

CHILDREN AND FAMILIES

OFFICE OF LICENSING

Children's Partial Care Programs

Proposed Readoption with Amendments: N.J.A.C. 10:191

Proposed New Rule: N.J.A.C. 10:191-1.10

Authorized By: Allison Blake, Ph.D., L.S.W., Commissioner, Department of Children and Families.

Authority: N.J.S.A. 30:9A-10 and 21.

Calendar Reference: See Summary below for the exception to the rulemaking calendar requirements.

Proposal Number: PRN 2012-158.

Submit comments in writing by January 4, 2013 to:

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The agency proposal follows:

Summary

Pursuant to N.J.S.A. 30:9A-1 et seq., the Department of Children and Families (Department) is authorized to license children's partial care programs in New Jersey. N.J.A.C. 10:191, Children's Partial Care Program, contains the requirements for licensure of children's partial care programs.

As the Department's Office of Licensing (OOL) has provided a 60-day comment period on this notice of proposal, this notice is excepted from the rulemaking calendar requirements pursuant to N.J.A.C. 1:30-3.3(a)5.

Pursuant to N.J.S.A. 52:14B-5.1c(2), N.J.A.C. 10:191, Children's Partial Care Programs, expires on June 25, 2014. N.J.A.C. 10:191 governs the licensure requirements for some 50 children's partial care programs that provide intensive treatment services for youth who have several emotional and/or behavioral challenges. The Department has reviewed these rules and has determined that they are necessary, reasonable, and proper and that their continued implementation with the amendments proposed and discussed below, would benefit consumers, providers, and other members of the public by delineating the effective delivery of high quality mental health services. The rules proposed for reoption are as follows:

N.J.A.C. 10:191-1.1 specifies the purpose, scope, and goals of the chapter.

N.J.A.C. 10:191-1.2 specifies the definitions of terms used in the rules.

N.J.A.C. 10:191-1.3 describes the population to be served by children's partial care programs.

N.J.A.C. 10:191-1.4 specifies requirements for program services.

N.J.A.C. 10:191-1.5 specifies requirements for age-appropriate services.

N.J.A.C. 10:191-1.6 specifies admission requirements.

N.J.A.C. 10:191-1.7 specifies intake requirements.

N.J.A.C. 10:191-1.8 specifies service plan requirements.

N.J.A.C. 10:191-1.9 specifies requirements for progress notes.

N.J.A.C. 10:191-1.10 specifies requirements for termination, discharge, and referral.

N.J.A.C. 10:191-1.11 specifies staffing requirements.

N.J.A.C. 10:191-1.12 specifies staffing responsibilities.

The Department is now proposing substantive and technical amendments to update, strengthen, clarify, and improve the existing rules. The proposed amendments were developed with input from an Ad Hoc Advisory Committee that included representatives from children's partial care programs, the Department of Health (formerly known as (f/k/a) the Department of Health and Senior Services), the Department's Division of Children's System of Care (System of Care) (f/k/a Division of Child Behavioral Health Services (DCBHS), the Department's contracting unit, the OOL, and mental health professionals and representatives from the New Jersey Association of Mental Health and Addiction Agencies (NJAMHAA). The Ad Hoc Advisory Committee made recommendations in the areas of authorized consents, comprehensive assessments, therapeutic nursery programs, treatment setting, medication administration, implementation of services, and technical changes to clarify existing requirements that are reflected in the proposed amendments.

The Department is proposing to amend N.J.A.C. 10:191-1.1(a) to clarify the scope and goals of the partial care programs. The proposed amendments modify the term "emotionally disturbed" to "emotionally/behaviorally challenged" to more appropriately describe the population served by children's partial care programs. The Department is also proposing to delete language that gives the impression that such programs are usually located in a community-based mental health setting or hospital-based setting. While partial care programs are often

located in a community-based mental health setting or hospital-based setting, such programs may be located in a variety of other settings.

The proposed amendments at N.J.A.C. 10:191-1.1(b) also expand partial care services to at-risk children under five years of age. The Department's proposed amendments at N.J.A.C. 10:191-1.1(c) also delete redundant wording. The deleted language is already included in paragraphs (c)1 through 9. The proposed amendment at N.J.A.C. 10:191-1.1(e) deletes reference to the Department of Health because that agency does not regulate children's partial care programs.

