

## **N.J.A.C. 10:38A**

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 50 No. 18, September 17, 2018

***New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 38A. PRE-PLACEMENT PROGRAM***

### **Title 10, Chapter 38A -- Chapter Notes**

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#### **Statutory Authority**

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##### **CHAPTER AUTHORITY:**

N.J.S.A. 30:1-12, 30:4-27.19, and 30:4-63.

#### **History**

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##### **CHAPTER SOURCE AND EFFECTIVE DATE:**

R.2016 d.064, effective May 16, 2016.

See: 48 N.J.R. 104(a), 48 N.J.R. 1301(a).

##### **CHAPTER HISTORICAL NOTE:**

Chapter 38A, Pre-Placement Program, was adopted as R.1993 d.356, effective July 19, 1993. See: 24 N.J.R. 4326(a), 25 N.J.R. 3213(a).

Pursuant to Executive Order No. 66(1978), Chapter 38A, Pre-Placement Program, was readopted as R.1998 d.381, effective June 26, 1998. See: 30 N.J.R. 1367(a), 30 N.J.R. 2646(a).

Chapter 38A, Pre-Placement Program, was readopted as R.2003 d.353, effective August 7, 2003. See: 35 N.J.R. 1822(a), 35 N.J.R. 4082(b).

Chapter 38A, Pre-Placement Program, was readopted as R.2009 d.19, effective December 9, 2008. As a part of R.2009 d.19, 10:38A Appendix, Sample PPV Agreement, was adopted as new rules, effective January 5, 2009. See: 40 N.J.R. 4487(a), 41 N.J.R. 236(a).

In accordance with N.J.S.A. 52:14B-5.1b, Chapter 38A, Pre-Placement Program, was scheduled to expire on December 9, 2015. See: 43 N.J.R. 1203(a).

Chapter 38A, Pre-Placement Program, was readopted as R.2016 d.064, effective May 16, 2016. See: Source and Effective Date. See, also, section annotations.

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End of Document

## N.J.A.C. 10:38A-1.1

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 50 No. 18, September 17, 2018

*New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 38A. PRE-PLACEMENT PROGRAM > SUBCHAPTER 1. GENERAL PROVISIONS*

### § 10:38A-1.1 Scope and purpose

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**(a)**The Pre-Placement Program shall be available to all eligible patients (as defined herein at N.J.A.C. 10:38A-2.1) at each of the State psychiatric hospitals operated by the Division. Community providers eligible to receive Pre-Placement Program payments from the State psychiatric hospital for the cost of pre-placement care shall include, but not be limited to, licensed boarding homes, residential care facilities, and other residential providers approved by hospital staff.

**(b)**Certain patients at State psychiatric hospitals have received the maximum available benefit from their inpatient psychiatric hospitalization in the judgment of their treatment team, but have not had an opportunity to explore the suitability of or to demonstrate their ability to adjust to certain alternative available community placements. The purpose of the Pre-Placement Program is to provide such patients with the opportunity to test out, prior to discharge, a possible community setting and to serve those patients whose psychiatric history and hospital behavior threaten their ability to succeed at these placements unless it is financially and programmatically supported. Additionally, community service providers would receive authorization to ensure payment from the hospital's Interim Assistance Program for their room and board services provided to the client during the pre-placement visit but prior to an eligible client's receipt of either Interim Assistance or Supplemental Security Income benefits. Where a client is ineligible for Interim Assistance due to independent, sufficient and recurring income or benefits, payment to the provider for room and board services shall be made by the client.

### History

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#### **HISTORY:**

Amended by R.2003 d.353, effective September 2, 2003.

See: 35 N.J.R. 1822(a), 35 N.J.R. 4082(b).

In (a), inserted "(as defined herein at N.J.A.C. 10:38A-2.1)" following "patients"; inserted "and other residential providers approved by hospital staff" following "residential care facilities"; substituted references to hospitals for facilities throughout.

Amended by R.2009 d.19, effective January 5, 2009.

See: 40 N.J.R. 4487(a), 41 N.J.R. 236(a).

In (b), substituted "judgment" for "judgement" and "an eligible" for "the", inserted ", prior to discharge,", "from the hospital's Interim Assistance Program", "room and board" and "provided to the client during the pre-placement visit but", and inserted the last sentence.

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## **N.J.A.C. 10:38A-1.2**

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***New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 38A. PRE-PLACEMENT PROGRAM > SUBCHAPTER 1. GENERAL PROVISIONS***

### **§ 10:38A-1.2 Definitions**

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

"CEO" means the Chief Executive Officer of a State psychiatric hospital.

