



**COVID-19 Guidance for Congregate Care Residential Treatment Programs
Contracted by The New Jersey Department of Children and Families
June 22, 2020**

The guidance herein applies to congregate care residential treatment programs for youth and families funded through the Department of Children and Families' (DCF) cost reimbursement and fee-for-service contracts, including all programs listed in Appendix A. This guidance shall be in effect until rescinded or revised.

I. GENERAL EXPECTATIONS

A. Monitoring COVID-19

Congregate care residential treatment providers shall ensure that they monitor the NJ COVID-19 Information Hub at: <https://www.nj.gov/health/> and the CDC COVID-19 resource site at: <https://www.cdc.gov/coronavirus/2019-nCoV/index.html> for the most up-to-date information for employers, health care workers, congregate living providers, and the general public.

All providers are expected to develop policies and implement practices to prevent transmission of the virus. Relevant CDC guidance to support these policies and practices can be found at: <https://www.cdc.gov/coronavirus/2019-ncov/prepare/prevention.html>. Providers are minimally expected to implement policies and guidelines that are consistent with the CDC and other state issued guidance:

- Instruction to staff and residents on hand hygiene and limiting surfaces touched
- Instruction to staff regarding when personal protective equipment (PPE) is and is not required, and how to use PPE
- Limiting physical contact among persons in the facility, including practicing social distancing with no handshaking or hugging, and remaining six feet apart at all times including during mealtimes, educational, therapeutic, and recreational activities, unless otherwise required for the health and safety of a resident.

Staff should be wearing or provided with face coverings before entering a facility. Programs shall screen all staff for COVID-19 symptoms prior to their scheduled shifts by:

- Taking the staff's temperature with a non-oral thermometer
- Asking: "In the past day have you experienced fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea, vomiting, or diarrhea? (Note: This list does not include all possible symptoms associated with COVID-19; the CDC is continuing to update the list of possible symptoms at: <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>)
- Asking: "Are you having any of these symptoms today? Have they worsened since yesterday?"
- Asking: In the last 14 days, have you had contact with someone with a confirmed diagnosis of COVID-19, under investigation for COVID-19, diagnosed with COVID-19 who has not yet cleared isolation guidelines, or ill with respiratory illness?
- Asking: Within the past 14 days, have you traveled to an area subject to a Level 3 CDC Travel Health Notice? (Note: the CDC maintains an updated list of Travel Notices at: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>)

If the staff has a fever above 100.4, or answers "yes" to any of the above questions, they should be sent home and directed to seek medical attention. Additional guidance for staff screening may be found at <https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html>

B. Education

Programs are reminded that they are required to facilitate the delivery of home education provided by the child or youth's school district during the child or youth's residence in the program. Children or youth must be afforded time, materials and space necessary to accommodate delivery of these educational services. To the greatest extent practicable, this includes allowing appropriately limited access to email and the internet and allowing open communication between the child or youth and teachers or school officials. Computers, tablets, or other devices shared among staff and/or residents should be cleaned before being used by another individual.

II. PROVISION OF CLINICAL SERVICES VIA TELEHEALTH

Clinical and treatment services, with the exception of medication administration and direct supervision, may be provided through telehealth where the standard of care can be maintained in accordance with the guidelines in Appendix C and Appendix D. Staff providing services through telehealth **may not** be included in staff:resident ratios required by licensure.

III. TEMPORARY CHANGES TO PROGRAM OPERATIONS

A. Admission Criteria

Programs contracted to provide emergency services **shall continue to receive admissions**. Emergency programs are identified in Appendix A.

Admissions for other residential treatment programs identified in Appendix A were previously suspended by DCF and may now be reinstated based on each program's capacity to manage on-site quarantining and isolation, procurement and distribution of PPE, availability of testing, and other measures to prevent transmission of the virus.

Admissions to residential treatment must be approved by DCF. Requests for admission shall be directed to the CSOC Office of Residential Services or to the CSOC Office of Integrated Health and Wellness as indicated in Appendix A. New admissions are subject to the approval of the Assistant Commissioner of CSOC or her designee in consultation with the Assistant Commissioner of the Division of Child Protection and Permanency or her designee.

