

HUMAN SERVICES

DIVISION OF MENTAL HEALTH SERVICES

**Licensed Community Residences and Community Support Services for Adults
with Mental Illnesses**

**Proposed Recodifications with Amendments: N.J.A.C. 10:37A-2.1 through 2.7 and
2.9 through 2.15 as 12.1 through 12.7 and 12.8 through 12.14, Respectively**

**Proposed Amendments: N.J.A.C. 10:37A-1.2, 3.1, 4.2, 4.3, 6.1 through 6.12, 6.18,
6.19, 6.22, 7.1 through 7.4, 8.1, 9.1 through 9.4, and 10:37A Appendix A; and
10:190-1.1, 1.3, 1.6, and 1.7**

Proposed Repeals and New Rules: N.J.A.C. 10:37A-1.1, 4.1, 4.4, 4.5, and 5

**Proposed New Rules: N.J.A.C. 10:37A-2.2, 3.1, 4.2, 4.3, 6.1, 6.4, 7, and 10:37A
Appendix B; and 10:37B**

Proposed Repeals: N.J.A.C. 10:37A-2.8, 3.2, 6.13 through 6.17, and 9.5

Authorized By: Elizabeth Connolly, Acting Commissioner, Department of Human
Services.

Authority: N.J.S.A. 30:11B-1 et seq., specifically, 30:11B-4.

Calendar Reference: See Summary below for explanation of exception to calendar
requirement.

Proposal Number: PRN 2015-081.

Submit written comments by September 19, 2015, to:

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The agency proposal follows:

Summary

The Department of Human Services (Department) is proposing amendments, new rules, and repeals, and recodifying rules with amendments at N.J.A.C. 10:37A. The heading of this chapter is proposed for amendment to change from “Community Residences for Mentally Ill Adults” to “Licensed Community Residences for Adults with Mental Illnesses.” The Department is also proposing new N.J.A.C. 10:37B, Community Support Services for Adults with Mental Illnesses. The Department is also proposing amendments to N.J.A.C. 10:190 to authorize and describe the licensing of the services authorized under proposed new N.J.A.C. 10:37B.

The Department is providing a 60-day public comment period for this proposed rulemaking action. Therefore, pursuant to N.J.A.C. 1:30-3.3(a)5, this notice of proposal is excepted from the provisions of N.J.A.C. 1:30-3.1 and 3.2, governing rulemaking calendars.

The new rules, repeals, and amendments are proposed to update and clarify standards pertaining to community mental health residential programs that have a staffing component. These proposed changes do not substantially change the current system for licensing, funding, and operating housing in which the services are provided

by the owner of the housing (supervised housing) and funded at a flat daily rate, but the changes codify the Department's efforts to separate programs providing supervised community residences for adults with mental illness from supportive housing, which comprises independent living situations with community supports as needed and elected by the consumer. Prior to this proposed rulemaking, supportive housing and the associated services were regulated under N.J.A.C. 10:37A. Consistent with Federal law, judicial mandates, and current philosophy, the proposed new rules, repeals, and amendments will better serve consumers by codifying the progression from supervision to support with the goal of complete community integration and independence of choice within the capacity of each consumer regarding residential settings and services.

Community Support Services (CSS), proposed for adoption as a licensed service under N.J.A.C. 10:37B, is a mental health rehabilitation service that assists individuals diagnosed with a mental illness to attain the skills necessary to achieve and maintain their valued life roles in employment, education, housing, and social environments. In broad terms, CSS consists of a comprehensive needs assessment; partnering with consumers to develop, implement, and monitor individualized rehabilitation plans; therapeutic rehabilitative skill development; illness management and recovery training and support; crisis intervention; and the coordination of these and other services.

On June 8, 2011, the Center for Medicare and Medicaid Services approved a Medicaid State Plan Amendment (SPA) outlining the framework for the delivery of CSS as a new rehabilitation service in New Jersey. The SPA set forth a list of new services that could be funded when delivered to eligible consumers through provider entities licensed by the Department to provide CSS and which are set forth at N.J.A.C. 10:37B-

4. The SPA also provided that the Medicaid reimbursement rate for the service provided would depend upon the credentials of the individual providing that service. For example, the reimbursement rate for services provided by a psychiatrist is different from the rate for services provided by someone whose highest required credential is a bachelor's degree. This new array of services will allow providers greater flexibility in organizing their staffing structure and the terms of the SPA enables providers to bill Medicaid for services provided by individuals in recovery who do not have a degree, but do have lived experience with mental illness that is essential to guiding recovery for consumers who are currently in need of support and rehabilitation.

CSS can only be offered by a provider licensed by the Department to provide this service. The proposed new rules are intended to set forth the standards with which a provider of CSS must comply in order to become licensed. Similar services have in the past been offered with State funding to consumers who live in independently leased or owned housing by licensed Supportive Housing Programs. Before their next licensing review after this rulemaking is adopted, current licensed Supportive Housing Programs are expected to be able to deliver services that comply with the proposed new rules and then be licensed under Chapter 37B. As such, the licensure provisions in N.J.A.C. 10:190 are proposed for amendment to authorize licensure of Community Support Services Providers and discontinue licensure of Supportive Housing Programs.

N.J.A.C. 10:37A

Throughout the chapter, "consumer resident" has been replaced with "consumer," reflecting current usage.

Subchapter 1. General Provisions

N.J.A.C. 10:37A-1.1 Scope and purpose

Existing N.J.A.C. 10:37A-1.1 is proposed for repeal as its provisions are relocated to more relevant sections of the chapter, although the statement in N.J.A.C. 10:37A-1.1(a) that residences governed by N.J.A.C. 10:37A shall not be considered health care facilities under N.J.S.A. 26:2H-1 et seq. is preserved. The first sentence of new subsection (a) maintains the existing requirement that providers comply with the program standards of this chapter, but limits the scope of the chapter to “licensed community residences for adults with mental illness.” References to “group homes,” “apartments,” and “family care homes” is not included because these types of housing are now included under the category of “supervised residences,” which is described at proposed N.J.A.C. 10:37A-1.1(b)1. Existing subsection (b) delineates the types of services included in supervised housing. Proposed new subsection (b) indicates the intent to regulate supervised residences and one specific kind of supportive housing, those units designated as “shared supportive housing residences.” All other supportive housing living units will be licensed, where necessary, by the Department of Community Affairs or regulated by the local authorities that govern housing standards for the municipality in which the housing is located and subject to the New Jersey landlord and tenant law. Supportive rehabilitation services to consumers who live in supportive housing shall be provided by provider agencies licensed to provide those services; for example, Community Support Services, proposed as new N.J.A.C. 10:37B. One purpose of this rulemaking is to separate services from residences where that can be accomplished. Subsection (c) is expanded to contain references to lease-based

housing. New language explains that consumers residing in supervised residences shall not be required to be a party to a lease, and requires that those providers comply with all standards in this chapter. By contrast, consumers residing in shared supportive housing residences have leases in their own names, and although shared supportive housing providers are regulated and licensed pursuant to this chapter, because programming is not provided as part of the housing, the providers are only required to comply with N.J.A.C. 10:37A-1, 6.4 (only if the medication assistance it regulates is a provision of the individual rehabilitation plan of individuals residing there), 8, 10, and 12. The concepts of existing subsection (d) are explained in the more current language found in Chapter 37A Appendix B. Existing subsection (e), regarding medical clearance requirements, is not retained, as this issue will be addressed in the specific admission criteria of individual provider programs now required at N.J.A.C. 10:37A-3.1(b).

N.J.A.C. 10:37A-1.2 Definitions

Definitions for the following terms have been added: “Accrediting body recognized by the Department,” “Advance directive for mental health care,” “crisis intervention,” “emergency response services,” “health care monitoring and oversight services,” “individualized rehabilitation plan,” “protected health information,” “supervised residence,” “valued life role,” “Wellness and Recovery Action Plan[®]” and “wellness and recovery support.”

The following definitions have been deleted, as they no longer appear in the chapter text: “assessment and evaluation,” “community residence for the mentally ill,” “comprehensive service plan,” “crisis intervention counseling,” “crisis intervention

services,” “education,” “group home,” “Individual services coordination,” “Level C care,” “MICA,” “other life support services,” “PA apartment,” “recreation,” “related work or life experience,” “services agreement,” “supportive housing affiliation agreement,” “supportive housing program,” “support services,” and “training in daily living skills.”

There are several proposed amendments to existing definitions. The definition for “consumer resident” is amended to refer to the context in which it appears here; that is, it only refers to a person in a program covered by this chapter, a person diagnosed with a mental illness who lives in a shared supportive housing residence or a supervised residence licensed pursuant to this chapter. The definition of “consumer resident service agreement” is amended to indicate that this document must meet the requirements of N.J.A.C. 10:37A-4.2. In the definition for “discharge,” the term “supervised apartments” is deleted because these residences are included in the new phrase “supervised housing,” and grammatical corrections have been made, as well.

The definition of “Division” is proposed for amendment to include the full name of the Division, which is the “Division of Mental Health and Addiction Services,” and its common abbreviation, “DMHAS” to reflect the merger of the Division of Mental Health Services and the Division of Addiction Services, effected through the Fiscal Year 2011 Budget Act, and to include any entity designated to perform particular functions under this chapter, whether the entity be a departmental unit or a contracted provider.

The definition of “exclusion” is proposed for amendment to indicate that consumers residing in supervised residences may be immediately and temporarily removed only if, in the discretion of the PA, the consumer’s behavior presents a substantial and immediate threat to the physical safety or the emotional or psychological

wellness of other consumers; and provides that exclusion also includes the circumstance under which the consumer may be prevented from returning until the substantial, immediate threat has been obviated. The amended definition differs from the existing definition in that: (1) it adds that the threat need only be substantial and immediate, but not emergent; (2) that the assessment of that threat level is as perceived by the PA; (3) emotional and psychological health” has been updated to “emotional and psychological wellness;” and (4) “substantial” has been added to the end of the definition, regarding the type of threat, to be consistent with the mention of “threat” in the beginning of the definition.

The definition for “family care home” is proposed for amendment to specify that a home supervisor who is not an employee of the PA (replacing “individual”) must reside in the home, that the supervisor may not be related to any consumer it houses, and that family care homes must provide or contract with another PA to provide the level of service commensurate with residential settings also known as “Level D.”

Amendments are proposed to the definitions for Levels A+, A, B, and D care to reflect program changes and to be consistent with State Medicaid rules at N.J.A.C. 10:77A. Level C care is omitted as the very low level of service required under the existing rules is anticipated to be provided through community support services in supportive housing settings. In the definitions for the other levels (A+, A, B, and D), the phrase “group homes, family care homes, or supervised apartments” is proposed for deletion and will be replaced with the term “supervised residences in single detached homes, apartments, or family care homes.” Additionally, the definition for each level contains specific amendments, as discussed below.

In the definition for Level A+ Care, proposed amendments add that services shall be “available,” as opposed to “provided” 24 hours per day, seven days per week, including awake, overnight staff coverage to be consistent with Medicaid billing requirements. Further, proposed amendments add that when services are provided, they must be provided on-site during the day when a consumer is at home; services need not be provided when consumers are not at home; and care may be provided for a cluster of apartments by staff stationed in a nearby apartment, as opposed to stationed in each apartment.

In the definition for Level A Care, additional proposed amendments indicate that coverage need not be provided when consumers are not at home; and that care may be provided for a cluster of apartments by staff stationed in a nearby apartment, as opposed to stationed in each apartment.

In the definition for Level B Care, additional proposed amendments indicate that services are available to consumers in the supervised residence or supportive housing residence for “at least” four hours (rather than four or more) per day (but less than 12 hours per day), seven days per week.

The proposed amendment to the definition for “provider agency” replaces “residential services” with the more specific “shared supportive housing residences, supervised residences, and services required by this chapter.”

In the definition of “supportive housing residence,” proposed amendments, in addition to the change in term from “supportive housing residence” to “shared supportive housing residence” provides that the consumer may sign a consumer service agreement and his or her rent may be subsidized through the Division and clarify that

the consumer may only be evicted through compliance with State landlord and tenant laws. Throughout the rulemaking, references to “supportive housing residences” have been changed to “shared supportive housing residences.”

Existing Subchapter 2. Licensing, Site Reviews, and Waivers

N.J.A.C. 10:37A-2, regarding licensing site reviews and waivers, is proposed for recodification with amendments and a repeal as N.J.A.C. 10:37A-12, and is discussed below.

Recodified Subchapter 2. Policies and Procedures; Confidentiality

The subchapter heading is amended to delete “confidentiality” and add “manual.”

N.J.A.C. 10:37A-2.1 Written policies and procedures manual

Recodified N.J.A.C. 10:37A-2.1(a) is proposed for amendment to maintain existing requirements and proposes additional requirements (relocated from existing N.J.A.C. 10:37A-3.1(a)1 and 2) that the PA maintain and revise, as necessary, a written policy and procedures manual to ensure that the PA’s service delivery system, organizational structure, and management structure comply with applicable statutory and regulatory provisions governing the supportive housing and supervised residential programs.

Recodified N.J.A.C. 10:37A-2.1(b) is relocated from, and maintains existing requirements from N.J.A.C. 10:37A-3.1(a)3, but is proposed for amendment to require

more active promotion and documentation of consumer and family involvement in the development of the manual.

Recodified N.J.A.C. 10:37A-2.1(c), which is relocated from N.J.A.C. 10:37A-3.1(a)5) requires that the PA's manual be readily available for consultation by direct care staff at all times; it further requires that the manual be reviewed annually by PA staff, as evidenced by dated signatures of the reviewers, and that it guide staff in conforming to the agency's policies.

Existing paragraph (a)4 is proposed for deletion as the training requirements expanded and relocated at proposed new N.J.A.C. 10:37A-7.3.

N.J.A.C. 10:37A-2.2 Content

Proposed new N.J.A.C. 10:37A-2.2(a) requires enough detail in the policy and procedure manual to guide staff and to advise consumers and families of the services, rights, and responsibilities involved in the provided services. Proposed new N.J.A.C. 10:37A-2.2(b) requires the PA to specify intake procedures and to list inclusionary and exclusionary criteria to be used in selecting appropriate consumers for the services, and limits those criteria to those that conform with the program standards in N.J.A.C. 10:37A-3.1 and in any contracts or affiliations with the Division. Proposed new N.J.A.C. 10:37A-2.2(c) requires that the manual have a section on medication procedures that emphasize, to the extent appropriate to each consumer, self-administration with or without assistance from staff. Proposed new N.J.A.C. 10:37A-2.2(d) replaces existing N.J.A.C. 10:37A-3.2, which is proposed for repeal, as every provider is already subject to the consumer confidentiality requirements under N.J.A.C. 10:37-6.79.

Proposed new N.J.A.C. 10:37A-2.2(d) requires the PA manual to have a section setting forth confidentiality standards and procedures to be followed in all aspects of the PA's program and requires these standards and procedures to be consistent with Federal and State law, including, but not limited, to N.J.A.C. 10:37-6.79.

Proposed new N.J.A.C. 10:37A-2.2(e) requires that the PA's policies and procedures manual contain a section delineating consumer rights that are in addition to those delineated at N.J.A.C. 10:37-4.5 and 4.6. Proposed new N.J.A.C. 10:37A-2.2(f) requires the manual to have a section delineating staff training requirements and responsibilities, consistent with N.J.A.C. 10:37A-7, 10:37D, and 10:77A-2.4. Proposed new N.J.A.C. 10:37A-2.2(g) requires that the manual set forth rules and procedures that assure the safety of consumers, staff, visitors, and the general public and further delineates some of the safety measures that must be addressed.

In addition, proposed new provisions require the PA manual to contain provisions on healthcare (subsection (h)), wellness and recovery and supportive housing principles (subsection (i)), advance directives for mental health care (subsection (j)), end-of-life concerns (subsection (k)), and clinical support and supervision to direct care staff (subsection (l)).

Recodified Subchapter 3. Consumer Admission Criteria

N.J.A.C. 10:37A-3.1 Consumer admission criteria

Provisions regarding consumer admission criteria have been relocated from N.J.A.C. 10:37A-4.1 (which is proposed for repeal) to 3.1, with the following proposed amendments. Proposed new N.J.A.C. 10:37A-3.1(a) continues the requirements

delineated at existing N.J.A.C. 10:37A-4.1(a)3, but adds the requirement that PAs submit to the Division the name of the individual staff member who shall serve as admissions coordinator. Proposed new N.J.A.C. 10:37A-3.1(b) requires that any medical clearance policy established by the provider shall comport with the provider's contract with the Division. This new requirement replaces existing 10:37A-1.1(b), which specifies the terms of a provider's medical clearance policy.

Proposed new N.J.A.C. 10:37A-3.1(c) contains the requirement that first priority for admission be given to persons with severe mental health needs, in accordance with an individual PA's Division contract, and in the order of priority established in the Community Mental Health Services rules regarding target populations, N.J.A.C. 10:37-5.2. This subsection is relocated from N.J.A.C. 10:37A-4.1(a) and (a)2.

Proposed new N.J.A.C. 10:37A-3.1(d) requires that the admissions coordinator notify the Division of vacancies within one business day.

Subchapter 4. Consumer Services

Proposed new Subchapter 4 sets forth standards that echo previously adopted requirements regarding intake and consumer service agreements, while adding additional requirements. As currently codified in existing N.J.A.C. 10:37A-4.1(a)2 (which is proposed for repeal and delineated services to be provided by what is proposed as "supervised housing"), proposed new N.J.A.C. 10:37A-4.1(a) requires such providers to develop and implement a written policy that outlines an intake process that provides a basis for assessment of an applicant's eligibility for services, consistent with proposed new N.J.A.C. 10:37A-3 and this subchapter. The requirements of N.J.A.C.

10:37A-4.3, which regulates services to be provided by supportive housing programs is proposed for relocation to propose new N.J.A.C. 10:37B. Reflecting supportive housing philosophy and wellness and recovery principles, proposed new N.J.A.C. 10:37A-4.1(b) requires that all intake procedures be guided by the consumer's preferences and goals with regard to treatment and community living. Proposed new N.J.A.C. 10:37A-4.1(c) requires provider staff to conduct intake procedures in a manner that is culturally and linguistically appropriate to the consumer and that facilitates continuity of service. Proposed new N.J.A.C. 10:37A-4.1(d) requires intake procedures to be designed in such a way that program participation is facilitated at the earliest appropriate opportunity, and proposed new N.J.A.C. 10:37A-4.1(e) requires that, unless the person is referred directly from a State psychiatric hospital, the PA shall conduct the intake procedure for other referred consumers with 14 days of the occurrence of a vacancy.

Proposed new N.J.A.C. 10:37A-4.1(f) sets forth particular intake procedures to be followed when a consumer has been referred to the provider from a State psychiatric hospital.

Proposed new N.J.A.C. 10:37A-4.1(g) requires the intake process to include an orientation to the program and an explanation of the consumer's rights and grievance procedure. In addition, the provider must post a copy of the grievance procedure in a prominent location and provide copies of consumers' rights and the grievance procedure available to consumers upon request.

Proposed new N.J.A.C. 10:37A-4.1(h) states that the provider shall develop and implement a written procedure that requires a review of all intakes that result in a determination that a consumer may be denied service.

Proposed new N.J.A.C. 10:37A-4.2 carries over many of the requirements applicable to consumer service agreements present in existing N.J.A.C. 10:37A-4.4 (which is proposed for repeal), while also adding requirements that amplify and update the purpose and role of these documents. As in the rule proposed for repeal, the new provision requires that this written agreement be reviewed and signed by both the consumer and provider upon the consumer's admission and that it clearly articulate, in a language sufficiently understood by the consumer, the terms of the agreement (see N.J.A.C. 10:37A-4.2(a), (b), and (c)). Proposed changes from the rule proposed for repeal require that the provider submit the consumer service agreement to the Department for approval prior to use (see N.J.A.C. 10:37A-4.2(a)). Proposed new N.J.A.C. 10:37A-4.2(d) requires the consumer's written acknowledgement that he or she understands various rights and opportunities required to be assured by the program. Proposed new N.J.A.C. 10:37A-4.2(d) also requires the consumer's written acknowledgment as to his or her understanding of: "the consumer's roles and responsibilities and consequences for violations; service termination procedures; and the location and accessibility of policy and procedure manuals."

Proposed new N.J.A.C. 10:37A-4.2(e) requires that termination procedures in the consumer service agreement comport with the requirements of N.J.A.C. 10:37A-5.3 and 11.2 through 11.5. Proposed new N.J.A.C. 10:37A-4.2(f) requires that copies of the signed consumer service agreement be provided to the consumer and kept in the consumer's record and be updated as necessary. Proposed new N.J.A.C. 10:37A-4.2(g) requires the PA to obtain the approval of DMHAS before deleting, adding, or

revising in any way the required terms of the consumer service agreement, as delineated in Subchapter 4.

In place of a comprehensive intake assessment (see existing N.J.A.C. 10:37A-4.5(c)1, which is proposed for repeal), proposed new N.J.A.C. 10:37A-4.3(a) requires the PA to complete a written comprehensive rehabilitation needs assessment for each consumer by the 14th day after admission. The assessment must be consumer-driven and informed by a face-to-face evaluation and discussion with the consumer; family members, significant others, and other collateral service providers may participate in the process, provided that confidentiality boundaries are respected.

Where the existing standard (at N.J.A.C. 10:37A-4.5(c)9, which is proposed for repeal) requires a registered nurse to document face-to-face health care monitoring visits with each consumer every 90 days, proposed new N.J.A.C. 10:37A-4.4 sets forth the requirements for nursing assessments, reassessments, and 90-day visits in supervised residences. The proposed new standard requires that within 14 days of admission to a supervised residence, a registered nurse, or a higher level nursing professional, must provide, in a face-to-face setting, an initial comprehensive nursing assessment and must reassess the consumer annually, at a minimum (see proposed new N.J.A.C. 10:37A-4.3(a) and (d)). Proposed new N.J.A.C. 10:37A-4.4(c) delineates, in detail, the information to be included in the initial assessment and annual reassessment.

Proposed new N.J.A.C. 10:37A-4.4(d) requires a registered nurse or higher level nursing professional to provide face-to-face nursing visits every 90 days following the initial comprehensive nursing assessment, and every 90 days thereafter, while the

consumer resides in a supervised residence. Periodic visits and documentation of those visits are also required to evaluate the consumer's condition and the appropriateness of care provided by staff.