"Conditional Extension Pending Placement" or "CEPP" means, as delineated at R. 4:74-7(h)2, the legal status of a patient who is otherwise entitled to discharge, but who cannot be immediately discharged due to the unavailability of an appropriate placement. CEPP status is evidenced by a court order which conditionally extends the patient's hospitalization and schedules a placement review hearing 60 days thereafter. Any subsequent placement review hearings are held at intervals not greater than six months if the patient is not discharged earlier.

"Department" shall mean the New Jersey Department of Human Services.

"Division" shall mean the New Jersey Division of Mental Health and Addiction Services.

"Interdisciplinary Treatment Team" means the organized group of clinical staff who are responsible for the treatment of a specific patient who has been admitted to an adult psychiatric hospital. Members of the team meet to share their expertise with one another; to develop and implement treatment plans; to monitor patient progress; to reassess and make adjustments in treatment plans, as needed; and to plan discharge/aftercare. Patients are also members of their specific treatment teams and participate in the development of the treatment plan to the extent that their clinical condition permits. Family members and significant others are encouraged to be part of the treatment planning process. Treatment team members shall include, at a minimum, a psychiatrist, a registered nurse, and a social worker. The treatment team shall request the participation of whatever other unit or community liaison staff is necessary for the treatment and responsible discharge of the patient.

"Interim Assistance" means the payment procedure developed by the State of New Jersey and the Social Security Administration that permits a patient who has been released from a State psychiatric hospital and who has applied for Federal Supplemental Security Income (SSI) benefits to receive State loaned funding at a level consistent with the anticipated SSI benefit while his or her SSI claim is being evaluated. (See N.J.A.C. 10:38.)

## History

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### **HISTORY:**

Amended by R.1998 d.381, effective July 20, 1998.

See: 30 N.J.R. 1367(a), 30 N.J.R. 2646(a).

In "Division", substituted "Services" for "and Hospitals".

Amended by R.2003 d.353, effective September 2, 2003.

See: 35 N.J.R. 1822(a), 35 N.J.R. 4082(b).

In "CEO" substituted "hospital" for "facility"; rewrote "Conditional Extension Pending Placement", "Interdisciplinary Treatment Team", added "Interim Assistance".

Amended by R.2016 d.064, effective June 20, 2016.

See: 48 N.J.R. 104(a), 48 N.J.R. 1301(a).

In definition "Division", inserted "and Addiction".

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## N.J.A.C. 10:38A-2.1

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*New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 38A. PRE-PLACEMENT PROGRAM > SUBCHAPTER 2. ELIGIBILITY REQUIREMENTS*

### § 10:38A-2.1 Program eligibility

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(a) To be eligible for the Pre-Placement Program, including the supporting payments to community and other residential providers approved by hospital staff, the patient must:

1. Be an inpatient at a State psychiatric hospital who is not judicially restrained from discharge;
2. Be 18 years of age or older;
3. Have been evaluated by their Interdisciplinary Treatment Team as:
  - i. Not likely to constitute a danger to self, others, or property, if residing at the community program;
  - ii. Having received the maximum available benefit from their inpatient psychiatric hospitalization; and
  - iii. Possessing the capacity for successful adjustment at a specific, available community placement which is appropriate for pre-placement payments, if applicable;
4. Be likely to meet the eligibility standards for Supplemental Security Income, or have sufficient resources to sustain the placement without the State psychiatric hospital supporting payments to the community provider; and
5. Indicate his or her willingness to apply for both Interim Assistance and Supplemental Security Income, when appropriate.

### History

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#### HISTORY:

Amended by R.2003 d.353, effective September 2, 2003.

See: 35 N.J.R. 1822(a), 35 N.J.R. 4082(b).

In (a), inserted "and other residential" following "community" and "approved by hospital staff" following "providers" in the introductory paragraph and substituted "hospital" for "facility" in 1; in 3iii, inserted "if applicable" following "payments"; rewrote 4.

Amended by R.2009 d.19, effective January 5, 2009.

See: 40 N.J.R. 4487(a), 41 N.J.R. 236(a).

In (a)4, deleted "income and medical" preceding "eligibility", and substituted "psychiatric" for "Psychiatric".

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## N.J.A.C. 10:38A-3.1

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*New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 38A. PRE-PLACEMENT PROGRAM > SUBCHAPTER 3. PROGRAM STANDARDS*

### § 10:38A-3.1 Program standards and requirements

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**(a)** Each eligible patient may participate in the Pre-Placement Program for any number of days, not to exceed a maximum of 14 calendar days.