The Department proposes amendments to the definitions at N.J.A.C. 10:191-1.2 to add new terms to the list of definitions and modify definitions of existing terms. The Department is proposing to add a new definition for "authorized consent." The proposed amendments would also add a new definition for "comprehensive assessment," which is defined as the assessment of a youth through consideration of psychological, medical, developmental, substance abuse, spiritual, recreational, and vocational components in order to specify the components included in the comprehensive assessment that identify the needs of the children in these areas. The Department also proposes to add a new definition of the term "therapeutic nursery," which is defined as a children's partial care program serving children five years of age and younger, offering children age-appropriate structured activities including activities for daily living, recreation, and socialization activities and other mental health services based upon the needs of the children. The proposed amendments at N.J.A.C. 10:191-1.2 also add a definition of the term "treatment setting," which is defined as a children's crisis intervention services (CCIS) unit, psychiatric community home for children, group home, treatment home, residential child care facility, drug/alcohol program, private hospital, or other out-of-home mental health treatment

setting.

The proposed amendments replace and clarify the definition of the term “children’s crisis intervention services” by stating that such services include acute inpatient psychiatric service. The Department is proposing to amend the definition of “children’s partial care program” to omit reference to Department of Health. The proposed amendments would also modify the term “comprehensive treatment plan” to indicate that service and treatment goals, objectives, and interventions are based on a comprehensive risk assessment in order to ensure that the comprehensive treatment plan addresses the treatment needs of the children. The proposed amendments clarify the term “counseling” to include activities that involve both individuals and their families. The Department is proposing to modify the definition of “Level I standards” by deleting references to specific citations within this chapter as these references are already captured in the definition. The Department is proposing to amend the definition of “seriously emotionally disturbed” to “seriously emotionally/behaviorally challenged” to remain consistent with terminology used elsewhere in the chapter. The Department is proposing to further amend the definition of this term to refer to youth instead of a child or adolescent and delete a reference to the age of the youth in order to clarify that the term youth includes both children and adolescents. The Department proposes to modify the definition of “youth” to refer to a person instead of children, and to indicate that the term may include persons over 18 and younger than 21 years of age if eligible to receive partial care services under N.J.A.C. 10:191-1.5(c).

The Department proposes amendments throughout N.J.A.C. 10:191-1.3 to reflect the new term “emotionally/behaviorally challenged” in place of the term “emotionally disturbed.” The Department is proposing to amend N.J.A.C. 10:191-1.3(a) to require agencies to have policies and procedures to prioritize admissions for youth who satisfy the criteria listed in N.J.A.C.

10:191-1.3(a)1 and 2. The proposed amendments at N.J.A.C. 10:191-1.3(a)1 and (a)2 clarify that first priority for admissions should be given to youth who previously resided in a treatment setting or who are at risk of extended out-of home placement in a treatment setting or of being excluded from school. The proposed amendments at N.J.A.C. 10:191-1.3(b) delete reference to the emotionally disturbed youth. The proposed amendments also delete the requirement to develop written procedures to prioritize admission. The Department is proposing new requirements for establishing policies and procedures related to prioritizing admissions at N.J.A.C. 10:191-1.3(a), as discussed previously in this paragraph.

The Department proposes amendments at N.J.A.C. 10:191-1.4(a) to clarify that children's partial care programs may provide additional planned activities during evening or weekend hours or both as needed. The proposed amendment at N.J.A.C. 10:191-1.4(a)1 refers to the "treatment" plan rather than the term "service" consistent with proposed amendments to N.J.A.C. 10:191-1.8. The proposed amendments to this paragraph also clarify that partial care providers must document that services were provided in accordance with the treatment plan. The Department is proposing to amend N.J.A.C. 10:191-1.4(a)1iii, vi, and viii to clarify that medication management must include counseling, monitoring, and safe storage; that referrals should be made to drug/alcohol programs as needed; and that agency's must obtain necessary authorizations and consents.

The Department proposes amendments at N.J.A.C. 10:191-1.5(a) to add new language to require agencies operating children's partial care programs to provide youth with age-appropriate or developmentally appropriate services. Minor grammatical changes are also proposed to this section.

The Department proposes amendments at N.J.A.C. 10:191-1.6(a) to clarify that

admissions policies must include procedures for providing admission decisions consistent with the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The Department also proposes to amend this subsection to require that admission decisions be communicated within seven, rather than five, calendar days of the intake interview. The Department proposed to delete N.J.A.C. 10:191-1.6(b), as children's partial care programs will no longer be required to develop procedures for youth who are appropriate for the program but cannot be served immediately.

