

[N.J.A.C. 10:36](#)

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 58 No. 19, October 5, 2026

NJ - New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 36. BEHAVIORAL HEALTH PROGRAM SERVICE STANDARDS

Title 10, Chapter 36 -- Chapter Notes

Statutory Authority

CHAPTER AUTHORITY:

[N.J.S.A. 26:2B-7](#) et seq., in particular 26:2B-13; 26:2BB-5 through 6; 26:2G-1 et seq., in particular 26:2G-5; 26:2G-21 et seq., in particular 26:2G-25; 30:1-12 et seq.; 30:9A-10; and 30:9A-21; and Reorganization Plan 001-2018.

History

CHAPTER SOURCE AND EFFECTIVE DATE:

R.2026 d.043, effective April 6, 2026.

See: [57 N.J.R. 1779\(a\)](#), [58 N.J.R. 1382\(a\)](#).

CHAPTER HISTORICAL NOTE:

The provisions of Chapter 36, Patient Supervision at State Psychiatric Hospitals, became effective August 18, 1986, by R.1986 d.331. See: 17 N.J.R. 2593(a), 18 N.J.R. 1704(a). Subchapter 3, Transfers of Involuntarily Committed Patients Between State Psychiatric Facilities, became effective September 4, 1990, by R.1990 d.430. See: 21 N.J.R. 2751(a), 22 N.J.R. 2710(b).

Pursuant to Executive Order No. 66(1978), Chapter 36, Patient Supervision at State Psychiatric Hospitals, was readopted as R.1991 d.453. See: 23 N.J.R. 1652(a), 23 N.J.R. 2637(a). By Division decision, an expiration date of June 30, 1992, was assigned to the chapter.

Pursuant to Executive Order No. 66(1978), Chapter 36, Patient Supervision at State Psychiatric Hospitals, was readopted as R.1992 d.302, effective June 29, 1992. See: R.1992 d.302, effective June 29, 1992. See: 24 N.J.R. 1728(a), 24 N.J.R. 2730(b). By Division decision, an expiration date of December 31, 1992, was assigned to the chapter.

Pursuant to Executive Order No. 66(1978), Chapter 36, Patient Supervision at State Psychiatric Hospitals, was readopted as R.1992 d.58, effective December 29, 1992. See: 24 N.J.R. 4232(a), 25 N.J.R. 583(b).

Pursuant to Executive Order No. 66(1978), Chapter 36, Patient Supervision at State Psychiatric Hospitals, was readopted as R.1998 d.62, effective December 22, 1997. See: [29 N.J.R. 3763\(b\)](#), [30 N.J.R. 386\(a\)](#).

Chapter 36, Patient Supervision at State Psychiatric Hospitals, was readopted as R.2003 d.236, effective May 21, 2003. See: [34 N.J.R. 4290\(a\)](#), [35 N.J.R. 2903\(a\)](#).

Title 10, Chapter 36 -- Chapter Notes

Chapter 36, Patient Supervision at State Psychiatric Hospitals, was readopted as R.2008 d.323, effective October 1, 2008. See: [40 N.J.R. 2183\(a\)](#), [40 N.J.R. 6458\(a\)](#).

In accordance with N.J.S.A. 52:14B-5.1b, Chapter 36, Patient Supervision at State Psychiatric Hospitals, was scheduled to expire on October 1, 2015. See: [43 N.J.R. 1203\(a\)](#).

Chapter 36, Patient Supervision at State Psychiatric Hospitals, was readopted as R.2016 d.038, effective March 29, 2016. See: [47 N.J.R. 2611\(a\)](#), [47 N.J.R. 2695\(a\)](#), [48 N.J.R. 713\(a\)](#).

Chapter 36, Patient Supervision at State Psychiatric Hospitals, was readopted with amendments as R.2023 d.125, effective September 22, 2023. As a part of R.2023 d.125, Chapter 36 was recodified to [N.J.A.C. 8:135](#), effective November 6, 2023. See: [55 N.J.R. 812\(a\)](#), [55 N.J.R. 2258\(b\)](#).

Chapter 36, Behavioral Health Program Service Standards, was adopted as new rules by R.2026 d.043, effective April 6, 2026. See: Source and Effective Date.

Annotations

Notes

[Chapter Notes](#)

Research References & Practice Aids

CHAPTER EXPIRATION DATE:

Chapter 36, Behavioral Health Program Service Standards, expires on April 6, 2033.