The existing requirement that a comprehensive service plan be documented for each consumer (see existing N.J.A.C. 10:37A-4.5(c)4) is proposed for repeal. Proposed new N.J.A.C. 10:37A-4.5(a) requires that no later than 30 days after admission, the PA shall partner with the consumer to develop, implement, monitor, and update an individualized rehabilitation plan. Proposed new N.J.A.C. 10:37A-4.5(b) requires providers to consult with other identified providers and significant others as requested by the consumer in developing the plan, and to the extent permitted by State and Federal confidentiality laws. Proposed new N.J.A.C. 10:37A-4.5(c) requires that each individualized rehabilitation plan for all consumers shall be based upon the comprehensive rehabilitation needs assessment, nursing assessment, WRAP[®], or Advance directive for mental health care, and any other exiting assessments. Proposed new N.J.A.C. 10:37A-4.5(d) lists the information that must be included in the individualized rehabilitation plan. Proposed N.J.A.C. 10:37A-4.5(e) requires that the plan and subsequent revisions be signed and dated by a physician or other licensed authorized practitioner, other appropriate team members, and the consumer. If the consumer declines to sign the document, the provider must document this fact. Proposed new N.J.A.C. 10:37A-5.4(f) requires that the individualized rehabilitation plan be reviewed upon request of the consumer, within three months of development, and every three months thereafter.

Subchapter 5. Clinical Record Documentation

Proposed new Subchapter 5 updates the provisions found in existing N.J.A.C. 10:37A-4.5, Recordkeeping, which is proposed for deletion. Proposed new N.J.A.C. 10:37A-5.1(a) continues the requirement of existing N.J.A.C. 10:37A-4.5(a) that the PA must maintain written records for all consumers residing in supervised residences. References to recordkeeping for consumers in supportive housing are not retained, as those records will be kept by the service provider, usually a CSS program. Proposed new N.J.A.C. 10:37A-5.1(b) continues the requirement of existing N.J.A.C. 10:37A-4.5(b) that the PA shall maintain the confidentiality of such records.

Updating old terminology and concepts contained in existing N.J.A.C. 10:37A-4.5(c), N.J.A.C. 10:37A-5.1(c) lists the records that must be maintained for each consumer: consumer service agreement; comprehensive rehabilitation needs assessment; nursing assessment; individualized rehabilitation plan; progress notes; a termination summary, and, if the PA charges consumers fees, appropriate financial records be kept.

Proposed new N.J.A.C. 10:37A-5.2(a) (which replaces existing N.J.A.C. 13:37A-4.5(c)10) requires that providers document and maintain progress notes for each consumer on a weekly basis and more frequently in times of crisis or transition. Proposed new N.J.A.C. 10:37A-5.2(b) specifies that progress notes must indicate the level of goal attainment, services provided, significant events, and contacts with other service providers. This information will be used to set levels of care and to develop and revise the individualized rehabilitation plan. Proposed new N.J.A.C. 10:37A-5.2(c) requires PA staff to sign, date, and indicate the time of entry for every progress note

they write and to include their staff titles, and proposed new N.J.A.C. 10:37A-5.2(d) requires the documentation of communication with other providers.

Proposed new N.J.A.C. 10:37A-5.3 echoes the termination summary requirements of existing N.J.A.C. 10:37A-4.5(e). Proposed new N.J.A.C. 10:37A-5.3(a) requires PA staff to complete a termination summary for all consumers within 30 days of termination from community mental health residences. Proposed new N.J.A.C. 10:37A-5.3(b) requires that the termination summary include the following information: (1) the primary presenting problem; (2) the treatment provided and the consumer's response; (3) the clinical condition at termination; (4) any recommendations and referrals, including medications; (5) the reason for program; and (6) the consumer's future housing address/housing status at termination, if known.

Proposed new N.J.A.C. 10:37A-5.4(a) requires PAs who charge consumer fees to keep appropriate financial records. These records shall include specific charges for all service-related items applicable to each consumer (N.J.A.C. 10:37A-5.4(b)) and shall be available to the consumer (N.J.A.C. 10:37A-5.4(c)).

Subchapter 6. Services

Proposed new N.J.A.C. 10:37A-6.1(a) states that the PA shall offer a range of services and supports with the goal of restoring a consumer's level of functioning to one that maximizes community integration and independence.

Recodified N.J.A.C. 10:37A-6.2 is proposed for amendment and contains minor language revisions (replacing the term "Level A+, A, B, C, and D Residential Program" with "Supervised Housing Program" and "consumer resident" with "consumer") and

updates the community activities list in recodified N.J.A.C. 10:37A-6.2(e) to reflect a broader range of activities. It also requires that the PA provide consumers with access to an on-call PA staff member for crises (see N.J.A.C. 10:37A-6.2(a)).

Recodified N.J.A.C. 10:37A-6.3 is amended to reflect the elimination of references to supportive housing services and the change from “supportive housing services” to “other services” that may be appropriate to those in supervised residences (existing N.J.A.C. 10:37A-4.3(a), (b), and (c)1, 3 through 6, 8, 12, and 14). In addition the proposed section includes updated language (in the retained portion of N.J.A.C. 10:37A-4.3(c)), the relocation of the requirement for on-call emergency capacity to N.J.A.C. 10:37A-6.2 (as proposed for recodification from N.J.A.C. 10:37A-4.2), and adding a requirement to provide crisis intervention services, residential counseling, and emergency response services.

Proposed new N.J.A.C. 10:37A-6.4 sets forth the standards pertaining to medication. Only N.J.A.C. 10:37A-6.4(a)1 applies to shared supportive housing residences; the full section applies to supervised housing residences.

Subchapter 7. Staff Qualifications, Responsibilities, and Training

Existing Subchapter 5, delineating staffing requirements, qualification and duties for residential nurses, residential counselors, senior residential counselors, residential program coordinators, and supportive housing coordinator, is proposed for repeal, as staffing will now be driven by the identified needs of the consumers who reside in the supervised housing.

Under proposed new N.J.A.C. 10:37A-7.1, the PA must employ a sufficient number of staff to offer and provide all required services to consumers, based upon the numbers of consumers served, the level of functioning and needs of the consumers, the types of residences utilized, and the geographic distribution of residences. The staffing pattern maintained must be approved by the Division and reflected in the purchase of service contracts with individual agencies.

Proposed new N.J.A.C. 10:37A-7.2 requires that all staff employed by the PA have a license, where appropriate, and that their credentials authorize them to perform the jobs for which they are responsible. In addition, proposed new N.J.A.C. 10:37A-7.2(b) requires that all staff be hired in compliance with all applicable laws regarding criminal record background checks and substance abuse testing.

The existing standard pertaining to staff training, N.J.A.C. 10:37A-3.1(a)4, is proposed for deletion, as these requirements have been relocated to proposed new N.J.A.C. 10:37A-7.3. This section requires the agency to develop, update, administer, and document a comprehensive, competency-based training program and manual for individuals providing services under N.J.A.C. 10:37A. This training program must reflect the requirements of N.J.A.C. 10:37D and the State Medicaid rules at N.J.A.C. 10:77A-2.4. The training program must include competency-based elements involving measurable skill development and demonstrated, documented evidence of employee skill attainment (N.J.A.C. 10:37A-7.3(a)).

Proposed new N.J.A.C. 10:37A-7.3(b) requires the provider to document a training completion sheet for each employee, listing the dates, length of time, training

source (including online), and competency and/or certification achieved for each topic and subtopic required under N.J.A.C. 10:37A-7.3(d).

Proposed new N.J.A.C. 10:37A-7.3(c) requires that a training manual shall provide a detailed description of the curriculum, consistent with the topics listed in N.J.A.C. 10:37A-7.3(d), the qualifications of the individuals or sources of the training providers, the date and duration of the training, the source of the training, and the competency (as indicated by a completed test, if applicable) or certification achieved..

Proposed new N.J.A.C. 10:37A-7.3(d) specifies the topics that must be covered in the training curriculum.

Proposed new N.J.A.C. 10:37A-7.3(e) requires that each staff member shall maintain a current certificate of completion in cardiopulmonary resuscitation (CPR) and first aid training, offered by the American Heart Association or the American Red Cross.

Under proposed new N.J.A.C. 10:37A-7.3(f), individuals delivering services who have not completed the required training set forth in N.J.A.C. 10:37A-7.3(d)1 through 9 and (e) shall not deliver services alone, but must be supervised by and deliver the services in conjunction with a trained person who is on-site and provides in-person guidance, as necessary. New hires must complete all training elements within six months of beginning employment.

Recodified Subchapter 8. Facility

In addition to some grammatical corrections, proposed amendments change the phrase “group homes, PA apartments and family care homes” to “supervised residences” throughout this subchapter. In addition, at recodified N.J.A.C. 10:37A-

8.11(g), the phrase “group home” has been replaced with “supervised residences in single detached homes,” to specify the particular type of supervised residence of concern.

At recodified N.J.A.C. 10:37A-8.1, proposed amendments require supervised residences to comply with both the New Jersey Uniform Construction Code, all applicable provisions of the New Jersey Uniform Fire Code, and all local codes. Both a valid Certificate of Occupancy under the Construction Code and a Certificate of Inspection must exist.

At recodified N.J.A.C. 10:37A-8.2, proposed amendments require the PA to ensure that for every residence serviced by a private well, testing of the potable water supply is conducted to determine if the standards in the Safe Drinking Water Act rules at N.J.A.C. 7:10 are met before occupancy and at least once every five years. The PA must maintain documentation of this testing.

At recodified N.J.A.C. 10:37A-8.5(b), proposed amendments require that large appliances, such as air conditioners, refrigerators, freezers, washers, and dryers shall be directly plugged into an electrical outlet.

At recodified N.J.A.C. 10:37A-8.8(a), proposed amendments prohibit space heaters (including, but not limited to, electrical, kerosene, and quartz heaters), unless a waiver is granted by the licensing agency. Proposed new subsection (f) requires that each facility establish a heat emergency action plan.

Proposed new language at recodified N.J.A.C. 10:37A-8.12 incorporates by reference the provisions of N.J.A.C. 5:70, the Uniform Fire Code and states that it shall be applicable to all residences, not just group homes. In addition, a certificate of a

satisfactory life hazard use inspection conducted by the city, township, or State fire authority minimally every 12 months shall be available in each supervised residence that is a single family detached house.

Recodified N.J.A.C. 10:37A-8.13 delineates requirements for smoke and carbon monoxide detectors, with new requirements at subsection (a) to include basements, at subsection (b) to require quarterly testing of hard-wired smoke detection systems, and subsection (c) for residences housing deaf or hearing impaired residents. Proposed new subsection (d) requires that a carbon monoxide detector shall be within 10 feet of the door to each bedroom.

At recodified N.J.A.C. 10:37A-8.14(a)1, proposed amendments require monthly fire drills, with at least one drill on each shift in each quarter; once a year with the activation of a hardwired system where one is installed. N.J.A.C. 10:37A-8.14(a)2 requires that evacuation be completed in less than three minutes without assistance, and that where evacuations take three minutes or longer, the PA must develop and implement a plan of correction. It also provides that if some consumers require assistance, a plan be developed that will provide for that assistance, and that all such assistance plans must be executable at the same time. N.J.A.C. 10:37A-8.14(a)3 requires documentation of drills.

N.J.A.C. 10:37A-8.14(b) provides that the Department shall review agency compliance with this procedure during onsite inspections.

Recodified Subchapter 9. Hearings, Appeals, Complaints

An amendment is proposed to recodified N.J.A.C. 10:37A-9.1 to include a reference to N.J.S.A. 52:14F-1 et seq.

At recodified N.J.A.C. 10:37A-9.2, a clarifying proposed amendment states that the PA's internal complaint procedures will be subject to the Department's review and approval at the time of the initial licensing and "triennial" licensing reviews.

Recodified Subchapter 10. Quality Assurance

At recodified N.J.A.C. 10:37A-10.1, proposed amendments make clear that while supervised residences need to assure through their quality assurance programs that the facility and program meet licensure standards, shared supportive housing residences only need to assure, through their quality assurance programs, that the facility meets licensure standards and the phrase "group homes, PA apartments, and family care homes" is replaced with "supervised residences."

Recodified Subchapter 11. Discharge

The subchapter heading is proposed for amendment (and throughout the subchapter) to change "Discharge" to "Exclusion and Discharge from Supervised Residences." Throughout this subchapter, the phrase "group homes, PA apartments, and family care homes" is replaced with "supervised residences." At recodified N.J.A.C. 10:37A-11.2(a)1, proposed amendments add the phrase, "to an inpatient treatment facility pursuant to N.J.S.A. 30:4-27.1 et seq." to specify the nature of the civil commitment because commitment to outpatient treatment would not necessarily require the consumer to leave the supervised residence. Other changes to N.J.A.C. 10:37A-

11.2 update language, and in subsection (c) and (g) reflect the proposed repeal of existing language (discussed above) and omit the superfluous need to identify where the admissions language would be found. At recodified N.J.A.C. 10:37A-11.2(a)3 to change “these rules” to “this chapter” for clarity and at paragraph (a)6, “treatment plan” is changed to “individual rehabilitation plan.” At recodified N.J.A.C. 10:37A-11.3(d), the reference to the “Director of the Division” is updated to “Assistant Commissioner for Mental Health and Addiction Services.” The term “exclusion” has been added to N.J.A.C. 10:37A-11.4 to clarify that a consumer who presents a substantial, immediate, but not emergent threat to others can be restricted from accessing a supervised residence pending, or instead of, terminating services completely.

Recodified Subchapter 12. Licensing, Site Review, and Waivers

At recodified N.J.A.C. 10:37A-12(a)1, proposed amendments update the contact information for the Department of Human Services Office of Licensing. At recodified N.J.A.C. 10:37A-12.1(b)2, a proposed amendment permits PA’s that have an affiliation agreement, but not a service contract, with the Division to be licensed if the Division waives the requirement of a contract otherwise required of PA’s licensed to provide residential services.

At recodified N.J.A.C. 10:37A-12.3(a)3, proposed amendments state that a conditional license may be issued whenever a “review” (in place of an “investigation”) of a complaint or serious incident identifies deficiencies that warrant conditional status; or whenever a repeat deficiency is noted during a program review, or during a housing inspection it is evident that a previously noted deficiency has not been corrected

(proposed new paragraph (a)4). At recodified N.J.A.C. 10:37A-12.3(b), proposed amendments state that a conditional license shall be upgraded to a full license when a determination is made, on the basis of follow-up review or a review of documents submitted by the PA that each deficiency that has prompted the issuance of the conditional license has been corrected.

At recodified N.J.A.C. 10:37A-12.4, proposed amendments state that the Department shall review all “agency and” program operations, policies, procedures, and supporting documentation for compliance with the provisions of N.J.A.C. 10:37A and with the applicable provisions of N.J.A.C. 10:37 and 10:37D. The PA shall also be required to submit a current certificate of occupancy (CO) or certificate of continued occupancy (CCO) indicating a residential or institutional use group designation if the city or municipality in which the home is located has a process for issuing such a document for newly purchased or newly rented homes.

At recodified N.J.A.C. 10:37A-12.4(d), proposed amendments state that a license shall be issued once documentation that any renovations, additions, modifications, repairs, and alterations completed after issuance of the CO or CCO, and requiring permits from the local authority have final approval from the local authority. For new construction, a certificate of occupancy issues under the Uniform Construction Code shall be accepted in lieu of the life hazard use inspection by the Fire Official.

At recodified N.J.A.C. 10:37A-12.5(a), proposed amendments state that the Department may inspect any proposed apartment site and review agency and program operations “policies, procedures, and supporting documentation” for compliance with

the provisions of this subchapter and “the applicable provisions of N.J.A.C. 10:37 and 10:37D.”

At recodified N.J.A.C. 10:37A-12.5(f), proposed amendments state that the PA must notify the Office of Licensing of any new apartment before it is occupied, any additional bed capacity and any apartment that it closed. If adding a new apartment or bed capacity will exceed the licensed capacity of the apartment program, the PA shall not allow the consumer(s) to occupy the new apartment(s) or bed(s) until the licensed capacity is increased. Also, the existing provision allowing the PA to relocate apartments within the county without notifying the Office of Licensing as long as there is no increase in the total apartment capacity is deleted.

At recodified N.J.A.C. 10:37A-12.6, proposed amendments require that the providers of supervised residences in family care homes must notify the Office of Licensing of any additional bed capacity and of any new family home that is closed. Further, if adding a new supervised residence in a family care home or increasing bed capacity will exceed the licensed capacity of the family care home, the PA shall not place the consumer in the new residence or bed until the licensed capacity is increased.

Proposed amendments to the licensure of shared supportive housing residences at recodified N.J.A.C. 10:37A-12.7 are not substantive, but substitute terminology consistent with changes in the Department’s licensing structure and the change from supportive housing programs to community support services to conform to the SPA (as discussed above).

Licensure of supportive housing programs (located at existing N.J.A.C. 13:37A-2.8) is relocated to new Chapter 37B, Community Support Services, as that chapter will

describe the services currently provided by supportive housing programs, and is discussed below.

Changes to recodified N.J.A.C. 10:37A-12.8 add that a waiver may be granted when the need for the service justifies the waiver.

Existing N.J.A.C. 10:37A-2.10(c) is proposed for deletion as it is abundantly evident that the Department makes the licensure renewal decision, as the licensing function has been moved from the Division to the Department. Proposed new N.J.A.C. 10:37A-12.9(c) permits deemed status to be considered as part of the Department's licensing process at the time of the triennial program review. For programs granted deemed status, the triennial program review shall primarily focus on, but is not be limited to, staffing and clinical records. Deemed status may be considered in those cases where: (1) the residential program is accredited within the past three years by an accrediting body recognized by the Department and the accreditation remains in effect; and (2) the program submits the accrediting body report indicating the program is accredited, as well as other documentation requested by the Department. As applicable, any remediation plan required by the accrediting body shall also be submitted.

At recodified N.J.A.C. 10:37A-12.10(b), (c), and (d), proposed amendments indicate that all supervised residences in single family detached homes, in apartments and in family care shall be inspected on site "at least" every two years – allowing for more frequent inspections at the discretion of the Department, as needed. This amendment will bring the inspection requirements in line with those already provided for shared supportive housing residences, which are currently inspected every two years.

A deletion from N.J.A.C. 10:37A-12.10(e) leaves the discretion of what steps to take if a resident refuses inspection by the Department to the Department or Division. It may be that a PA can get access and submit a report; but in some cases local authorities may be required to gain entrance under health or other local ordinances.

At recodified N.J.A.C. 10:37A-12.10(h) and (i), proposed amendments update the “corrective action plan” to “plan of correction.” At recodified N.J.A.C. 10:37A-12.11(k), proposed amendments indicate that once the plan of correction is approved by the Department, the PA shall provide a report to the Division on progress toward remediation of deficiencies every 60 days until compliance is achieved.

N.J.A.C. 10:37A Appendix A. Statement of Consumer Resident Rights Regarding Discharge and Exclusion from APA Owned, Leased or Contracted Residence

Proposed amendments in the Statement of Consumer Rights Regarding Discharge and Exclusion from a PA Owned, Leased, or Contracted Supervised Residence, codified as N.J.A.C. 10:37A Appendix A, update the contact information for the listed entities and clarify that the provider must identify the relevant agency ombudsman and county mental health administrator.

N.J.A.C. 10:37A Appendix B Guiding Principles

This proposed new appendix delineates the supportive housing principles that must inform the provision of all residential programs (supervised residences and shared supportive housing residences) to the extent practical, and the wellness and recovery

principles that providers of all licensed residential programs (supervised residences and shared supportive housing residences) must follow.

Chapter 37B. Community Support Services for Adults with Mental Illnesses

Subchapter 1. General Provisions

Proposed new N.J.A.C. 10:37B-1.1 explains the scope and purpose of the new chapter; that is, to set standards for the provision of community support services in New Jersey to adults with serious mental illnesses.

Proposed new N.J.A.C. 10:37B-1.2 defines terms used in the chapter: “advance directive for mental health care” or “advance directive”; “community support services”; “consumer”; “crisis intervention”; “Department”; “Division or DMHAS”; “eligible consumer”; “individualized rehabilitation plan”; “primary service provider”; “provider agency or PA”; “serious mental illness”; “valued life role”; and “Wellness and Recovery Action Plan[®]” or “WRAP[®]”

Proposed new N.J.A.C. 10:37B-1.3 delineates wellness and recovery principles, the guiding philosophy of rehabilitation from the symptoms and effects of mental illness, which asserts that all persons have strengths and natural supports that they can employ in the process of recovery to achieve wellness; that each person’s path to recovery is unique, but that all individuals can learn to manage symptoms and engage in treatment as it is available and needed; and that through that work each person can achieve a better quality of life that offers dignity, respect, and independence.

Subchapter 2. Accessing Community Support Services

This subchapter describes the process through which a consumer is found eligible, enrolled, and provided with community support services, and sets out the initial tasks required of the provider upon admission.

Proposed new N.J.A.C. 10:37B-2.1 assigns to the Division or its designee the responsibility to determine which consumers are eligible to receive community support services, and to enroll eligible consumers. The new provisions specify that the Division is permitted to designate another entity to conduct the evaluation and determine eligibility. It is anticipated that the Division will delegate this responsibility in some cases to State and county hospitals, as well as other licensed providers who will refer consumers currently receiving more restrictive therapeutic or residential services and, in the process of referral, will document eligibility for community support services. The section further requires licensed providers to assess the needs of consumers referred to them by the Division and to create, with the consumers, treatment plans, and provide services required to address those needs; requires providers to assign a primary service coordinator for each consumer; and directs the Division or its designee to authorize payment for those services.

Proposed new N.J.A.C. 10:37B-2.2 describes that wellness and recovery principles endorse self-determination and progress toward self-management of a mental illness. To that end, consumers should have the ability to choose providers who offer the services they identify as necessary to their recovery in the location in which they want to live. Within the choices available and appropriate to the needs identified in evaluations required in the chapter, the consumer is permitted to choose a primary services provider and a primary services coordinator within that agency.

Proposed new N.J.A.C. 10:37B-2.3 delineates the sources and contents of the preliminary rehabilitation needs assessment required during the eligibility determination process. This section also establishes standards and timeframes for the development of the comprehensive needs assessment, which must be completed by the 14th day after admission, every six months for the first year, and annually thereafter.