The Department proposes amendments at N.J.A.C. 10:191-1.7(a)2 and 5 to add new information that must be documented at intake, namely: potential treatment goals and objectives and characteristics that identify high risk, rather than characteristics that need to be of concern, and to relocate medical history from N.J.A.C. 10:191-1.7(a)12 to paragraph (a)6.

The Department proposes amendments at N.J.A.C. 10:191-1.8 to clarify the requirements for treatment planning. The Department proposes changes throughout this section to refer to "treatment" plan rather than the "service" plan and "youth" rather than "child." The proposed amendments at N.J.A.C. 10:191-1.8(a)1 require the agency to complete the initial treatment plan within 72 hours. The proposed amendments to this paragraph also require the results of the assessment to be entered into the clinical record within 14 calendar days instead of 10 days to provide additional time for the programs to enter the assessment into the clinical record. The proposed amendments at N.J.A.C. 10:191-1.8(a)2 improve wording by replacing "full" assessment with "comprehensive" assessment and adding a new requirement that the comprehensive assessment shall conclude with findings and recommendations. This will facilitate better treatment planning, so that the needs of the youth can be best served. The proposed amendments at N.J.A.C. 10:191-1.8(a)2 further clarify the required elements of the assessment, namely: factors indicating high risk (N.J.A.C. 10:191-1.8(a)2iii); medical history

(N.J.A.C. 10:191-1.8(a)2iv); and cultural and spiritual supports (N.J.A.C. 10:191-1.8(a)2viii).

The proposed amendments at N.J.A.C. 10:191-1.8(a)3 replace the word “entrance” with “admission” to the program. The proposed amendments to this paragraph also require that comprehensive treatment plans include projected time frames for goal completion and contain the signatures of the team members who participated in the development of the plan, including family members and youth.

The Department proposes amendments at N.J.A.C. 10:191-1.9(a) to refer to the treatment plan instead of the service plan for consistency in terminology.

The Department is proposing new N.J.A.C. 10:191-1.10, establishing requirements for medication administration. Proposed N.J.A.C. 10:191-1.10(a) requires programs that receive prescribed or over-the-counter medication from parents and have trained staff administer the medication to record such administration in a medication log book. The subsection further requires the log book to contain the following information: the name of the child receiving medication (paragraph (a)1); the type of medication, dosage, and intervals between dosages (paragraph (a)2); what to do if a dosage is missed (paragraph (a)3); the reason for the medication (paragraph (a)4); the date and time medication was administered (paragraph (a)5); possible side effects of the medication, if any (paragraph (a)6); and the signature and title of the staff member administering medication (paragraph (a)7). Proposed new N.J.A.C. 10:191-1.10 (b) requires all prescription and non-prescription medication received from parents to be maintained in a locked cabinet or container, or as needed, in a locked box in a refrigerator; and requires staff to ensure that the keys to the locked cabinets, containers, and locked boxes are adequately safeguarded and maintained and are kept out of the reach of children and youth in order to ensure the health and safety of the youth in the programs by eliminating accidental or intentional ingestion of

medication not prescribed for them.

The Department proposes to amend recodified N.J.A.C. 10:191-1.11(a)4 to permit, rather than require, the youth and family to participate in the development of the discharge plan as there may be legal or clinical issues that would make required participation unnecessary. The proposed amendments at recodified N.J.A.C. 10:191-1.11(a)5 delete the requirement that agency termination policy include “possible reasons for termination. The proposed amendments at recodified N.J.A.C. 10:191-1.11(a)6 require the agency to complete the discharge summary within 14 calendar days of discharge. Proposed new N.J.A.C. 10:191-1.11(a)6vi adds a requirement that the discharge diagnosis be included in the discharge plan.

The Department proposes amendments at recodified N.J.A.C. 10:191-1.12 to make technical and grammatical corrections and to clarify staffing requirements for children’s partial care facilities. Proposed new N.J.A.C. 10:191-1.12(a)3 requires the staffing ratio in paragraph (a)2 to be maintained when youth are participating in an activity organized by the agency, at a location other than the regular partial care program location, including in the vehicle(s) used to transport the youths to the activity and return from the activity. This amendment will help ensure appropriate staffing levels at all times. Proposed new N.J.A.C. 10:191-1.12(a)3i requires that all vehicles used to transport youth shall have a valid motor vehicle inspection sticker issued by the New Jersey Motor Vehicle Commission (MVC). Proposed new N.J.A.C. 10:191-1.12(a)3ii requires that all drivers transporting youth shall possess a valid driver’s license issued by the MVC. These proposed amendments help to ensure safe transportation for children and youth in partial care programs participating in organized activities. Proposed new N.J.A.C. 10:191-1.12(b) requires that youth and adults served by the same agency shall have no contact with each other during program time or while being transported by program staff or on program-furnished

vehicles. This proposed amendment helps to ensure the safety of children in partial care programs.

