N.J.A.C. 10:36

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 58 No. 21, November 2, 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)*.

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

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Research References & Practice Aids

CHAPTER EXPIRATION DATE:

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

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

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§ 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.

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N.J.A.C. 10:36-1.2

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 58 No. 21, November 2, 2026

§ 10:36-1.2 Scope and applicability

(a) This chapter applies to all facilities licensed by the New Jersey Department of Health pursuant to *N.J.A.C. 8:43K*, to provide behavioral health services to adults in an outpatient setting. Behavioral health consists of the following programs, services, and levels of care: outpatient addictive disorder and/or mental health, intensive outpatient addictive disorder, partial care mental health, partial care addictive disorder, and opioid treatment programs. Behavioral health services pursuant to this chapter are provided in an outpatient setting to patients who present and depart on the same day.

(b) The rules in this chapter constitute the basis for the monitoring of behavioral health care programs and services by the New Jersey Department of Human Services, Division of Mental Health and Addiction Services.

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

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§ 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 inter-disciplinary 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.

"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

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*.

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N.J.A.C. 10:36-3.1

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§ 10:36-3.1 Compliance with laws and rules

(a) In order to provide behavioral health services, a BH program shall:

1. Have a contract or affiliation agreement with the DMHAS; and

2. Be licensed by DOH, as applicable, including pursuant to *N.J.A.C. 8:43K*.

(b) A BH program shall comply with all applicable Federal, State, and local laws, rules, and regulations, and with any applicable accrediting organizations.

(c) A BH program shall comply with any and all rules established by DOH for licensing purposes, including at *N.J.A.C. 8:43K*.

(d) The DMHAS may refer any findings related to a BH program's non-compliance with the standards set forth in this chapter, or any other regulatory compliance concerns, including those related to patient services or the quality of patient care provided by a BH program, to DOH for review and, if appropriate, licensing action, including licensure suspension/revocation and/or penalties.

Annotations

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

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§ 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*.

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N.J.A.C. 10:36-3.3

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§ 10:36-3.3 Submission of documents and data to the DHS and/or DMHAS

(a) A BH program shall timely report and submit any and all data and information as required by, and into, a DHS-designated and/or DMHAS-designated electronic database(s) and/or management system(s), including, but not limited to, the Division's New Jersey Substance Abuse Monitoring System and any other applicable capacity and referral system.

1. A BH program shall attend and participate in any mandatory DHS and/or DMHAS orientation and/or trainings for any DHS-designated and/or DMHAS-designated electronic database(s) and/or management system(s), or the like, as are applicable to the services provided by a BH program.

(b) A BH program shall cooperate with any and all DHS and/or DMHAS monitoring activities (for example, audits, complaint reviews, investigations), and provide any and all data and information requested by DHS and/or DMHAS as part of those monitoring activities.

(c) Any failure to report or provide data and information and/or cooperate with DHS and/or DMHAS monitoring activities by a BH program shall be considered non-compliance and may result in a referral to DOH for review and, if appropriate, licensing action, including licensure suspension/revocation and/or penalties.

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

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§ 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

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

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N.J.A.C. 10:36-4.1

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§ 10:36-4.1 General staffing requirements

A BH program shall comply with any and all applicable staffing requirements set forth in DOH's facility licensing standards, including at *N.J.A.C. 8:43K*, and Federal standards, including at 42 CFR Part 8 (describing staffing requirements for OTPs).

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

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§ 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.

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N.J.A.C. 10:36-5.2

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§ 10:36-5.2 Screening and assessment services and tools

(a) A BH program shall use evidence-based, nationally recognized, and peer-reviewed screening and assessment tools.

(b) A BH program shall ensure that only staff possessing the appropriate clinical background, education, credentials, and qualifications shall perform evaluations using screening and assessment tools.

1. Subject to appropriate clinical supervision and consistent with their scope of practice, interns may perform evaluations using screening and assessment tools that do not require a clinical degree or license.

(c) A BH program shall implement, at a minimum, the following screening and assessment services:

1. Screening for addictive disorder and mental illness;

2. Assessment for addictive disorders and/or mental illness, as applicable, and 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;

4. An immediate needs assessment;

5. Drug screening, as clinically appropriate and/or based on patient use drug patterns, as established by the BH program's policy;

6. Screening to identify physical health issues;

7. Screening for substance withdrawal;

8. Screening for suicide risk; and

9. Screening for emotional and psychological trauma.

(d) A BH program shall ensure that a biopsychosocial assessment is conducted:

1. At the time of the patient's admission to the BH program; and

2. At a minimum, reviewed and updated:

i. On a quarterly basis during the patient's first year of admission to the BH program; and

ii. Subsequently, on an annual basis, or earlier if clinically indicated.