All programs are expected to adhere to the "no eject, no reject" policy as required by contract.

Providers shall develop, write and implement COVID-19 prescreening criteria for admissions. Providers shall maintain written copies of these criteria on site. **These criteria shall include the criteria in this guidance and any additional recommended screening criteria that may be issued by DCF.** Prior to any admission, the prospective resident and any dependent children shall be prescreened utilizing the criteria developed by the provider. Providers shall include practices in the pre-admissions process that do not rely on face to-face interactions, including traditional "meet and greet" visits.

Providers shall adhere to social distancing and health and hygiene standards during the admissions process. For example:

- Require prospective residents to wash hands or use an alcohol-based hand sanitizer (60-90%) upon entering the facility
- Limit sharing of pens between different people (or clean pens with alcohol wipes after use)
- If a keyboard or electronic device is being used for admissions, ensure it is cleaned and disinfected between uses
- Maintain source control and at least 6 feet distance between staff and prospective residents during the admissions process.

It is understood that providers may experience difficulty in achieving regulatory compliance with admission requirements for physicals and dental/vision/hearing exams. DCF is waiving these requirements for their licensed programs unless otherwise required by Department of Health Regulations such that:

- A preadmission physical exam completed by a physician is not required but may be provided by telehealth

- The program shall ensure that a registered nurse conducts a preadmission health screening to include screening for COVID-19 symptoms

These requirements are detailed in the “Notice of Rule Waiver/Modification/Suspension Pursuant to Executive Order No. 103 (Murphy) (March 9, 2020) Covid-19 State Of Emergency” attached here as Appendix B.

B. Home Passes for Youth

Home visitation passes for all residents shall be suspended. The providers shall establish alternative methods (i.e. phone, videoconferencing) for residents to stay connected with family, attorney, and other supports during this COVID-19 pandemic. The provider shall advise all program residents and parents/guardians of the guidelines for home passes.

C. Program Visits

Program visits with family, caregivers, or others who are essential to preserving the physical and mental health, well-being, and safety of residents shall be permitted, with no more than one visitor per resident per day.

Visitors should be wearing or provided with face coverings before entering a facility. Programs shall screen all prospective visitors for COVID-19 symptoms before entering the facility by:

- Taking the staff’s temperature with a non-oral thermometer
- Asking: “In the past day have you experienced fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea, vomiting, or diarrhea? (Note: This list does not include all possible symptoms associated with COVID-19; the CDC is continuing to update the list of possible symptoms at: <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>)
- Asking: “Are you having any of these symptoms today? Have they worsened since yesterday?”
- Asking: In the last 14 days, have you had contact with someone with a confirmed diagnosis of COVID- 19, under investigation for COVID-19, diagnosed with COVID-19 who has not yet cleared isolation guidelines, or ill with respiratory illness?
- Asking: Within the past 14 days, have you traveled to an area subject to a Level 3 CDC Travel Health Notice? (Note: the CDC maintains an updated list of Travel Notices at: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>)

If the visitor has a fever above 100.4, or answers “yes” to any of the above questions, they should be sent home and encouraged to seek medical attention.

If, after undergoing screening, the visitor is permitted to enter the facility, the facility shall:

- Require any and all visitors entering the facility to wear a face covering while in the facility
- Before the visitor enters the facility, provide instruction on and require hand hygiene, the location of handwashing stations, limiting surfaces touched, and use of PPE according to current facility policy
- Limit the visitor's movement within the facility to those areas necessary to complete the visit and limit interactions with others as much as possible
- Advise the visitor to limit physical contact with anyone in the facility, for example, practice social distancing with no handshaking or hugging and remaining six feet apart.

Visitor check-in areas should be equipped with physical barriers, if possible, to limit unnecessary contact.