The Department proposes amendments at recodified N.J.A.C. 10:191-1.12(c) to require agencies to maintain a current written schedule of staff and volunteers and to eliminate the requirement for the schedule to be posted and revised weekly or as needed. This will provide with agencies with administrative flexibility while ensuring that schedules are current. The proposed amendment at recodified N.J.A.C. 10:191-1.12(d) makes a technical change to update a citation.

The Department proposes amendments at recodified N.J.A.C. 10:191-1.12(e) to permit an advanced practice nurse (APN), as specified in N.J.S.A. 45:11-45 to 52, who is certified in the category of psychiatric/mental health, to supervise a youth's treatment plan. The proposed amendment provides the programs the option to use an APN instead of the psychiatrist regarding the supervision of the youth's treatment.

The Department is proposing amendments at recodified N.J.A.C. 10:191-1.13 to clarify staffing responsibilities for children's partial care programs. The proposed amendment to N.J.A.C. 10:191-1.13(a) and (b) relate to the requirements for the program director. The proposed amendment to N.J.A.C. 10:191-1.13(a)3 replaces the requirement to participate in all relevant county youth's services planning activities with the requirement to provide data and other input as requested by the Division of Children's System of Care. This ensures ongoing communication between the program and county service providers without imposing an unreasonable commitment on the program director's time. The proposed amendment at N.J.A.C. 10:191-1.13(a)13 replaces the requirement that the program director develop and implement staff training with the requirement that the program director ensure that such training is developed and

implemented. The proposed amendment at N.J.A.C. 10:191-1.13(a)14 requires that emergency planning include an evacuation plan to help ensure safety of children and staff in the event of fire or natural disaster. The proposed amendment at N.J.A.C. 10:191-1.13(a)15 eliminates the requirement that the program director ensure compliance with “accepted standards of care” and replaces it with the requirement to ensure compliance with the chapter. The proposed deletion of N.J.A.C. 10:191-1.13(a)17 deletes the general requirement for the program director to “perform related duties as needed and appropriate to the provision of partial care services.” This language is ambiguous and unnecessary as the responsibilities of the program director are otherwise specifically set forth in this section. The proposed amendments at recodified N.J.A.C. 10:191-1.13(b)1 modify the qualifications of the program director by requiring a master’s degree in a specified field from an accredited college or university, rather than only from a university.

The Department proposes amendments at recodified N.J.A.C. 10:191-1.13(c) and (d) to clarify the duties of the psychiatrists affiliated with children’s partial care facilities. The proposed amendment at N.J.A.C. 10:191-1.13(c)1 replaces the term “dispensing” with the term “administering” in the context of providing medication to program clients. The proposed amendments at N.J.A.C. 10:191-1.13(c)6 clarify that psychiatrists must conduct all psychiatric assessments, including the initial assessment. These proposed changes clarify the types of assessments the psychiatrist conducts. The proposed amendment at N.J.A.C. 10:191-1.13(c)8 requires a psychiatrist to maintain a valid Medicare and Medicaid provider number only if necessary. The proposed deletion of N.J.A.C. 10:191-1.13(c)9 eliminates the requirements that the psychiatrist “perform related duties as needed and appropriate to the provision of partial care services.” This language is ambiguous and unnecessary as the responsibilities of the psychiatrist are otherwise specifically set forth in this subsection.

The Department proposes amendments at N.J.A.C. 10:191-1.13(d)2 and 3 to modify the qualifications of the psychiatrist by requiring board eligibility in “general” psychiatry, rather than an unspecified type of psychiatry and delete the requirement for two years’ experience in working with youth. These proposed changes should expand the pool of qualified candidates for children’s partial care programs.

The Department proposes amendments to N.J.A.C. 10:101-1.13(e) and (f) to clarify the requirements for direct care professional workers in a children’s partial care program. The proposed amendments at recodified N.J.A.C. 10:191-1.13(e) clarify that one or more direct care professional workers are responsible for the duties in paragraphs (e)1 through 8 and that not all direct care professional workers are responsible for all the duties. The proposed deletion of N.J.A.C. 10:191-1.13(e)9 eliminates the requirement that the direct care professional worker “perform related duties as needed and appropriate to the provision of partial care services.” This language is ambiguous and unnecessary as the responsibilities of the direct care professional staff are otherwise specifically set forth in this subsection.