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End of Document

N.J.A.C. 10:36-1.1

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 58 No. 19, October 5, 2026

NJ - New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 36. BEHAVIORAL HEALTH PROGRAM SERVICE STANDARDS > SUBCHAPTER 1. PURPOSE AND SCOPE

§ 10:36-1.1 Purpose

The purpose of this chapter is to protect the health and safety of patients by establishing minimum rules and standards of care that govern the provision of behavioral health treatment programs and services to patients in New Jersey.

Annotations

Notes

[Chapter Notes](#)

End of Document

N.J.A.C. 10:36-2.1

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 58 No. 19, October 5, 2026

NJ - New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 36. BEHAVIORAL HEALTH PROGRAM SERVICE STANDARDS > SUBCHAPTER 2. DEFINITIONS

§ 10:36-2.1 Definitions

The following words and terms, as used in this chapter, shall have the following meaning, unless the context clearly indicates otherwise.

"Addictive disorder" means a clinical presentation that demonstrates signs and symptoms that substantiate diagnosis of an addictive disorder as defined in the DSM, such as a gambling disorder and/or substance use disorder.

"Admission" or "admitted" means accepted for treatment at the BH program.

"American Society of Addiction Medicine criteria" or "ASAM criteria" means the clinical guidelines for purposes of the assessment, treatment, placement, and transfer/discharge of individuals with addictive disorder. These ASAM criteria are set forth in The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions, Volume 1: Adults, 4th ed., Hazelden Publishing (2023), incorporated herein by reference, as amended and supplemented.

"Behavioral health," also referred to as "BH," means the treatment of mental illness and/or addictive disorders. It includes the support of individuals with a mental illness or an addictive disorder, or individuals with a co-occurring disorder, who are experiencing and/or in recovery from these conditions.

"BH care plan" means a plan of care developed collaboratively between the patient and patient's interdisciplinary team that meets the requirements of this chapter.

"BH program" means behavioral health program services provided in or through a community outpatient setting to patients with a diagnosis of a mental illness and/or an addictive disorder. A BH program integrates a trauma-informed, culturally and linguistically appropriate approach in all aspects of service delivery and the patient care experience. A BH program provides services in one or more of the following service categories: (1) outpatient addictive disorder and/or mental health; (2) intensive outpatient addictive disorder; (3) partial care mental health; (4) partial care addictive disorder; and/or (5) opioid treatment program services.

"Biopsychosocial assessment" means a multi-dimensional evaluation of the patient's biological, psychological and social history, and status, as applicable and as identified by the patient, and collateral sources, as appropriate, to inform the BH care plan.

"DEA" means the U.S. Drug Enforcement Administration.

"Department" or "DHS" means the New Jersey Department of Human Services in this chapter, unless otherwise specified.

"Department of Health" or "DOH" means the New Jersey Department of Health.

"Division" or "DMHAS" means the New Jersey Division of Mental Health and Addiction Services within DHS. The Division is the Single State Authority for Substance Abuse and the State Mental Health Authority.

"Document," "documented," or "documentation" means an electronic or written record.

"Dosage" means the quantity of a medication to be taken or applied all at one time or in fractional amounts within a given time.

§ 10:36-2.1 Definitions

"DSM" or "DSM-5-TR" means the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision, incorporated herein by reference, as amended and supplemented, the standard classification of mental disorders in the United States, published by and available from the American Psychiatric Association.

"Evidence-based practices" means a treatment and/or intervention for specific problems that has demonstrated effectiveness through repeated empirical research.

"Family members and/or other supportive persons" means immediate kindred, domestic partner, legal guardian, legally authorized representative, or an individual granted a power of attorney. The term may also include those persons having a commitment and/or personal significance to the patient.

"FDA" means the U.S. Food and Drug Administration.

"Immediate needs assessment" means an assessment used to identify a patient's immediate needs related to food, shelter, and medications, as applicable.

"Inter-disciplinary team" or "IDT" means those BH program staff who work together to provide treatment planning and care to a patient.

"Medication" means a substance as defined by the New Jersey State Board of Pharmacy, *N.J.A.C. 13:39-1.2*.

"Mental illness" means a mental, behavioral, or emotional disorder that can vary in impact, ranging from no impairment to mild, moderate, and even severe impairment (for example, serious mental illness).

"Opioid use disorder" or "OUD" means a cluster of cognitive, behavioral, and functional symptoms associated with a problematic pattern of opioid use that continues despite clinically significant impairment or distress within a 12-month period.

