



NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

Updated COVID-19 Guidance for the Children’s System of Care Congregate Care Residential Treatment Programs Contracted by the New Jersey Department of Children and Families

Updated: October 13, 2021

The New Jersey Department of Children and Families (DCF) continues to monitor the spread of COVID-19 and its impact on children, families, our staff and partner providers throughout the state. The federal Centers for Disease Control and Prevention (CDC), and the New Jersey Department of Health (DOH) provide ongoing guidance and direction regarding necessary precautions to prevent transmission of the virus.

DCF also has developed recommendations for its service providers, offering solutions to situations that impact shared constituencies. The guidance herein applies to congregate care residential treatment programs for youth and families funded through DCF’s Children’s System of Care (CSOC) cost reimbursement and fee-for-service contracts, including all programs listed in [Appendix A](#).

At this time, all programs are expected to adhere to the “no eject, no reject” policy as required by contract. This document supersedes “COVID-19 Guidance for Congregate Care Residential Treatment Programs Contracted by the New Jersey Department of Children and Families,” dated July 15, 2020 and April 14, 2021 and shall be in effect until rescinded or revised.

The recommendations included in this document are imposed in conjunction with other applicable laws and regulations. In the rare event that these recommendations are in conflict with another law or regulation, the more stringent requirement shall be enforced.

I. GENERAL RECOMMENDATIONS RELATED TO COVID

In accordance with Executive Order 242, which ended the COVID-19 public health emergency in New Jersey¹, DCF is implementing the guidance below for the contracted programs listed in [Appendix A](#):

- All persons, regardless of vaccination status, should continue to wear masks and socially distance while indoors. Exceptions include while eating or drinking, or where medically contraindicated.
- Vaccinated persons are not expected to wear masks or socially distance outside.

¹ <https://nj.gov/infobank/eo/056murphy/pdf/EO-242.pdf>.

- Non-vaccinated persons are strongly encouraged to wear masks and socially distance while outdoors where and when medically safe to do so (i.e., high temperatures would be an example of when masks rules may be relaxed, but distancing would still continue.)
- Home passes and off-site visits are permitted for all youth in care when appropriate as clinically indicated by the service provider. Quarantine after a visit may be necessary under certain circumstances (e.g., if the youth was exposed during the visit). Please refer to the [CDC's Quarantine and Isolation Guidelines](#).
- Programs should continue to monitor all youth for signs and symptoms of COVID infection and seek medical care if symptoms develop.
- Each program should communicate to parents about the organization's policies and protocols related to COVID-19.

Congregate care residential treatment providers shall ensure that they monitor:

- The New Jersey COVID-19 Information Hub at: <https://www.covid19.nj.gov>, Governor Murphy's Executive Orders at: <https://nj.gov/infobank/eo/056murphy/>, 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.
- The New Jersey Medicaid Management Information System at: <https://www.njmmis.com> for information on New Jersey Family Care.
- CDC guidance at: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/travel-during-covid19.html> for expectations regarding out-of-state travel.
- DOH guidance at: <https://covid19.nj.gov/faqs/nj-information/travel-and-transportation/are-there-travel-restrictions-to-or-from-new-jersey> for expectations regarding in-state travel and travel to states connected to New Jersey.

II. PROGRAM OPERATIONS

A. Provision of clinical services.

The expectation is that all clinical services are to be delivered in-person and on-site.

B. Admission criteria.

All contracted programs shall adhere to established referral and admission processes, per regulatory and contracting requirements. If there is a programmatic concern related to COVID-19 that will affect the admission process, programs shall immediately notify the designated DCF program lead.

- All programs are expected to adhere to the “no eject, no reject” policy as required by contract.
During the admissions process, providers shall adhere to their agency’s policy regarding health and safety of youth and staff.

III. VACCINATIONS

Although COVID-19 vaccines are safe, effective, and accessible, not all youth are currently eligible to be vaccinated. Congregate care programs will have a mixed population of fully vaccinated, partially vaccinated, and unvaccinated individuals at any given time, thereby requiring the layering of preventive measures to protect all individuals. Congregate care providers should have a system in place to determine the vaccination status of youth and staff. If a provider is unable to determine the vaccination status of individual youth or staff, those individuals should be considered not fully vaccinated. As vaccine eligibility expands, providers should consider vaccine coverage among youth and staff as an additional metric to inform the need for preventive measures beyond masking, such as physical distancing.

Information about an individual's vaccination status is considered confidential medical information under the Americans with Disabilities Act (ADA). Providers should limit disclosure of vaccine information to designated human resources employees or other individuals authorized to receive information under the ADA.

IV. MANAGING COVID SYMPTOMATIC AND COVID+ RESIDENTS AND STAFF

A. Residents: Symptomatic, Under Investigation or COVID+.

If a **resident** is **symptomatic** or **under investigation** for COVID-19, or is **COVID-19 positive**, the agency should follow all CDC guidance included 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>. In addition, the agency shall:

- Consult a medical professional regarding testing, diagnosis and treatment
- Complete notifications as necessary and required (see Section C below).

B. Staff: Symptomatic, Under Investigation or COVID+

If a **staff member** is **symptomatic** or **under investigation** for COVID-19, or reports testing **COVID-19 positive**, the agency should follow all CDC guidance included 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>.

C. Notifications

Notifications when Residents or Staff are Symptomatic or Under Investigation for COVID-19

When a resident or staff member **exhibits symptoms or is under investigation for COVID-19**, the program should:

- Notify the local health department for guidance if there are specific concerns around infection control or other issues,

- Notify the parent(s) or legal guardian of a resident who is exhibiting symptoms or is under investigation for COVID-19, and
- Notify DCF through the assigned program lead.

Notifications when Residents or Staff are COVID(+)

When a resident or staff member **tests positive for COVID-19**, the program should:

- Notify the local health department,
- Notify DCF through the assigned program lead,
- Inform the resident's parent(s) or legal guardian if the resident is COVID(+) or exposed,
- Complete and submit an Unusual Incident Report through UIRMS as required by [Administrative Order 2:05](#). The report should include the positive result, actions taken to prevent further transmission, and notification to the local health department.

V. STAFFING SHORTAGE RESPONSE

When an immediate staffing shortage occurs or is anticipated in a 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 (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.
- Consulting 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:

- Informing DCF through the assigned program lead, and
- Contacting PerformCare at 1-877-652-7624 during non-business hours in the event of an emergency.

VI. EMERGENCY PLANNING

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

Providers are expected to maintain an electronic and paper copy of a resident census demographic and risk profile in the format attached as Appendix B, which must be reviewed and updated daily. An electronic version of the resident census demographic and risk profile is available at: <https://www.nj.gov/dcf/news/YouthDemographicRiskProfile.pdf>. The census must document:

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

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

- Immediately notify PerformCare at 1-877-652-7624,
- Work with DCF staff to develop an emergency plan to maintain the health and safety of the residents,
- Notify parent(s) or legal guardian,
- Alert all agency staff and residents to the plan that will be implemented, and
- Be prepared to supply DCF with any and all resources that remain at the site that may be necessary to maintain the health and safety of each resident. These resources should include:
 - The resident census described above
 - All medical records, including Medication Administration Records (MARs)
 - All legal documents pertaining to each resident
 - Any staff able to safely work
 - Any and all medications for residents
 - Any food surpluses
 - Any medical equipment, including PPE
 - 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: [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

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 Youth with Intellectual and Developmental Disabilities

Substance Use Treatment

Medically Assisted Withdrawal for Youth

Youth Residential Treatment Programs

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 B

Demographic and Risk Profile