The proposed amendments at N.J.A.C. 10:191-1.13(f)1 require direct care professional staff to possess a bachelor’s or advanced degree in social work, psychology, or a related field from an accredited college or university or be a licensed social worker or nurse in New Jersey. These proposed changes should expand the pool of qualified candidates for children’s partial care programs. The proposed amendment at N.J.A.C. 10:191-1.13(f)2 replaces the word “child” with “youth” to be consistent with changes made throughout the chapter.

The Department proposes amendments to N.J.A.C. 10:191-1.13(g) and (h) to clarify the requirements for direct care paraprofessional workers in a children’s partial care program. The proposed amendments at N.J.A.C. 10:191-1.13(g) clarify that one or more direct care

paraprofessional workers are responsible for the duties enumerated in paragraphs (g)1 through 9 and that not all direct care paraprofessional workers are responsible for all the duties. The proposed amendment at N.J.A.C. 10:191-1.13(g)8 clarifies that direct care paraprofessionals are expected to perform light “housekeeping” and not light “household” duties in order to clarify this responsibility of a direct care paraprofessional. The proposed deletion of N.J.A.C. 10:191-1.13(g)10 eliminates the requirement that the direct care paraprofessional worker “perform related duties as needed and appropriate to the provision of partial care services.” This language is ambiguous and unnecessary as the responsibilities of the direct care professional staff are otherwise specifically set forth in this subsection.

The proposed amendments at N.J.A.C. 10:191-1.13(h) clarify the minimum requirements direct care paraprofessional staff must possess, which includes a bachelor’s degree from an accredited “college or university”; an associates degree from an accredited college or university plus two years’ experience providing services to youth; or a high school diploma plus five years’ experience providing services to youth.

The Department proposes amendments at N.J.A.C. 10:191-1.13(i) to require paid staff to provide direct supervision to volunteers, student interns, and non-direct care staff at all times when interacting with youth or families. The proposed amendments also delete non-specific language related to the purpose of the training and supervision provided to volunteers, student interns, and non-direct care staff.

Social Impact

The rules proposed for readoption with amendments and a new rule will have a positive social impact on children’s partial care programs by clarifying and updating the rules regarding

authorized consents, comprehensive assessments, therapeutic nursery programs, treatment setting, staffing, and implementation of services, as well as establishing new rules for medication administration. The proposed amendments will improve the health, safety, and well-being of youth receiving services in partial care programs. Such youth are at risk for psychiatric hospitalization or re-hospitalization.

Economic Impact

The rules proposed for readoption with amendments and a new rule have a limited economic impact on children's partial care programs. There may be some minor costs associated with purchasing equipment to lock medications. There will be some costs for the few programs that provide transportation to adults and youth at the same time in the same vehicle.

Federal Standards Statement

The rules proposed for readoption with amendments and a new rule do not exceed or have any impact on analogous Federal counterparts, since there are no existing statutes or requirements pertaining to children's partial care programs imposed by Federal law within the scope of these rules.

Jobs Impact

The rules proposed for readoption with amendments and a new rule are not expected to result in the generation or loss of jobs.

Agriculture Industry Impact

The rules proposed for readoption with amendments and a new rule have no impact on the agriculture industry.

Regulatory Flexibility Analysis

The rules proposed for readoption with amendments and a new rule will affect some children's partial care programs, all of which fall within the definition of a small business, as defined in the Regulatory Flexibility Act, N.J.S.A. 52:14B-16 et seq.

The rules proposed for readoption with amendments and a new rule impose reporting, recordkeeping, and other compliance requirements on children's partial care programs with respect to admission policies and procedures, program services, intake information, treatment planning, progress notes, medication administration, termination and discharge, staffing requirements, staffing responsibilities, and staff qualifications, as discussed in the Summary above. Any costs in complying with the rules is as discussed in the Economic Impact above

The proposed amendments require children's partial care programs to utilize professional services for the provision of partial care services to children and youth. In the development of the proposed amendments, the Department sought to minimize any adverse economic impact on small businesses. However, these requirements are necessary to ensure the health, safety, and well-being of children and youth in children's partial care programs.