Visits should be restricted to designated common areas of the facility, including designated restrooms. High-touch areas (including door handles, tables, chairs, and other surfaces) should be disinfected between visits. Weather permitting and as clinically appropriate, visitors may meet with residents outdoors at the program facility so long as social distancing may be practiced.

Providers shall maintain alternative methods (i.e. phone, video conferencing) to maintain connections with family, attorneys, or others during the COVID-19 pandemic.

The limitation of one visitor per resident per day does not include visits from DCF staff who are responsible for ensuring the safety and well-being of all youth in the program, or from law enforcement. Programs will be expected to adhere to the visitor screening guidance above in the event that these personnel visit the program site.

Programs are expected to maintain a log of all visitors including contact information for up to 30 days to assist with contact tracing, if indicated.

D. Return from Elopement

In the event that a resident leaves a facility without approval and returns, the program shall screen the resident for possible exposure to the COVID-19 virus by:

- Taking the resident's temperature with a non-oral thermometer
- Asking: "In the past day have you experienced fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea, vomiting, or diarrhea? (Note: This list does not include all possible symptoms associated with COVID-19; the CDC is continuing to update the list of possible symptoms at: <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>)
- Asking: "Are you having any of these symptoms today? Have they worsened since yesterday?"

- Asking: In the last 14 days, have you had contact with someone with a confirmed diagnosis of COVID- 19, under investigation for COVID-19, diagnosed with COVID-19 who has not yet cleared isolation guidelines, or ill with respiratory illness?
- Asking: Within the past 14 days, have you traveled to an area subject to a Level 3 CDC Travel Health Notice? (Note: the CDC maintains an updated list of Travel Notices at: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>)

If the resident has a fever above 100.4, or answers “yes” to any of the above questions, seek medical attention for the resident as described in Section IV of this document.

- Regardless of the results of the screening process, all residents returning from AWOL must be directed to wear a face covering for 14 days.
- Reinforce social distancing and handwashing procedures with all staff and residents

E. Vendors and Transportation Providers

Vendors and transportation providers (e.g., taking residents to offsite appointments, etc.), should be wearing or provided with face coverings before entering a facility. Programs shall screen all Vendors and transportation providers for COVID-19 symptoms by:

- Taking the vendor/transportation provider’s temperature with a non-oral thermometer
- Asking: “In the past day have you experienced fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea, vomiting, or diarrhea? (Note: This list does not include all possible symptoms associated with COVID-19; the CDC is continuing to update the list of possible symptoms at: <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>)
- Asking: “Are you having any of these symptoms today? Have they worsened since yesterday?”
- Asking: In the last 14 days, have you had contact with someone with a confirmed diagnosis of COVID- 19, under investigation for COVID-19, diagnosed with COVID-19 who has not yet cleared isolation guidelines, or ill with respiratory illness?
- Asking: Within the past 14 days, have you traveled to an area subject to a Level 3 CDC Travel Health Notice? (Note: the CDC maintains an updated list of Travel Notices at: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>)

If, after undergoing screening, the is permitted to enter the facility or provide services, the facility shall:

If the vendor or transportation provider has a fever above 100.4, or answers “yes” to any of the above questions, they should be sent home and encouraged to seek medical attention.

If, after undergoing screening, the vendor or transportation provider is permitted to enter the facility, the facility shall:

- Require any and all vendors or transportation providers entering the facility to wear a face covering while in the facility.
- Require any and all vendors entering the facility to wear a face covering.
- Before the vendor enters the facility, provide instruction on and require hand hygiene, the location of handwashing stations, limiting surfaces touched, and use of PPE according to current facility policy;
- Limit the individual's movement within the facility to those areas necessary to complete the vendor's or transportation provider's task
- Advise the individual to limit physical contact with anyone in the facility, for example, practice social distancing with no handshaking or hugging and remaining six feet apart.

It is recommended that supply vendors drop off supplies at a dedicated location, such as a loading dock, instead of entering the facility. Medication and/or other supplies that must be received by an employee should be delivered using customary drop off procedures.