Proposed new N.J.A.C. 10:37B-2.4 describes the requirements that apply to the referring entity and the PA, with the input of the consumer and concerned others, when developing a preliminary individualized rehabilitation plan (IRP). A preliminary IRP is created to be followed for up to 30 days after admission to provide medically necessary services while the assessment and individualized rehabilitation plan are being developed by the PA.

Subchapter 3. Consumer Service Agreement

Proposed new N.J.A.C. 10:37B-3.1 requires each licensed PA to develop a format for a consumer service agreement, which must be approved by the Division before use and whenever a change is proposed, and requires that it be written in a language understood by the consumer.

Proposed new N.J.A.C. 10:37B-3.2 describes the requirement that the agreement include the services that the consumer agrees to accept and further describes the roles and responsibilities of both the PA and the consumer that must be included in the consumer service agreement; it specifically requires that the conditions for termination of services be included in the agreement.

Proposed new N.J.A.C. 10:37B-3.3 describes the procedures for reviewing and maintaining the consumer service agreement, and requires that a copy of any rental subsidy agreement between the consumer and the Division or designee be attached.

Subchapter 4. Services

Proposed new N.J.A.C. 10:37B-4.1 states that the PA shall offer a range of services and supports necessary to assist the consumer in achieving mental health rehabilitative and recovery goals as identified in the consumer's individualized rehabilitation plan. It further requires that services may be provided or arranged for by the PA.

Proposed new N.J.A.C. 10:37B4.2 requires PAs to provide skills development training and delineates the parameters for this service.

Proposed new N.J.A.C. 10:37B-4.3 describes the appropriate interventions that may be provided by the PA in assisting the consumers to administer their own medications for health and mental health needs.

Proposed new N.J.A.C. 10:37B-4.4 describes 25 other services that the PA must make available or arrange for where the consumers' individualized rehabilitation plans indicate the need for such services, and requires that staff shall be on call 24 hours per day, seven days per week for stress and crisis calls. The 25 services cover assistance with acquiring skills needed to successfully live in a community residence, learning to manage health care, mental health care, medication, finances, budgeting, transportation, and banking; and require services that either teach the consumers to access or link them to co-occurring mental health and substance abuse services,

natural supports, legal assistance, crisis intervention, residential counseling, and emergency response services.

Proposed new N.J.A.C. 10:37B-4.5 describes how the PA is to coordinate and manage the required services by providing oversight for the integrated implementation of goals, objectives, and strategies identified in the consumer's individualized recovery plan. The PA is also required to assure that stated measurable goals, objectives, and strategies are met within established timeframes and that all service activities are provided, including collaborative consultation and guidance to other staff serving the recipient and family, as appropriate. Finally, the PA must monitor the consumer's participation to assess whether the services accessed have adequately met the individual's needs.

Proposed new N.J.A.C. 10:37B-4.6 requires that training and support services be provided as needs are identified in each consumer's individualized rehabilitation plan. Such services shall include evidence-based practices, including, but not limited to, motivational, cognitive-behavioral, and educational strategies and illness management and recovery.

Subchapter 5. Staff Qualifications, Responsibilities, and Training

Proposed new N.J.A.C. 10:37B-5.1 requires the PA to employ a sufficient number of staff to offer and provide all required services to consumers, based upon the numbers of consumers served, the level of functioning and service needs of the consumers, the consumers' employment and living situations, and the geographic distribution of the locations where services will be provided. The PA's compliance with

this staffing requirement must be approved by the Division and delineated in the applicable purchase of service contract or affiliation agreement.

Proposed new N.J.A.C. 10:37B-5.2 delineates the various categories of staff, their minimum credentials, and the services they are permitted to provide. The credentials range from licensed professionals to high school graduates, and permit lived experience as a consumer of mental health services to substitute for some of the educational and experience requirements.

Proposed new N.J.A.C. 10:37B-5.3(a) requires the PA to develop, update, administer, and document participation in a comprehensive training program for all staff. The program must include a manual and curriculum with prescribed elements, incorporating by reference the standards for all community mental health provider training programs and those particular standards required for Medicaid rehabilitation services.

Proposed new N.J.A.C. 10:37B-5.3(b) requires that the provider develop a training manual, and proposed new N.J.A.C. 10:37B-5.3(c) describes the required curriculum. Proposed new N.J.A.C. 10:37B-5.3(d) requires documentation of the training for each employee. Proposed new N.J.A.C. 10:37B-5.3(e) further requires that staff who have not completed some of the training be restricted in their ability to provide services without direct supervision and co-signature of a trained person. All staff will be required to complete the training within six months of commencing employment or six months of the effective date of this chapter, whichever comes first.

Subchapter 6. Licensing Community Support Services Programs

Proposed new N.J.A.C. 10:37B-6.1(a) applies the licensure processes and fees specified in N.J.A.C. 10:190 to community support services. Subsection (b) permits programs currently licensed as supportive housing programs to become licensed as a community support services provider if it submits detailed information about its staffing and program elements sufficient to satisfy the Department that it is capable of delivering appropriate services to eligible consumers and it signs a contract or contract modification with the Division to deliver community support services.

Subchapter 7. Termination of Services

Proposed new N.J.A.C. 10:37B-7.1 delineates permissible reasons for terminating the provision of support services to consumers and states that the termination of services will have no effect on the consumer's rights to housing.

Proposed new N.J.A.C. 10:37B-7.2 describes the notifications that must be made by the PA if the consumer chooses to terminate services and appropriate program and protected health information disclosures to other providers.

Proposed new N.J.A.C. 10:37B-7.3 describes the procedure that must be followed, and the notifications that must be made, by the PA, if the PA terminates services.

Subchapter 8. Continuous Quality Improvement

Proposed new N.J.A.C. 10:37B-8.1 requires that the PA develop and implement a written continuous quality improvement program that meets the quality assurance standards for all PAs in N.J.A.C. 10:37-9 and ensures fidelity with the standards in this

chapter. It further delineates particular areas to be monitored and evaluated, including adequacy of planning and appropriate staff composition and utilization.

Subchapter 9. Hearings, Appeals, Complaints

Proposed new N.J.A.C. 10:37B-9.1 requires that the PA establish internal complaint procedures for consumers, and that the policy and procedures be approved by the Department, posted in a public place, and given to consumers upon admission. It further requires that any complaint be documented in the consumer's service record, and that there be no retaliation for making a complaint or participating in an investigation of a complaint.

Proposed new N.J.A.C. 10:37B-9.2 requires compliance with the appropriate portions of the appeals process required of all PAs at N.J.A.C. 10:37-4.6 and the process for appealing final agency decisions.

Subchapter 10. Recordkeeping

Proposed new N.J.A.C. 10:37B-10.1 sets forth the PA's responsibility to create a clinical record for each consumer that shall document all assessments, individualized rehabilitation plans, and other required information (including progress notes, financial records, and a termination summary).

Proposed new N.J.A.C. 10:37B-10.2 sets forth the PA's responsibility to maintain progress notes for each consumer.

Proposed new N.J.A.C. 10:37B-10.3 requires that a termination summary be completed within 30 days of the date services are terminated and describes required content.

Proposed new N.J.A.C. 10:37B-10.4 requires that the PA keep appropriate financial records of any fees charged if the PA charges consumers fees.

Subchapter 11. Policies and Procedures Manual

Proposed new N.J.A.C. 10:37B-11.1(a) requires that all licensed programs develop, implement, maintain, and revise a written policies and procedures manual.

Proposed new N.J.A.C. 10:37B-11.1(b) requires documentation of the involvement of consumers and families in the development of the manual. The subsection also requires that the manual must be available for review by consumers and their families upon request.

Proposed new N.J.A.C. 10:37B-11.1(c) requires that the PA's manual be readily available for consultation by direct care staff at all times. It further requires that the manual be reviewed annually by PA staff, as evidenced by dated signatures of the reviewers, and that it guide staff in conforming to the agency's policies.

N.J.A.C. 10:37B-11.2 Content of the Manual

Proposed new N.J.A.C. 10:37B-11.2(a) requires that the PA's manual be sufficiently detailed to guide staff and give adequate notice to consumers, families, and other interested parties as to the services, rights, and responsibilities expected in supervised residences. Proposed new subsection (b) requires the manual to delineate

inclusionary and exclusionary participation criteria. Proposed new subsection (c) delineates requirements for the manual's medication section.

Proposed new N.J.A.C. 10:37B-11.2(d) follows confidentiality provisions promulgated in other Division rules governing community mental health programs. It requires the PA manual to have a section setting forth confidentiality standards and procedures to be followed in all aspects of the PA's program and requires these standards and procedures to be consistent with Federal and State law, including, but not limited to, N.J.A.C. 10:37-6.79.

Proposed new N.J.A.C. 10:37B-11.2(e) requires that the PA's policies and procedures manual contain a section delineating consumer rights that are consistent with those delineated at N.J.A.C. 10:37-4.5 and 4.6. Proposed new N.J.A.C. 10:37B-11.2(f) requires the manual to have a section delineating staff training requirements and responsibilities, consistent with N.J.A.C. 10:37B-5.3, 10:37D, and 10:77A-2.4. Proposed new N.J.A.C. 10:37B-11.2(g) requires that the manual set forth rules and procedures that assure the safety of consumers, staff, visitors, and the general public and further delineates some of the safety measures that must be addressed.

In addition, proposed new provisions require the PA manual to contain provisions on healthcare (N.J.A.C. 10:37B-11.2(h)), wellness and recovery and supportive housing principles (N.J.A.C. 10:37B-11.2(i)), advance directives for mental health care (N.J.A.C. 10:37B-11.2(j)), end-of-life concerns (N.J.A.C. 10:37B-11.2(k)), and clinical support and supervision to direct care staff (N.J.A.C. 10:37B-11.2(l)).

Four sections are proposed for amendment in the licensure rules contained in N.J.A.C. 10:190. An amendment to N.J.A.C. 10:190-1.1 would change the exempted

housing programs from “community residences for mentally ill adults” to “supervised residences for adults with mental illness.” to reflect the scope and language changes proposed in the amendments to N.J.A.C. 10:37A and would eliminate a reference in paragraph (b)4 to community residences for youth, which are no longer licensed by the Department, but are licensed by the Department of Children and Families.

An amendment proposed at N.J.A.C. 10:190-1.3 would delineate which of the rules included herein would be level I standards for the purpose of licensure of community support services.

N.J.A.C. 10:190-1.6 and 1.7 would include certain staffing and program requirements for community support services as Level 1 standards.

Social Impact

The proposed amendments, new rules, and repeals will have a positive social impact on consumers, providers, and the general public.

Consumers will benefit from the application of wellness and recovery principles and supportive housing principles (as applicable) in the residential and community support services which they will receive under N.J.A.C. 10:37A and 37B. The goal of these principles is to support consumers in their recovery journey by availing them of greater choice, autonomy, and community integration. Consistent with the most recent thinking in the field, the proposed amendments, new rules, and repeals require providers of community support services to allow consumers to choose whether and which services they will receive.

Providers will benefit from more current and clear standards that will guide them in the provision of these community residential programs and services. New staff standards allow providers greater flexibility in hiring from among different professional and peer groups and in organizing staff functions and scheduling.

The general public will benefit from the new rules, amendments, and repeal, as the new standards will provide opportunities for consumer to reach their full potential as contributing members of society and will decrease the number and rate of more costly hospitalizations.

Economic Impact

The proposed new rules, repeals, and amendments set forth program standards required of providers of community support services, shared supportive housing residences, and supervised residences for adults with mental illness in the State of New Jersey.

Supervised residences are those which have been known as Level A+, A, and B housing and family care homes (also known as Level D residences). The economic impact on these programs is negligible, as these services were already part of the New Jersey State Medicaid Plan. Providers of these “legacy” residential programs were already billing the Division of Medical Assistance and Health Services (DMAHS) for eligible beneficiaries of these services, and will continue to do so at the current rate. This proposed rulemaking action is intended to streamline the regulatory framework under which these similar services types are delivered.

The proposal of community support services, as a Medicaid eligible service, will have a positive impact on the economic health of the State, as the additional Medicaid claiming (unavailable for comparable services delivered to residents of supportive housing until the State Plan Amendment authorizing those services was approved) will release State funds to be invested in community programs for the adult consumer population, as well as other State initiatives.

The societal impact of the proposed amendments, new rules, and repeals is substantially beneficial, in that many more consumers who previously would have been living in State institutions awaiting needed housing and support services to successfully return to the community, will be able to continue their recovery in their own homes with the community-based clinical supports necessary to support their recovery.

Federal Standards Statement

The proposed new rules, repeals, and amendments do not contain any standards that exceed those established by Federal law, and therefore, a Federal standards analysis is not required.

Jobs Impact

The proposed new rules, repeals, and amendments will neither generate nor cause the loss of any jobs.

Agriculture Industry Impact

The proposed new rules, repeals, and amendments will have no impact on agriculture in the State of New Jersey.

Regulatory Flexibility Analysis

Some providers of Division-funded or Department-licensed mental health services may be small businesses, as that term is defined under the Regulatory Flexibility Act, N.J.S.A. 52:14B-16 et seq. They, and all other licensed providers subject to the proposed new rules, repeals, and amendments, will be required to comply with the following recordkeeping requirements:

Supervised residence providers must develop, implement, maintain, and revise, as necessary, a written policy and procedures manual ensuring compliance with the proposed new rules, repeals, and amendments and covering such topics as participation criteria, medication, confidentiality, consumer rights, safety, healthcare, principles, advance directives, and end-of-life concerns (N.J.A.C. 10:37A-2).

Supervised residence providers must develop and submit to the Division for approval a written policy regarding consumer admission criteria. (N.J.A.C. 10:37A-3).

Providers must develop and implement a written policy regarding the intake process (N.J.A.C. 10:37A-4 and 10:37B-2).

Providers must develop and submit to the Division for its approval a consumer service agreement (N.J.A.C. 10:37A-4.2 and 10:37B-3.1).

Providers must maintain written records for each enrolled consumer, including a consumer service agreement, comprehensive rehabilitation needs assessment, nursing assessment (for consumers in supervised residences), individualized rehabilitation plan,

progress notes, termination summary, and financial records (where the provider charges a consumer fee(s)). (N.J.A.C. 10:37A-5.1(c) and 10:37B-10).

Supervised residence provider staff must document in the consumer's progress notes the finding of the 90-day face-to-face nursing visit (N.J.A.C. 10:37A-5.3(d)).

Providers must develop, update, administer, and document training programs and manuals for staff (N.J.A.C. 10:37A-7.3(a) and 10:37B-5.3) and a training completion summary sheet for each staff member (N.J.A.C. 10:37A-7.3(b) and 10:37B-5.3(d)).

Providers must establish and post internal complaint procedures (N.J.A.C. 10:37A-9.2 and 10:37B-9.2).

Providers must establish policies and procedures for ongoing quality assurance programs that meet the requirements of N.J.A.C. 10:37-9 (N.J.A.C. 10:37A-10.1(a) and 10:37B-8.1).

Clinical staff of a supervised residence provider must formulate a written discharge plan and document all efforts to obtain appropriate alternate living arrangements and treatment modalities (N.J.A.C. 10:37A-11.3(b)3).

Supervised residence providers must deliver a written notice of intent to discharge a consumer (N.J.A.C. 10:37A-11.3(c)3).

Community support providers must notify the Division of its intent to terminate services to a consumer (N.J.A.C. 10:37B-7.3)

Providers seeking to apply for and maintain licensure must submit a written application (N.J.A.C. 10:37A-12.1(d) and 10:37B-6.1) and where violations are cited, a plan of correction (N.J.A.C. 10:37A-12.10 (h) and 10:37B-6.1(e)).

Providers of supervised residences in family care homes must develop a written services agreement with the individuals operating the residence (N.J.A.C. 10:37A-12.6(a)).

The above-described documentation activity is necessary to assure the delivery of effective services to consumers and should not require the hiring of additional or expert staff. The documentation effort required is the same as it was previously for providers of residential services; in the case of CSS, providers of supervised housing services have been documenting treatment, rehabilitation, and compliance with standards to comply with State funding contracts. The Medicaid reimbursement for this new rehabilitation standard should not increase the burden on them.

Housing Affordability Impact Analysis

The licensure of providers of community support services will have no effect on housing affordability. The Department does not anticipate that the proposed repeal, amendment, or addition of the rules will generate any estimated increase or decrease in the average cost of housing.

Smart Growth Development Impact Analysis

The Department does not anticipate that the proposed amendments, repeals, or new rules will have any impact on the increase or decrease in availability of affordable housing nor will they affect in any manner new construction within Planning Areas 1 or 2, or within designated centers, under the State Development and Redevelopment Plan.

Full text of the rules proposed for repeal may be found in the New Jersey Administrative Code at N.J.A.C. 10:37A-1.1, 2.8, 3.2, 4.1, 4.4, 4.5, 5, 6.13 through 6.17, and 9.5.

Full text of the proposed new rules, recodifications, and amendments follows (additions indicated in boldface **thus**; deletions indicated in brackets [thus]):

CHAPTER 37A

LICENSED COMMUNITY RESIDENCES FOR [MENTALLY ILL] ADULTS WITH MENTAL ILLNESSES

SUBCHAPTER 1. GENERAL PROVISIONS

10:37A-1.1 Scope and purpose

(a) This chapter sets forth program standards required of providers of licensed community residences for adults with mental illnesses in the State of New Jersey. These residences shall not be considered health care facilities within the meaning of N.J.S.A. 26:2H-1 et seq. Provider agency staff shall be familiar with, and services shall embody, to the extent practicable, the Wellness and Recovery and Supportive Housing Principles set forth at N.J.A.C. 10:37A Appendix B.

(b) Licensed community residences for adults with mental illnesses include:

1. Supervised housing, including:

i. Those group homes that provide services at Levels A+, A, and B;

ii. Level A+, A, and B apartments; and

iii. Family care homes (also known as Level D); and

2. Shared supportive housing residences, in which three or more consumers reside in a residence that may or may not be owned by a provider agency.

(c) An integral component of the community residence program is the assistance of consumer residents in gaining the life skills necessary to move to a less restrictive environment, unless otherwise restricted by specific contract provision. Consumers residing in supervised residences shall not be required to be a party to a lease, and providers shall comply with all standards in this chapter. Consumers residing in shared supportive housing residences shall have leases in their own names, and providers shall only be required to comply with N.J.A.C. 10:37A-1, 6.4 (as applicable) 8, 10, and 12.

10:37A-1.2 Definitions

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

["Assessment and evaluation" means activities that will analyze an individual consumer resident's desires, functioning, strengths, needs and environment to determine appropriate interventions. An opportunity will be given for the consumer resident to provide a self-assessment and for any family member or significant other of the consumer resident's choice to provide an assessment of the consumer resident as well.]

“Accrediting body recognized by the Department” means an organization that accredits mental health programs that is recognized by the Department for deemed status purposes. These organizations include, but are not limited to, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), the Council on Accreditation of Family Services Agencies (COA), the Council on Accreditation of Rehabilitation Facilities (CARF), and the National Commission on Quality Assurance (NCQA).

“Advance directive for mental health care” or “psychiatric advance directive” means a writing executed in accordance with the requirements of N.J.S.A. 26:2H-107 et seq. An advance directive for mental health care may include a proxy directive, an instruction directive, or both.

...

["Community residence for the mentally ill" (residence) means any community residential facility approved by the Department which provides food, shelter, and personal guidance under such level of care as required, to not more than 15 mentally ill persons who require assistance, temporarily or permanently, in order to live independently in the community. Agencies operating community residences for the mentally ill have an approved purchase of service contract pursuant to the Department's contract rules and this chapter. These residences are not considered health care facilities, within the meaning of the "Home Care Facilities Planning Act," P.L. 1971, c.136 (N.J.S.A. 26:2H-1 et seq.) and are limited to, group homes, supervised apartments, family care homes and shared supportive housing residences as defined in this chapter.

"Comprehensive service plan" (CSP) means a document that summarizes the periodic formulation of goals, objectives, and interventions for residential services for an individual consumer resident.]

...

"Consumer [resident]" means a person diagnosed with a mental illness who is a resident of a [community residence for mentally ill adults] **licensed supervised housing unit or a shared supportive housing unit.**

"Consumer [resident] service agreement" means a written agreement between the PA and consumer [resident which] **that** includes responsibilities of both the PA and the consumer [resident] **and that meets the requirements of N.J.A.C. 10:37A-4.2.**

["Crisis intervention counseling" means an attempt to facilitate crisis stabilization through the use of specific, time-limited counseling techniques. Crisis intervention counseling focuses on the present, providing pragmatic solutions to identified problems.

"Crisis intervention services" means the implementation of the PA's written emergency policies and procedures focusing primarily on consumer resident and staff safety. Examples include provision of behavior management techniques and request for outside assistance. Behavioral management techniques exclude physical and chemical restraint, aversive conditioning and punishment. Crisis intervention services shall be documented and shall be supported by such policies and procedures which reflect adequate responses to emergent situations.]

"Crisis intervention" means face-to-face, short-term interventions with a consumer who is experiencing increased distress and/or an active state of crisis. Crisis intervention also includes developing and implementing the consumer's

crisis contingency plan and/or advance directive for mental health care.

...

“Discharge” means, [(with reference to supervised **residences in single detached homes**, apartments, **and** family care homes, [and group homes) that] the **process through which a** consumer [resident has vacated] **permanently vacates** the physical premises and [that] services to that consumer [resident] have ceased, for any of the reasons delineated at N.J.A.C. 10:37A-[9.2]**11.2**. In the context of a **shared** supportive housing residence subject to a lease agreement, discharge means either:

1. That the consumer [resident] has chosen to leave the premises; or
2. That the consumer [resident] was removed from the premises through eviction procedures under New Jersey landlord/tenant law.

"Division" **or “DMHAS”** means the Division of Mental Health **and Addiction** Services, [within] **in** the Department, [of Human Services] **or a departmental unit or a contracted provider or other entity designated by the Division to perform administrative tasks; for example, an entity authorized to evaluate candidates for eligibility for rental subsidies, to certify that housing is habitable, or to pre-authorize the delivery of or payment for community mental health rehabilitation services.**

...

["Education" means instruction for consumer residents in basic skills, including academics, and increasing learning capabilities, in the areas of psychoeducation and health.]

