department of Corrections (NJDOC) to ensure that a uniform healthcare record is established and maintained on each NJDOC inmate throughout the inmate's period of incarceration.

The healthcare record consists of an Electronic Health Record, (EHR) and a Medical Reference File, (MRF). This record shall be used to document all healthcare encounters (medical, dental, and mental health). This healthcare record shall be kept under secure conditions, with controlled access, and separate from the inmate's classification record. The confidentiality of the inmate's written and electronic healthcare record, as well as verbally conveyed health information shall be maintained.

Healthcare information shall be shared with, or released to NJDOC staff, and other authorized requestors only as necessary to ensure proper care of the inmate or the health and safety of others. In addition, inmate's healthcare records may be released to an authorized person upon receipt of a consent form signed by the inmate or the inmate's legal representative.

All requests for comprehensive mental health records shall be referred to the Division of Law. However, mental health diagnoses and medications, if present, are included as part of an electronically generated chart summary and are released whenever these summaries are requested by authorized persons.

The MRF shall accompany the inmate when transferred to another NJDOC facility. The electronically generated EHR is available throughout the NJDOC system. Pertinent healthcare information shall accompany the inmate when transferred outside the NJDOC system.

Qualified healthcare professionals shall have access to information in the inmate's classification records when the health authority determines that such information may be relevant to the inmate's health or course of treatment.

Inactive healthcare records shall be maintained separately from active records and in accordance with the retention schedule of the Records Management Program.

Policy Title: Healthcare Records	Revised Date February 1, 2008 Reviewed w/ No Changes October 2021	Policy Number: MED.001.003 Page 3 of 4
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IV PROCEDURES

The Internal Management Procedures series **MED.HCR.001** through **MED. HCR.008** identify:

- The nature and format of the healthcare record;
- The availability and use of the healthcare record;
- Confidentiality of the healthcare record;
- Sharing of the healthcare record;
- Transfer of the healthcare record;
- Retention of the healthcare record; and
- Release of the healthcare record.


V CROSS REFERENCE DOCUMENTS AND POLICIES

Document/Policy Number	Title	Effective/Revision Date
MED.HCR.001	<i>Healthcare Record Format and Contents</i>	February 2021
MED.HCR.002	<i>Availability and Use of Healthcare Records</i>	February 2021
MED.HCR.003	<i>Confidentiality of Healthcare Records and Health Information</i>	February 2021
MED.HCR.004	<i>Sharing of Information</i>	February 2021
MED.HCR.005	<i>Transfer of Healthcare Records</i>	February 2021
MED.HCR.006	<i>Retention of Medical Records</i>	February 2021
MED.HCR.007	<i>Inmate Request for Release of Information</i>	February 2021
MED.HCR.008	<i>Request for Release of Medical Records Other than by Inmate</i>	February 2021

Policy Title: Healthcare Records	Revised Date February 1, 2008 Reviewed w/ No Changes October 2021	Policy Number: MED.001.003 Page 4 of 4
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VI APPLICABLE FORMS

Form Title	Form Number	Effective/Revision Date
MR-247	<i>Authorization to Disclose Information to the New Jersey State Parole Board, RCRP</i>	November 7, 2003
MR-007	<i>Inmate Request for Health Care</i>	December 2004
MR-010	<i>Suicide Watch Notice</i>	July 2004
MR-013	<i>Daily Correction Officer Suicide Watch Report</i>	July 2004
MR-021	<i>Consent for Medical, Dental, or Surgical Treatment</i>	July 2004
MR-022	<i>Inmate Request for Copies of Medical/Dental Records</i>	April 27, 1996
MR-032	<i>Halfway House Medical/Dental Referral</i>	December 2004
MR-053	<i>Notice of Hearing to Consider Recommendation of Involuntary Administration of Psychotropic Medication (Rev 1/07 to include Spanish version)</i>	January 2007
MR-054	<i>Treatment Review Committee Report</i>	January 2006
MR-054A	<i>Vote of the Treatment Review Committee</i>	January 2006
MR-055	<i>Administrative Segregation Rounds</i>	December 2004
MR-056	<i>Inmate Authorization to Release Records</i>	September 2004
MR-060	<i>Advance Directives Attachment</i>	August 2005
MR-070	<i>Oral Surgery and General Dentistry Informed Consent</i>	
MR-072	<i>Antipsychotic Informed Consent</i>	February 2003
MR-073	<i>Informed Consent for Psychotropic Medications Other Than Antipsychotic Medications</i>	August 2005

	State of New Jersey Department of Corrections Policy Statement	Policy Number MED.001.004
		Page 1 of 3
Policy Title: Infection Control Program		
Approved and Issued By Victoria L. Kuhn, Esq., Acting Commissioner on December 16, 2021.		
Note: This document is provided electronically for informational purposes only. Should you require an official, signed copy for any reason, contact the APPM Unit.		