Consult the guidelines for transportation vendors for additional precautions depending on the mode of transportation at: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/travel-in-the-us.html>

IV. MANAGING COVID SYMPTOMATIC, AND COVID+ RESIDENTS AND STAFF

A. Symptomatic or COVID+ Residents

If a **resident** in a DCF-funded residential treatment program is **symptomatic for the COVID-19 virus or is under investigation for the COVID-19 virus** the agency shall:

- Consult a medical professional regarding testing, diagnosis and treatment
- Follow CDC COVID-19 guidance at: <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/index.html> and <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html> (hand hygiene, limiting physical contact among persons in the facility, including practicing social distancing with no handshaking or hugging, and remaining six feet apart at all times)
- The resident should be isolated to their room and refrain from engaging in group activities, including meals and recreation.
- Require the resident to wear a face covering when interacting with others. Medical facemasks are preferred as resources permit for symptomatic individuals.
- If caring for the person requires direct contact or if there is a risk of breaching the recommended 6-foot social distancing parameters due to the person's behavioral or medical needs, require staff to wear a face covering, gloves, and protective goggles

- Monitor all program residents and staff twice daily for increased body temperature/fever or other symptoms

If a **resident** in a DCF-funded residential program **tests positive for the COVID-19** virus the agency shall:

- Follow all steps outlined above, and
- Follow the notification process outlined in Section C below
- Work collaboratively and efficiently with the local Department of Health or other qualified medical professional to adapt program-specific protocols and staffing plans

The decision as to when a **resident** can leave isolation should be made in consultation with the resident's doctor and pursuant to the CDC guidelines for discontinuation of isolation for persons with COVID-19 not in healthcare settings available at:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>.

B. Symptomatic or COVID-19+ Staff

If a **staff member** in a DCF-funded residential treatment program **is symptomatic for the COVID 19 virus or is under investigation for the COVID 19 virus or reports testing positive for the COVID 19 virus** the agency shall:

- Instruct the staff member to place a face covering on, stop working immediately and return home
- Recommend that the staff member consult a medical professional for diagnosis and treatment
- Permit the staff member to return to work **only** once permitted by a medical professional and cleared for discontinuation of isolation as per DOH guidelines at: https://www.nj.gov/health/cd/documents/topics/NCOV/COVID-QuickRef_Discont_Isolation_and_TBP.pdf and the CDC guidelines at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>
- Reinforce infection prevention and control measures including hand hygiene and social distancing practices
- Monitor all youth/residents and remaining staff twice daily for increased body temperature/fever and other symptoms
- Complete notifications as described in Section C, below.

C. Notifications

When someone in a DCF-funded congregate care program (youth, resident, or staff) **exhibits symptoms for COVID 19** the program shall implement the following steps for notification:

- Contact the resident's primary care physician for testing, treatment recommendations and follow-up

- If there are specific concerns around infection control or other issues, notify the local Health Department for guidance
- Notify DCF through the DCF Congregate Care Provider Survey

When someone in a DCF-funded congregate care program (youth, resident, or staff) **tests positive for COVID 19** the program shall implement the following steps for notification:

- If the diagnosed person is a resident, contact the resident’s primary care physician for treatment recommendations and follow-up
- Notify the local Health Department
- Notify DCF through the DCF Congregate Care Provider Survey
- Inform parents or legal guardians if residents have been exposed and of all measures taken to reduce the risk of transmission of the virus
- Complete and submit an Unusual incident Report through UIRMS as required by [Administrative Order 2:05](#) to include a report of the positive result and all actions taken to prevent transmission of the virus and notification to the local Health Department

D. Cleaning

The CDC has provided cleaning guidance to reduce the risk of transmission of the virus within congregate living facilities with considerations for common spaces such as laundry rooms, bathrooms, kitchens. Programs should review and implement the guidelines at: <https://www.cdc.gov/coronavirus/2019-ncov/community/shared-congregate-house/guidance-shared-congregate-housing.html>

In the event that a resident or staff member is symptomatic or diagnosed with COVID+, programs should follow CDC guidelines for cleaning and disinfecting the facility: <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html>