Housing Affordability Impact Analysis

The rules proposed for readoption with amendments and a new rule will have an insignificant impact on affordable housing in New Jersey and there is an extreme unlikelihood

that the rules would evoke a change in the average costs associated with housing because the rules concern requirements for children's partial care programs.

Smart Growth Development Impact Analysis

The rules proposed for readoption with amendments and a new rule will have an insignificant impact on smart growth and there is an extreme unlikelihood that the rules would evoke a change in housing production in Planning Areas 1 or 2, or within designated centers, under the State Development and Redevelopment Plan in New Jersey because the rules pertain to the requirements for children's partial care programs.

Full text of the rules proposed for readoption may be found in the New Jersey Administrative Code at N.J.A.C. 10:191.

Full text of the proposed amendments and new rule follows (additions indicated in boldface **thus**; deletions indicated in brackets [thus]):

SUBCHAPTER 1. CHILDREN'S PARTIAL CARE PROGRAM STANDARDS

10:191-1.1 Purpose, scope, and goals

(a) Children's partial care programs provide seriously [emotionally disturbed] **emotionally/behaviorally challenged** youth with a highly structured intensive day treatment program. [Such programs are typically located in, but need not necessarily be limited to, a community-based mental health setting or hospital-based setting.]

(b) Program goals include:

1. (No change.)
2. Prevention of re-hospitalization of youth who have been psychiatrically hospitalized;

[and]

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

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

(c) Agencies operating children's partial care programs [shall strive to maximize each youth's potential for learning, growth, and emotional stability within the family or natural support system. Agencies operating children's partial care programs shall respect the rights and dignity of all youth. Partial care programs] shall:

1. – 2. (No change.)

3. Help each youth to realize [their own] **his or her** potential for learning;

4. – 9. (No change.)

(d) (No change.)

(e) No children's partial care program shall operate unless it has secured a license from the Department of Children and Families as a children's partial care program[, or is licensed by the Department of Health and Senior Services as a health care facility].

10:191-1.2 Definitions

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

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

["Children's crisis intervention services" or "CCIS" means an acute care inpatient unit located

in a hospital or free-standing facility established to serve children and adolescents from the ages of five through 17 who have:

1. Received an initial screening by a designated mental health emergency or screening service;
2. A primary psychiatric diagnosis; and
3. A level of personal and social functioning impairment to the extent that inpatient psychiatric crisis intervention and treatment services are necessary.]

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

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

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

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

"Counseling" means the use of therapeutic methodologies, which enable **individuals and**

families to resolve problems or temporary stress of situations [which] **that** they have encountered.

...

"Level I standards" means those standards, as specified in this chapter, with which a children's partial care program must be in full compliance in order to be granted or to continue to receive a Department license. Level I standards are those standards [which] **that** relate most directly to client rights, safety, and staffing. [With specific reference to children's partial care programs, Level I standards are staffing requirements at N.J.A.C. 10:191-1.11(a) and staffing responsibilities at N.J.A.C. 10:191-1.12(b), (d), (f) and (h).]

...

"Seriously [emotionally disturbed] **emotionally/behaviorally challenged**" means a [child or adolescent] **youth** exhibiting one or more of the following characteristics: behavioral, emotional, or social impairment that disrupts the [child's or adolescent's] **youth's** academic or developmental progress and may also impact upon family or interpersonal relationship. This disturbance shall have also impaired functioning for at least one year or the [youth has an] impairment **shall be** of short duration and high severity [and is under 18 years of age].

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

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

"Youth" means [children] **a person under 18 years of age, but may include persons over 18 and younger than 21 years of age, if eligible to receive partial care services under N.J.A.C. 10:191-1.5(c).**

10:191-1.3 Population to be served

(a) Agencies operating children's partial care programs [shall serve youth with serious emotional disturbances. First] **shall have policies and procedures that give first** priority for admission [shall be] **to** youth who are diagnosed as seriously [emotionally disturbed] **emotionally/behaviorally challenged** and meet one or both of the following criteria:

[1. Currently residing in or having previously resided in a Children's Crisis Intervention Services (CCIS) unit, a psychiatric community residence for children, a private hospital, or other out-of-home placement; and/or]

1. Having previously resided in a treatment setting; or

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

(b) Youth diagnosed as seriously [emotionally disturbed] **emotionally/behaviorally challenged** who do not meet the criteria in (a)1 or 2 above may be admitted provided that all youth referred who meet the criteria are given first priority for admission. [However, the agency must have written procedures which prioritize admission to those youth who meet the criteria in (a)1 or 2 above.]