Effective Date: November 30, 2004	Revised: November 3, 2021	Enabling Authority: NJAC 30:1B-6 Related Authority: NJSA 13:1E-48.1 et. seq., NJAC 10A:16, NJAC 8:57, NJAC 7:26-3A et. seq.
Promulgating Office: Health Services Unit, Division of Operations		Professional Association Standard cited: ACA 4-4354, 4-4355, 4-4356, 4-4357
Applicability: This Policy Statement applies to all Divisions and Organizational Units of the New Jersey Department of Corrections.		
Supersedes: MED.001.004 dated November 2004		
Instructions: All affected Organizational Unit Managers within the New Jersey Department of Corrections shall be responsible for following Central Office, Division of Operations Level I <i>Internal Management Procedures</i> and, as necessary, developing written Operational Unit Level III <i>Internal Management Procedures</i> consistent with this Policy.		
Review Schedule: This document is scheduled for review on or about November 1, 2023 or as necessary.		

I. PURPOSE

The purpose of this policy is to provide a comprehensive infection control program that maintains an environment that minimizes unnecessary exposure to infectious and communicable diseases for inmates, as well as institutional and healthcare staff.

II. DEFINITIONS

The following terms, when used in this policy, shall have the following meanings, unless the context clearly indicates otherwise:

Continuous Quality Improvement (CQI) Program: The CQI Program, through its various committees, monitors the quality of inmate/patient health care and makes adjustments that are focused on the improvement of the delivery of health care services. The CQI Program consists of

Policy Title: Infection Control Program	Effective Date November 30, 2004 Revised November 3, 2021	Policy Number MED.001.004 Page 2 of 3
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facility-based committees as well as a Statewide Committee that is composed of the representatives of both NJDOC and the medical provider with the following representation: administrative, medical, dental, mental health services.

Infection Control Program (ICP): The program utilized to maintain an environment that minimizes unnecessary exposure to infectious and communicable diseases for inmates and institutional staff. All infection control issues are reported to the Continuous Quality Improvement Committee. The ICP incorporates all guidelines in accordance with and under the guidance of the NJDOC Medical Director.

Responsible Health Authority: A designated person within a correctional facility who shall be a physician or health administrator responsible for arranging health services to all inmates. When this authority is other than a physician, medical/clinical judgements rest with a designated licensed responsible physician.

III. POLICY

The New Jersey Department of Corrections mandates that there is a written plan to address the management of infectious and communicable diseases that is approved by the NJDOC Medical Director. This plan includes procedures for prevention, education, identification, surveillance, immunization, treatment, follow-up, isolation, and reporting requirements for infectious and communicable diseases. Infection control principles and practices shall follow the guidelines and recommendations of the Centers for Disease Control and Prevention, the Occupational Safety and Health Administration and other pertinent organizations and documents related to infection control.

IV. PROCEDURES

- A. The Infection Control Program representatives will interface with the Continuous Quality Improvement committees and shall implement changes that will have a positive impact on infection control.
- B. The Responsible Health Authority will complete and file all reports consistent with local, state and federal laws and regulations. Annual statistics will be maintained by monthly completion of Infectious Disease Report.
- C. The Infection Control Program staff will provide employees with a formal education of Infection Control and Bloodborne Pathogen Exposure Control information on an annual basis, or more often if problems are identified.
- D. The Responsible Health Authority will ensure implementation of the pertinent sections of the Infection Control Manual regarding employee safety.
- E. Infection control recommendations for surveillance, containment, testing, decontamination, sterilization and proper disposal of sharps and bio-hazardous wastes are found in the Infection Control Internal Management Procedures.
- F. The Bloodborne Pathogen Exposure Control Plan is outlined in the Infection Control Internal Management Procedures.


Policy Title: Infection Control Program	Effective Date November 30, 2004 Revised November 3, 2021	Policy Number MED.001.004 Page 3 of 3
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V. CROSS REFERENCE DOCUMENTS AND POLICIES

Document/ Policy Number	Title	Effective/Revised Date
MED.ICP.001	<i>Guidelines for the Management of Varicella (Chicken Pox)</i>	March 2021
MED.ICP.002	<i>TB Control for Inmates</i>	March 2021
MED.ICP.003	<i>TB Control for Employees</i>	March 2021
MED.ICP.004	<i>TB Control for Vendors and Subcontractors</i>	March 2021
MED.ICP.005	<i>Hepatitis C Virus (HCV) Guidelines</i>	March 2021
MED.ICP.006	<i>Mosquito & Tickborne Disease Control in Outside Inmate Details</i>	March 2021
MED.ICP.007	<i>Prevention of Bloodborne Pathogens (BBP)</i>	March 2021
MED.ICP.008	<i>Blood-borne Pathogen Exposure Control Plan</i>	March 2021
MED.ICP.009	<i>Inmate Bloodborne Pathogen Exposure</i>	March 2021
MED.ICP.010	<i>Hepatitis B Virus (HBV) Vaccine</i>	March 2021
MED.ICP.011	<i>Occupational Exposure to BBP Evaluation and Follow-up</i>	March 2021
MED.ICP.012	<i>Biohazardous (Regulated Waste) Labeling</i>	March 2021
MED.ICP.013	<i>Handwashing</i>	March 2021
MED.ICP.014	<i>Blood Spill Clean-Up</i>	March 2021
MED.ICP.015	<i>Regulated Medical waste (RMW)</i>	March 2021
MED.ICP.016	<i>Methicillin Resistant Staphylococcus aureus (MRSA) Guidelines</i>	March 2021
MED.ICP.017	<i>Personal Protective Equipment</i>	March 2021
MED.ICP.018	<i>Intake: Diagnosis and Treatment Of Scabies And Lice</i>	March 2021
MED.ICP.019	<i>Guidelines for the Management of Covid-19</i>	March 2021