"Emergency response services" means the implementation of the PA's

written emergency policies and procedures focusing on immediate consumer and staff safety. Examples include, but are not limited to, provision of behavior management techniques, request for outside assistance, and providing cardiopulmonary resuscitation (CPR) and first aid. Behavioral management techniques include positive and negative reinforcement, but exclude physical and chemical restraint, aversive conditioning, and punishment. Emergency response services shall be documented and shall be supported by such policies and procedures that require adequate responses to emergent situations.

“Exclusion” means the immediate and temporary removal of a consumer [resident] from [the Level A+, A, B, C or D] **a supervised** residence, when, **in the discretion of the PA**, the individual’s behavior presents a substantial, immediate [and emergent] threat to the physical safety [of others,] or to the emotional or psychological [health] **wellness** of other consumers [residents]. The consumer [resident] may be prevented from returning until the **substantial**, immediate threat has been obviated.

"Family care home" means a private home or apartment in which [an individual] **a home supervisor who is not an employee of the PA and is not related to any consumer living in the home who** resides and provides **housing and** services to as many as three consumers [residents] who also reside in the home (except that residences where four **consumers** resided in the home prior to January 3, 2005, shall be considered family care homes). The PA provides [mental health services] **or arranges for the provision of the level of services commensurate with residential settings also known as “Level D”** to the consumer [resident] and consultation to [this individual based on] **the home supervisor pursuant to** a services agreement.

["Group home" means any leased or owned single family residence or any single structure containing three or more dwelling units, all of which are utilized for the provision of residential care services, wherein staff reside or are stationed either onsite or in close proximity and for which a contract exists with the Division. "Group homes" do not include family care homes, supportive housing residences or PA apartment facilities where individuals may receive regular or periodic rehabilitation services and/or visits from staff, except where such PA apartments are contained in a structure of three or more units and all units are operated under contract with the Division.

"Individual services coordination" means those staff activities which are aimed at linking the consumer resident to the mental health and social service system and the arranging of the provision of appropriate services. Coordination activities include intake and referral, admission and acceptance, placement, termination and follow-up, individual services planning and treatment reviews, advocacy with non-mental health systems, and documentation of services provided.]

"Health care monitoring and oversight services" means face-to-face visits in supervised housing by a registered nurse with each consumer every 90 days in the consumer's residence that provides an assessment of the consumer's health, a determination of medical services and medical referrals needed by the consumer, and direction to staff; assistance with scheduling, transportation, or monitoring of medical appointments and the treatment recommendations made by health care providers; and assistance with following treatment recommendations and coping with medical conditions. For example, for a consumer with diabetes, this assistance may include monitoring blood sugar

levels on a daily basis and assisting the consumer with adjusting diet, activities, or medication when the glucose level is out of the acceptable range as determined by the physician or nurse supervising the treatment.

”Individualized rehabilitation plan” or “IRP” means a document that is negotiated with the consumer that sets forth goals and objectives that will lead to successful living; identifies internal and external resources for facilitating the consumer’s recovery; and identifies concrete skills the consumer will develop and actions the consumer will take to meet those goals, with the assistance of and participation in programs, interventions, and supports offered by licensed professionals, natural supports, or PAs, or a combination of these resources.

“Level A+ Care” means, regarding licensed [group homes, family care homes or] supervised [apartments, community mental health rehabilitation] **residences in single dwelling units, homes, or apartments**, services are [provided] **available** to consumers [residents] **in the supervised residence or in a community setting** 24 hours per day, seven days per week[.], **and delivered by the PA licensed to operate the residence.** This includes awake, overnight staff coverage. **These services are provided on-site when a consumer is home. Services need not be available when no consumer is at home. In apartments, Level A+ care may be provided for a cluster of apartments by staff stationed in a nearby apartment, as opposed to having staff stationed in each apartment.**

“Level A Care” means, regarding licensed [group homes, family care homes, or] supervised **residences in single detached homes or apartments**, community mental health rehabilitation services are available to consumers [residents] **in the supervised**

residence or in a community setting for 12 or more hours per day (but less than 24 hours per day), seven days per week[.], delivered by the PA licensed to operate the residence. Services need not be available when no consumer is at home. In apartments, Level A care may be provided for a cluster of apartments by staff stationed in a nearby apartment, as opposed to stationed in each apartment.

“Level B Care” means, regarding licensed [group homes, family care homes, or] supervised **residences in single detached homes or** apartments, community mental health rehabilitation services are available to consumers [residents] **in the supervised residence or in a community setting for at least** four [or more] hours per day (but less than 12 hours per day), seven days per week.

[“Level C Care” means, regarding licensed group homes, family care homes, or supervised apartments, community mental health rehabilitation services are available to consumer residents for one or more hours per week (but less than four hours per day.)]

“Level D Care” means, regarding licensed [group homes,] family care homes, [or supervised apartments,] community mental health rehabilitation services are available to consumers [residents for] **in the family care home** 24 hours per day, [by a] **pursuant to a Family Care [Home provider] contract with the Division.**

[“MICA” means mentally ill, chemical abuser.

"Other life support services" means activities that provide basic personal support which are provided to maintain successful community living whenever possible. These services include, but are not limited to, providing transportation, providing prepared meals and performing household tasks, providing clothing, relocating client belongings,

and providing direct assistance in securing household furnishings, utilities and other needed building services.]

“Protected health information” means any information, written, electronic, or verbal, that identifies an individual as a recipient of physical or mental health services, including information about program participation, diagnosis, treatment, or interventions offered or used by or known to the PA to assess, treat, or prevent an illness or condition.

"Provider agency" (PA) means a public or private organization which has a mental health service contract with the Division and has been licensed **by the Department** to provide [residential] **shared supportive housing residences, supervised residences, and services required by this chapter** to individuals 18 years of age and older.

["PA apartment" means any unit in a multi-unit dwelling owned or leased by the PA in which clients reside and receive the services described in this subchapter in accordance with a residential services contract with the Division. The term "PA apartment" does not include any dwelling unit licensed as a supportive housing residence and any dwelling unit or multiple dwelling unit structure licensed as a group home.

"Recreation" means social or recreational activities of a relaxing or entertaining nature designed to promote the ability to socialize and manage leisure time.]

“Registered profession nurse (RN)” means a person who is licensed by the State of New Jersey as a professional nurse pursuant to N.J.S.A. 45:11-26 et seq.

["Related work or life experience" means activity in a supportive role with an individual(s) providing assistance, advice, guidance, instruction or direction in completing activities of daily living or coping with ongoing stressful life circumstances.

"Registered profession nurse (RN)" means a person who is licensed by the State of New Jersey as a professional nurse pursuant to N.J.S.A. 45:11-26 et seq.]

"Residential counseling" means verbal interventions provided to consumers [residents] and families to assist the consumer [resident] in accessing and utilizing all planned or needed services. It may include problem-solving, advice, encouragement, and emotional support to enhance stability in the living arrangement.

["Services agreement" means an agreement between a PA and another agency or service provider which describes the program or service provided to consumer residents in the community residence, including responsibilities for both the PA and the provider of the program or service. Only the governing body (or its official designee) of the PA makes such agreements with service or program providers.

"Supportive housing affiliation agreement" means a written agreement between the owner of any residence (who is not directly contracted by the Division to provide services) and any PA contracted to provide supportive housing services. The agreement provides information about the agency providing services to the residents as well as who will maintain the license of the residence.

"Supportive housing program" means a program of services to consumer residents living in supportive housing residences, private residences, and other dwelling units other than a Level A+, A, B, C or D residence. The PA has a DMHS contract for the provision of the supportive housing program.]

"[Supportive] **Shared supportive** housing residence [(SHR)]" means any dwelling unit [owned or leased by a PA (or organized entity with a supportive housing affiliation agreement with a PA)] in which three or more individuals reside and whose occupancy is based on a diagnosis of serious mental illness and for which each consumer [resident] signs a lease or sublease, **may sign a consumer service agreement and a consumer rental subsidy agreement**, and **may** receive[s] **community** mental health [supportive] **rehabilitation** services from [the] **a PA**. [As opposed to the PA, the] **The** consumer [resident], **not the PA**, is responsible for **mortgage/lease** payments, safety, cleanliness, **and** property protection, [etc.] and bears the responsibility for those aspects of residential living. The consumer [resident] has the key to the home and has control over access to it. No lease or residential agreement shall contain the provision of mandatory mental health program participation as a requirement for the consumer [resident] to maintain housing. **The provisions of N.J.A.C. 10:37A-11 shall not apply to consumers in shared supportive housing residences; eviction shall only occur if it comports with the State landlord and tenant laws.**

["Support services" means services which include, at a minimum, providing or assisting a resident to maintain living environments which are safe, secure, and clean and in compliance with this chapter. These services may include, but are not limited to, providing transportation, assistance in preparing meals and performing household tasks, providing clothing, relocating consumer resident belongings, and providing direct assistance in securing household furnishings, utilities and other needed building services. This also includes assistance in maintaining contact with family members;

and developing, using and strengthening relationships with family members and other natural support systems.]

“Supervised residence” means any community residential facility that provides food, shelter, rehabilitation, and support under such level of care as required, to not more than 15 persons 18 years of age or older with mental illnesses who require assistance, temporarily or permanently, in order to live independently in the community. Consumers in supervised residences shall sign a consumer service agreement. Agencies operating supervised residences shall be licensed by the Department and shall have an approved purchase of service contract (or an affiliation agreement if the requirement for a contract is waived by the Division) pursuant to the Department’s contract rules, N.J.A.C. 10:3-3, and this chapter. Supervised residences may take the form of a single detached home, an apartment, or a family care home. These residences are not considered health care facilities within the meaning of the Home Care Facilities Planning Act, P.L. 1971, c. 136 (N.J.S.A. 26:2H-1 et seq.) and are limited to Level A+, A, and B housing and family care homes (“Level D”).

...

["Training in daily living skills" means activities designed to develop and maintain the knowledge, behaviors, skills and attitudes needed to improve or maintain quality of life, for example, budget management and housekeeping skills training.]

“Valued life role” means an individually chosen adult role, desired by individuals and respected by society, such as worker, professional, employee, volunteer, student, spouse/partner, parent, or homemaker.

“Wellness and Recovery Action Plan[®] (WRAP[®])” means an evidence-based program that provides consumers with the tools to manage their own recovery. “Wellness and Recovery Action Plan” and “WRAP” are registered trademarks of Mary Ellen Copeland.

“Wellness and recovery support” means assistance in exploring valued life roles, and inspiring the consumer to work toward assuming a valued role by instilling hope and exposing him or her to possibilities and other consumers who have achieved success in various valued roles. It includes assisting the consumer in exploring and establishing goals that promote healthy lifestyles and wellness. It includes assisting the consumer in choosing a valued role that interests him or her and articulating the means of achieving success in that role through development and revision of the individual recovery plan. It also includes providing ongoing assessment and dynamic supports, as well as soliciting and coordinating varied supports from outside the residential service toward this end.

(Agency Note: N.J.A.C. 10:37A-2 is proposed for recodification with amendments as N.J.A.C. 10:37A-12.)

**SUBCHAPTER [3.] 2. POLICIES AND PROCEDURES[; CONFIDENTIALITY]
MANUAL**

10:37A-[3.1]2.1 Written policies and procedures manual

(a) [The PA] **Each supervised housing provider agency** shall develop, [and] implement, **maintain, and revise, as necessary, a** written policies and procedures **manual** to ensure that the **PA's** service delivery system [complies], **organizational structure, and management structure comply** with applicable statutory and regulatory provisions [governing community residences for the mentally ill].

[1. The PA shall develop, maintain and revise, as is necessary, a program-oriented policy and procedures manual. Said manual shall be reviewed annually, as evidenced by the dated signatures of the reviewers(s).]

[2.] **1.** (No change in text.)

[3.] **(b)** The PA shall document [that] **the extent to which** consumers and their families [are consulted] **were meaningfully and integrally involved** in the development and [review of policies and procedures] **revision of the manual**. [Such documentation shall reflect that any suggestions so generated shall be seriously considered.] **The manual shall be available for review by consumers and their families upon request.**

[4. PAs shall document that all staff providing services to consumer residents receive training prescribed by the New Jersey Division of Medical Assistance and Health Services in N.J.A.C. 10:77A. Documentation shall include the date(s) training was provided, the topic covered, the instructor's name and credentials, the amount of time spent on each topic and the training location. This training shall be documented in each staff member's personnel file.]

(c) The PA's manual shall:

1. Be reviewed annually by PA staff, as evidenced by dated signatures of the reviewer(s);

[5.] **2.** [An up-to-date policy and procedure manual (including staff training requirements) shall be located in a manner] **Be** readily available [to] **for consultation** by direct care staff at all times[.]; **and**

3. Guide the staff on conformance with the principles and requirements in this chapter and any other applicable rules.

10:37A-2.2 Content of the manual

(a) The PA's policies and procedures shall set forth the required parameters and processes in sufficient detail to guide staff in the performance of their duties and to give clear notice to consumers, families, and other interested parties as to the services, rights, and responsibilities expected in the residential program.

(b) Participation criteria. The manual shall have a section dedicated to inclusionary and exclusionary criteria to be used by the PA in determining whether a particular consumer could benefit from living in a supervised residence. The participation criteria shall:

1. Comply with the standards set forth in N.J.A.C. 10:37A-3.1 and in affiliation agreements or contracts with the Division; and

2. Specify intake procedures that are consistent with N.J.A.C. 10:37A-4.1.

(c) Medication. The manual shall have a section that delineates medication procedures consistent with N.J.A.C. 10:37A-6.4 and that:

1. Requires medication education to consumers as specified in each consumer's IRP and to staff annually;

2. Contains procedures for facilitating proper medication administration and self-administration techniques and for responding to medication errors;

3. Requires that, unless a consumer self-administers his or her own medication without staff assistance, staff shall document the type, dose, date, and time a specific medication is administered or self-administered; the name and title of the person administering or assisting in self-administering the medication; any medication that was refused by the consumer; and any medication errors;

4. Provides procedures for the storage of medication for consumers who are unable to store their own medication;

5. Establishes specific requirements regarding securing medications that are controlled by staff, including the maintenance and use of the keys to such stored medications.

6. Provides procedures for removal and destruction of discontinued and outdated medication; and

7. Provides procedures to avoid interruptions in a consumer's medication regimen and to note any deviation from regular administration in the consumer's record;

(d) Confidentiality. The manual shall have a section setting forth confidentiality standards and procedures that are to be followed in all aspects of the PA's supervised residential program and that are consistent with Federal and State law, including, but not limited to, N.J.A.C. 10:37-6.79.

1. To assure family participation in developing the assessments, rehabilitation plan, and revisions, the PA shall seek the input of family members or friends any time treatment is discussed with the consumer; any information they give may be received by the PA and shall be made a part of the consumer's record; however, the PA may not disclose protected health information to family members or friends, except as follows:

i. Protected health information may be disclosed to the extent permitted by a valid written authorization executed in conformity with N.J.A.C. 10:37-6.79(i);

ii. If the consumer is present at a service planning milestone, or any other meeting at which protected health information is discussed or made available to the participants, protected health information may be disclosed to family members or friends participating in that meeting if it is directly relevant to the person's involvement with the consumer's care and one of the following situations is documented in the record of the meeting:

(1) The consumer agrees to disclosure of the information at the time of the meeting;

(2) The consumer is provided with an opportunity to object to the disclosure at the meeting and does not express an objection; or

(3) Based on the exercise of professional judgment, the PA employee chairing the meeting has reasonably inferred from the circumstances at the meeting that the consumer does not object to the disclosure;

iii. Absent countervailing circumstances, the consumer's agreement to participate in the meeting with the family member or friend present is sufficient evidence that the consumer does not object to disclosure of protected health information that is directly relevant to the family member's or friend's involvement with his or her care; or

iv. If the opportunity to agree or object to the use or disclosure cannot practicably be provided because of the individual's incapacity or an emergency circumstance, the manual must identify staff by title who may, in the exercise of their professional judgment, determine whether the disclosure is in the best interests of the consumer and, with that approval, PA staff may disclose protected health information that is directly relevant to the recipient's involvement with the consumer's health care.

(e) Consumer rights. The manual shall have a section delineating consumer rights consistent with N.J.A.C. 10:37-4.5 that requires that consumers be given notice of their right to appeal any decision of the PA in accordance with N.J.A.C. 10:37-4.6, Client complaint/agency ombudsperson procedure and that creates procedures to implement additional consumer rights regarding discharge that reflect the requirements of N.J.A.C. 10:37A-11.

(f) Staff training and responsibilities. The manual shall have a section delineating staff training requirements and responsibilities, consistent with N.J.A.C. 10:37A-7, 10:37D, and 10:77A-2.4.

(g) Safety. The manual shall set forth rules and procedures that will promote and assure the safety of consumers, staff, visitors, and the general public, including, but not limited to:

1. Measures that will respond appropriately to violence and expressions of suicidal thoughts or threats of any kind;

2. Providing, as needed, emergency response services in accordance with N.J.A.C. 10:37A-6.3(a)9, and/or crisis intervention in accordance with N.J.A.C. 10:37A-6.3(a)7; and

3. Appropriate responses to the presence or possession of contraband or weapons.

(h) Healthcare. The manual shall set forth procedures for monitoring a consumer's healthcare and for accessing needed healthcare services.

(i) Principles. The manual shall state that staff shall provide services consistent with the principles of wellness and recovery and of supportive housing, as set forth at N.J.A.C. 10:37A Appendix B.

(j) Advance directives. The manual shall include a section on advance directives for mental health care.

(k) End-of-life concerns. The manual shall specify procedures to respond to a consumer's end-of-life concerns.

(l) Clinical support. The manual shall contain policies and procedures for providing ongoing on-call clinical support to direct care staff and for conducting emergency and routine case conferences.

SUBCHAPTER 3. CONSUMER ADMISSION CRITERIA

10:37A-3.1 Consumer admission criteria

(a) The provider shall develop and submit to the Division for its approval a written policy regarding consumer admission criteria that is consistent with this chapter, and shall submit and update as needed the name of the individual staff member who shall serve as the provider's admissions coordinator.

(b) Any medical clearance policy established by the provider shall comport with the provider's contract with the Division.

(c) First priority for admission shall be given to persons with severe mental health needs and in accordance with an individual PA's Division contract. The order of priority for admissions shall reflect that which has been established at N.J.A.C. 10:37-5.2, regarding target populations.

(d) The admissions coordinator shall forward to Division-designated hospital staff or another Division-designated entity a listing of current vacancies and inform them of new vacancies by the next business day following a bed becoming vacant.

SUBCHAPTER 4. CONSUMER SERVICES

10:37A-4.1 Intake policies and procedures

(a) The PA shall develop and implement a written policy outlining an intake process that provides a basis for assessment of an applicant's eligibility for services, consistent with N.J.A.C. 10:37A-3 and this subchapter.

(b) All intake procedures shall be guided by a consumer's preferences and goals with regard to treatment and community living. The consumer's choices shall be documented in the assessment.

(c) PA staff shall conduct intake procedures in a manner that is culturally and linguistically appropriate to the consumer and that facilitates continuity of service.

(d) Intake procedures shall be designed to facilitate program participation at the earliest appropriate opportunity.

(e) Except for a consumer referred to the provider from a State psychiatric hospital, the PA shall conduct the intake procedure for a referred consumer within five business days of a vacancy in the PA's program.

(f) When a consumer has been referred from a State psychiatric hospital, the following procedures shall apply:

1. Hospital staff shall coordinate and make appropriate referrals of consumers to the PA based on the vacancy report generated pursuant to N.J.A.C. 10:37A-3.1(d) and shall not make a referral to a PA that does not have an appropriate existing or anticipated vacancy.

2. The hospital placement entity shall forward to the PA a referral form and response package for each consumer under consideration for residential placement.

3. The package shall consist of a:

i. Psychosocial assessment;

ii. Psychiatric evaluation;

- iii. Physical examination report;
- iv. Psychological assessment, if completed;
- v. Documentation evidencing the nature and current status of any judiciary involvement;
- vi. Accurate family/guardian/emergency contact information;
- vii. Medication administration record; and
- viii. Progress notes, up to and including notes from the last two weeks of the consumer's hospitalization.

4. Upon request, PAs shall have access to the referred consumer's hospital charts for further information, as necessary and appropriate. PAs may request and receive copies of pertinent information from the hospital chart within 24 hours of request.

5. PAs may request and receive an interview with the consumer.

6. PAs shall inform hospital staff in writing of the outcome of the referral within five working days of its receipt of the complete referral form and response package.

7. The PA shall place a consumer referred by a State psychiatric hospital into the available vacancy as soon as possible, but in all cases, within 21 days of the PA's receipt of the referral.

(g) The intake process shall include an orientation to the program and an explanation of the consumer's rights and grievance procedure. The PA shall also post the grievance procedure in a prominent location within the agency and provide copies of N.J.A.C. 10:37-4.5, Client rights, and 4.6, Client

complaint/agency ombudsman procedure, to consumers upon request. Each consumer in a supervised housing unit is to be provided with a copy of N.J.A.C. 10:37A Appendix A, which delineates the consumer rights regarding discharge and exclusion from the facility, which shall be completed by staff to include the names, addresses, and phone numbers of the individuals appropriate to the region.

(h) The PA shall develop and implement a written procedure that requires a review of all intakes that result in a determination that a consumer does not meet the PA's admission criteria.

10:37A-4.2 Consumer service agreement

(a) The PA shall develop and submit for approval to the Department prior to use a consumer service agreement that meets the specifications of this subchapter. All consumers enrolled in a supervised residence shall have a written consumer service agreement which is reviewed by the consumer prior to acceptance and signed by both the consumer and PA upon the consumer's admission and which clearly articulates the roles and responsibilities of the PA and the consumer.

(b) The consumer service agreement shall contain provisions indicating the voluntary nature of services in supervised housing. These agreement provisions shall state that in the event that the consumer refuses services, the PA staff shall meet with the consumer at least monthly to discuss the consumer's progress

toward wellness and recovery goals and, if appropriate, alternatives for housing with or without services.

(c) The consumer service agreement shall be written in a language sufficiently understood by the consumer to assure comprehension.