"Patient" means an adult individual, age 18 years or older, who is receiving behavioral health care services from a facility licensed by DOH pursuant to [N.J.A.C. 8:43K](#) and subject to this chapter. "Patient" may also mean a client or other terminology used by a licensed facility to refer to the individuals to whom it provides treatment.

"Progress note" means a written or electronic summary of the treatment and/or services, and the patient's response.

"Psychiatric advance directive" means a writing executed in accordance with the requirements of the New Jersey Advance Directives for Mental Health Care Act, [N.J.S.A. 26:2H-107](#).

"Psychoeducation services" means a mutual exchange of information and education between qualified staff, and the patient, or the qualified staff and family members and/or other supportive persons, designed to increase the likelihood of family, supportive persons, and community support to the patient and to reduce the probability of patient decompensation. Information may address etiology and symptoms characteristic of the patient's mental illness and/or addictive disorder, effects of medication, coping skills, daily living skills, community resources and supports, and similar mental health or addiction service-related matters.

"Regularly scheduled" means services and/or activities that are offered as clinically indicated, such as weekly, monthly, quarterly, or as otherwise set, and subject to patient availability and willingness to participate.

"Rehabilitative support services" means any medical or remedial services recommended by a physician or other licensed practitioner of the healing arts within their scope of practice to promote the maximum reduction of physical or mental disability and restoration of a patient to their best possible functional level.

"SAMHSA" means the Substance Abuse and Mental Health Administration within the U.S. Department of Health and Human Services.

"Serious mental illness" means a diagnosable behavioral, mental, or emotional condition as defined in the DSM-5, and the condition substantially interferes with, or limits, on a persistent basis one or more major life activities, such as basic daily living (for example, eating or dressing); instrumental living (for

§ 10:36-2.1 Definitions

example, taking prescribed medications or getting around the community); or participating in a family, school, or workplace.

"Treatment record" means a medical record and/or clinical treatment record, as applicable to a BH program pursuant to [N.J.A.C. 8:43K](#).

Annotations

Notes

[Chapter Notes](#)

End of Document

N.J.A.C. 10:36-3.2

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 58 No. 19, October 5, 2026

NJ - New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 36. BEHAVIORAL HEALTH PROGRAM SERVICE STANDARDS > SUBCHAPTER 3. GENERAL BH PROGRAM OPERATIONAL REQUIREMENTS

§ 10:36-3.2 Patient confidentiality

A BH program shall comply with all applicable Federal and State confidentiality laws, rules, and regulations, including 42 CFR Part 2, Federal Confidentiality of Alcohol and Drug Abuse Patient Records, 45 CFR Parts 160 and 164, HIPAA Privacy and Security Rules, and [N.J.S.A. 30:4-24.3](#).

Annotations

Notes

[Chapter Notes](#)

End of Document

N.J.A.C. 10:36-3.4

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 58 No. 19, October 5, 2026

NJ - New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 36. BEHAVIORAL HEALTH PROGRAM SERVICE STANDARDS > SUBCHAPTER 3. GENERAL BH PROGRAM OPERATIONAL REQUIREMENTS

§ 10:36-3.4 Waiver

(a) A BH program may seek a waiver of one or more standards in this chapter; provided that the following conditions are satisfied:

1. The BH program shall submit the request for waiver(s), in writing, to the Assistant Commissioner of DMHAS, or their designee, at the following address: DMHAS, PO Box 362, Trenton, NJ, 08625-0362 or DMHAS.RuleWaiver@dhs.nj.gov; and, with a copy sent to: DOH, Office of Certificate of Need and Licensing, PO Box 358, Trenton, NJ, 08625-0358;
2. The BH program shall identify the specific rule(s) for which a waiver(s) is requested; and
3. The BH program shall provide an explanation justifying issuance of a waiver(s), including:
 - i. The specific reason(s) supporting issuance of a waiver(s), including, but not limited to, the type and degree of hardship that would result to the BH program if waiver(s) were not granted, and clear clinical and/or programmatic rationale for such waiver;
 - ii. An alternate proposal to ensure the safety of patients, staff, patient families, and the public, as appropriate, and to ensure program integrity and treatment services; and
 - iii. Specific documentation supporting the waiver request.

(b) A BH program shall provide such other additional explanation, information, and documentation, as requested by DMHAS for purposes of evaluating the waiver request.

(c) All waiver requests must be reviewed and approved by the Assistant Commissioner, or their designee.