VI. APPLICABLE FORMS

NA

	State of New Jersey Department of Corrections Policy Statement	Policy Number MED.001.008
		Page 1 of 3
Policy Title: Inmate Medical Appraisals		
Approved and Issued By Marcus O. Hicks, Esq., Commissioner on January 9, 2019.		
Note: This document is provided electronically for informational purposes only. Should you require an official, signed copy for any reason, contact the APPM Unit.		

Effective Date: May 15, 2005	Revised: August 22, 2011 Reviewed: December 2018-No Changes	Enabling Authority: NJSA 30:1B-6 Related Authority: NJAC 10A:16-2.11 and 2.12
Promulgating Office : Health Services Unit, Division of Operations		Professional Association Standard cited: ACA 4-4359, 4-4367
Applicability: This Policy Statement applies to all Organizational Units of the New Jersey Department of Corrections.		
Supersedes: N/A		
Instructions: All affected Organizational Unit Managers within the New Jersey Department of Corrections shall be responsible for following Central Office, Division of Operations Level I <i>Internal Management Procedures</i> and developing written Operational Unit Level III <i>Internal Management Procedures</i> consistent with this Policy.		
Review Schedule: This document is scheduled for annual review on or about January 31, 2020.		

I. PURPOSE

To establish policy regarding when inmate medical appraisals are to be conducted and to ensure appropriate and efficient medical care access is provided to inmates incarcerated within the NJ Department of Corrections.

II. DEFINITIONS

The following terms, when used in this policy, shall have the following meanings, unless the context clearly indicates otherwise:

Administrative segregation means removal of an inmate from the general population of a correctional facility to a close custody unit because of one or more disciplinary infractions.

Comprehensive Health Appraisal means the initial, complete medical history and physical examination done by a Nurse Practitioner, or Physician (NP, MD) and review and signing of the

Policy Title: Inmate Medical Appraisals	Effective Date May 15, 2005 Revised August 22, 2011	Policy Number MED.001.008 Page 2 of 3
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results of all x-rays, lab tests and any other diagnostic test ordered with documentation of same in the Electronic Medical Record.

Non-General Population means whenever an inmate is segregated from the General Population as a result of the nature of their sentence (Capital Sentence Unit), or for Protective Custody, or because they represent a threat to the orderly running of the institution (Management Control Unit, Security Threat Group Management Unit).

Unusual Incident means involvement in an accident, physical altercation, etc., which may cause physical injury.

III. POLICY

The New Jersey Department of Corrections mandates that a comprehensive health appraisal of each new admission inmate, including medical history and physical examination, is to be completed within seventy-two (72) hours after admission to a reception facility. The health history and vital signs are taken by qualified and trained healthcare staff members and the physical examinations are performed by a New Jersey licensed Nurse Practitioner/Physician. If there is documented evidence of a comprehensive health appraisal in the New Jersey DOC System within the previous ninety (90) days, (such as parole violators), the Nurse Practitioner/Physician (NP, MD) will determine the need for or extent of a new health appraisal.

Intrasystem transfers will have the appropriate EMR form completed at the sending facility before departure. Nursing staff at the receiving facility will complete and document a chart review to include a detailed review of the transfer summary with particular emphasis upon medication continuity, attention to pending appointments, and identification of ongoing mental health needs. In no case will this occur more than 12 hours from arrival.

Medical appraisals are also performed on inmates involved in unusual incidents, inmates who are placed in administrative segregation or non-general population, and inmates who are being discharged from the NJ Department of Corrections, including discharge planning and a supply of current medications by the medical provider. Periodic physical exams are offered to inmates depending upon their age and physical condition. Routine, complete physical evaluations for inmates without known medical conditions are offered to inmates over the age of fifty every two years, and inmates under fifty are offered evaluations every four years.

Additionally, the New Jersey Department of Corrections mandates that, upon notification, the Medical Department will provide health appraisals for inmates for participation in specific sports and will provide initial clearance, as well as annual screenings, to prospective food service workers to ensure that they are free from disease transmissible by food or utensils.

Policy Title: Inmate Medical Appraisals	Effective Date May 15, 2005	Policy Number MED.001.008
	Revised August 22, 2011	Page 3 of 3

IV. PROCEDURES


Internal Management Procedures pertaining to inmate medical evaluations are addressed in MED.IMA Series.