(e) A BH program shall conduct and complete an immediate needs assessment at the patient's first visit to the BH program.

1. If a patient has any immediate needs, a BH program shall make appropriate referrals and/or linkages to assist the patient in addressing their immediate needs.

2. The immediate needs assessment and any related referrals, including the outcome and results of referrals and follow-up, shall be documented in the patient's treatment record.

(f) A BH program shall ensure that screening for suicide risk occurs, at a minimum, upon admission and subsequently, on an annual basis, or more frequently, if clinically indicated, such as for patients with a history of suicide attempts or other risk factors.

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

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§ 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;

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.

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

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§ 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.

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

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§ 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.

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N.J.A.C. 10:36-5.6

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§ 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

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N.J.A.C. 10:36-5.7

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§ 10:36-5.7 Psychoeducational and patient education services

(a) A BH program shall provide psychoeducation services to patients.

(b) A BH program shall offer psychoeducation services to family members and other supportive persons identified by the patient and when appropriate, unless the patient objects, psychoeducation services are clinically contraindicated, and/or the family/supportive persons are unwilling to participate in offered psychoeducation services.

(c) A BH program shall provide education to patients, including on the following topics:

1. The patient's diagnosis, and if the patient has:

i. An addictive disorder, then education about their addictive disorder;

ii. A mental illness, then education about their mental illness; and

iii. A co-occurring addictive disorder and mental illness, then education about both their addictive disorder and their mental illness;

2. Harm reduction for addictive disorders;

3. Overdose prevention and information about how to access opioid overdose reversal medication; and

4. Self-care and illness self-management.

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

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§ 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*.

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N.J.A.C. 10:36-5.9

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§ 10:36-5.9 Voluntary discharge from the BH program

(a) A BH program may voluntarily discharge a patient when the patient has:

1. Received the maximum benefit of their level of care and/or met all their treatment goals;

2. Received the maximum benefit of their level of care and is transitioning to another level of care; or

3. Elected to discontinue receiving services from the BH program.

(b) Prior to any voluntary discharge, a BH program shall:

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 and 42 CFR Part 2.

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§ 10:36-5.10 Involuntary discharge from the BH program

(a) A BH program may only involuntarily discharge a patient for one or more of the reasons listed in this subsection.

1. The patient is exhibiting serious episodes of assaultive, disruptive, and/or threatening behaviors towards staff or other patients;

2. The patient is refusing to participate in their treatment, and the BH program facilitates the patient's referral to another clinically appropriate level of care; or

3. The patient is unable to pay for services, and the BH program has made reasonable attempts to work with the patient and resolve their inability to pay.

(b) A BH program shall not involuntarily discharge a patient who is experiencing, or has experienced, a relapse related to an addictive disorder.

(c) Prior to any involuntary discharge, a BH program shall:

1. Attempt to address the patient's behavior, refusal to participate in services, and/or inability to pay for services.

i. For patients who are unable to pay for services, the BH program shall explore treatment funding sources, including those available at the local or State level, and consider alternate payment options, such as a payment plan, with the patient;

2. Have the BH program clinical supervisor conduct a review of the proposed involuntary discharge.

i. The BH program clinical supervisor shall document their approval of any proposed involuntary discharge in the patient's treatment record; and

ii. A patient shall not be involuntarily discharged without the prior written approval of the BH program clinical supervisor;

3. Provide written notice to the patient of the involuntary discharge, which shall include the reason(s) for the involuntary discharge and internal appeal procedures;

4. Issue discharge instructions;

5. Make reasonable efforts to 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 and 42 CFR Part 2; and

6. If the patient consents, then assist the patient with any linkages to services 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*. If the patient does not consent to assistance with linkages pursuant to this paragraph, then such refusal shall be documented in the patient's treatment record.