(d) The consumer service agreement shall indicate the consumer's written acknowledgement that he or she understands the following terms of the agreement:

1. A list of available services for which there are no fees;

2. The fees for optional services to be provided (if any);

3. The consumer's rights (as specified in N.J.A.C. 10:37-4.5(h)1 through 7, and 10:37A Appendix A) and responsibilities, including expectations of the program and complaint process (as specified in N.J.A.C. 10:37-4.6(b));

4. A PA shall ensure that the consumer is afforded the opportunity to:

i. Be supported in an effort to achieve the wellness and recovery goals outlined in a fully developed WRAP[®] and in the consumer's individual rehabilitation plan;

ii. Be afforded suitable opportunities for interactions with others;

iii. Spend one's own money for expenses and purchases;

iv. See visitors each day; and

v. Practice the religious/spiritual program of one's own choice or to abstain from religious practices;

5. The consumer's roles and responsibilities and consequences for violations;

6. Service termination procedures; and

7. The location and accessibility of policy and procedure manuals.

(e) Termination procedures shall be described in the consumer service agreement and shall comport with the requirements in N.J.A.C. 10:37A-5.3 and 11.2 through 11.5, as appropriate.

(f) Copies of the signed consumer service agreement shall be provided to the consumer and maintained in the consumer's record. The agreement in the record shall be the most current signed by the consumer.

(g) The PA shall obtain the written approval of DMHAS before deleting, adding, or revising in any way the requirements of the consumer service agreement.

10:37A-4.3 Comprehensive rehabilitation needs assessment

(a) The PA shall complete a written comprehensive rehabilitation needs assessment for each consumer by the 14th day after admission.

1. The purpose of the comprehensive rehabilitation needs assessment is to provide a basis for the individualized rehabilitation plan by gathering all information required to determine the need for, scope of, and anticipated outcome of behavioral health and rehabilitation services, including, but not limited to, individual strengths, preferences, needs, abilities, psychiatric symptoms, medical history, and functional limitations.

2. The development of the written comprehensive rehabilitation needs assessment shall be a consumer-driven process, informed by a face-to-face evaluation and discussion with the consumer.

3. Family members, significant others, and other collateral service providers may participate and/or otherwise provide information, providing that their involvement is within the bounds of the confidentiality provisions of the policy and procedures manual and in conformance with State and Federal law.

4. The written comprehensive rehabilitation needs assessment shall include:

i. Identifying information (name, gender, date of birth, religion, race, and Social Security number), referral date, and source;

ii. Psychiatric history, current mental status, and multi-axial diagnosis, if such diagnosis can be obtained;

(1) Where a consumer's psychiatric diagnosis is obtained from a secondary source, the PA staff shall cite that source;

iii. Medication history, including current medication, dose, frequency, and name of prescribing physician;

iv. Current and prior involvement with other agencies/mental health services;

v. Legal information relevant to treatment;

vi. Alcohol, tobacco, and other drug use history;

vii. The name and phone number of an emergency contact person, and notation as to the existence of an advance directive for mental health care or living will. If an advance directive for mental health care or living will exists, a copy shall be included in the consumer's record;

viii. The consumer's aspirations, strengths, and goals related to improving his or her life, achieving valued life roles, and achieving wellness and recovery;

ix. Social and leisure functioning including, but not limited to, the ability to make friendships, communication skills, and hobbies;

x. Social supports including, but not limited to, family, friends, social, and religious organizations;

xi. Trauma and abuse history or lack thereof;

xii. Understanding of his or her illness(es) and coping mechanisms;

xiii. Vocational and educational factors including, but not limited to, job and education history, learning disabilities/needs, task concentration, and motivation for work;

xiv. Activities of daily living including, but not limited to, self-preservation skills, fire safety (including fire prevention during activities such as cooking and smoking; and evacuation skills), transportation, self-care, and hygiene;

xv. Previous living arrangements;

xvi. Financial status and skills including budgeting, entitlements, and subsidies;

xvii. Substance abuse, including the substances used currently and in the past, triggers for use of each substance, efforts made to stop or reduce using, consequences of use (including violent behavior, health problems, and problems with relationships, finances, and law enforcement/courts/incarceration),

substance abuse services received in the past and currently, the effectiveness of those services, community supports used to stop or reduce using, the effectiveness of those supports, and activities engaged in to avoid using;

xviii. Other important characteristics of the individual, such as special skills, talents, and abilities;

xix. Characteristics and behaviors resulting in barriers to successful community integration; and

xx. Recommendations regarding rehabilitation, medical, and residential services to be provided.

10:37A-4.4 Nursing assessments, reassessments, and 90-day visits in supervised residences

(a) Initial comprehensive nursing assessment. Within the 14th day of a consumer's admission to a supervised residence, a registered nurse, or higher level nursing professional, shall provide, in a face-to-face setting, an initial comprehensive nursing assessment.

(b) Comprehensive nursing reassessments shall be performed annually, at a minimum. These reassessments may be performed on a more frequent basis than annually, where clinically necessary, shall cover the same information as the annual reassessment, and shall include a justification for the level of care received by the consumer.

(c) The initial nursing assessment and annual reassessments shall include:

- 1. An evaluation of the current status of diagnosed medical conditions, as well as identification of risk factors for medical conditions;**
- 2. Allergies;**
- 3. Adverse medication reactions;**
- 4. An indication of whether the consumer possesses the ability to take medications as prescribed;**
- 5. An indication of whether the consumer possesses an understanding of the risks and benefits of the medications prescribed;**
- 6. An indication of whether the consumer possesses the ability to manage healthcare problems and healthcare appointments;**
- 7. An indication of whether the consumer possesses the ability to manage mental illness and crises;**
- 8. A physical wellness assessment (exercise, tobacco use, alcohol intake, sleep habits, coping mechanisms to deal with stress, dates of physicals/dental exams, height, weight, and vital signs);**
- 9. Whether there are any barriers to wellness and recovery;**
- 10. The consumer's dietary needs and current status;**
- 11. An indication of whether the consumer possesses the ability to complete daily living tasks to meet safety, nutritional, food preparation, hygiene, household cleanliness, and clothing needs; and**
- 12. Documentation of the justification for the continuation of services and a recommendation for the appropriate level of care (Level A+, A, or B housing, and family care homes).**

(d) In addition to (c) above, the initial comprehensive nursing assessment shall:

- 1. Determine the appropriate level of service required;**
- 2. Justify the need for continued mental health services; and**
- 3. Be used in conjunction with the comprehensive rehabilitation needs**

assessment required by N.J.A.C. 10:37A-5.2.

(e) A registered nurse or higher level nursing professional shall provide face-to-face nursing visits every 90 days following the initial comprehensive nursing assessment, and every 90 days thereafter while the consumer resides in a supervised residence and shall document such visits in the consumer's progress notes. In addition, where necessitated by the consumer's needs, a registered nurse or higher level nursing professional shall visit the consumer to periodically evaluate the consumer's condition and the appropriateness of care provided by staff. These 90-day visits shall include an assessment and review of the consumer's clinical condition, which shall assure that services are being provided consistent with the consumer's individualized rehabilitation plan. During each 90-day visit, the nursing professional shall:

- 1. Review the individualized rehabilitation plan;**
- 2. Review the observations and progress notes made by the direct care staff;**
- 3. Assess the consumer's health; and**
- 4. Indicate any changes needed in treatment approaches in the individualized rehabilitation plan.**

10:37A-4.5 Individualized rehabilitation plan

(a) No later than 30 days after the consumer has been admitted, PA staff shall be responsible for partnering with the consumer to develop, implement, monitor, and update an individualized rehabilitation plan.

(b) Within the parameters established by State and Federal confidentiality laws and N.J.A.C. 10:37A-2.2(d), the PA shall consult with identified providers and significant others in developing the individualized rehabilitation plan.

(c) The individualized rehabilitation plan for each consumer shall be based upon the comprehensive rehabilitation needs assessment, WRAP[®] or advance directive for mental health care, most recent nursing assessment, and any other existing assessments.

(d) An individualized rehabilitation plan shall include the following information:

1. The valued life role the consumer wants to achieve or maintain, the consumer's rehabilitation and recovery goals, and time-framed, measurable objectives;

2. The strategies and interventions to be employed, as well as anticipated outcomes;

3. Specific measurable criteria for program discontinuance or reduction in services that delineate a desired behavioral change or skill attainment;

4. A schedule of updates to the plan; and

5. All relevant providers serving the consumer.

(e) Each individualized rehabilitation plan and subsequent revisions shall be signed and dated by:

1. A physician or licensed practitioner authorized to recommend a course of treatment;

2. Other appropriate team members;

3. The team member responsible for scheduling and conducting reviews for that consumer and his or her supervisor; and

4. The consumer.

i. If the consumer declines to sign the individualized rehabilitation plan, the PA shall document this fact.

(f) Review of the individualized rehabilitation plan shall occur as follows:

1. A consumer may request a review and/or revision of the individualized rehabilitation plan at any time.

2. In addition to any request by the consumer, the PA shall review and, as necessary, revise the individualized rehabilitation plan within three months of its development and every three months thereafter.

SUBCHAPTER 5. CLINICAL RECORD DOCUMENTATION

10:37A-5.1 General requirements

(a) The PA shall maintain written records for each consumer residing in supervised housing.

(b) The PA shall maintain the confidentiality of all records (in accordance with all applicable Federal and State laws) and shall securely store such records in a manner as to provide access only to authorized persons.

(c) Each consumer record shall be maintained in an organized, up-to-date fashion and shall include documentation of all services provided and contacts with consumers, including, as appropriate, the following documents:

1. A consumer service agreement that meets the requirements of N.J.A.C. 10:37A-4.2;

2. A comprehensive rehabilitation needs assessment that meets the requirements of N.J.A.C. 10:37A-4.3;

3. A nursing assessment that meets the requirements of N.J.A.C. 10:37A-4.4;

4. An individualized rehabilitation plan that meets the requirements of N.J.A.C. 10:37A-4.5;

5. Progress notes that meet the requirements of N.J.A.C. 10:37A-5.2;

6. A termination summary that meets the requirements of N.J.A.C. 10:37A-5.3; and

7. If the PA charges consumers fees, appropriate financial records that meet the requirements of N.J.A.C. 10:37A-5.4(a).

10:37A-5.2 Progress notes

(a) The PA shall document and maintain progress notes for each consumer on a weekly basis or more frequently in times of crisis or transition.

(b) Progress notes shall indicate the level of goal attainment, services provided, significant events, and contacts with other service providers. PA staff shall use the information contained in progress notes to set levels of care and to develop and revise the individualized rehabilitation plan and ongoing assessments related to a consumer's WRAP[®], where one exists.

(c) PA staff shall sign, date, and indicate the time of entry for every progress note they write and shall include their staff titles.

(d) Progress notes shall document ongoing communication with other service providers.

10:37A-5.3 Termination summary

(a) PA staff shall complete a termination summary for all consumers within 30 days of termination from community mental health residences.

(b) The termination summary shall include the following information:

1. The primary presenting problem(s);

2. The treatment provided and consumer's response;

3. The clinical condition at termination;

4. Any recommendations and referrals, including medications;

5. The reason for program termination; and

6. The consumer's post-termination housing address/housing status, if known.

10:37A-5.4 Financial records

(a) In addition to the recordkeeping requirements found in N.J.A.C. 10:37-6.73, 6.74, 6.76, 6.77, and 6.79, PAs who charge consumers fees shall keep appropriate financial records.

(b) Financial records shall include specific charges for all service-related items applicable to each consumer.

(c) The PA shall make available to the consumer any and all financial records related to fees charged to that consumer and any rental subsidies received on the consumer's behalf.

SUBCHAPTER 6. SERVICES

10:37A-6.1 Purpose and goals

(a) PA staff shall offer a range of services and supports necessary to assist the consumer in achieving mental health rehabilitative and recovery goals, as identified in the consumer's individualized rehabilitation plan, including, but not limited to:

1. Achieving and maintaining valued life roles in the social, employment, educational, and/or housing domains; and

2. Restoring a consumer's level of functioning to that which allows the consumer to achieve community integration and to access an independent living setting of the consumer's choice.

10:37A-[4.2]6.2 Services to be provided by the [Level A+, A, B, C and D Residential Program] supervised housing program

(a) Based upon the needs of the consumers [residents] served, a range of services shall be offered to [residents] **consumers** in the [Level A+, A, B, C, and D residential] **supervised housing** program, specifically addressing the maintenance or enhancement of consumer [resident] self-sufficiency. These services are intended to foster a sense of belonging, both within the residential setting and the greater community. They are designed to enhance the consumer's [resident's] interest and participation in all spheres of community living (such as religious, social, political, and cultural). The PA shall empower the consumer [resident] to use the full range of community services. **The PA shall provide consumers with access to an on-call PA staff member 24 hours per day, seven days per week for times of stress and crisis.**

(b) Following assessment and evaluation of individual needs and services and in consultation with the consumer [resident], the following minimum services shall be directly provided by the PA to enrolled consumers [residents] as individually appropriate and agreed to by the [resident] **consumer**, and shall be documented in the clinical record:

1.-7. (No change.)

(c) [Service] **Affiliation** agreements with local screening services shall be developed. These agreements shall address the timely sharing of information and procedures for follow-up on the care and disposition of the consumer [resident].

(d) The PA shall document that it has the capability to provide or arrange the services listed below based on individual consumer [resident] need. This capability may be documented through such means as policies and procedures, schedules of services,

and logs. In addition, the PA shall document that such services were in fact provided. Provided services shall be documented in the clinical record, schedules, logs, or other means of documentation presented by the PA.

1.-4. (No change.)

(e) The PA shall maintain ongoing communication with all other providers of needed treatment and generic human services, so that appropriate adjustments are made in the services provided to the consumer [resident]. Such services include, but are not limited to, partial care, hospitalization, outpatient treatment, vocational services, medical services, education programs, community activities (such as [YMCA, church,] **cultural, charitable, religious, or spiritual gatherings**), clinical case management, substance abuse counseling, acute care services, and entitlements.

[1. Clinical records shall identify all relevant service providers serving the consumer resident.

2. The PA shall maintain policies for emergency and routine case conferences

3. The PA shall document ongoing communication with other service providers in the clinical record.]

[4.] 1. The PA shall maintain [service] **affiliation** agreements as needed.

[5.] 2. (No change in text.)

10:37A-[4.3]6.3 [Services to be provided by the supportive housing program] **Other services**

[(a) Providers are responsible for ensuring access to a flexible and responsive system of support services that can assist individuals to maintain independence and a

lifestyle of their choosing. Supportive housing offers individuals opportunities for community integration and involvement in community life and citizenship.

(b) Emphasis is placed on the development and strengthening of natural supports and access to community services and programs.

(c) Following discussion with the consumer resident of individual needs and services desired, the following services shall be directly provided by the PA to enrolled consumer residents as individually appropriate and agreed to by the resident, and shall be documented in the clinical record:

1. Housing search: Assist consumer resident in locating housing opportunities, landlord negotiations, saving for or obtaining security deposits, furnishing the home, accessing household supplies, moving in and on-going advocacy with landlord/property manager. Housing preferences, experiences and resources should be examined as well as household management strengths and weaknesses, financial responsibilities, and long-term housing goals;]

(a) At a minimum, and in addition to the services required to be provided by N.J.A.C. 10:37A-6.2, the PA shall offer or arrange for the following services to be made available, where they are appropriate to the needs of the consumer as identified in the comprehensive rehabilitation needs assessment:

[2.] **1. [Moving in:] Housing skills.** Assist the consumer [resident] in [setting up utility accounts and] identifying natural supports to [develop and carry out a move-in plan] **successfully live in an unsupervised setting.** Assist the consumer [resident and natural supports] to set up and decorate their [new home] **residence**, help them to become familiar with the local community resources, [accessing] **access** transportation

services, and [locating] **locate** resources, such as the supermarket, bank, library, post office, and pharmacy;

[3. Landlord/neighbor relationship: Educate residents on their rights and obligations as tenants/neighbors as well as fair housing laws and landlord-tenant laws. Coach consumer residents in terms of social skills needed to deal with and maintain good relationships with landlords and neighbors. Establish relationships with landlords, provide contact information and encourage landlords to bring unresolved problems to the supportive housing team;

4. Supportive services planning: Develop a support plan which creates an agreement between the consumer resident and support team, defining the type and amount of supports necessary according to the consumer residents expressed needs and desires in order for the individual to succeed in their housing. The plan shall be adjusted over time to meet ongoing personal goals, life style choices and needs. The plan shall anticipate that more intensive supports will be needed at the time of move-in, for the first six to eighteen months after moving, during holidays and other dates that may be uniquely stressful for the individual consumer resident;

5. Skill development training: Provide direct training, provided in-vivo to model skills in the areas of: problem solving, roommate conflict resolution, housecleaning, recycling, household maintenance, grocery shopping and laundry; money management skills; use of available transportation; meal planning and preparation; caring for and personalizing living space; taking care of personal hygiene; defining a daily activity plan; and illness self-management. The first goal is for the resident to develop the full array of life skills that are essential for successful community living. The consumer resident and

staff shall meet on a regular basis to work on these skills on a daily, weekly and/or monthly basis as deemed necessary. The second goal is to reduce the amount of staff initiation and support over time;

6. Physical healthcare linkages: Ensure that the consumer resident has access to medical and dental care, including routine care, prevention and wellness services. Identify and address chronic and long-term medical conditions;]

[7.] **2.** Mental health medication and illness self-management[:]. Develop a plan to help the consumer [resident] monitor their symptoms, track early warning signs, develop coping skills, and prepare a plan to prevent or minimize a relapse. Observe the consumer's [resident's] symptoms, help the consumer [resident] manage symptoms not reduced with medication[;], and assist the consumer [resident] to adapt and cope with internal and external stresses. Assist consumers [residents] in advocating for themselves regarding medication concerns and act as a liaison to clinical service providers. [Consumer residents shall have access to an on-call staff 24 hours per day, seven days per week for times of stress and crisis;

8. Employment, volunteer and educational opportunities: Assist the consumer resident with linkages and referrals to available resources necessary for the resident to gain and maintain full or part-time community-based supportive and/or competitive employment. This would include assisting the consumer resident in finding available resources, making and keeping appointments, completing necessary paperwork, etc. Assist the consumer resident to develop job skills, coaching for interviews, etc.;

[9.] **3.** Finances, budgeting, and banking[:]. Provide training and support in all areas concerned with the consumer's [resident's] finances, including weekly/monthly

budgeting, establishing bank accounts, balancing checkbooks, looking for sales, using coupons and rebate offers, avoiding impulse buys, responding to telemarketing or mail “schemes,” establishing a savings plan designed for emergencies, and enhancing self-sufficiency;

[10.] **4. [MICA] Co-occurring mental health** and substance abuse services linkages[:]. Inquire about substance use/abuse history, and when a problem is identified, help consumers [residents] identify triggers for relapse and focus on a lifestyle centered on recovery. Refer to **co-occurring mental health and** substance abuse [and MICA] treatment if necessary. Educate the consumer [resident] on the interactive effects of substance use on psychiatric symptoms, psychiatric and other medications, and social behavior. Share [Alcoholics Anonymous (AA) and local MICA] **Twelve-Step recovery and local co-occurring** group meeting lists with consumers [residents] and accompany to local groups and/or meetings in order to encourage attendance. Encourage an alcohol and substance free-living environment in shared living arrangements. If necessary, assist consumers [resident] in accessing in-patient rehabilitation facilities;

[11.] **5. Transportation services[:].** [Where there are no transportation options or where they have been exhausted, provide direct transportation in an agency vehicle for appointments, shopping, education courses, etc. when public transportation is not available.] Provide coaching in the use of Medicaid taxi service, carpools, buses, trains, etc., and help consumers [residents] access low-cost transportation resources, if available. Assist with reading maps, reading bus/train schedules, locating bus stops/train stations, etc. Assist [residents] **consumers** to save for bicycles or other low-

cost methods of transportation. **Provide instruction on and assistance with all transportation options;**

[12.] **6. Access to natural supports[:].** Assist consumers [resident] to develop a support network other than professionals, which may include neighbors, family, friends, co-workers, [ministers or church members] **clergy or lay religious or spiritual guides**, shopkeepers, etc. Explore with the consumer [resident] opportunities for social networks and coach[es] the consumer [resident] to strengthen these connections. Explore/encourage joining or rejoining a social organization, recreational group, or [church/synagogue] **religious or spiritual organization** to enhance quality of life and promote community integration;

[13. Social, recreational, leisure and community involvement: Support consumer residents' efforts to develop friendships and a social life. Encourage participation in agency and community social and recreational events as well as local self-help centers. Assist the consumer resident in planning, scheduling and implementing seasonal events, educational events and vacations. Regularly inform the consumer resident of community cultural events and encourage involvement; and

14. Benefits/entitlements: Assess and support consumer residents efforts in obtaining public entitlements and benefits, including, but not limited to, Social Security, Medicaid, Medicare, welfare, food stamps and Section 8. Assist with the applications and paperwork required. Help residents schedule appointments, accompany the consumer resident when necessary. Model and coach the consumer resident so that he/she can increasingly manage these interactions independently.]

7. Crisis intervention, consisting of face-to-face, short-term interventions with a consumer who is experiencing increased distress and/or an active state of crisis. Interventions and strategies include:

i. Contributing to the development and implementation of the consumer's crisis contingency plan and psychiatric advance directive;

ii. Brief, situational assessment;

iii. Verbal interventions to de-escalate the crisis;

iv. Assistance in immediate crisis resolution;

v. Mobilization of support systems; and

vi. Referral to alternative services at the appropriate level;

8. Residential counseling; and

9. Emergency response services.

10:37A-6.4 Medication

(a) Each consumer taking prescribed or over-the-counter medication shall self-administer his or her own medication to the extent possible. This subsection is applicable to supervised residences, however, only (a)1 below is applicable to shared supportive housing residences.

1. Self-administration of medication means the consumer removes the individual dose of medication from a container provided by a pharmacy, sample medication container provided by the prescriber, or a container of non-prescription medication, and consumes the medication, places it into another

container for consumption at a later time, applies the medication externally, or injects him- or herself with the medication.

2. Qualified PA staff (including those qualified by training to administer diabetes testing and medications) may assist the consumer in self-administering the medication or by coaching or monitoring the consumer while he or she is self-administering the medication as part of the individuals' rehabilitation plan.

3. If psychotropic medication or other controlled substances are included in the individual rehabilitation plan, arrangements appropriate to the consumer's ability to self-administer such medications shall be provided or arranged as appropriate by any engaged service provider, including procedures for location, storage, and retrieval of the medications.