V. STAFFING SHORTAGE RESPONSE

When an immediate staffing shortage occurs or is anticipated in a DCF-funded residential program, provider agencies shall enact their organizational plan for emergency staffing. This may include:

- Seeking staff already on duty to volunteer to work overtime
- Contacting off-duty staff to seek those who would be willing to work alternative shift(s)
- Mandating staff on duty to remain on duty until relief can be provided
- Requiring clinical, administrative, and other non-direct care staff (but who are cleared to work with the children when applicable) to provide direct care activities
- Contacting other provider agencies to potentially seek volunteers to work in the agency
- Contacting staffing agencies to seek persons who may be able to work in the agency

Consult with the DCF Office of Licensing regarding organizational plans that need to be approved through licensing (as applicable).

Agencies shall communicate to DCF **all** anticipated and immediate staffing shortages. This information shall be communicated by:

- Responding to the DCF Congregate Care Provider Survey regarding anticipated staff shortages
- During non-business hours in the event of an emergency the agency shall contact PerformCare at 1-877-652-7624.

DCF has waived certain requirements for credentialing of program staff Detailed In the “Notice Of Rule Waiver/Modification/Suspension Pursuant To Executive Order No. 103 (Murphy) (March 9, 2020) Covid-19 State Of Emergency” attached here as Appendix B to expedite onboarding of new staff.

VI. ALTERNATIVE PLACEMENT/ MASS CARE

All DCF funded residential treatment programs shall plan and prepare to shelter in place until no longer possible.

A. Preparation for Relocation

Providers are expected to maintain an electronic and paper copy of a resident census Demographic and Risk Profile in the format attached here as Appendix E, which must be reviewed and updated daily. The census must document:

- Resident demographics
- Diagnoses
- Medication prescribing and dosing information
- Resident allergies
- Resident risk factors

An electronic version of the resident census Demographic and Risk Profile is available at: <https://www.nj.gov/dcf/news/YouthDemographicRiskProfile.pdf>

B. Alternative Placement/Mass Care Setting in DCF-funded Congregate Care Programs

When a DCF-funded congregate care program is no longer able to ensure the health and life safety of residents by sheltering in place, the provider agency shall:

- Immediately notify PerformCare at 1-877-652-7624

- Work collaboratively and efficiently with DCF staff to develop an emergency plan to maintain the health and life safety of the residents in care
- At the direction of DCF, alert all agency staff and residents to the plan that will be implemented
- Agencies shall be prepared to supply DCF with any and all resources that remain at the site that may be necessary to maintain the health and life safety of each resident. These resources should include:
 - The resident census described above
 - All pertinent medical records including MARs
 - All pertinent legal documents pertaining to each individual resident
 - Any staff able to safely work
 - Any and all medications for residents
 - Any food surpluses
 - Any medical equipment including Personal Protective Equipment
 - Transportation
 - Any other supplies

Appendices:

Appendix A: Congregate Care Residential Treatment Programs For Youth And Families Funded Through The Department Of Children And Families' (DCF) Cost Reimbursement And Fee-For-Service Contracts

Appendix B: [Notice Of Rule Waiver/Modification/Suspension Pursuant To Executive Order No. 103 \(Murphy\) \(March 9, 2020\) Covid-19 State Of Emergency](#)

Appendix C: Standards of Care for Remote Service Delivery

Appendix D: [DMAHS March 21, 2020 Newsletter](#)

Appendix E: [Resident Census Demographic Risk Profile](#)

APPENDIX A

Congregate Care Residential Treatment Programs for Youth And Families Funded Through The Department Of Children And Families' (DCF) Cost Reimbursement And Fee-For-Service Contracts

Emergency Residential Programs

Admission Requests to be Directed to the CSOC Office of Residential Services

Behavioral Health

STAS – Stabilization and Treatment Services – Child Welfare

EDRU – Emergency Diagnostic Reception Unit (transitioning to STAS programs)