(d) The granting of any waiver(s) shall be:

1. At the discretion of the Assistant Commissioner, or their designee, and in consultation with DOH, so long as the waiver(s) does not adversely affect the health, safety, welfare, or rights of patients, staff, patient families, or the public, does not adversely impact program integrity and treatment services, and is consistent with public policy;
2. For a time period as determined appropriate and specified by the Assistant Commissioner, or their designee, but subject to renewal upon BH program request; and
3. Communicated, in writing, to the requesting BH program, and indicating which specific rule(s) and standard(s) are waived, any applicable expiration date of the waiver(s), and any conditions or limitations placed on the waiver(s).

(e) The Assistant Commissioner, or their designee, may suspend or revoke the waiver(s) at any time for reasons including, but not limited to, the following:

1. That the waiver(s) is no longer consistent with the purpose and intent of this chapter or public policy;
2. That program integrity and treatment services are adversely affected as a result of the waiver(s); and/or

§ 10:36-3.4 Waiver

3. The health, safety, welfare, or rights of patients, staff, patient families, or the public are endangered.

Annotations

Notes

[*Chapter Notes*](#)

End of Document

N.J.A.C. 10:36-5.1

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 58 No. 19, October 5, 2026

NJ - New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 36. BEHAVIORAL HEALTH PROGRAM SERVICE STANDARDS > SUBCHAPTER 5. BH PROGRAM CORE SERVICE STANDARDS

§ 10:36-5.1 Admission intake process

- (a) A BH program shall implement an admission intake process that includes, at a minimum, the following:
1. A DSM diagnosis;
 2. An assessment for addictive disorder and/or mental illness, as follows:
 - i. For patients being evaluated for treatment of an addictive disorder, a Level of Care assessment. A BH program shall use an evidence-based and nationally recognized addiction assessment tool, such as the ASAM criteria; or
 - ii. For patients being evaluated for treatment of a mental illness, a clinical assessment. A description of the clinical assessment, findings, and determination regarding the patient's clinical appropriateness for treatment shall be documented in the patient's biopsychosocial assessment;
 3. A biopsychosocial assessment.
 - i. For patients with a mental illness, the biopsychosocial assessment shall include a description of the clinical assessment, findings, and determination regarding the patient's clinical appropriateness for treatment;
 4. An immediate needs assessment;
 5. Laboratory testing, for example, urine drug screens, as may be clinically indicated, and for patients with an SUD, the intake process may include a urine drug screen and other applicable and clinically indicated laboratory testing;
 6. Screening for addictive disorders and mental illness for patients who screen as at risk for one or more behavioral health disorders;
 7. Screening for physical health and substance withdrawal to identify physical health and/or withdrawal issues that require immediate medical intervention precluding admission to the BH program;
 8. Screening for suicide risk; and
 9. Screening for emotional and psychological trauma.

Annotations

Notes

[Chapter Notes](#)

N.J.A.C. 10:36-5.3

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 58 No. 19, October 5, 2026

NJ - New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 36. BEHAVIORAL HEALTH PROGRAM SERVICE STANDARDS > SUBCHAPTER 5. BH PROGRAM CORE SERVICE STANDARDS

§ 10:36-5.3 BH care plan and planning

- (a) A BH program shall implement a BH care plan and planning process that requires, at a minimum, the following:
1. The BH care plan shall be developed in a collaborative manner between the patient and the patient's IDT;
 2. The BH care plan shall be developed with the participation of each member of the patient's IDT who is directly involved in the patient's treatment, and their participation shall be documented in the patient's treatment record;
 3. The BH care plan shall be signed by an appropriately credentialed and/or licensed IDT member, and as permitted, within their scope of practice, who is directly involved in the patient's treatment and the patient.
 - i. If the patient is unavailable or unable to sign their BH care plan, then the BH program shall document the reason for the patient's unavailability or inability to sign their BH care plan in the patient's treatment record;
 4. When beneficial to the patient, and unless clinically contraindicated, the BH program shall include family members and/or other supportive persons identified by the patient in BH care planning, so long as such inclusion is in accordance with applicable Federal and State confidentiality laws, rules, and regulations, including HIPAA, 42 CFR Part 2 and [N.J.S.A. 30:4-24.3](#); and
 5. The patient's BH care plan shall be updated based on additional patient information and patient progress and participation in treatment.
- (b) A BH program shall ensure that a copy of the BH care plan shall be:
1. Maintained in the patient's treatment record;
 2. Provided to the patient upon their request; and
 3. Provided to the patient at the time of discharge.
- (c) The BH care plan shall address, at a minimum, the following:
1. The patient's needs and strengths and stated goals;
 2. The goals and objectives for the patient's treatment with timeframes;
 3. A description of applicable evidence-based treatment services and interventions, for the patient to address their symptoms and improve treatment outcomes;
 4. A description of applicable non-clinical peer support services for the patient;
 5. A medication history and list of current medications, including dosage, frequency, and side effects;
 6. Identification of community resources being used by the patient;