V. CROSS REFERENCE DOCUMENTS AND POLICIES

Document/ Policy Number	Title	Effective/ Revision Date
MED.IMA.001	<i>Health Appraisals At Reception</i>	August 2010
MED.IMA.002	<i>Health Evaluation Of Inmates In Non-General Population and Disciplinary Segregation</i>	August 2010
MED.IMA.003	<i>Unusual Incidents: Medical Incident Reports</i>	August 2010
MED.IMA.004	<i>Periodic Physicals</i>	August 2010
MED.IMA.005	<i>Intra-System Transfers</i>	August 2010
MED.IMA.006	<i>Discharge Medical Evaluations</i>	August 2010
MED.IMA.007	<i>Food Service Worker Physicals</i>	August 2010
MED.IMA.008	<i>Community Release Medical Appraisals</i>	August 2011

VI. APPLICABLE FORMS

Form Number	Form Title	Effective/ Revision Date

	State of New Jersey Department of Corrections Policy Statement	Policy Number MED.002.001
		Page 1 of 3
Policy Title: Mental Health Services		
Approved and Issued By Victoria L. Kuhn, Esq., Acting Commissioner on October 8, 2021.		
Note: This document is provided electronically for informational purposes only. Should you require an official, signed copy for any reason, contact the APPM Unit.		

Effective Date: April 1, 2005	Revised: June 25, 2007 Reviewed: September 2021 - No Changes	Enabling Authority: N.J.S.A. 30:1B-6 Related Authority: N.J.A.C. 10A:16-4
Promulgating Office : Health Services Unit, Division of Operations		Professional Association Standard cited: ACA Std 4-4368, 4-4370, 4-4371, 4-4374
Applicability: This Policy Statement applies to all Organizational Units of the New Jersey Department of Corrections.		
Supersedes: <i>Mental Health Services Policy #1.01 rev 07/16/2002</i>		
Instructions: All affected Organizational Unit Administrators or designees within the New Jersey Department of Corrections shall be responsible for following all related Level 1 <i>Internal Management Procedures</i> and developing appropriate written Level 3 Operational Unit <i>Internal Management Procedures</i> consistent with this Policy.		
Review Schedule: This document is scheduled for review on or about October 1, 2023 or as necessary.		

I. PURPOSE

To establish a policy which provides a full continuum of quality mental health services, through a multidisciplinary approach for all incarcerated individuals who fall under the jurisdiction for the New Jersey Department of Corrections (NJDOC) in order to:

1. Reduce the disabling effects of serious mental illness and enhance the inmate's ability to function within the prison environments;
2. Reduce or, when possible, eliminate suffering caused by serious mental illness;
3. Maximize the safety of the prison environment and, when possible, the community; and
4. Prepare the individual for eventual return to the community by reducing the debilitating effects of mental illness and arrange for appropriate aftercare upon return to the community.

Policy Title: Mental Health Services	Revision Date June 25, 2007 Reviewed/No Changes September 2021	Policy Number MED.002.001 Page 2 of 3
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II. DEFINITIONS

The following terms, when used in this policy, shall have the following meanings, unless the context clearly indicates otherwise:

Inpatient Psychiatric Care means intensive psychiatric services provided at the Ann Klein Forensic Hospital for those inmates whose needs cannot be adequately addressed by the prison mental health delivery system.

Outpatient Services means those mental health services available to inmates at all 14 NJDOC facilities, which will enable the inmates to meet the functional requirements of prison life.

Residential Treatment Unit means a secure housing unit within designated New Jersey correctional facilities which provides further stabilization of the inmate after the "crisis" has passed and meaningful programming aimed at aiding the inmate's adjustment to general population housing.

Stabilization Unit means a secure housing unit within designated New Jersey correctional facilities which provides short term, intensive mental health care to reduce acute symptoms, stabilize the inmate or transfer the inmate to the Anne Klein Forensic Hospital.

Transitional Care Unit means a secure housing unit within designated New Jersey correctional facilities designed for those inmates who have a higher functioning level than those inmates in a Residential Treatment Unit and who have demonstrated the potential to adjust to general population housing.

III. POLICY

The NJ Department of Corrections mandates that all incarcerated individuals under the jurisdiction of the Department of Corrections will have access to comprehensive mental health care through the following six-component mental health service delivery system:

1. Mental Health Reception and Evaluation;
2. Inpatient Psychiatric Care;
3. Stabilization Units;
4. Residential Treatment Units;
5. Transitional Care Units; and
6. Outpatient Services

IV. PROCEDURES

Detailed procedures relative to this policy are found in the MED.MHS.001 *Level I Internal Management Procedure* series as referenced below.