(b) If the consumer is not capable of taking his or her own medication independently, the PA staff shall verbally assist and/or supervise the self-administration of the medication as prescribed. If the consumer is not physically capable of self-administration of medication with verbal assistance, appropriately licensed or certified staff must administer medication by removing the individual dose of medication from the original container and either giving it to the consumer to consume, placing it in another container for the consumer to consume at a later time, applying the medication externally, or administering an injection of the medication.

(c) Pursuant to the PA policy, an ongoing written record shall be maintained of all medication administration events and self-administration events in which PA staff verbally assisted the consumer.

(d) Medications of consumers who self-administer their medications and who live in a setting with other consumers may be stored in the consumer's unit if the consumer and PA take reasonable precautions to prohibit access to the medications by other consumers. For consumers who require administration of medication or verbal assistance in self-administering medication, the PA staff shall store all prescription and non-prescription medication in a safe and organized manner as follows:

1. Both prescription and non-prescription medications shall be kept locked at all times when a staff member is not in the room. The medications shall be kept locked in a closet, cabinet, drawer, adequately secured box, or in a room exclusively dedicated for this purpose.

2. Medications that require refrigeration shall be maintained in a secure manner (for example, by using locked boxes or a locked refrigerator) and at a temperature required by the manufacturer of the medication.

3. The medications specific to each consumer shall be kept in a separate bag, box, container, or drawer clearly labeled with the consumer's name. The newly received supply of each medication for a consumer shall be kept in a separate bag, box, container, or drawer clearly labeled for newly received medications for the particular consumer until the currently used supply of the particular medication is finished.

4. A discontinued medication for a consumer shall be removed from the supply as soon as it is discontinued and placed within a separate bag, box, container, or drawer clearly labeled for medications no longer in use.

5. The keys to stored medications shall not be accessible to consumers or staff who do not assist the consumer with medications.

6. In supervised residences and shared supportive housing residences, no stock supply of prescription medications or syringes shall be stored in the consumer's room or dwelling unit with the exception of insulin syringes.

7. PA staff shall destroy medications that are outdated or discontinued in accordance with established procedures.

(e) A list of all prescribed medications including the name, purpose, dosage, self-administration frequency, and date prescribed for each medication shall be entered into the consumer's clinical record, as per PA policy.

SUBCHAPTER 7. STAFF QUALIFICATIONS, RESPONSIBILITIES, AND TRAINING

10:37A-7.1 General requirements

The PA shall employ a sufficient number of staff to offer and provide all required services to consumers, based upon the numbers of consumers served, the level of functioning and needs of the consumers, the types of residences utilized, and the geographical distribution of residences. The PA shall maintain the staffing pattern approved by the Division and reflected in the purchase of service contract.

10:37A-7.2 Staffing credentials and responsibilities

(a) Staff shall be appropriately licensed.

(b) All staff shall have credentials as appropriate to their functional job descriptions and be hired in compliance with all applicable laws regarding criminal record background checks and substance use testing.

10:37A-7.3 Staff training

(a) The PA shall develop, update, administer, and document a comprehensive, competency-based training program and manual for individuals providing adult mental health residential services. The training curriculum shall be consistent with the requirements set forth at N.J.A.C. 10:37-6.99, 10:37D-2.14, and 10:77A-2.4, and shall have as stated objectives the attainment of the skills to provide, to the extent they are applicable, the services listed in (d) below.

(b) A training completion summary sheet shall be documented for each employee, listing each topic and subtopic relevant to the employee's job that is included in the curriculum and indicating the date that each training was provided, the duration of the training, the source of the training, and the competency (as indicated by a completed test, if applicable) or certification achieved. On-line training may serve as the delivery method for each topic or subtopic listed in (d) below.

(c) A training manual shall provide a detailed description of the curriculum, consistent with the topics listed in (d) below, the qualifications of the individuals or sources of the training providers, the training format, any materials to be used or distributed, and a description of how skill attainment will be measured, including a copy of any measurement instrument to be used.

(d) The training curriculum shall include, at a minimum, the following topics:

1. An overview of adult mental health rehabilitation services delivery, including:

- i. Psychiatric rehabilitation;**
- ii. Illness, management, and recovery;**
- iii. Wellness and recovery action planning;**
- iv. Advance directives for mental health care;**
- v. Professional ethics and boundaries;**
- vi. Confidentiality;**
- vii. Resident populations; and**
- viii. Continuum of care and discharge orientation.**

2. Emergency preparedness including:

- i. CPR training/first aid;**
- ii. Obstructed airway training;**
- iii. Infection control; and**
- iv. Fire safety;**

3. Suicide prevention, including, but not limited to, risk factors and warning signs;

4. Substance use disorders in conjunction with mental illness;

5. Crisis intervention and prevention skills, including:

- i. Development of a crisis plan;**
- ii. Crisis assessment;**
- iii. Crisis prevention techniques;**

iv. Verbal intervention;

v. Crisis resolution;

vi. Mobilization of supports and how and when to access additional resources;

6. Documentation and recordkeeping procedures, including:

i. Needs assessment;

ii. Individualized rehabilitation plan;

iii. Progress notes;

iv. Termination summary;

v. Objective versus subjective recording of information;

vi. Daily attendance logs for programs reimbursed on a daily basis;

and

vii. Daily recording of the nature of services rendered, including the total number of units of service provided;

7. Policies and procedures for verbally assisting the consumer in self-administering prescription and non-prescription medication;

8. Other medication/clinical issues, including:

i. Classes of medication, therapeutic objectives, side effects, and interactions, including documentation and reporting of side effects to appropriate medical professional; and

ii. Clinical communication, including how to report symptoms when encountering problematic medical/clinical situations and pertinent information to share with medical providers during emergencies;

9. Activities of daily living and personal care management, including:

- i. Personal hygiene;**
- ii. Food preparation and nutrition;**
- iii. Household maintenance, laundry, and budgeting; and**
- iv. Monitoring of prescribed individual eating modifications; and**

10. Self-care health management and chronic health conditions.

(e) A certificate of completion of cardiopulmonary resuscitation (CPR) and first aid training issued by a trainer certified by the American Heart Association or the American Red Cross is required and must be renewed upon expiration.

(f) Individuals who have not completed the required training elements set forth in (d)1 through 9 and (e) above may only deliver services with a co-signature by a person who has been so trained. The co-signer shall be on site and available at all times to provide in-person guidance. Within six months of beginning employment or (the effective date of this subsection), whichever comes later, all employees must have completed all required training elements.

SUBCHAPTER [6.] 8. FACILITY

10:37A-[6.1]8.1 Physical plant requirements

All licensed [community] **supervised** residences [for mentally ill adults] shall comply with all applicable provisions of the New Jersey Uniform Construction Code as specified in N.J.A.C. 5:23, [or] all applicable provisions of the New Jersey Uniform Fire Code, as specified in N.J.A.C. 5:70, 5:71, and 5:72, and evidenced by a valid Certificate of

Occupancy under the Construction Code or Certificate of Inspection under the Fire Code, as appropriate, **and all applicable local codes.**

10:37A-[6.2]**8.2** Water supply

(a) Every residence shall be provided with a safe supply of potable water meeting the standards as set forth in the Safe Drinking Water Act rules at N.J.A.C. 7:10. **The PA shall document that for every dwelling unit serviced by a private well, testing of the potable water supply is conducted to determine if the standards in the Safe Drinking Water Act rules at N.J.A.C. 7:10 are met before occupancy and at least once every five years.** In accordance with the Private Well Testing Act, P.L. 2001, [c.40] **c. 40**, N.J.S.A. 58:12A-26 et seq. and the rules promulgated pursuant thereto, N.J.A.C. 7:9E, PAs leasing residences to consumers [residents] shall arrange for testing of potable water supply from a private well at least once every five years, and, within 30 days after receipt of the test results, shall provide a written copy of the test results to each rental unit and each new tenant.

(b) (No change.)

10:37A-[6.3]**8.3** Residences

(a) (No change.)

(b) Every residence shall be provided with a minimum of one toilet, bathroom sink, and a bathtub or shower.

(c) There shall be at least one toilet, sink, and one bath or shower for each eight [residents] **consumers.**

(d)-(e) (No change.)

(f) No consumer [resident] shall be required to go farther than one floor above or below his or her rooming unit to the toilet room.

(g) No consumer [resident] shall be without ready access to a bathroom, bathtub, or shower by reason of physical disability.

(h) (No change.)

(i) Every kitchen sink, bathroom sink, and bathtub or shower required by this section shall be connected to both hot and cold water lines.

(j) Every residence shall have water heating facilities [which] **that** are installed and connected with the hot water lines.

(k) (No change.)

10:37A-[6.4]**8.4** Garbage and rubbish disposal

Outdoor garbage, rubbish, or other organic waste shall be stored in covered, watertight receptacles. A sufficient number of garbage or rubbish receptacles shall be available, and shall conform to all applicable State [regulations] **rules** and local ordinances.

10:37A-[6.5]**8.5** Electrical system

(a) (No change.)

(b) Extension cords and flexible cords shall not be used as a substitute for permanent wiring. Extension cords and flexible cords shall not be affixed to structures, extended through walls, ceilings, floors, under drapes, or floor coverings, nor be subject

to environmental damage or physical impact. If used, extension cords shall be in good working order and size sufficient for the appliances and equipment used. **Large appliances, such as air conditioners, refrigerators, freezers, washers, and dryers shall be directly plugged into an electrical outlet.**

10:37A-[6.6]**8.6** Lighting

(a) - (c) (No change.)

(d) Every portion of each staircase, hall, cellar, basement, landing, furnace room, utility room, and all similar [nonhabitable] **non-habitable** space shall have light available at all times.

(e) - (f) (No change.)

10:37A-[6.7]**8.7** (No change in text.)

10:37A-[6.8]**8.8** Heating **and cooling**

(a) **Space heaters, including, but not limited to, electrical, kerosene, and quartz heaters, shall be prohibited unless a waiver is granted by the licensing authority.**

Every residence shall have heating facilities [which] **that** are:

1. - 3. (No change.)

(b)-(e) (No change.)

(f) **The facility shall establish a written heat emergency action plan to be implemented whenever the indoor air temperature is 82 degrees Fahrenheit or higher for four consecutive hours.**

10:37A-[6.9]8.9 Structural safety and maintenance

(a) - (d) (No change.)

(e) Every roof, wall, window, exterior door, and hatchway shall be free from holes or leaks that would permit entrance of water within or be a cause of dampness.

(f) Every foundation, floor, and wall of each residence shall be free from chronic dampness that is malodorous in the living environment.

(g) Every residence shall be free from rodents, vermin, and insects. A PA of a residence located in an area found by the Department to be infested by rats, insects, or other vermin shall carry out such rodent and insect control or other means of preventing infestations of said dwellings as may be required by the Department.

(h) – (i) (No change.)

(j) Lawns, hedges, and bushes shall be kept trimmed and shall not be permitted to become overgrown and unsightly.

(k) - (l) (No change.)

(m) The Department may require that the PA clean, repair, paint, whitewash, or paper such walls or ceiling, when a wall or ceiling within a dwelling has deteriorated so as to provide a harborage for rodents or vermin, or when such a wall or ceiling has become stained or soiled, or the plaster, wallboard, or other covering has become loose or badly cracked or missing.

(n) (No change.)

(o) No PA shall cause or permit any services, facilities, equipment, or utilities [which] **that** are required under this chapter to be removed from, shut off, or discontinued, in

any PA owned, leased, or contracted residence or part thereof, except for such temporary interruption as may be necessary while actual repairs or alterations are in process, or during temporary emergencies, when discontinuance of service is authorized by the Division.

(p)-(q) (No change.)

(r) The PA shall maintain the PA owned, leased, or contracted premises to ensure compliance with all applicable laws and [regulations] **rules**. The storage of objects or materials shall be done in a manner to avoid imminent health, safety, or fire hazards.

10:37A-[6.10]8.10 Kitchen facilities

(a) Major appliances shall minimally include a refrigerator, freezer (or refrigerator with freezer compartment), an oven, and a cooktop.

(b) Food products shall be thawed, stored, processed, and prepared in a safe manner in all [group homes, PA apartments and family care homes] **supervised residences**.

(c) (No change.)

(d) All food and drink shall be safe for human consumption, clean, wholesome, free of spoilage, and prepared and served in a sanitary manner. There shall be at least a two-day supply of food and drink in the [group home, supervised apartment and family care] **supervised** residence at all times.

(e) All equipment, surfaces, and utensils used in [PA group homes, supervised apartments and family care homes] **the residence** for eating, drinking, preparation, and storage shall be:

1. - 3. (No change.)

10:37A-[6.11]**8.11** Occupancy and use of space

(a) Every rooming unit occupied for sleeping purposes by one consumer [resident] shall contain at least 80 square feet of floor space. Every room occupied for sleeping purposes by more than one consumer [resident] shall contain at least 60 square feet of floor space for each consumer [resident]. Doors for privacy shall be provided and maintained. Means of egress to the rest of the home shall be direct and not through any other bedroom.

(b) - (c) (No change.)

(d) Rooms shall be of adequate size for the number of people, types of activities, and storage.

(e) A room located in whole or in part below the level of the ground may be used for sleeping, provided that the following requirements are met:

1. The walls and floor [which] **that** are in contact with the earth shall be dampproofed; and

2. All requirements of this section and N.J.A.C. 10:37A-[6.12]**8.12** through [6.22] **8.17** applicable to habitable rooms shall be satisfied.

(f) In family care homes, consumers [residents] shall be allowed to share sleeping rooms/accommodations only with other consumers [residents].

(g) In [group homes] **supervised residences in single detached homes**, bedrooms above the second floor shall have access to a second means of egress. If the second means of egress is a window, the window shall open onto a fire escape

permanently attached to the building.

(h) (No change.)

(i) The PA shall maintain all residences [which] **that** it owns, leases, or contracts in a manner that ensures the health, safety, and welfare of [residents] **consumers**.

(j) Each residence shall be sufficiently furnished to allow for all consumers [residents] to comfortably eat, sleep, relax, and to store their clothing. All indoor as well as outdoor furniture shall be safe and in good repair.

10:37A-[6.12]**8.12** Uniform Fire Code

The provisions of N.J.A.C. 5:70, the Uniform Fire Code, are incorporated herein by reference, **and shall apply to all supervised residences. A certificate of a satisfactory life hazard use inspection conducted by the city, township, or State fire authority minimally every 12 months shall be available in each supervised residence that is a single family detached house.**

10:37A-[6.18]**8.13** Smoke and carbon monoxide detectors

(a) Smoke detectors shall be installed at locations as follows:

1. At least one on every level of the dwelling, **including basements, but excluding attics without any living space;**
2. In **enclosed** stairwells; [and]

3. In each bedroom[.]; **and**

4. Outside each bedroom cluster.

(b) Smoke detectors **and hard-wired smoke detection systems** shall be tested quarterly. The tests shall be documented.

(c) All licensed residences housing deaf or hearing impaired residents shall be equipped with flashing and bed-vibrating fire alarms and carbon monoxide detectors. **In residences without a hard-wired smoke and carbon monoxide detection system, the bed-vibrating device shall be activated by the smoke detector in the bedroom, the smoke detector outside the bedroom, and the carbon monoxide detector outside the bedroom.**

(d) [One] **At least one** carbon monoxide detector is required in each dwelling unit [outside the sleeping area] **within 10 feet of the door to each bedroom.**

10:37A-[6.19]**8.14** Fire drills

(a) Fire drills shall be conducted in all [group homes] **licensed supervised residences.**

1. Fire drills shall be conducted monthly with at least one drill being conducted on each staff covered shift each quarter. **Within a 12-month period, at least one of the drills on each staff covered shift shall be conducted with an activated hard-wired fire alarm system, if the home is equipped with such a system. The drills that are**

conducted without activating a hard-wired fire alarm system shall be initiated by activating a battery powered smoke detector.

2. Evacuation shall be completed in less than three minutes. **If timely evacuation without assistance is not possible, a plan must be developed and documented to accommodate each consumer needing assistance, and all plans must be executable at the same time. Assistance may be provided without such plans if needed in A+ supervised residences in which staff are continuously stationed whenever a consumer is home. In the event that an evacuation takes three minutes or longer, the PA in supervised residences shall develop and implement a plan of correction that will result in compliance with this standard.**

3. For each fire drill, the time, date, participants, problem areas, resolution of problems, and timeliness of egress shall be documented by agency staff or an assigned consumer [resident].

(b) (No change.)

Recodify existing 10:37A-6.20 and 6.21 as **8.15 and 8.16** (No change in text.)

10:37A-[6.22]**8.17** Variances

The PA shall provide the Department with a copy of all applications for variances from the codes cited in N.J.A.C. 10:37A-[6.1]**8.1** and the action taken on them.

SUBCHAPTER [7.] **9.** HEARINGS, APPEALS, COMPLAINTS

10:37A-[7.1]**9.1** Administrative hearings

Administrative hearings regarding final Department actions will be conducted in accordance with the Administrative Procedure Act, N.J.S.A. 52:14B-1 et seq. **and 52:14F-1 et seq.**, and the Uniform Administrative Procedure Rules, N.J.A.C. 1:1.

10:37A-[7.2]**9.2** Development of residential complaint procedures

All PAs shall establish internal complaint procedures, which will be subject to the Department's review and approval at the time of the initial licensing and **triennial** licensing [renewal] **reviews**. Complaint procedures shall allow for a consumer [resident] of the PA or his or her designee to make known a grievance regarding services provided or which failed to be provided; to seek appropriate redress related thereto; and to have corrective action taken as might be warranted. The policy and procedure for consumer [resident] complaints shall be posted in a public place at the PA office site and a copy given to each consumer [resident] upon beginning the program. Any implementation of the complaint procedure shall be documented in the consumer's [resident's] clinical record.

10:37A-[7.3]**9.3** [PA] **Complaint process**; ombudsperson

The PA's internal complaint procedures shall be consistent with the provisions of N.J.A.C. 10:37-4.6 regarding consumer [resident] complaint agency [ombuds] **ombudsperson** and review procedures, which are incorporated by reference.

10:37A-[7.4]**9.4** Consumer [resident] protection

No consumer [resident] shall be subject to retaliation of any form by the PA

because of the filing of any complaint.

SUBCHAPTER [8.] **10. QUALITY ASSURANCE**

10:37A-[8.1]**10.1** Quality assurance

(a) The PA shall develop and implement **written** policies and procedures for an ongoing quality assurance (QA) program that meet the QA requirements for community agencies as articulated in N.J.A.C. 10:37-9. In addition, the PA shall ensure, through its quality assurance program, that [group homes, PA apartments, family care homes and supportive housing] **supervised** residences meet the program and facility requirements for licensure as specified in this chapter **and that shared supportive housing residences meet the facility requirements for licensure as specified in this chapter.**

(b) Areas to be monitored and evaluated include the following:

1. Therapeutic environment and life safety monitoring shall include at least quarterly documentation of safety inspections (including testing of smoke detectors) to assure the health, safety, and welfare of consumers [residents] in [group homes, apartments, and family care homes] **supervised residences** and annual documentation of these inspections in **shared** supportive housing residences;

2. Adequacy of planning for more independent living and reduction of service intensity[;].

i. Barriers to discharge/transfer to a less restrictive living environment shall be reviewed annually for all consumers [residents] living in [group homes and]

supervised [apartments] **residences**.

ii. (No change.)

3. (No change.)

SUBCHAPTER [9.] 11. **EXCLUSION AND DISCHARGE FROM SUPERVISED RESIDENCES**

10:37A-[9.1]**11.1** General rule regarding the discharge of consumers [residents] from [group homes, supervised apartments, and family care homes] **supervised residences**

(a) No consumer [resident] of a licensed [group home, supervised apartment, or family care homes] **supervised residence** shall be prohibited from utilizing or residing in a residence unless:

1. Such action is justified by one of the conditions specified in N.J.A.C. 10:37A-[9.2]**11.2 or 11.4(b)**; and

2. The PA follows all of the procedures set forth in N.J.A.C. 10:37A-[9.3]**11.3 or 11.4(b), as applicable**. A consumer [resident] may be discharged voluntarily if the PA has complied with the procedures set forth at N.J.A.C. 10:37A-[9.3(b)]**11.3(b)**.

10:37A-[9.2]**11.2** Conditions permitting discharge from [group homes, supervised apartments and family care homes] **supervised residences**

(a) A consumer [resident of the PA] may be discharged from a [group home, a supervised apartment or a family care home] **supervised residence** pursuant to written PA policies, which may include only the following conditions for discharge:

1. The PA reasonably concludes that the consumer [resident] clearly violates the

rules set forth in the consumer [residential] service agreement (N.J.A.C. 10:37A-4.4(a)]**4.2**), which creates a substantial, continuing, and immediate threat to the physical safety of other persons, or to the emotional or psychological health of other consumers [residents] of the residence; provided, however, that the PA shall not discharge such consumer [resident] on this basis if the consumer [resident] has been civilly committed **to an inpatient treatment facility pursuant to N.J.S.A. 30:4-27.1 et seq.**

2. The PA reasonably concludes that the consumer's [resident's] clearly inappropriate behavior renders the residence or the PA out of compliance with any agreements to which the PA is signatory as a lessee or with any applicable law or [regulation] **rule.**

3. The consumer [resident] repeatedly violates a rule governing consumer [resident] conduct, which is reasonable both in itself and its application, after the PA delivers to him or her a written notice to cease violating such rule. No such rule shall be the basis for discharging a consumer [resident] unless it is reflected in a consumer [resident] services agreement and/or other documents in compliance with [these rules] **this chapter.**

4. The consumer [resident] has received the maximum clinical benefit of the services offered by the residence, an appropriate alternative living arrangement (where the consumer [resident] has sufficient financial resources), other than a shelter, motel, or hospital, is available to him or her prior to discharge, and the PA reasonably determines that discharge would be in the consumer's [resident's] best clinical interests.

5. The consumer [resident] absents himself or herself from the residence for a

continuous period of 30 days without providing the PA with notice of intent that he or she will return after the expiration of such 30-day period; provided, however, that continued absence beyond 30 days shall be a condition for discharge if such absence is not in the consumer's [resident's] clinical best interest.

6. The consumer [resident] has refused necessary and appropriate services offered by the PA pursuant to a properly developed [treatment] **individualized rehabilitation** plan; the refusal is contrary to his or her clinical interest; the consumer [resident] has failed to offer any alternate plan, which would be consistent with his or her clinical interest; and an alternative living arrangement other than a hospital is available.