CSAP HT – Crisis Stabilization and Assessment Program – Human Trafficking

DAP - Detention Alternative Program

Intellectual/Developmental Disabilities

CSAP IDD – Crisis Stabilization and Assessment Program for Intellectual Developmental

Substance Use Treatment

Medically Assisted Withdrawal for Youth

Youth Residential Treatment Programs

Admission Requests to be Directed to the CSOC Office of Residential Services

Behavioral Health

IRTS – Intensive Residential Treatment Service

PCH – Psychiatric Community Home

SPEC – Specialty Program

RTC – Residential Treatment Center

GH – Group Home

TH – Treatment Home

OOS – Out of State Program

Intellectual/Developmental Disabilities

INT IDD – Intensive Services for Intellectual Developmental Disabilities

IPCH IDD – Intensive Psychiatric Community Home for Intellectual Developmental Disabilities

PCH IDD – Psychiatric Community Home for Intellectual Developmental Disabilities

SPEC IDD – Specialty Program for Intellectual Developmental Disabilities

RTC BH/DD – Residential Treatment Center for Behavioral Health and Intellectual Developmental Disabilities

GH 2 IDD – Group Home 2 for Intellectual Developmental Disabilities

GH 1 IDD - Group Home 1 for Intellectual Developmental Disabilities
SSH IDD - Special Skills Home for Intellectual Developmental Disabilities
RESP IDD – Respite for Intellectual Developmental Disabilities
OOS IDD – Out of State Program for Intellectual Developmental Disabilities

Substance Use Treatment

RTC BHSU – Residential Treatment Center Behavioral Health Substance Use
RTC STSU – Residential Treatment Short Term Substance Use
RTC LTSU – Residential Treatment Long Term Substance Use

Adult Substance Use Disorder Residential Treatment Programs

Admission Requests to be Directed to the CSOC Office of Integrated Health and Wellness

Mommy and Me Long-Term Residential Treatment
Mommy and Me Halfway House Residential Treatment

APPENDIX C Standards of Care for Remote Service Delivery

I. Licensed clinicians are expected to adhere to applicable laws and regulations in provision of tele-health services

The New Jersey Telemedicine Act lays out standards for provision of telemedicine services, issuance of prescriptions via telemedicine services, and payment for services. Additionally, state boards have issued proposed regulations for various licensed professionals including psychologists, psychoanalysts, social workers, and nurses.

On March 19, 2020, Governor Murphy signed legislation expanding access to telehealth services. For the duration of the public health emergency, any healthcare practitioner is authorized to provide and bill for services using telehealth to the extent appropriate under the standard of care. Providers should ensure that the services patients receive using telehealth are appropriate, medically necessary, and meet current quality of care standards.

II. Standards of care for provision of remote services

Combined audio/visual technology is the preferred method of remote service delivery. When that is not available, use of audio only is acceptable.

Providers who intend to use remote service delivery methods must submit to DCF, an attestation of your organization's adherence to these Standards. DCF's business offices will be sending Attestation Forms and detailed instructions regarding submitting attestations during the week of March 30, 2020 and providers will be expected to submit their attestation by April 13.

III. Telehealth methods are acceptable methods of delivering certain components of residential treatment services within the Children's System of Care.

The NJ Department of Human Services has issued telehealth guidance that applies to the delivery of physical and behavioral health care. As a result of these changes to the usual operation of the state's Medicaid-funded services, the following applies to Children's System of Care services: Clinical treatment service components of residential treatment services may be delivered using tele-health approaches provided that such approaches comply with applicable law, applicable regulation, and guidance provided by the NJ Department of Human Services, Division of Medical Assistance and Health **Services including the March 21, 2020 Newsletter, which is enclosed here as Appendix D.** Staff providing services through telehealth **may not** be included in staff:resident ratios required by licensure.

IV. Telehealth methods are acceptable methods of delivering certain components of residential treatment services within contracted substance use treatment programs.

Staff providing services through telehealth **may not** be included in staff:resident ratios required by licensure.

Questions regarding the Standards of Care or attestation process should be submitted to askdcf@dcf.nj.gov