Policy Title: Mental Health Services	Revision Date June 25, 2007	Policy Number MED.002.001
	Reviewed/No Changes September 2021	Page 3 of 3

V. CROSS REFERENCE DOCUMENTS AND POLICIES

Document/ Policy Number	Title	Effective/ Revision Date
MED.MHS.001.001	<i>Access to Mental Health Services</i>	January 2021
MED.MHS.001.002	<i>Mental Health Services: Mental Health Reception & Evaluation</i>	January 2021
MED.MHS.001.003	<i>Mental Health Services: Inpatient Services</i>	January 2021
MED.MHS.001.004	<i>Mental Health Services: Stabilization Units</i>	January 2021
MED.MHS.001.005	<i>Mental Health Services: Residential Care Units</i>	January 2021
MED.MHS.001.006	<i>Mental Health Services: Transitional Care Units</i>	January 2021
MED.MHS.001.007	<i>Mental Health Services: Outpatient Services</i>	January 2021
MED.MHS.001.008	<i>Mental Health Service : Privacy of Mental Health Care Information</i>	January 2021
MED.MHS.001.009	<i>Mental Health Release Planning and Aftercare Services</i>	January 2021
MED.MHS.001.010	<i>Mental Health Assessments: Pre-Parole and Reduced Custody</i>	January 2021
MED.MHS.001.011	<i>Mental Health Documentation</i>	January 2021
MED.MHS.001.012	<i>Mental Health Services: Access to Classification Records</i>	January 2021
MED.MHS.001.013	<i>Mental Health Services: Missed Psychiatric and Mental Health Appointments</i>	January 2021

VI. APPLICABLE FORMS

Form Number	Form Title	Effective/ Revision Date

	State of New Jersey Department of Corrections Policy Statement	Policy Number MED.002.002
		Page 1 of 3
Policy Title: Emergency Mental Health Services		
Approved and Issued By Victoria L. Kuhn, Esq., Acting Commissioner on October 8, 2021.		
Note: This document is provided electronically for informational purposes only. Should you require an official, signed copy for any reason, contact the APPM Unit.		

Effective Date: April 1, 2005	Revised: September 25, 2007 Reviewed: September 2021 - No Changes	Enabling Authority: N.J.S.A.30:1B-6 Related Authority N.J.A.C. 10A:16-4
Promulgating Office : Health Services Unit, Division of Operations		Professional Association Standard cited: ACA 4-4351, 4-4368, 4-4370, 4-4371, 4-4372, 4-4373, 4-4406
Applicability: This Policy Statement applies to all Organizational Units of the New Jersey Department of Corrections.		
Supersedes: <i>Mental Health Services Policy #41.01 rev 01/22/2003</i>		
Instructions: All affected Organizational Units within the New Jersey Department of Corrections shall be responsible for following all related Level 1 Internal Management Procedures and developing appropriate written Level 3 Operational Unit Internal Management Procedures consistent with this Policy.		
Review Schedule: This document is scheduled for review on or about October 1, 2023 or as necessary.		

I. PURPOSE

To establish NJ DOC policy that provides a full continuum of emergency mental health services for all incarcerated individuals who fall under the jurisdiction of the New Jersey Department of Corrections (NJ DOC) in order to ensure provisions of care in the event of an unexpected or acute mental health problem or crisis that can not be deferred to the next available scheduled service.

II. DEFINITIONS

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

New Jersey Department of Corrections (NJ DOC) means that agency of the Executive Branch of the New Jersey State Government responsible for ensuring that all persons committed to the State correctional facilities are confined within the level of custody necessary to protect the public and

Policy Title: Emergency Mental Health Services	Revised Date September 25, 2007 Reviewed/No Changes September 2021	Policy Number MED.002.002 Page 2 of 3
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that the inmates are provided with the care, discipline, training and treatment needed to prepare them for reintegration into the community.

III. POLICY

The NJ DOC mandates that all incarcerated individuals under the jurisdiction of the Department of Corrections will have access to emergency mental health services that shall include, but not be limited to:

- A. Twenty four-hour emergency mental health care;
- B. Mental health release planning and aftercare services;
- C. Mental health evaluations for all inmates;
- D. Special needs treatment programs;
- E. Mental health treatment programs;
- F. Psychiatric services;
- G. Suicide prevention and management of potentially-suicidal inmates, and;
- H. Counseling services for assault victims including victims of sexual assault.

IV. PROCEDURES

Detailed procedures for the implementation of this Policy are found in the MED.MHS.002 *Level I Internal Management Procedures* series as referenced below.


Policy Title: Emergency Mental Health Services	Revised Date September 25, 2007 Reviewed/No Changes September 2021	Policy Number MED.002.002 Page 3 of 3
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V. CROSS REFERENCE DOCUMENTS AND POLICIES

Document/ Policy/Internal Management Procedure Number	Title	Effective/ Revision Date
MED.MHS.002.001	<i>Emergency Mental Health Services</i>	January 2021
MED.MHS.002.002	<i>Mental Health Evaluation of Inmates in Non-General Population</i>	January 2021
MED.MHS.002.003	<i>Mental Health Evaluation of Inmates Receiving Disciplinary Infractions</i>	January 2021
MED.MHS.002.004	<i>Mental Health Evaluation of Inmates in Close Custody Units</i>	January 2021
MED.MHS.002.005	<i>Special Needs Treatment Plans</i>	January 2021
MED.MHS.002.006	<i>Mental Health Treatment Teams</i>	January 2021
MED.MHS.002.007	<i>Psychiatry Services</i>	January 2021
MED.MHS.002.008	<i>Suicide Prevention Program</i>	January 2021
MED.MHS.002.009	<i>Management of Potentially Suicidal Inmates</i>	January 2021
MED.MHS.002.010	<i>Counseling Services for Victims of Sexual Assault</i>	January 2021
MED.MHS.002.011	<i>Therapeutic Observation</i>	January 2021
MED.MHS.002.012	<i>Alternatives to Standard Disciplinary Procedures for Special Needs Inmates on Specialized Housing Units</i>	January 2021
MED.MHS.002.013	<i>Morbidity and Mortality Reviews</i>	January 2021