§ 10:36-5.3 BH care plan and planning

7. Referral and/or linkages for the patient to other services and/or resources. This shall include, but not be limited to, any referrals or linkages to:
- i. Medical and nursing services for patients with physical health needs, if such services are not provided directly by the BH program; and/or
 - ii. Vocational, educational, social, and/or other support services, if such services are not provided directly by the BH program;
8. Patient discharge planning and criteria;
9. Patient transition planning and criteria;
10. Be informed by any and all applicable assessments conducted for the patient (for example, INA, biopsychosocial assessment, psychiatric assessment); and
11. Documentation of any other service(s) in which the patient participates and, if applicable, in accordance with applicable Federal and State confidentiality laws, rules, and regulations, including HIPAA, 42 CFR Part 2 and [N.J.S.A. 30:4-24.3](#).
- (d) At the time of discharge, the BH program shall ensure that the patient's BH care plan addresses, at a minimum, the following:
- 1. The patient's needs post-discharge, including transition and medication needs, as applicable, including:
 - i. A list of the patient's current prescribed medication(s), along with the following information: dosage, quantity, date of any injections, and side effects; and
 - ii. Any referrals made for medication management;
 - 2. Safety planning and harm reduction strategies (for example, drug use, safe sex); and
 - 3. Referrals and/or linkages to other services and/or resources, including self-help groups, and peer wellness and recovery supports.

Annotations

Notes

[Chapter Notes](#)

End of Document

N.J.A.C. 10:36-5.4

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 58 No. 19, October 5, 2026

NJ - New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 36. BEHAVIORAL HEALTH PROGRAM SERVICE STANDARDS > SUBCHAPTER 5. BH PROGRAM CORE SERVICE STANDARDS

§ 10:36-5.4 Safety plan

A BH program shall ensure that an evidence-informed safety plan is developed collaboratively with any patient experiencing suicidal ideation, any patient who is otherwise at risk for suicide, or any patient at risk of overdose to identify warning signs or triggers, and support their individualized coping strategies. The safety plan shall be distinct from a BH care plan, but shall be incorporated within the patient's BH care plan.

Annotations

Notes

[Chapter Notes](#)

End of Document

N.J.A.C. 10:36-5.5

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 58 No. 19, October 5, 2026

NJ - New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 36. BEHAVIORAL HEALTH PROGRAM SERVICE STANDARDS > SUBCHAPTER 5. BH PROGRAM CORE SERVICE STANDARDS

§ 10:36-5.5 Counseling and/or therapy services

- (a) The BH program shall be responsible for the provision of counseling and/or therapy services to patients, as applicable.
- (b) The BH program shall ensure that counseling and/or therapy services are based upon and incorporate evidence-based practices (for example, cognitive behavioral therapy, illness management and recovery, motivational interviewing, recovery-oriented cognitive therapy).
- (c) Counseling and/or therapy services shall only be provided by staff possessing the appropriate clinical background, education, credentials, and/or qualifications.
- (d) Counseling and/or therapy services may consist of individual, group, and family counseling and therapy sessions and psychoeducation sessions.
- (e) Counseling and/or therapy services and the frequency and type of counseling, therapy, and/or psychoeducation sessions shall be:
 - 1. Tailored to each patient's clinical severity, functioning, and response to treatment; and
 - 2. Be directed by the patient's IDT.
- (f) Any group counseling and/or therapy sessions must contain no more than 12 patients.

Annotations

Notes

[Chapter Notes](#)

[N.J.A.C. 10:36-5.6](#)

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 58 No. 19, October 5, 2026

NJ - New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 36. BEHAVIORAL HEALTH PROGRAM SERVICE STANDARDS > SUBCHAPTER 5. BH PROGRAM CORE SERVICE STANDARDS

§ 10:36-5.6 Medication services

(a) A BH program shall provide or arrange for the provision of medication services to patients to treat behavioral health conditions.