10:191-1.4 Program services

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

1. [These services] **Services** shall be available for all youth and provided to the extent required by **the** individual [service] **treatment** plan. [The capacity to provide or arrange for partial care services shall be documented, and evidence] **Evidence** of the actual provision of [such] services shall be documented in the clinical record. Services shall include, but need not be limited to, the following:

i. – ii. (No change.)

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

iv. – v. (No change.)

vi. Case coordination, **including obtaining authorizations and consents;**

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

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

ix. (No change.)

2. (No change.)

10:191-1.5 [Age appropriate services] **Services to children and youth**

(a) The agency **shall ensure that youth are provided age-appropriate or developmentally appropriate services, and** shall implement written policies and procedures that address age

grouping of available services for nursery (ages three to five), latency (ages five to 10), pre-adolescent (ages 10 to 12), adolescent (ages 12 to 17), and aging-out youth (above age 17). In those cases where it is determined that a youth receives services not with [their] **his or her** chronological age group, written documentation shall be maintained in [their] **the youth's** clinical record as to the justification therefor.

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

(c) (No change.)

10:191-1.6 Admission

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

1. Admission criteria (both inclusionary and exclusionary) [that reflects the characteristics of the population to be served];
2. (No change.)
3. Procedures for obtaining [an] authorized consent(s) for treatment; and
4. Procedures, **consistent with laws and rules regarding health privacy and protected health information**, for notifying applicants, **legal guardian(s)**, families, and referral sources of admissions decisions, rationale for such decisions, and any information related to service initiation. Such notification shall be made within [five] **seven calendar** days of the intake interview.

[(b) The agency shall develop procedures for youth who are appropriate for the program but

cannot be served immediately, including provisions for referral to interim services as needed.]

10:191-1.7 Intake

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

1. (No change.)
2. Presenting problem, reason for referral as perceived by client, parents, guardian, and significant others, **and potential treatment goals and objectives**;
3. - 4. (No change.)
5. Indicators of characteristics [that need to be of concern] **that identify high risk** to service providers in the provision of treatment to the youth;
6. [Medication] **Medical history and medication** information;
7. – 11. (No change.)
- [12. Medical history;]

Recodify existing 13. and 14. as **12. and 13.** (No change in text.)

10:191-1.8 [Service plan] **Treatment planning**

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

1. Based on the information gathered through the intake process, a member of the professional staff shall complete an assessment of the clinical needs of the [child] **youth**. This assessment shall include: treatment recommendations, immediate needs, preliminary goals or

objectives, and initial interventions. This assessment shall serve as the initial [service] **treatment plan completed within 72 hours** until the comprehensive treatment plan is developed. This assessment shall be entered into the clinical record within [10] **14 calendar** days of the child's admission.

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

i. – ii. (No change.)

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

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

v. – vii. (No change.)

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

ix. – x. (No change.)

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

i. (No change.)

ii. The plan shall contain goals and measurable objectives [set in reasonable] **with projected** time frames **for completing each goal.**

iii. The plan shall contain [staff] **treatment** interventions and frequency of service activities.

iv. [The] **Where possible, the** plan shall reflect [client and] family participation [as evidenced by signatures as appropriate].

v. (No change.)

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

10:191-1.9 Progress notes

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

1. Each weekly progress note shall include:

i. – ii. (No change.)

iii. The response to and outcome of [service] **treatment** plan interventions; and

iv. (No change.)

2. [During the course of treatment, the] **The** progress notes shall address all elements of the [service] **treatment** plan and reflect the child's overall progress in the stated goals.

10:191-1.10 Medication administration

(a) Programs that receive prescribed or over-the-counter medication from parents and have trained staff administer the medication shall record such administration in a medication log book, which shall contain the following information:

1. The name of the child receiving medication;

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

3. **What to do if a dose is missed;**
4. **The reason for the medication;**
5. **The date and time medication was administered;**
6. **Possible side effects of the medication, if any; and**
7. **The signature and title of the staff member administering medication.**

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

10:191-[1.10]1.11 Termination, discharge, and referral

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

1. – 3. (No change.)

4. The youth and family [shall] **may** participate in the development of the discharge plan.

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

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

- i. – iv. (No change.)
- v. Discharge medication; [and]
- vi. Discharge diagnosis; and**
- [vi.] **vii.** (No change in text.)

10:191-[1.11]**1.12** Staffing requirements

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

1. (No change.)