VI. APPLICABLE FORMS

N/A

	State of New Jersey Department of Corrections Policy Statement	Policy Number MED.003.001
		Page 1 of 3
Policy Title: Dental Services		
Approved and Issued By Marcus O. Hicks, Esq., Commissioner on February 5, 2019.		
Note: This document is provided electronically for informational purposes only. Should you require an official, signed copy for any reason, contact the APPM Unit.		

Effective Date: June 15, 2004	Revised: August 11, 2010 Reviewed: December 2018 - No Changes	Enabling Authority : N.J.S.A. 30:1B-6 Related Authority: N.J.S.A. 45:6-1 et seq, N.J.A.C. 10A:16-3, 10A:20-4.21 and 4.22
Promulgating Office: Health Services Unit, Division of Operations		Professional Association Standard cited: ACA 4-4360
Applicability: This Policy Statement applies to all Organizational Units of the New Jersey Department of Corrections.		
Supersedes: N/A		
Instructions: All affected Organizational Unit Managers within the New Jersey Department of Corrections shall be responsible for following Central Office, Division of Operations Level I <i>Internal Management Procedures</i> and developing written Operational Unit Level III <i>Internal Management Procedures</i> consistent with this Policy.		
Review Schedule: This document is scheduled for annual review on or about January 2020.		

I. PURPOSE

To establish and maintain specific guidelines for the provision of dental services within the New Jersey Department of Corrections. These guidelines cover all State-sentenced inmates under the custody care of New Jersey Department of Corrections, either at the State correctional facilities, county facilities or residential community housing facilities.

II. DEFINITIONS

N/A

Policy Title: DENTAL SERVICES	Effective Date June 15, 2004 Revised August 11, 2010	Policy Number: MED.003.001 Page 2 of 3
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III. POLICY

The New Jersey Department of Corrections mandates that dental care shall be provided to all inmates in accordance with N.J.A.C. 10A:16 requirements, the National Commission on Correctional Health Care Standards, American Dental Association Standards, Center for Disease Control Guidelines and Occupational Safety and Health Administration Regulations. The NJ DOC also mandates that dental services are only administered by licensed/certified dental staff. Dental Service Policy and Procedures shall be established, revised and/or reviewed on an annual basis by the New Jersey Department of Corrections Health Services Unit (HSU) and the Medical and Dental Service Providers. Dental Staff shall receive introductory and annual training on these policies and procedures. Implementation of these policies and procedures will be consistently monitored by the New Jersey Department of Corrections Health Services Unit and the Medical and Dental Service Providers.

In accordance with Title 45, Chapter 6, of the New Jersey Statutes, only persons licensed to practice dentistry in the State of New Jersey may accomplish procedures directly on the teeth and their supporting structures. This prohibition does not apply to health care staff administering first aid for bleeding or administering over the counter analgesics for a toothache.

IV. PROCEDURE

Specific procedures, covering a range of dental related issues, can be found within the *MED.DEN Internal Management Procedures* series.

Policy Title: DENTAL SERVICES	Effective Date June 15, 2004 Revised August 11, 2010	Policy Number: MED.003.001 Page 3 of 3
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V. CROSS REFERENCE DOCUMENTS AND POLICIES

Document/Policy Number	Title	Effective/Revision Date
MED.DEN.001	<i>Twenty - Four Hour Dental Coverage</i>	August 2010
MED.DEN.002	<i>Dental Screening, Initial Comprehensive Examination and OHI</i>	August 2010
MED.DEN.003	<i>Classification and Priority Treatment Programs</i>	August 2010
MED.DEN.004	<i>Annual Recall Examination and Prophylaxis</i>	August 2010
MED.DEN.005	<i>Intrasystem Transfer Dental Screening</i>	August 2010
MED.DEN.006	<i>Administration of Medicine and Local Anesthesia</i>	August 2010
MED.DEN.007	<i>Dental Infection Control</i>	August 2010
MED.DEN.008	<i>Dental Instruments and Sharps</i>	August 2010
MED.DEN.009	<i>Institutional Dental Staff and Structure</i>	August 2010
MED.DEN.010	<i>Inmate Dental Records</i>	August 2010
MED.DEN.011	<i>Oral Surgery Referrals</i>	August 2010
MED.DEN.012	<i>Removable Dentures</i>	August 2010
MED.DEN.013	<i>Administrative Dental records and Reports</i>	August 2010
MED.DEN.014	<i>Maxillary and Mandibular Fractures</i>	August 2010

VI. APPLICABLE FORMS

Form Title	Form Number	Effective/Revision Date

EXHIBIT F

**NJ Administrative Code Title 13 Chapter 2, 14.1-
14.13 Employment by Licensees of a Person
Failing to Qualify as a Licensee**