1. A BH program that provides medication services directly must adhere to any licensing requirements and standards related to the administration, prescribing, and storage of medications as required by DOH.
2. A BH program that does not provide medication services directly must facilitate the provision of medication services to patients.

(b) A BH program shall ensure that patients prescribed medication as part of their treatment services receive medication education, management, and monitoring. A BH program shall provide:

1. Medication education consisting of information about the patient's prescribed medications, including benefits, side effects, and risks and especially medication-related risks, such as cardio-metabolic risks, metabolic syndrome with anti-psychotics, and methadone-induced cardiac arrhythmia, as may be applicable;
2. Medication management, including routine monitoring of patients for treatment response and treatment-related side effects; and
3. Medication monitoring, including monitoring of patient health indicators (for example, weight, blood pressure, blood glucose levels, lipids). As part of medication monitoring, a BH program shall collaborate and coordinate with the patient's healthcare provider, subject to and consistent with any and all applicable Federal and State confidentiality laws, rules, and regulations, including HIPAA, 42 CFR Part 2 and [N.J.S.A. 30:4-24.3](#).

(c) The BH program shall ensure medication used for the treatment of addiction disorders and/or mental illness is administered, dispensed, ordered, and/or prescribed in accordance with applicable State and Federal law, rules, regulations, and standards.

(d) The BH program shall maintain current procedures to ensure that medications are administered in accordance with their approved product labeling.

Annotations

Notes

[Chapter Notes](#)

N.J.A.C. 10:36-5.8

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 58 No. 19, October 5, 2026

NJ - New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 36. BEHAVIORAL HEALTH PROGRAM SERVICE STANDARDS > SUBCHAPTER 5. BH PROGRAM CORE SERVICE STANDARDS

§ 10:36-5.8 Administrative discharge from the BH program

- (a) A BH program may administratively discharge a patient from the BH program for unavailability. Unavailability means the patient is incarcerated, hospitalized, or lost to contact.
- (b) A BH program shall administratively discharge a patient by no later than 90 days from when the patient is unavailable to continue to receive services.
- (c) Prior to any administrative discharge, a BH program shall make reasonable efforts to:
 - 1. Issue discharge instructions; and
 - 2. Ascertain whether the patient wants their discharge instructions shared with family members or other supportive persons identified by the patient and, if so, the patient's discharge instructions shall be shared with family members, or other supportive persons identified by the patient, consistent with applicable Federal and State confidentiality laws, rules, and regulations, including HIPAA, 42 CFR Part 2, and [N.J.S.A. 30:4-24.3](#).

Annotations

Notes

[Chapter Notes](#)

[N.J.A.C. 10:36-5.11](#)

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 58 No. 19, October 5, 2026

NJ - New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 36. BEHAVIORAL HEALTH PROGRAM SERVICE STANDARDS > SUBCHAPTER 5. BH PROGRAM CORE SERVICE STANDARDS

§ 10:36-5.11 Discharge documentation and planning

- (a) A BH program shall commence discharge planning upon admission of the patient to the BH program.
- (b) A BH program shall incorporate discharge planning into the BH care plan.
- (c) When beneficial to the patient, and unless clinically contraindicated, a BH program shall include family members and/or other supportive persons identified by the patient in discharge planning, so long as such inclusion is in accordance with applicable Federal and State confidentiality laws, rules, and regulations, including HIPAA, 42 CFR Part 2 and [N.J.S.A. 30:4-24.3](#).
- (d) A BH program shall assist the patient with making appointments, when clinically appropriate, for recommended continued behavioral health services, including medication management services, and in accordance with applicable Federal and State confidentiality laws, rules, and regulations, including HIPAA, 42 CFR Part 2 and [N.J.S.A. 30:4-24.3](#).
 - 1. The BH program shall document efforts regarding appointment assistance in the patient's treatment record.
 - 2. If a patient declines assistance with making appointments, then the BH program shall document this in the patient's treatment record.
- (e) A BH program shall provide a safety, crisis, and/or relapse prevention plan, as clinically appropriate, to the patient prior to their discharge.
- (f) A BH program shall provide education on, and facilitate assistance with, execution of psychiatric advance directives to the patient prior to their discharge.
- (g) A BH program shall provide all patients discharged from the BH program with discharge instructions prior to their discharge, irrespective of whether the discharge is administrative, voluntary, or involuntary.
 - 1. At a minimum, the discharge instructions shall include the following:
 - i. Recommendations and referrals for continued services;
 - ii. Recommendations and referrals for medication needs and management; and
 - iii. Information regarding the patient's current prescribed medications and instructions to ensure continuity of medication.
 - 2. The discharge instructions shall be:
 - i. Reviewed and signed by an appropriately licensed and credentialed clinical member of the patient's inter-disciplinary team; and
 - ii. Reviewed with and signed by the patient. If the patient is unavailable or unable to sign their discharge instructions, then the BH program shall document the reason for the patient's unavailability or inability to sign their discharge instructions in the patient's treatment record.