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

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

i. All vehicles used to transport youth shall have a valid motor vehicle inspection sticker issued by the New Jersey Motor Vehicle Commission (MVC).

ii. All drivers transporting youth shall possess a valid driver's license issued by the MVC.

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

furnished vehicles.

[3.] (c) There shall be a **current** written schedule for all staff and volunteers providing direct services to youth. [This schedule shall be posted and revised weekly or as needed.]

[4.] (d) Each program shall have an individual who meets the qualifications of a program director (see N.J.A.C. 10:191-[1.12(b)]**1.13(b)**).

[5.] (e) The partial care program shall have sufficient availability of psychiatric services, so that required psychiatric services are available for each youth. Each youth's treatment shall be under the direction of a psychiatrist as reflected by psychiatrist participation in the [service] **treatment plan. The youth's treatment may be under the supervision of an advanced practice nurse (APN) as specified in N.J.S.A. 45:11-45 et seq., who is certified in the category of psychiatric/mental health, as reflected in the APN's participation in the treatment plan and supported by a collaborative agreement with the program psychiatrist and joint protocol document as specified in N.J.A.C. 13:37-6.3.**

[6.] (f) (No change in text.)

10:191-[1.12]**1.13** Staffing responsibilities

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

1. – 2. (No change.)

[3. Participating in all relevant county youth's services planning activities (for example, Child Assessment Resource Teams (CARTS) and the Children's Interagency Coordinating Council (CIACCS);]

3. Providing data and other input to the county Children's Inter-Agency

Coordinating Council as requested by the Division of Children’s System of Care;

- 4. – 10. (No change.)
- 11. Preparing service and budgetary records and [submit] **submitting** records to appropriate parties;
- 12. (No change.)
- 13. [Developing and implementing] **Ensuring the development and implementation of** staff orientation, staff development, and in-service programs;
- 14. Ensuring emergency and crisis capability, **including evacuation because of fire or natural disaster;**
- 15. Ensuring compliance with [accepted standards of care] **this chapter;**
- 16. Establishing and maintaining formal and informal affiliation with other needed service providers; **and**
- [17. Performing related duties as needed and appropriate to the provision of partial care services; and]
- [18.] **17.** (No change in text.)

(b) The program director minimally shall have:

- 1. An earned master's degree in family therapy, psychology, counseling, social work, or other related field from an accredited **college or** university; and
- 2. Three years' experience in the provision of youth[']s mental health services, at least one of which shall have been in a supervisory capacity.

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

- 1. Evaluating, diagnosing, prescribing, and[, if necessary, dispensing] **administering**

medication to program clients;

2. (No change.)

3. Monitoring [client's] **clients'** responses to prescribed medication;

4 – 5. (No change.)

6. Conducting **initial and subsequent** psychiatric assessments and evaluations [as needed];

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

8. [Maintaining] **If necessary, maintaining** a valid Medicare and Medicaid provider number[; and].

[9. Performing related duties as needed and appropriate to the provision of partial care services.]

(d) The psychiatrist minimally shall have:

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

2. Board eligibility in **general** psychiatry[; and].

[3. Two years' experience in working with youth.]

(e) [The responsibilities of the direct care professional worker shall include, but are not limited to, the following:] **The agency shall assign the following responsibilities to one or more of the direct care professional workers, in accordance with staffing levels required by N.J.A.C. 10:191-1.12, which shall include, but are not limited to:**

1. – 6. (No change.)

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

8. Maintaining clinical documentation[; and].

[9. Performing related studies as needed and appropriate to the provision of partial care

services.]

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

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

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

(g) [The responsibilities of the direct care paraprofessional worker shall include, but are not limited to, the following:] **The agency shall assign the following responsibilities to one or more of the direct care paraprofessional workers, in accordance with staffing levels required by N.J.A.C. 10:191-1.12, which shall include, but are not limited to:**

1. – 7. (No change.)

8. Performing light [household] **housekeeping** duties; **and**

9. Providing transportation[; and].

[10. Performing related duties as needed and appropriate to the provision of partial care services.]

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

1. [An earned] **A bachelor's degree from an accredited [institution, or earned] college or university;**

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

[2.] **3.** (No change in text.)

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

1. Agencies operating children's partial care programs shall ensure that volunteers, student interns, and non-direct care staff who have contact with youth and parents receive proper training and are **directly** supervised by paid staff members **at all times when interacting with youth or families**. [Such training and supervision shall seek to educate and inform the volunteer, intern, non-direct care staff about any special needs or problems they might encounter while working with the youth.]

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

3. (No change.)