10:37A-[9.3]**11.3** Discharge procedures from [group homes, supervised apartments, and family care homes] **supervised residences**

(a) The PA may discharge and remove a consumer [resident] from a [group home, supervised apartment, or a family care home] **supervised residence** only after complying with all of the procedures set forth in this chapter.

(b) The PA shall comply with the following procedures in all cases prior to discharge, except when the consumer [resident] cannot be located, or, despite the PA's effort to comply, the consumer [resident] is unwilling to participate:

1. The PA's assigned clinical staff shall fully inform the consumer [resident] of and discuss with the consumer [resident] the factual and clinical basis for discharge, and, if the consumer [resident] does not agree, approve the discharge;

2. The PA shall offer to utilize the consumer [resident] Complaint/Agency Ombuds Procedure, N.J.A.C. 10:37-4, to attempt to resolve any problems; and

3. (No change.)

(c) If, after the procedures set forth in (b)1 through 3 above are completed, the consumer [resident] disagrees with the PA decision to discharge, the PA may discharge and remove the consumer [resident] from the residence only after complying with the following procedures and obtaining the approval of the Division's review officer as set forth below:

1. If the consumer [resident] has declined to utilize the consumer [resident] Complaint/Agency Ombuds Procedure, the PA shall submit its decision for review by the chief executive officer of the PA;

2. If the chief executive officer upholds the basis for the discharge and the consumer [resident] disagrees, the PA shall deliver to the consumer [resident] a written notice of intent to discharge the consumer [resident] from the residence, and read and explain such notice to the consumer [resident] in the same language utilized on admission [to explain documents as set forth at N.J.A.C. 10:37A-4.1(a)3]; and

3. (No change.)

(d) The administrative review referred to in (c)3 above shall be conducted by the designee of the [Director of the Division] **Assistant Commissioner for Mental Health and Addiction Services**, and such designee shall be an employee of the Division. The reviewing officer shall schedule at least one meeting between the PA representatives, the consumer, [resident] and the reviewing officer, at which meeting or meetings the reviewing officer shall [insure] **ensure** the following:

1. (No change.)

2. That the consumer [resident] has had fair notice of the factual and clinical

basis for the PA's decision to discharge;

3. That the consumer [resident] is given a reasonable time within which to obtain the services of an advocate or attorney, if the consumer [resident] so desires;

4. That the consumer [resident] is present during all meetings conducted by the reviewing officer, unless the consumer [resident] waives his or her right to be present;

5. That the consumer [resident] is assisted and/or represented by any available individual of his or her choice during the meeting, if the consumer [resident] so desires;

6. That the consumer [resident] has a full opportunity to respond to everything stated during the meeting; and

7. That the consumer [resident] has a full opportunity to present any relevant documents, objects, or statements of third persons. The officer must permit such persons to make such statements in person during the meeting, and may accept such statements in writing. The officer may base his or her decision in part upon written statements, if at least one person attends the meeting who has personal knowledge of the relevant facts.

(e) During or after the meeting or meetings described in (d) above, the reviewing officer shall make the following findings:

1. That the consumer [resident] has or has not been accorded the safeguards listed in (d) above;

2. (No change.)

3. That one or more of the conditions justifying discharge, as specified in N.J.A.C. 10:37A-[9.2]11.2, does or does not in fact exist at the time of the final review meeting, or that it is reasonable to believe that, if such condition does not exist at the

time of the final review meeting, the condition will recur immediately upon disapproval of discharge.

(f) If the reviewing officer makes all of the findings set forth at (e) above in the affirmative, such officer may, in his or her discretion, approve the discharge and removal of the consumer [resident] from the residence in question, and set a reasonable date and reasonable conditions, if any, for discharge. If the reviewing officer does not approve such discharge, he or she shall make such recommendation as he or she may consider fair and appropriate.

(g) By letter, the reviewing officer shall notify the PA, the consumer, [resident] and the consumer's [resident's] representative, if any, of the officer's findings and decision. The PA staff shall read and explain such letter to the consumer [resident] in the same language utilized at admission [to explain documents as set forth above at N.J.A.C. 10:37A-4.1(a)3].

(h) (No change.)

(i) If the reviewing officer approves the discharge, the PA may discharge and peaceably remove the consumer [resident] from the residence as directed by the reviewing officer, and in any event no sooner than seven days after the consumer [resident] receives the reviewing officer's written decision. Any such discharge must be to an appropriate form of living arrangement.

10:37A-[9.4]11.4 Miscellaneous provisions regarding the **exclusion and** discharge of consumers [residents] from [group homes, supervised apartments, and family care homes] **supervised residences**

(a) A PA shall not discharge **or exclude** a consumer [resident] from a [group home, supervised apartment, or a family care home] **supervised residence** as a retaliation or reprisal for such consumer's [resident's] attempt to assert his or her rights, desires, or needs.

(b) **Exclusion.** Whenever a consumer's [resident's] behavior presents a substantial, immediate [and emergent] threat to the physical safety of others, or to the emotional or psychological health of other consumers [residents], the PA may remove the consumer [resident] immediately and temporarily, if necessary, and may prevent the consumer [resident] from returning until the immediate threat has been obviated. The PA may not discharge such consumer [resident], however, unless a condition for discharge listed [above] at N.J.A.C. 10:37A-[9.2]**11.2** exists, and unless the PA follows all procedures for discharge set forth in this chapter. If the PA prevents the consumer's [resident's] return for more than 24 hours, it must comply with the following procedures:

1. (No change.)

2. If the chief executive officer approves, the PA shall schedule an administrative review of such exclusion within the next 48 hours, before a reviewing officer appointed as set forth in N.J.A.C. 10:37A-[9.3(d)]**11.3(d)**, and such review shall determine the propriety of the continuation of such exclusion. Such review shall be conducted pursuant to the procedures set forth at N.J.A.C. 10:37A-[9.3(d)]**11.3(d)**, to the extent that such procedures are feasible and applicable. The reviewing officer shall make such order as he or she shall consider fair and appropriate.

(c) The PA shall maintain the consumer's [resident's] residential placement during brief hospitalizations and temporary absences for at least 30 days from the date of such

consumer's [resident's] admission to a hospital, or from the date of such consumer's [resident's] leaving the residence.

(d) The PA must exercise reasonable care to safeguard the consumer's [resident's] property for a reasonable period of time after the consumer [resident] is discharged, and in any event for at least 30 days.

(e) (No change.)

SUBCHAPTER [2.] **12. LICENSING, SITE REVIEW, AND WAIVERS**

10:37A-[2.1]**12.1** Initial licensing process

(a) All inquiries related to licensure of [community] **supervised residences and supportive housing** residences shall be made to:

New Jersey Department of Human Services

Office of Licensing[, Mental Health Services]

PO Box [727] **707**

Trenton, NJ 08625-[0727]**0707**

(b) To become a licensed PA, an agency shall:

1. (No change.)

2. Be a mental health services provider with a service contract **or, with a waiver of the contract requirement, an affiliation agreement** with the Division. Such a service contract **or affiliation agreement** shall include provisions for the operation of community residences; and

3. Pay the fee(s) required by N.J.A.C. 10:37A-[2.2]**12.2**.

(c) The PA shall be in compliance with this chapter, as well as **applicable rules in**

N.J.A.C. 10:37 and 10:37D.

(d) The PA shall apply for licensure to the Department. Applications shall indicate the type or types of [community] **supportive housing residences or supervised residences** intended, the specific geographic location in which residences would be located, and the number of residents to be served. Such application shall be made to the Department at the address in (a) above.

10:37A-[2.2]**12.2** Licensure fees

(a) [Group homes, apartments, and family care providers] **Providers of supervised residences** applying for a new license shall pay an initial application fee of \$575.00. [Supportive] **Providers of shared supportive housing residences** [providers] shall pay an initial application fee of \$100.00. [PAs are not required to pay a separate initial application fee for programs for which they are licensed under N.J.A.C. 10:190 as of July 1, 2003.]

(b) On an annual basis, the PA shall submit the fee(s) listed at (c) below to the [Division] **Department at the address listed at N.J.A.C. 10:37A-12.1(a)**. Checks shall be made payable to the "State of New Jersey." No license shall be issued where payment of this fee has not been received in full by the [Division] **Department**. Failure to pay the fees applicable to an existing license shall result in revocation of that license.

(c) PAs [applying for renewed licensure] shall pay the following annual licensure renewal fees:

1. For [group homes (GH)] **a supervised residence in a single detached house (SR SDH):**

- i. For the first [GH] **SR SDH** license.....\$575.00
- ii. For each additional [GH] **SR SDH** license.....\$278.50

2. For **community support services in a supervised apartment program (CSS SR APT)** or **community support services in a supervised residence family care program (CSS SR FC)** license:

- i. For the first **CSS SR APT** or **CSS SR FC** license.....\$575.00
- ii. For each additional **CSS SR APT** or **CSS SR FC** license...\$287.50

3. For each **shared** supportive housing residence [(SHR)] \$100.00

(d) (No change.)

10:37A-[2.3]**12.3** Conditional licensure

(a) A conditional license may be issued whenever:

1. Compliance with a standard pertaining to the consumer’s [resident’s] safety, [or] rights, or staffing is lacking during a housing inspection or [triennial] program review;

2. A corrective action plan required by [these rules at] N.J.A.C. 10:37A-[2.11]**12.10**, is not submitted to the Department by the PA at the designated time, or it is determined by the Department to be inadequate; [or]

3. [An investigation] **A review** of a complaint or serious incident identifies deficiencies that warrant conditional status[.]; **or**

4. A repeat deficiency is noted during a program review, or during a housing inspection it is evident that a previously noted deficiency has not been corrected.

(b) A conditional license shall be upgraded to a full license when a determination is

made, on the basis of a follow-up review or a review of documents submitted by the PA, that [all relevant licensing requirements are met] **each deficiency that has prompted the issuance of the conditional license has been corrected.**

10:37A-[2.4]**12.4** Licensing of [group] **supervised residences in single detached homes**

(a) The Department shall inspect any proposed [group] **supervised residence in a single detached** home [site], and shall review [all] **agency and** program operations, [or descriptions] **policies, procedures, and supporting documentation** for compliance with the provisions of this chapter, **as well as the applicable provisions of N.J.A.C. 10:37 and 10:37D.** In addition, the PA shall submit a current certificate of occupancy or certificate of continued occupancy indicating a residential or institutional use group designation if the city or municipality in which the home is located has a process for issuing such a document for newly purchased or newly rented homes.

(b) - (c) (No change.)

(d) A license shall be issued once intent and capability to comply with all program requirements is demonstrated, inspections are satisfactory (including satisfactory **certificate of life hazard use** inspection by the fire official with jurisdiction **and documentation that any renovations, additions, modifications, repairs, and alterations completed after issuance of the Certificate of Occupancy (CO) or Certificate of Continued Occupancy (CCO), and requiring permits from the local authority have final approval from the local authority**), life hazard use registration

(pursuant to Department of Community Affairs rules at N.J.A.C. 5:70-2.4(c)) is initiated and there is reasonable assurance that the **supervised residence in a single detached home** shall be operated in a manner required by this chapter. For new construction, a certificate of occupancy issued under the Uniform Construction Code shall be accepted in lieu of **the life hazard use** inspection by the Fire Official. [Group] **Supervised residences in single detached** homes shall not be occupied until licensed.

(e)-(f) (No change.)

(g) The original license (not a copy) shall be available on the agency's premises for review by the [Division] **Department**, or any interested members of the public, during normal business hours.

10:37A-[2.5]12.5 Licensing [PA] **supervised residences in** apartments

(a) The Department may inspect any proposed [PA] apartment site(s), and review [all] **agency and** program operations [or descriptions] **policies, procedures, and supporting documentation** for compliance with the provisions of this subchapter **and the applicable provisions of N.J.A.C. 10:37 and 10:37D.**

(b) - (c) (No change.)

(d) A license shall be issued once intent and capability to comply with all program requirements is demonstrated, inspections, if any, are satisfactory and there is reasonable assurance that the [PA] **supervised residences in** apartment(s) shall be operated in a manner required by this chapter.

(e) (No change.)

(f) The license shall be issued to the PA for a specific number of [PA] **supervised**

residences in apartments and total capacity for consumers [residents] within a county for a period of two years. The PA shall notify the Office of Licensing, [Mental Health Services] of any new apartment (before it is occupied), [if occupying the apartment will exceed the licensed capacity for apartments operated by the PA in the county. The] **any additional bed capacity, and any apartment that is closed. If adding a new apartment or bed capacity will exceed the licensed capacity of the apartment program,** the PA shall not allow the consumer(s) [resident(s)] to occupy the new apartment(s) **or bed(s)** until the licensed capacity is increased. The PA shall not occupy a new apartment in a county in which it is not licensed to operate apartments until such a license is issued. [The PA shall have the right to relocate PA apartments within the county, as needed, without notifying the Office of Licensing, Mental Health Services, as long as the total capacity for apartments and consumer in the county is not exceeded.] The new facilities shall comply with all requirements of this chapter. The PA shall notify the Office of Licensing[, Mental Health Services] of all [PA] **supervised residences** apartments at the time of the housing inspection.

(g) (No change.)

10:37A-[2.6]12.6 Licensing **supervised residences in** family care homes

(a) The PA shall develop a written services agreement with the individual who operates [the] **a supervised residence in a** family care home.

(b) The content of the services agreement between the PA and the individual who operates [the] **a supervised residence in a** family care home shall have been approved by the Division [in accordance with N.J.A.C. 10:37A-4.4].

(c) The Department may inspect any proposed **supervised residence in a family care home** and review all **agency and program operations, policies, procedures, and supporting documentation** for compliance with the provisions of this chapter **and all other applicable rules**. The PA shall notify the Office of Licensing, [Mental Health Services,] at the address noted in N.J.A.C. 10:37A-[2.1(a)]**12.1(a)**, of any proposed **supervised residence in a family care home** (before placing a consumer [resident] in it), [if the PA is not licensed to provide family care homes in the county and/or if placing the consumer [resident] in the family care home will exceed the capacity specified on the license. The] **of any additional bed capacity and any new family care home that is closed. If adding a new supervised residence in a family care home or increasing bed capacity will exceed the licensed capacity of the family care program, the PA shall not place a consumer [resident] in the new supervised residence in a family care home or in the new bed** until the licensed capacity is increased. The PA shall not place a consumer [resident] in a new **supervised residence in a family care home** in a county in which it is not licensed to operate **supervised residences in family care homes** until such a license is issued. [The PA shall have the right to relocate family care homes within the county, as needed, without notifying the Office of Licensing, Mental Health Services, as long as the total licensed capacity for family care homes and consumer residents in the county is not exceeded.] The PA shall notify the Office of Licensing, [Mental Health Services,] of all **supervised residences in family care homes** at the time of the housing inspection.

(d) - (e) (No change.)

(f) A license shall be issued once intent to comply with all program requirements is

demonstrated, inspections, if any, are satisfactory, and there is reasonable assurance that the **supervised residences in** family care home(s) shall be operated in a manner required by this chapter.

(g) (No change.)

(h) The license shall be issued to the PA for a period of two years and shall be limited to a defined number of **supervised residences in** family care homes within a county and shall indicate the maximum number of consumers [residents] to be served. No **supervised residence in a** family care home shall serve more than three consumers [residents] at any one time (unless up to four consumers [residents] were being served prior to January 3, 2005). The PA shall not exceed the capacity specified on the license.

(i) (No change.)

10:37A-[2.7]12.7 Licensing **shared** supportive housing residences

(a) - (b) (No change.)

(c) Inspections of **shared** supportive housing residences to be licensed will be in accordance with provisions contained in N.J.A.C. 10:37A-[6.1]8.1 through [6.12] 8.12 unless specifically excluded.

(d) (No change.)

(e) All licensed **shared** supportive housing residences shall be evaluated on site every two years by the Office of Licensing, [Mental Health Services] and at the discretion of the [Division] **Department**, as needed.

(f) - (g) (No change.)

(h) Should all [occupants of the] **consumers receiving services in a shared** supportive housing residence refuse or not receive services for a period of 90 days, the PA shall notify the Department's Office of Licensing, [Mental Health Services] at which time the license will be terminated.

10:37A-[2.9]12.8 Waiver of standards

(a) Requests for waivers **of standards contained in this section** shall be made to the Department, in writing, at the address identified at N.J.A.C. 10:37A-[2.1(a)]12.1(a), with supporting information justifying the request.

(b) Waivers of specific program rules shall be considered, at the discretion of the Department in consultation with the [Director] **Assistant Commissioner**, or designee, of the Division, provided that one or more of the following conditions have been met:

1. - 2. (No change.)

3. There is a clear clinical or programmatic justification for such a waiver that will enhance a PA's effectiveness or efficiency without an adverse effect on any consumer's [resident's] health, safety, welfare, or rights[.]; **and**

4. There is a clearly demonstrated need for the type of program services to support the continuum of community-based services.

10:37A-[2.10]12.9 License renewal

(a) All licenses shall be subject to renewal every two years, except for the [supportive housing program] **community support services** license. The [supportive housing program] **community support services** license shall be renewed at the time of

the triennial program review.

(b) Determination of license renewal shall be based on the housing inspection and triennial program review conducted by the Department's Office of Licensing[, Mental Health Services]. A housing inspection shall be conducted [at least] **minimally** every two years.

[(c) The Department shall make the determination of renewal.]

(c) Deemed status may be considered as part of the Department's licensing process at the time of the triennial program review. For programs granted deemed status, in some cases a triennial program review will be conducted and it shall primarily focus on, but shall not be limited to, staffing and clinical records.

Deemed status may be considered in those cases where:

1. The residential program is accredited within the past three years by an accrediting body recognized by the Department and the accreditation remains in effect; and

2. The program submits the accrediting body report indicating the program is accredited, as well as other documentation requested by the Department. As applicable, any remediation plan required by the accrediting body shall also be submitted.

(d) (No change.)

(e) Unless the licensure renewal fee has been waived pursuant to N.J.A.C. 10:37A-[2.9]**12.8**, the PA shall submit a licensure renewal fee in accordance with the schedule delineated at N.J.A.C. 10:37A-[2.2(c)]**12.2(c)**. Failure to pay any portion of a required fee shall result in denial of the [application for] renewal **of the license(s)**.

10:37A-[2.11]**12.10** Inspection and monitoring of residences

(a) (No change.)

(b) [All group] **Supervised residences that are single family detached** homes shall be inspected on site **at least** every two years by the Department and, at the discretion of the Department or Division, as needed.

(c) [All] **Supervised residences located in** PA apartments shall be inspected on site **at least** every two years by the Department and, at the discretion of the Department or Division, as needed.

(d) All PA family care homes shall be [inspected] **evaluated at least** every two years by the Department and, at the discretion of the Department or Division, as needed.

(e) All licensed **shared** supportive housing residences shall be evaluated [on site] **on-site** every two years by Department and, at the discretion of the Department or Division, as needed[, unless the consumer residents refuse the Office of Licensing, Mental Health Services access to a particular SHR. If access is denied, the PA shall submit documentation of an annual inspection conducted by the PA, required by N.J.A.C. 10:37A-8.1(b)1].

(f) – (g) (No change.)

(h) No later than 40 days after receipt of an inspection or review report, the PA shall provide a [corrective action] plan **of correction (POC)** to the Department. The [corrective action plan] **POC** shall document which specific violations have been corrected and the actions taken or planned, as well as the anticipated date of full correction, for each specific outstanding violation.

(i) The PA shall be notified in writing [within 30 days] whether the [corrective action plan, or portions thereof, are] **POC is** approved for implementation [and] **or** whether there are any areas that need to be addressed further.

(j) For any violations cited by the Department as presenting an imminent threat to the health or safety of a consumer [resident], the PA shall correct them or remove the threat created by such violations immediately and shall provide written notice, within 48 hours, to the Department that such action has been taken.

(k) If the Department report identifies violations other than those presenting an imminent threat to the health and/or safety of a consumer, [resident, representatives from the Division, as part of their ongoing monitoring responsibilities, shall visit the specified facility or program and] **once the POC is approved by the Department, the PA shall** provide a report to the Division on progress toward remediation of deficiencies every 60 days until compliance is achieved.

(l) (No change.)

10:37A-[2.12]12.11 Appeal of the Department's findings

(a) The PA may appeal findings of the Department's Office of Licensing, [Mental Health Services] pursuant to N.J.A.C. 10:37A-[2.14]12.13, [(]Review of [Administrative Sanction)] **administrative sanction**. In the case of life-threatening violations, such appeal shall be conducted pursuant to N.J.A.C. 10:37A-[2.15]12.14, Emergency situation.

(b) The appeal of findings shall be directed to the Commissioner or designee, with a copy sent to the Division, within 20 days of receipt of the written report of findings. Such

appeals shall be submitted to the Department of Human Services, Office of Licensing, [Mental Health Services,] PO Box 727, Trenton, New Jersey 08625. Copies of these appeals shall be sent to [Director's] **Assistant Commissioner's** Office, Division of Mental Health **and Addiction** Services, PO Box [727] **707**, Trenton, New Jersey, 08625-[0727]**0707**.

(c) (No change.)

10:37A-[2.13]**12.12** Administrative sanction for PA's failure to adequately address violations

(a) In the event that the PA does not submit the corrective action plan specified in N.J.A.C. 10:37A-[2.11(g)]**12.10(g)**, (h), and (k) by the required date, or if violations have not been abated within time frames specified in the report or other Department correspondence, the Department shall have the option of directing the Division to suspend payments to which the PA may be entitled under any agreements with the Division, and the Department shall have the option of imposition of a moratorium on admissions to the residence, revocation of the current license to operate the residence **or program**, non-renewal of the license to operate the residence **or program**, or imposition of other administrative sanctions.

(b) In the event that the Department requires the revocation or non-renewal of the license and the relocation of the consumers [residents], a written order shall be directed to the PA's executive director and to the President of the Board of Directors of the PA.

(c) Under the supervision of the Division, the PA shall be responsible for placement of consumers [residents] when an order to vacate the premises and the revocation of a

license has been issued by the Department.

10:37A-[2.14]**12.13** Review of administrative sanctions

(a) Where an administrative sanction exists or a negative licensing action has been taken pursuant to N.J.A.C. 10:37A-[2.13]**12.12** and the PA denies the basis of the sanction or licensing action, the PA may submit a written request for a review of the action to the Department within 20 days of receipt of the sanction or licensing action at the address indicated in N.J.A.C. 10:37A-[2.12(b)]**12.11(b)**. A decision shall be rendered by the Department within five working days of the receipt of the written request for a review.