(d) The BH program shall maintain documentation relating to a patient's involuntary discharge in the patient's treatment record. At minimum, this documentation shall include:

1. Progress notes or other written documentation describing attempts to address the reasons for the patient's involuntary discharge, including the patient's behavior;

2. The BH program clinical supervisor's written approval of the patient's involuntary discharge;

3. A copy of the written notice to the patient of the involuntary discharge;

4. Copies of any written appeals filed by the patient; and

5. Copies of any documentation issued by the BH program in response to any appeal.

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N.J.A.C. 10:36-5.11

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§ 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.

(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.

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

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§ 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.

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N.J.A.C. 10:36-6.2

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§ 10:36-6.2 Outpatient services admission intake process and timeframe

(a) A BH program shall implement an admission intake process that includes the requirements set forth at *N.J.A.C. 10:36-5.1*.

(b) A BH program shall complete the admission intake process for each patient within 14 days of the first visit or at the second visit, whichever is later.

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N.J.A.C. 10:36-6.3

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§ 10:36-6.3 Outpatient 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) The BH program shall develop a patient's BH care plan within 45 days of their 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.

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N.J.A.C. 10:36-6.4

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§ 10:36-6.4 Outpatient services counseling and/or therapy services and hours

(a) A BH program shall implement counseling and/or therapy services that include the requirements set forth at *N.J.A.C. 10:36-5.5*.

(b) The BH program shall provide each patient with regularly scheduled counseling, therapy, and/or psychoeducation sessions.

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

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§ 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.

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N.J.A.C. 10:36-7.2

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§ 10:36-7.2 IOP addictive disorders services admission intake process and timeframe

(a) A BH program shall implement an admission intake process that includes the requirements set forth at *N.J.A.C. 10:36-5.1*.

(b) A BH program shall complete the admission intake process for each patient within 14 days of the first visit or at the second visit, whichever is later.

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

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§ 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.

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N.J.A.C. 10:36-7.4

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§ 10:36-7.4 IOP addictive disorders services description of services and hours

(a) In addition to the standards for counseling and therapy services set forth at *N.J.A.C. 10:36-5.5*, a BH program shall:

1. Provide each patient with IOP services of a minimum of nine contact hours or more a week; and

2. Provide each IOP patient with the following services as clinically indicated: individual counseling/therapy sessions, group therapy sessions, family sessions, psycho-education sessions, and medication services.

i. If a patient does not participate in any one or more services described in this section, then the BH program shall document attempts to engage the patient, outreach to the patient, and the patient's reasons for non-participation in the service(s).

(b) If a patient's attendance is frequently or consistently unreliable or sporadic without reasonable cause or excuse (for example, the patient does not attend their nine hours of IOP services for two consecutive weeks during a four-week period, pursuant to (a) above, then the BH program shall confer with the patient to review the patient's course of treatment and level of care that supports the patient's needs and continued engagement with treatment services.

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N.J.A.C. 10:36-8.1

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§ 10:36-8.1 PC services general requirements and standards

(a) N.J.A.C. 10:36-1 through 5 shall apply to the provision of PC mental health and/or addictive disorder services, including, as may be modified through this subchapter, by a BH program. In addition, a BH program providing PC mental health and/or addictive disorder 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) PC services are a broad range of licensed, individualized, rehabilitative, and structured treatment services and supports provided in a community setting, which promote patient stabilization and community integration.

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N.J.A.C. 10:36-8.2

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§ 10:36-8.2 PC services admission intake process and timeframe

(a) A BH program shall implement an admission intake process that includes, at a minimum, the requirements set forth at *N.J.A.C. 10:36-5.1* and the following:

1. For PC mental health services, a psychiatric assessment; or

2. For PC addictive disorder services, if the screening for mental illness required at *N.J.A.C. 10:36-5.1(a)*2 is positive for serious mental illness, then a psychiatric assessment must be conducted.

(b) A BH program shall complete the admission intake process for each patient within 14 days of the first visit or at the second visit, whichever is later.

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

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§ 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.

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N.J.A.C. 10:36-8.4

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§ 10:36-8.4 PC services screening and assessment services and tools

(a) A BH program providing PC mental health or addictive disorder services shall adhere to the screening and assessment requirements set forth at *N.J.A.C. 10:36-5.2*, except as to subsection (d) which is replaced at (b) below.