§ 10:36-5.11 Discharge documentation and planning

(h) A BH program shall ensure that:

- 1.** A discharge summary is completed for each patient discharged from the BH program, irrespective of whether the discharge is administrative, voluntary, or involuntary;
- 2.** The discharge summary is completed within 60 days of a patient's discharge and is filed in the patient's treatment record;
- 3.** The discharge summary is reviewed and signed by an appropriately licensed and credentialed clinical member of the patient's inter-disciplinary team; and
- 4.** At a minimum, the discharge summary includes the following:
 - i.** The patient's date of admission and date of last service;
 - ii.** A summary of the patient's course of, and response to, treatment;
 - iii.** The primary presenting problem;
 - iv.** Any significant findings and the reason(s) for discharge;
 - v.** The clinical condition at the time of discharge;
 - vi.** Recommendations, arrangements, and referrals, if applicable, consistent with any Federal and State confidentiality laws, rules, and regulations, for further treatment and any referrals made, including for medication management;
 - vii.** Information regarding prescribed medications, including dosage, quantity, and date of any injections;
 - viii.** Any known medical conditions; and
 - ix.** The patient's final DSM diagnoses.

(i) Following a patient's discharge from the BH program, the BH program shall make reasonable attempts to follow up with the patient in order to determine whether the patient is engaged in treatment with another BH program or healthcare provider or to provide referrals for services.

Annotations

Notes

[Chapter Notes](#)

End of Document

N.J.A.C. 10:36-6.1

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 58 No. 19, October 5, 2026

NJ - New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 36. BEHAVIORAL HEALTH PROGRAM SERVICE STANDARDS > SUBCHAPTER 6. PROGRAM STANDARDS FOR OUTPATIENT ADDICTIVE DISORDER AND/OR MENTAL HEALTH SERVICES

§ 10:36-6.1 Outpatient services general requirements and standards

(a) N.J.A.C. 10:36-1 through 5 shall apply to the provision of outpatient services, including, as may be modified within this subchapter, by a BH program. In addition, a BH program providing outpatient services shall adhere to any supplemental program standards set forth in this subchapter. If there is any inconsistency between the program standards set forth in this subchapter and at N.J.A.C. 10:36-1 through 5, as applicable, the program standards in this subchapter shall apply.

(b) Outpatient services are organized services delivering regularly scheduled appointments, including for counseling, therapy, and medication management to, or on behalf of, patients based on their individualized clinical needs and severity.

Annotations

Notes

[Chapter Notes](#)

End of Document

N.J.A.C. 10:36-7.1

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 58 No. 19, October 5, 2026

NJ - New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 36. BEHAVIORAL HEALTH PROGRAM SERVICE STANDARDS > SUBCHAPTER 7. PROGRAM STANDARDS FOR INTENSIVE OUTPATIENT (IOP) ADDICTIVE DISORDER SERVICES

§ 10:36-7.1 IOP addictive disorders services general requirements and standards

(a) N.J.A.C. 10:36-1 through 5 shall apply to the provision of IOP addictive disorder services, including as may be modified through this subchapter, by a BH program. In addition, a BH program providing IOP addictive disorders services shall adhere to any supplemental program standards set forth in this subchapter. If there is any inconsistency between the program standards set forth in this subchapter and at N.J.A.C. 10:36-1 through 5, as applicable, the program standards in this subchapter shall apply.

(b) IOP services are services that provide a range of treatment sessions in a structured environment, and include clinical intensive substance use counseling and psycho-educational (didactic) sessions.

Annotations

Notes

[Chapter Notes](#)

End of Document

N.J.A.C. 10:36-7.3

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NJ - New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 36. BEHAVIORAL HEALTH PROGRAM SERVICE STANDARDS > SUBCHAPTER 7. PROGRAM STANDARDS FOR INTENSIVE OUTPATIENT (IOP) ADDICTIVE DISORDER SERVICES

§ 10:36-7.3 IOP addictive disorders services BH care plan development and review timeframes

- (a) A BH program shall implement a BH care plan and planning process that includes the requirements set forth at [N.J.A.C. 10:36-5.3](#).
- (b) A BH program shall develop a patient's BH care plan within three visits, but not more than 30 days, of the patient's admission intake interview.
- (c) The patient's BH care plan shall be reviewed as clinically necessary, but no less than every three months during the first year of admission to the BH program, and revised, as necessary, and thereafter, it shall be reviewed every six months, and revised, as necessary.