**NJ Administrative Code Title 13 Chapter 2, 15.1
– 15.4 Removal of Statutory Disqualification**

N.J.A.C. 13:2-14.1

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 56
No. 18, September 16, 2024

- [New Jersey Administrative Code](#)
- [TITLE 13. LAW AND PUBLIC SAFETY](#)
- [CHAPTER 2. DIVISION OF ALCOHOLIC BEVERAGE CONTROL](#)
- [SUBCHAPTER 14. EMPLOYMENT BY LICENSEES OF A PERSON FAILING TO QUALIFY AS A LICENSEE](#)

§ 13:2-14.1 Restriction upon a minor's employment activities on a licensed premises

(a) No licensee shall allow, permit or suffer any person under the age of 18 years to sell, serve or solicit the sale of any alcoholic beverage, or to participate in the manufacture, rectification, blending, treating, fortification, mixing, processing, preparing or bottling of any alcoholic beverage. It shall not constitute a defense to any prosecution for violation of this rule that the employment of a person under the age of 18 years is permitted under N.J.A.C. 13:2-14.2.

(b) No licensee shall allow, permit or suffer any person under 18 years of age to be employed as an entertainer on any premises where the consumption of alcoholic beverages is permitted unless such minor's employment shall be authorized pursuant to N.J.S.A. 34:2-21.1 et seq. of the New Jersey Child Labor Law and the rules and regulations established thereunder.

§ 13:2-14.2 Minor's employment permit; fees

(a) No licensee, except a retail licensee operating in conjunction with a bona fide hotel or public restaurant, shall allow, permit or suffer the employment of any person under the age of 18 years, in or upon the licensed premises, unless such person obtains an employment permit from the Director of the Division of Alcoholic Beverage Control no later than 10 days from commencement of employment or unless the licensee holds a blanket employment permit issued by the Director pursuant to [N.J.A.C. 13:2-14.4](#).

(b) The fee for an individual permit is \$ 15.00 per calendar year.

§ 13:2-14.3 Permit; age restrictions

(a) No individual permit shall be issued to and no blanket permit shall cover any person under the age of 16 years except:

1. caddies, pinsetters or similar temporary or seasonal type employees as the Director may deem appropriate upon a showing of good cause and
2. Persons employed by a plenary or limited retail distribution licensee; such licensee may not employ any person under 15 years of age.

§ 13:2-14.4 Blanket minors' employment permit

- (a)** A blanket minors' employment permit may be issued by the Director to a licensee to authorize the employment of persons disqualified by reasons of age, who are employed by the licensee as caddies, pinsetters, similar temporary or seasonal employees as the Director may deem appropriate upon a showing of good cause, and such persons covered by the licensee's blanket minors' employment permit need not hold or apply for individual employment permits.
- (b)** The fee for the blanket employment permit shall be based upon the number of anticipated employees to be hired under the permit, but shall not exceed \$ 1,000 per calendar year.

§ 13:2-14.5 Restrictions upon employing criminally disqualified persons

No licensee shall knowingly employ or have connected with him in any business capacity any person who has been convicted of a crime involving moral turpitude unless the statutory disqualification resulting from such conviction has been removed by order of the Director, in accordance with N.J.A.C. 13:2-15, or such person has first obtained the appropriate rehabilitation employment permit or temporary work letter from the Director.

§ 13:2-14.6 Application for a rehabilitation employment permit; temporary work letter

- (a)** Any person convicted of a crime involving moral turpitude may apply to the Director, in the manner and form prescribed by the Director, for a rehabilitation employment permit. Whenever that application is made and it appears to the satisfaction of the Director that such person's employment in the alcoholic beverage industry will not be contrary to the public interest, the Director may, in the exercise of sound discretion, issue such employment permit.
- (b)** Upon the proper filing of an application and proof of promised employment, the Director may, in the exercise of sound discretion, issue the applicant temporary work letters not to exceed 90 days at any one time, authorizing employment upon a specified licensed premises pending determination on the application for a permit.
- (c)** A Temporary Work Letter may be issued if the applicant demonstrates to the Director's satisfaction, that the applicant has behaved in a law abiding manner and has not engaged in and will not participate in any conduct detrimental to the integrity of the alcoholic beverage industry or the public interest. The final determination shall be in the sole discretion of the Director.

§ 13:2-14.7 Rehabilitation employment permit; duration; types; fees

- (a)** A rehabilitation employment permit shall be issued for a one year period, and shall be renewable annually for the term of disqualification, as set forth in N.J.S.A. 33:1-31.2.
- (b)** Rehabilitation employment permits shall consist of the following types:
1. Unlimited employment permit: This permit shall allow the holder thereof to be employed by any class license, without restriction as to type of employment. Such permits may not be issued to persons who have been convicted of crimes which, in the opinion of the Director, present a special risk to the alcoholic beverage industry.

2. Limited employment permit: This permit shall allow the holder thereof to be employed by any class license in any non-managerial capacity, and may allow the holder to sell, serve or deliver alcoholic beverages.