(b) The BH program shall ensure that a biopsychosocial assessment is conducted:

1. Within 14 days of the first visit or at the second visit, whichever is later;

2. Reviewed and updated at least every six months, or earlier, if clinically indicated during the patient's first year of admission to the BH program; and

3. Subsequently, on an annual basis, or earlier, if clinically indicated.

(c) A BH program providing PC mental health services shall implement the following additional screening and assessment services:

1. A psychiatric assessment. The initial psychiatric assessment shall be conducted within 14 days of the first visit or at the second visit to the BH program, whichever is later; and, then reviewed and updated at least every six months, or earlier if clinically indicated.

(d) A BH program providing PC addictive disorder services shall implement the following additional screening and assessment services:

1. A psychiatric assessment as part of the admission intake process if the screening for mental illness required at *N.J.A.C. 10:36-5.1(a)*2 indicates risks or symptoms of serious mental illness; and, then reviewed and updated every six months, or earlier, if clinically indicated.

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

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§ 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.

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N.J.A.C. 10:36-8.6

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§ 10:36-8.6 PC services counseling and/or therapy services

In addition to the standards for counseling and therapy services set forth at *N.J.A.C. 10:36-5.5*, a BH program shall be equipped to provide regularly scheduled counseling, therapy, psychoeducation, and/or rehabilitative sessions, as clinically indicated for patients.

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

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§ 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.

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N.J.A.C. 10:36-8.8

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§ 10:36-8.8 PC services rehabilitative support services

(a) A BH program providing PC mental health or addictive disorder services shall provide rehabilitative support services directly to patients and comply fully with the standards set forth in this section for the provision of rehabilitative support services.

(b) A BH program shall ensure that rehabilitative support services are:

1. Based upon and incorporate evidence-based practices (for example, illness management and recovery);

2. Provided individually and/or in a group setting; and

3. Tailored to each patient's clinical needs.

(c) Rehabilitative support services may include:

i. Activities and/or interventions involving teaching the patient various physical, cognitive/intellectual, and behavioral skills related to identified goals in order to increase competency; and

ii. Skill teaching involving discussions with the patient about the skill, past experience in using the skill, what the skill entails, when to use the skill, benefits of learning the skill, breaking the skill down into its component parts, showing examples of how the skill is correctly used or performed, arranging opportunities to practice the skill in community settings, and providing education and feedback on skill performance.

(d) A BH program shall be equipped to provide rehabilitative support services including, but not limited to, skills related to:

1. Crisis intervention and response;

2. Daily living;

3. Development of a psychiatric advance directive;

4. Financial literacy;

5. General education;

6. Health and medical care;

7. Housing transition and tenancy sustenance;

8. Pre-vocation and vocational (for example, job interview preparation);

9. Recreational needs and opportunities;

10. Spiritual and cultural linkages and connections;

11. Relapse prevention;

12. Self-advocacy, including as related to legal needs;

13. Social networks and interactions; and

14. Transportation access and education.

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

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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)*.

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N.J.A.C. 10:36-9.2

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§ 10:36-9.2 OTP services involuntary discharge

(a) In addition to the requirements for involuntary discharge set forth at *N.J.A.C. 10:36-5.10*, the BH program shall adhere to the supplemental standards governing involuntary discharge set forth in this section.

(b) Prior to a patient's involuntary discharge, a BH program shall:

1. Make reasonable efforts to facilitate the patient's admission at an alternate OTP, so long as the patient is agreeable and consistent with applicable Federal and State confidentiality laws, rules, and regulations;

2. Facilitate the patient's medically managed withdrawal from their opioid agonist medication, when appropriate;

3. Provide education on overdose and relapse prevention; and

4. Provide information about how to access opioid overdose reversal medication.

i. If the patient is not agreeable to or cooperative with any of the activities described in this subsection, then the BH program shall document the same in the patient's treatment record.

(c) If the patient elects to appeal their involuntary discharge through a BH program's internal appeal process, then the BH program shall maintain the patient's access to medication, pending the outcome of the BH program's internal appeals process.

1. If the patient is uncooperative with the BH program's attempts to maintain their access to medication, then the BH program shall document same in the patient's treatment record.

(d) To the extent that any standards at *N.J.A.C. 10:36-5.10* require actions by a BH program clinical supervisor, including approvals, the OTP medical director, in lieu of a BH program clinical supervisor, may perform such actions consistent with the requirements set forth at *N.J.A.C. 10:36-5.10* for BH program clinical supervisors.

Annotations

Notes

Chapter Notes