1. The Interdisciplinary Treatment Team shall determine how long the placement period will be prior to the placement.
2. The length of the placement period may be adjusted during the placement, if clinically appropriate.
3. The Interdisciplinary Treatment Team shall discuss and consider the input received from the patient regarding the appropriate length of the placement.
4. The Interdisciplinary Treatment Team shall reach an agreement with the residential provider to make an adjustment to the placement period.

**(b)** Any hospital patient or any interested party on behalf of a hospital patient may initiate a Pre-Placement Program request to the patient's Interdisciplinary Treatment Team.

**(c)** Each patient who has been approved as appropriate for the Pre-Placement Program by the Interdisciplinary Treatment Team and who may be eligible for Supplemental Security Income shall be referred to the Discharge/Financial Coordinator or other hospital designee for Interim Assistance eligibility determination.

**(d)** Each Chief Executive Officer (CEO) shall designate a member of the patient's treatment team or other appropriate person, if indicated in the hospital's policies and procedures manual, to monitor the patient's adjustment in the community and, depending on the particular placement, act as a liaison to the community providers or the patient's family for assistance regarding adjustment issues.

**(e)** If a patient requests his or her return to the hospital, the hospital staff designated at (d) above shall review the placement situation and basis for the request and attempt to maintain the placement, if possible, and in the client's best interests. If these efforts do not succeed, and the patient continues to request his or her return during pre-placement period, the patient shall be returned to the hospital.

**(f)**A patient may be returned to the hospital when his or her Interdisciplinary Treatment Team has concluded that he or she and the provider have inadequately adjusted to each other so that conditions supporting the likelihood of a successful discharge and placement to the provider are not well-established. Before making its decision, the Interdisciplinary Treatment Team should discuss the situation with and consider the input received from the patient, and the provider. The patient shall be given an opportunity to object to the team obtaining input from the patient's family and any other interested party with relevant information, and if there is no objection, information from those sources may also be considered.

**(g)**Each participating patient and provider shall receive a fact sheet from hospital staff, which summarizes the significant aspects of the program. The provider and patient shall demonstrate their willingness to adhere to the program's policies and procedures as delineated in this chapter by signing an agreement to that effect with the referring hospital, similar to the sample agreement at the chapter Appendix, incorporated herein by reference. The patient or patient's guardian shall be given the opportunity to consent in writing to the disclosure of the patient's hospital records to the provider prior to placement. If either a prospective provider or a patient wants to interview the other prior to placement, the interview shall be arranged by the hospital staff.

**(h)**Patients adjudicated as Conditional Extension Pending Placement may participate in the program. Hospital staff shall notify the committing court of the patient's participation in the program, which shall be in accordance with court directives. The hospital shall notify the committing court in the event of the patient's return to hospitalization due to unsuccessful adjustment. Patients who are involuntarily committed may also participate in the program.

**(i)**State psychiatric hospital staff shall adhere to appropriate internal directives regarding financial and administrative recordkeeping and payment methodology.

**(j)**Whenever a patient successfully completes a Pre-Placement with a provider, he or she shall be removed from that program status and, upon the treatment team's approval, shall be discharged from the hospital and no longer subject to return to the hospital according to the standard contained in these rules (see (e) above). Patients who have completed the Pre-Placement Program and have been discharged from the hospital and whose subsequent behavior indicates that they require psychiatric hospitalization must be screened in accordance with the procedures and standards contained in the Mental Health Screening Law (N.J.S.A. 30:4-27.1 et seq.).

**(k)**Whenever a patient without sufficient independent resources successfully completes a Pre-Placement with a provider, an alternative financial source, such as Supplemental Security Income, for any continued cost of community care must be secured by the patient, with assistance from hospital staff, as needed, in order to maintain ongoing placement with that provider.

## History

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### HISTORY:

Amended by R.2003 d.253, effective September 2, 2003.

See: 35 N.J.R. 1822(a), 35 N.J.R. 4082(b).

Rewrote (d) through (j).

Amended by R.2009 d.19, effective January 5, 2009.

See: 40 N.J.R. 4487(a), 41 N.J.R. 236(a).