(c) The fee for either type of rehabilitation employment permit shall be \$ 100.00 per year, payable on the date of application.

§ 13:2-14.8 Restrictions upon limited rehabilitation employment permittee

No licensee shall allow, permit or suffer the holder of limited rehabilitation employment permit to act in a managerial capacity with respect to the licensed business or to sell, serve or deliver any alcoholic beverage if the limited permit so prohibits; nor shall the holder of a limited rehabilitation permit engage in any activity prohibited by the permit.

§ 13:2-14.9 Termination of employment of disqualified person

No licensee shall employ in any manner whatsoever on the licensed premises any criminally disqualified person upon the withdrawal or denial of the application of such person for a Rehabilitation Employment Permit or upon the cancellation, suspension, revocation or expiration of a Rehabilitation Employment Permit or a Temporary Work Letter.

§ 13:2-14.10 Nontransferability of permits; term of permit; applicant's photograph and fingerprints

(a) Employment permits are not transferable from person to person.

(b) All individual permits, except rehabilitation permits, expire on March 31st following their issuance unless otherwise specified therein.

(c) Each applicant for his first permit shall submit with the application four color passport-type photographs, two inches by two inches, taken not more than 30 days prior to the date of application.

(d) Applications for a rehabilitation employment permit shall require fingerprinting of the applicant and payment of the necessary fingerprinting processing fees attendant thereto.

§ 13:2-14.11 Amendment of application

Whenever any change shall occur in any of the facts set forth in the application for a permit, the permittee shall file with the Director a notice in writing of the change within 10 days after its occurrence.

§ 13:2-14.12 Prohibited conduct of permittee

No permittee shall engage in any conduct which is prohibited to his employer by the Alcoholic Beverage Control Act, N.J.S.A. 33:1-1 et seq. or any regulation adopted thereunder, or by any valid municipal ordinance or regulation pertaining to employment upon licensed premises.

§ 13:2-14.13 Cancellation, suspension and revocation of permit

(a) Any employment permit may be canceled or suspended or revoked by the Director for cause, including, but not limited to, any of the following:

1. Violation by the holder of any provision of the alcoholic beverage law or any regulation adopted thereunder;
2. For any fraud, misrepresentation, false statement, misleading statement, evasion or suppression of a material fact in the application for the permit;
3. Proof that the holder has a prohibited interest in any license issued by the Director or any other issuing authority;
4. The permit holder is disqualified from being employed by a licensee for reasons other than the disqualification referred to in the employment permit;
5. Any other act or happening, occurring after the time of making an application for an employment permit which, if it had occurred before said time, would have prevented issuance of the permit; and
6. With respect to rehabilitation employment permits or temporary work letters issued pursuant to [N.J.A.C. 13:2-14.6](#), proof of arrest or conviction of the permit holder of any crime or disorderly persons offense.

N.J.A.C. 13:2-15.1

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No. 18, September 16, 2024

- [New Jersey Administrative Code](#)
- [TITLE 13. LAW AND PUBLIC SAFETY](#)
- [CHAPTER 2. DIVISION OF ALCOHOLIC BEVERAGE CONTROL](#)
- [SUBCHAPTER 15. REMOVAL OF STATUTORY DISQUALIFICATION](#)

§ 13:2-15.1 Time for petition filing; removal of statutory disqualification

Any person convicted of a crime involving moral turpitude may, after the lapse of five years from the date of conviction, or release from incarceration, whichever is later, petition the Director of the Division of Alcoholic Beverage Control pursuant to N.J.S.A. 33:1-31.2 for an order removing the resulting statutory disqualification from obtaining or holding any license or permit.

§ 13:2-15.2 Petition; contents

The petition for removal of disqualification shall be in verified form accompanied by payment of a filing fee of \$ 100.00. The petitioner shall be required to submit to fingerprinting and provide four recent color passport photographs (two inches by two inches) with said application, as well as any fingerprinting processing fees attendant thereto.

§ 13:2-15.3 Hearing

No petition shall be denied without first affording the petitioner a hearing, which the Director shall schedule to be held at this Division by the Director under N.J.S.A. 52:14F-8 or by an Administrative Law Judge as a contested case pursuant to [N.J.A.C. 1:1-3.2](#). The petitioner and two character witnesses will be required to appear in person at said hearing and to testify under oath.

§ 13:2-15.4 Removal of disqualifications; causes

(a) The Director may, in the exercise of sound discretion, enter an order removing the disqualification, if the Director is satisfied from the petitioner's testimony, the witnesses produced or the investigative record that:

1. At least five years have elapsed from the later of the date of conviction or release from incarceration;
2. The petitioner has behaved in a law-abiding manner during such period; and

3. The petitioner's association with the alcoholic beverage industry will not be contrary to the public interest.

(b) Any person, who applies for and is denied the removal of a disqualification for any reason, may not re-apply for a period of up to five years from the date of final administrative or judicial action, whichever is later, regarding the subject application. The Director shall set the period of time during which a disqualified person may not re-apply in the Order denying the disqualification removal and shall specify the reasons therefor.