Annotations

Notes

[Chapter Notes](#)

End of Document

N.J.A.C. 10:36-8.3

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 58 No. 19, October 5, 2026

NJ - New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 36. BEHAVIORAL HEALTH PROGRAM SERVICE STANDARDS > SUBCHAPTER 8. PROGRAM STANDARDS FOR PARTIAL CARE (PC) MENTAL HEALTH OR ADDICTIVE DISORDER SERVICES

§ 10:36-8.3 PC mental health services provisional services during admission intake

Completion of the formal admission intake process shall not preclude an otherwise eligible patient from participating in PC mental health services program activities or receiving services on a provisional basis during a seven-day trial period.

Annotations

Notes

[Chapter Notes](#)

End of Document

N.J.A.C. 10:36-8.5

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 58 No. 19, October 5, 2026

NJ - New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 36. BEHAVIORAL HEALTH PROGRAM SERVICE STANDARDS > SUBCHAPTER 8. PROGRAM STANDARDS FOR PARTIAL CARE (PC) MENTAL HEALTH OR ADDICTIVE DISORDER SERVICES

§ 10:36-8.5 PC services BH care plan development and review timeframes

(a) A BH program shall develop a patient's care plan within 45 days of the patient's admission intake interview.

(b) The patient's BH care plan shall be reviewed as clinically necessary, but no less than every three months during the first year of admission to the BH program, and revised, as necessary, and thereafter, it shall be reviewed every six months, and revised, as necessary.

Annotations

Notes

[Chapter Notes](#)

End of Document

N.J.A.C. 10:36-8.7

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 58 No. 19, October 5, 2026

NJ - New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 36. BEHAVIORAL HEALTH PROGRAM SERVICE STANDARDS > SUBCHAPTER 8. PROGRAM STANDARDS FOR PARTIAL CARE (PC) MENTAL HEALTH OR ADDICTIVE DISORDER SERVICES

§ 10:36-8.7 PC services off-site activities and/or interventions

(a) A BH program may provide off-site activities and/or interventions, so long as:

1. The activity or intervention is based upon and consistent with the patient's BH care plan;
2. The activity or intervention is a subordinate component of the patient's BH care plan; and
3. The clinical justification is documented in the patient's treatment record.

(b) Off-site activities and/or interventions that are solely recreational or diversional in nature shall not be considered a partial care activity or intervention.

Annotations

Notes

[Chapter Notes](#)

End of Document

N.J.A.C. 10:36-9.1

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 58 No. 19, October 5, 2026

NJ - New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 36. BEHAVIORAL HEALTH PROGRAM SERVICE STANDARDS > SUBCHAPTER 9. PROGRAM STANDARDS FOR OPIOID TREATMENT PROGRAM (OTP) SERVICES

§ 10:36-9.1 OTP services general requirements and standards

- (a) N.J.A.C. 10:36-1, 2, 3, and 4 shall apply to the provision of OTP services. N.J.A.C. 10:36-5 shall not apply to the provision of OTP services, except that the standards at [N.J.A.C. 10:36-5.8](#), [5.9](#), and [5.10](#) shall apply to the provision of OTP services.
- (b) A BH program providing OTP services shall adhere to any supplemental program standards set forth in this subchapter.
- (c) If there is any inconsistency between the program standards set forth in this subchapter and/or the standards set forth at N.J.A.C. 10:36-1, 2, 3, and 5, as applicable, then the program standards in this subchapter shall apply.
- (d) A BH program shall comply with all Federal regulations and standards established by SAMHSA, including 42 CFR Part 8, and all Federal regulations and standards enforced by the DEA.
- (e) If a conflict occurs between the standards set forth in this chapter and any Federal regulations and standards applicable to OTP services, including the Federal standards set forth at 42 CFR Part 8, then the more restrictive standards shall govern over the less restrictive standards.
- (f) "Opioid treatment program" or "OTP" means a program engaged in OUD treatment of individuals with medications for OUD registered pursuant to [21 U.S.C. § 823\(h\)\(1\)](#).

Annotations

Notes

[Chapter Notes](#)