In the introductory paragraph of (a), substituted "for any number of days, not to exceed" for "up to"; added (a)1 through (a)4; in (c), inserted "who has been", "and who may be eligible for Supplemental Security Income", and "or other hospital designee"; in (g), inserted a comma following "staff", inserted "and patient" and ", similar to the sample agreement at the chapter Appendix, incorporated herein by reference", and substituted "their" for "its"; in (j), deleted "for 14 days" following the first occurrence of "Pre-Placement"; and in (k), inserted "without sufficient independent resources", and deleted "for 14 days" following "Pre-Placement".

Amended by R.2016 d.064, effective June 20, 2016.

See: 48 N.J.R. 104(a), 48 N.J.R. 1301(a).

In (j), inserted "and have been discharged from the hospital", and deleted a comma following "hospitalization".

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## **N.J.A.C. 10:38A, Appx.**

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### **APPENDIX**

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SAMPLE PPV AGREEMENT \_\_\_\_\_ **PSYCHIATRIC HOSPITAL**

#### **PRE-PLACEMENT VISIT (PPV) PROGRAM**

#### **FACTS SHEET & PPV AGREEMENT**

#### **IMPORTANT INFORMATION ABOUT PPV's:**

- 1.The purpose of a PPV is to give a client and a home provider time to get to know each other, and decide together whether the living arrangement is satisfactory. The provider will have the opportunity to review certain portions of the client's medical record (with the client's signed consent), with the understanding that this information is confidential. The client and provider will also have a face-to-face interview prior to the PPV.
- 2.A PPV may last for a maximum of 14 calendar days from the date the client is released from the hospital. During the PPV, the client is still on the census of the hospital, and has not been discharged.
- 3.To be eligible for PPV, the client must qualify for SSI and IAP, or have recurring income/benefits sufficient to sustain the community placement. If SSI/IAP eligible, the client and the provider will be asked to sign the IAP contract, MH-30, and SSI application upon the client's release to the PPV.
- 4.During the PPV, if the client does not have sufficient recurring income/benefits to pay the provider, the hospital will pay the client's room and board to the home provider and a Personal Needs Allowance to the client. If the client must return to the hospital, the provider will be paid for the days the client resided in the home.
- 5.The hospital will prescribe medications and continue Institutional Medicaid coverage for all clients while they are on PPV.
- 6.The client's hospital Treatment Team must be aware of the client's progress while on PPV, since the Team will decide whether the client may be discharged at the end of the PPV. It is important for both provider and client to communicate any problems or concerns as soon as possible.

7.A counselor from the client's Community Mental Health Center will be visiting during the PPV, and may even take the client to the Center for a program. This counselor should also be kept informed by both provider and client of how the PPV is going, since s/he is in frequent contact with hospital staff assisting the client with community adjustment.

8. If a problem or concern arises during regular business hours, the provider should contact \_\_\_\_\_ at (\_\_\_\_)\_\_\_\_-\_\_\_\_\_. During evenings, weekends or holidays, the provider should call \_\_\_\_\_ at (\_\_\_\_)\_\_\_\_-\_\_\_\_\_. If it is necessary to return the patient, the hospital will arrange it. **If a patient becomes missing, \_\_\_\_\_ should be contacted immediately at (\_\_\_\_)\_\_\_\_-\_\_\_\_\_.**

9.At the conclusion of the PPV, if the client and provider have adjusted well to each other and wish to continue the arrangement, the client will be discharged with the Treatment Team's approval.

10.On the day of discharge, hospital-funded IAP will begin and continue until the SSI application is processed in accordance with the IAP program rules. If the client has his/her own sufficient funds and is not IAP eligible, s/he will continue to pay the provider.

11.If it appears that the client may be in need of immediate mental health intervention after s/he has been discharged from PPV status and the hospital, the home provider shall contact the local Screening Center for assistance.

**PRE-PLACEMENT VISIT PROGRAM AGREEMENT**

I, \_\_\_\_\_, agree to accept into  
\_\_\_\_\_

(Provider Name)

(Patient Name)

(Name and Address of Facility)

\_\_\_\_\_ facility on a \*\_\_\_\_\_-day PPV. I have been informed about the PPV program and agree to abide by its rules.

\* The length of the PPV may be adjusted during the PPV considering input from the client and agreement between the Treatment Team and the housing provider.

(Signature of Provider)

(Date)

(Signature of Client)

(Date)

(Signature of Witness/Social Worker)

(Date)

**History**

**HISTORY:**

Amended by R.2016 d.064, effective June 20, 2016.

See: 48 N.J.R. 104(a), 48 N.J.R. 1301(a).

In 11, inserted "and the hospital".

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