(b) If the PA chooses to appeal a final decision made by the Department regarding an administrative sanction or licensing action pursuant to the provisions of (a) above, the PA may request an administrative hearing, which shall be conducted pursuant to the Administrative Procedure Act, N.J.S.A. 52:14B-1 et seq. and 52:14F-1 **et seq.**, and the Uniform Administrative Procedure Rules, N.J.A.C. 1:1.

10:37A-[2.15]**12.14** Emergency situation

The Department, when it determines that the health, safety, or welfare of the consumers [residents] warrant it, may immediately suspend the license of a PA, and take the necessary action to ensure the well-being of consumers [residents]. The PA shall have the right to make a written request to the DHS Commissioner for a review of an emergency license suspension. The Commissioner, or designee, shall review this request on an expedited basis. The PA shall have the right to appeal the

Commissioner's decision by requesting an administrative hearing pursuant to the Administrative Procedure Act, N.J.S.A. 52:14B-1 et seq. and 52:14F-1 **et seq.**, and the Uniform Administrative Procedure Rules, N.J.A.C. 1:1.

(Agency Note: The text of N.J.A.C. 10:37A Appendix A follows with proposed new text indicated in boldface italics ***thus***; those portions of the appendix appearing in boldface are intend to be so permanently.)

APPENDIX A

Each consumer [resident] in a licensed [group home, supervised apartment and family care home] ***supervised residence*** is to be provided with a copy of the following consumer rights regarding discharge and exclusion from the facility (with the appropriate names, addresses, and phone numbers of the individuals listed on page two of this appendix):

STATEMENT OF CONSUMER [RESIDENT] RIGHTS REGARDING DISCHARGE AND EXCLUSION FROM [APA OWNED, LEASED OR CONTRACTED] ***A SUPERVISED RESIDENCE***

As a consumer [resident] ***residing*** in a [Community] ***Supervised*** Residence licensed by the New Jersey Department of Human Services, you are protected from being discharged or excluded from the [PA-owned, leased or contracted] residence against your will and without sufficient cause as outlined in the service agreement

[and/or lease]. Also, specific procedures must be followed by the **Provider** Agency before any discharge or exclusion can occur.

The reasons for discharge or exclusion and the procedures to be followed are as follows:

REASONS FOR DISCHARGE:

To be discharged or excluded from [the group home, PA apartment or family care] **a supervised** residence, one of the following conditions must occur:

1. - 6. (No change.)

PROCEDURES FOR DISCHARGE OR EXCLUSION:

A. The following procedures must be followed in the case of all discharges or exclusions from a [Community] **Supervised** Residence:

1. (No change.)

2. If you wish, you must be offered the opportunity to speak with the Agency Ombudsperson and to follow the consumer [resident] Complaint Procedure. If you wish more information about this procedure, the Agency which operates this [Community] **Supervised** Residence will give you the full details in writing.

3. (No change.)

B. If you disagree with the decision to discharge or exclude you, the following procedures must be followed:

1. (No change.)

2. A representative of the Division of Mental Health **and Addiction** Services

must review the decision and you must be given the opportunity to meet with that representative.

- You will receive at least ten (10) days notice before a meeting is scheduled.
- You must be given the opportunity to bring a lawyer or another person to the meeting if you desire and to have other persons present to tell what they know.
- You must be given the opportunity to say or show anything that helps the Division representative understand why you disagree with the plan to discharge or exclude you. You must also be read any letters or written statements made by others and be allowed to respond to them.

3. (No change.)

OTHER PROCEDURES:

1. – 2. (No change.)

3. In the event of an emergency where your behavior endangers others and there is no other effective way of dealing with the situation, you may be removed from the residence temporarily without prior review by the Division. If that occurs, you must be given the opportunity to meet within three (3) days with a representative of the Division of Mental Health **and Addiction** Services. The procedures set forth in N.J.A.C. 10:37A-9.4(b)2 and N.J.A.C. 10:37A-9.3(d)] **11.3(d) and 11.4(b)2** will be followed.

4. (No change.)

This statement is a summary of your full discharge rights, which appear at N.J.A.C. 10:37A-11, and which shall be available at your request at the Agency. Nothing in this statement is intended to alter or interpret the provisions of N.J.A.C. 10:37A-11.

WHERE TO CALL FOR HELP:

If you need assistance regarding your rights in a licensed Community Residence, you may call any of the following:

Agency Ombudsperson

[(Name, Address and Phone Number)]

Provider to insert name, and contact information

County Mental Health Administrator

[(Name, Address and Phone Number)]

Provider to insert name and contact information

[Department of Human Services, Office of Licensing, Mental Health Services]

Department of Human Services

Division of Mental Health ***and Addiction*** Services

[50 East State Street

PO Box 727]

Capital Place One, 3rd floor

222 S. Warren Street

PO Box 700

Trenton, New Jersey 08625-[0727]**0700**

[(609) 341-333007]

1-800-382-6717

(staff to circle where geographically appropriate):

Community Health Law Project

Atlantic, Salem, and Camden Counties:

Station House Office Bldg.,

900 Haddon Ave., Suite 400

Collingswood, NJ 08108

(856) 858-9500

Fax: (856) 858-9545

TTY: (856) 858-9500

Email: collingswood@chlp.org

Essex and Passaic Counties:

650 Bloomfield Ave. Suite 210

Bloomfield, NJ 07003

(973) 680-5599

Fax: (973) 680-1488

TTY: (973) 680-1116

Hudson and Union Counties:

65 Jefferson Ave., Suite 402

Elizabeth, NJ 07201

(908) 355-8282

Fax (908) 355-3724

TTY: (908) 355-3369

Email: elizabeth@chlp.org

Mercer and Burlington Counties:

225 E. State St., Suite 5

Trenton, NJ 08618

(609) 392-5553

Fax: (609)392-5369

TTY: (609) 392-5369

Email: trenton@chlp.org

Monmouth and Ocean Counties:

1 Main St., Suite 413

Eatontown, NJ 07724

(732) 380-1012

Fax: (732) 380-1015

Email: eatontown@chlp.org

For all other counties:

185 Valley Street

South Orange, New Jersey 07079

(973) 275-1175[07]

FAX: (973) 275 – 5210

TTY: (973)275-1721

Email: chlpinfo@chlp.org

Internet: www.chlp.org

[Legal Aid Society of Morris County

(where appropriate)

30 Schuyler Place, 2nd Floor

PO Box 900

Morristown, New Jersey 07963-0900

(973) 285-691107

Central Jersey Legal Services, Inc.

(where appropriate)

78 New Street, 3rd Floor

New Brunswick, New Jersey 08901-2564

(732) 249-7600 or 324-161307

New Jersey Protection & Advocacy, Inc.

210 South Broad Street (Third Floor)

Trenton, New Jersey 08608

1-800-922-7233

This statement is a summary of your full discharge rights, which appear at N.J.A.C. 10:37A-9.1 et seq., and which shall be available at your request at the Agency. Nothing in this statement is intended to alter or interpret the provisions of N.J.A.C. 10:37A-9.1 et seq.]

Disability Rights New Jersey

210 South Broad Street (Third Floor)

Trenton, New Jersey 08608

1-800-922-7233

TTY: (609) 633-7106

Fax: (609)777-0187

Email: advocate@drnj.org

Internet: www.drnj.org

APPENDIX B
GUIDING PRINCIPLES

Supportive Housing Principles

The supportive housing principles are as follows:

1. Where appropriate, consumers shall have access to affordable, lease-based housing linked with flexible community mental health rehabilitation services designed to meet their varying needs as they change over time.

2. The goal shall be for every consumer to sign a lease, have the opportunity, where necessary, to sign a consumer rental subsidy agreement, have all tenancy protections afforded under New Jersey law, pay the rent, hold the key to the residence, and control who else holds or has access to a key.

3. A consumer's housing is not conditioned on his or her acceptance of, attendance at, participation in, or compliance with treatment programming.

Wellness and Recovery Principles

The wellness and recovery principles that guide all Division programs are as follows:

1. As a result of their relationships and connections with a residential or services program, consumers can justifiably expect that they will acquire tools and strategies to self-manage their illness and improve their quality of life;

2. Provider agency staff shall assist and support consumers in identifying and building upon their strengths in order to better address needs, preferences, and goals;

3. Any supervised or supportive residence environment shall encourage an atmosphere of wellness and recovery, and emphasize individual dignity and respect;

4. As recovery is most often a process, not an event, every provider agency shall address the needs of consumers over time and across different levels of disability, and shall perform regular assessments to assure that services meet identified needs;

5. Recovery principles shall be applied to the full range of residential, engagement, intervention, treatment, rehabilitation, and supportive services that a consumer may need;

6. As a recovery-oriented system, a residential program shall have the stated goal of sustaining wellness and recovery for consumers beyond enrollment in the program and shall engage and assist consumers in care in order that they can achieve, where available and appropriate, a degree of stability and recovery over a long period of time in the least restrictive environment possible to promote individual growth and safety;

7. Whenever possible, services provided by the provider agency shall be provided using the consumer's natural supports;

8. Supervised housing staff shall provide skill-building activities that empower consumers to achieve an improved sense of mastery over their disabilities and shall assist consumers in developing or regaining a meaningful sense of membership in the community; and

9. The residential staff shall incorporate evidence-based practices in the

full complement of intervention strategies.

CHAPTER 37B
COMMUNITY SUPPORT SERVICES FOR ADULTS WITH SERIOUS MENTAL
ILLNESSES

SUBCHAPTER 1. GENERAL PROVISIONS

10:37B-1.1 Scope and purpose

(a) This chapter sets forth program standards required of providers of community support services for adults with serious mental illness in the State of New Jersey.

(b) Community support services are rehabilitation services that are intended to increase consumer choice in terms of the substance of the service provided and the provider, and to involve the consumer in the development of an individualized rehabilitation plan that will enhance or maintain the ability of an individual who has been diagnosed with a mental illness to achieve and maintain valued life roles in employment, education, housing, and social environments.

10:37B-1.2 Definitions

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

“Advance directive for mental health care” or “advance directive” means a writing executed in accordance with the requirements of N.J.S.A. 26:2H-107 et seq. An “advance directive” may include a proxy directive, an instruction directive, or both.

“Community support services” means mental health rehabilitation services and supports necessary to assist the consumer in achieving mental health rehabilitative and recovery goals as identified in an individualized rehabilitation plan; including achieving and maintaining valued life roles in the social, employment, educational, and housing domains; and assisting the consumer in restoring or developing his or her level of functioning to that which allows the consumer to achieve community integration, and to remain in an independent living setting of his or her choosing.

"Consumer" means a person diagnosed with a mental illness who is receiving mental health services.

“Crisis intervention” means face-to-face, short-term interventions with a consumer who is experiencing increased distress and/or an active state of crisis. Crisis intervention also includes developing and implementing the consumer’s crisis contingency plan or implementing an advance directive for mental health care.

“Department” means the New Jersey Department of Human Services.

"Division" or “DMHAS” means the Division of Mental Health and Addiction Services in the Department, or a PA or other entity designated by the Division to perform administrative tasks. For example, an entity could be authorized to evaluate individuals for eligibility for rental subsidies, determine eligibility to receive rehabilitation services, or approve or review service plans to determine medical necessity.

“Eligible consumer” means a person who meets the medical necessity

standard for community support services by having severe mental health needs evidenced by:

1. Having a current diagnosis of a serious mental illness;

2. Requiring active rehabilitation and support services to achieve the restoration of functioning to promote the achievement of community integration and valued life roles in the social, employment, educational, or housing domains; and

3. either:

i. Is currently functioning at a level, as assessed using an instrument approved by the Division, that puts the consumer at risk for hospitalization or other intensive treatment settings, such as 24-hour supervised congregate group or nursing home;

ii. Exhibits deterioration in functioning that will require that they be hospitalized or treated in another intensive inpatient treatment setting in the absence of community-based services and supports; or

iii. Does not have adequate resources and support systems to live safely in the community.

“Individualized rehabilitation plan” means a document that is negotiated with the consumer that sets forth goals and objectives that will lead to successful living; identifies internal and external resources for facilitating recovery; and identifies concrete skills the consumer will develop and actions the consumer will take, with the assistance of and participation in programs, interventions, and supports offered by the PA, to meet those goals.

“Primary service provider” refers to a program that has assumed responsibility for providing a consumer’s care when that consumer is discharged from an inpatient facility or when the consumer elects to participate in clinical or rehabilitation services in the community. A community support services program that is a primary service provider for a consumer must identify a primary service coordinator for each consumer it serves.

“Provider agency” or “PA” is an entity licensed by the Department to provide mental health services that has a contract or affiliation agreement (if the requirement for a contract has been waived by the Division) with the Division to provide those services.

“Serious mental illness” shall include, but not be limited to, a diagnosis of, and a documented history of treatment of or evaluation for the following:

- 1. Schizophrenia 295.30, 295.10, 295.20, 295.90, 295.60;**
- 2. Schizophreniform Disorder 295.40;**
- 3. Schizoaffective Disorder 295.70;**
- 4. Delusional Disorder 297.1;**
- 5. Psychotic Disorder NOS 298;**
- 6. Major Depressive Disorder Recurrent 296.3x;**
- 7. Bipolar I disorder 296.00, 296.40, 296.4x, 296.6x, 296.5x, 296.7;**
- 8. Bipolar II Disorder 296.89;**
- 9. Bipolar Disorder NOS 296.80;**
- 10. Schizotypal Personality Disorder 31.22; or**
- 11. Borderline Personality Disorder 301.83.**

“Valued life role” means an individually chosen adult role, desired by individuals and respected by society, such as worker, professional, employee, volunteer, student, spouse/partner, parent, or homemaker.

“Wellness and Recovery Action Plan[®] or WRAP[®]” (Copyright by Mary Ellen Copeland, PO Box 301, W. Dummerston, VT 05357 Phone: (802) 254-2092) is a document developed by a consumer to use in monitoring progress toward self-defined wellness and recovery and identifying interventions to use when recovery is blocked or stalled.

10:37B-1.3 Wellness and recovery principles

(a) Providers of community support services shall operate their programs in accordance with wellness and recovery principles, including, but not limited, to the following principles specific to community support services:

1. As a result of their relationships and connections with a community support services PA, consumers can justifiably expect that they will acquire tools and strategies to self-manage their illness and improve their quality of life;

2. PA staff shall assist and support consumers in identifying and building upon their strengths in order to better address needs, preferences and goals;

3. The community support services PA shall encourage an atmosphere of wellness and recovery, and emphasize individual dignity and respect;

4. As recovery is most often a process, not an event, the PA shall address the needs of consumers over time and across different levels of disability;

5. Recovery principles shall be applied to the full range of residential,

engagement, intervention, treatment, rehabilitation, and supportive services that a consumer may need;

6. As a recovery-oriented system, a community support services program shall have the stated goal of sustaining wellness and recovery for the consumers beyond enrollment in the program and shall engage and assist consumer in care in order that they can achieve, where available and appropriate, a degree of stability and recovery over a long period of time in safety;

7. Whenever possible, community support services shall be provided using the consumer's natural supports;

8. Staff shall provide skill-building activities that empower the consumer to achieve an improved sense of mastery over his or her illness and shall assist the consumer in regaining a meaningful, constructive sense of membership in the community; and

9. The community support services program shall incorporate evidence-based practices in the full complement of intervention strategies.

SUBCHAPTER 2. ACCESSING COMMUNITY SUPPORT SERVICES

10:37B-2.1 Enrollment

(a) The Division or its designee shall evaluate consumers, using an instrument approved by the Division for eligibility of community support services, enroll eligible consumers, and refer them to appropriate licensed providers of community support services (CSS) in the appropriate geographic area.

(b) A PA shall assess, plan, and provide services to eligible consumers referred by the Division who live within the PA's service area as designated in the contract or affiliation agreement between the PA and the Division and who agree to receive services from the PA by executing a consumer service agreement.

(c) The PA shall assign a primary service coordinator for each enrolled and admitted consumer and shall provide additional staff sufficient to meet needs identified in the individualized rehabilitation plan.

(d) The Division or its designee will authorize payment for services delivered to enrolled consumers by licensed CSS providers upon approval of the preliminary or comprehensive individualized rehabilitation plan developed pursuant to N.J.A.C. 10:37B-2.4(a) or (b).

10:37B-2.2 Freedom of choice

(a) Each consumer found eligible for community support services may select one agency that will be his or her primary services provider.

(b) The Division will make reasonable efforts to make choices available in all areas of the State, and to communicate those options to consumers.

(c) Within each agency, the consumer will have access to a primary service coordinator who will be identified as the primary point of contact, and while this person may provide a majority of services and interventions, the consumer will have access to a team of community support workers.

(d) Consumers have the option of selecting different staff within an agency, or a different agency, if desired.

(e) Some community support services may be designed to operate as programs for targeted population subgroups of consumers who live in consumer-rented or consumer-owned housing, and eligibility for those programs may have additional clinical requirements provided in contracts with the Division; as such, those programs may not be available to all consumers. They currently include “enhanced supportive housing,” “medically enhanced supportive housing,” “at risk (of homelessness) supportive housing,” and consumers served by a “residential intensive support team (RIST)” or “medically enhanced RIST.”

10:37B-2.3 Rehabilitation needs assessments

(a) When documenting that a consumer is eligible for community support services, the Division, its designee, or a referring entity, in consultation with the PA and the consumer where feasible, shall develop a preliminary rehabilitation needs assessment for that consumer, which may include information from any prior service provider, any records of prior treatment accessible to the Division or the PA, and records that identify community support needs documented by a hospital, screening service, health care provider, or a licensed PA.

(b) The PA shall complete a written comprehensive rehabilitation needs assessment for each consumer by the 14th day of admission, every six months for the first year after the initial assessment, and annually thereafter.

(c) The development of the written comprehensive rehabilitation needs assessment shall be a consumer-driven process, informed by a face-to-face evaluation and discussion with the consumer.

1. Family members, significant others, and other collateral service providers, at the request of the consumer, may participate and/or otherwise provide information, providing that their involvement is within the bounds of the confidentiality provisions of N.J.A.C. 10:37-6.79.

(d) The written comprehensive rehabilitation needs assessment shall include:

1. Identifying information (name, gender, date of birth, religion, race, and Social Security number), referral date, and source;

2. Psychiatric history, current mental status, and diagnosis or diagnoses (any secondary source of a consumer's psychiatric diagnosis shall be noted in the assessment);

3. Current health status and medical history;

4. Medication history, including current medication/dose/frequency and name of prescribing physician(s);

5. Current and prior involvement with other agencies/mental health and health care services;

6. Legal information relevant to treatment;

7. Alcohol, tobacco, and other drug use history;

8. The name and phone number of an emergency contact person and notation as to the existence of an advance directive for mental health care or

living will. If an advance directive for mental health care or living will exists, a copy shall be included in the consumer's record;

9. The valued life role the consumer wants to achieve, as well as the consumer's aspirations, strengths, and goals related to that valued life role, improving his or her life and achieving wellness and pursuing recovery;

10. Precursors or contributing factors to recent crises or increased distress and ways the consumer has deescalated crises, such as relying on supports or accessing mental health or health care services;

11. Social and leisure functioning, including, but not limited to, ability to make friendships, communication skills, and hobbies;

12. Social supports, including, but not limited to, family, friends, social, and religious organizations;

13. Trauma and abuse history or lack thereof;

14. The consumer's understanding of his or her mental health and health condition(s) and coping mechanisms;

15. Vocational and educational factors, including, but not limited to, employment and education history, learning disabilities/needs, task concentration, potential for self-employment, and motivation for work;

16. Activities of daily living, including, but not limited to, self-preservation skills, fire safety (including fire prevention during activities such as cooking and smoking) and evacuation skills, transportation, self-care, and hygiene;

17. Previous, current, and desired living arrangements;

18. Financial status; current entitlements; amount, type, and date of eligibility for subsidies; skills in and knowledge of budgeting, including any history of managing entitlements and paying rent;

19. Substance use, including any substances used currently and in the past, triggers for use of each substance, efforts made to stop or reduce using, consequences of use (including violent behavior, health issues, problems with relationships and finances, and law enforcement/courts/incarceration events), substance abuse services received in the past and currently, the effectiveness of those services, community supports used to stop or reduce using, the effectiveness of those supports, and activities engaged in to avoid using;

20. Other important characteristics of the individual, such as special skills, talents and abilities;

21. An indication of whether there are psychiatric and/or medical advance directives;

22. Characteristics and behaviors resulting in barriers to successful community integration;

23. Recommendations regarding rehabilitation services to be provided; and

24. Recommendations regarding housing arrangements.

10:37B-2.4 Individualized rehabilitation plan

(a) Each eligible consumer shall be admitted with a preliminary individualized rehabilitation plan, to be developed with the consumer by the referring agency, health care provider, or Division in consultation with the PA, based on the

medical necessity identified by the referring agency or the Division during the eligibility determination process. The preliminary individualized rehabilitation plan shall be followed in providing medically necessary services for up to 30 calendar days after admission.

(b) No later than 30 days after the consumer has been admitted, PA staff shall partner with the consumer to develop and implement an individualized rehabilitation plan.

1. Within the parameters established by State and Federal confidentiality laws, rules, and regulations, the PA shall consult with identified providers and the consumer's significant others in developing the individualized rehabilitation plan.

(c) At a minimum, each individualized rehabilitation plan shall be based upon the preliminary and comprehensive rehabilitation needs assessment and any other existing assessment, WRAP® or advance directive for mental health care. All individualized rehabilitation plans shall include the following information:

1. The valued life role the consumer wants to achieve, the consumer's rehabilitation and recovery goals, and time-framed, measurable objectives;

2. The strategies and interventions to be employed, as well as anticipated outcomes, and the following information:

i. The expected frequency and duration of any community support services to be implemented;

ii. The location where the community support service is to be delivered; and

iii. The type of practitioner to provide each intervention, including the names and titles of staff;

3. Specific measurable criteria for measuring change.

i. For the criteria to be measurable, they shall include a desired behavioral change or skill attainment; and

4. If psychotropic medication or other controlled substances are included in the individual rehabilitation plan, any arrangements appropriate to that consumer's ability to self-administer such medications, assistance to be provided or arranged by the community support service provider, and the procedure and location for storage and retrieval of the medications.

(d) Each individualized rehabilitation plan and subsequent revisions shall be signed and dated by:

1. A physician or licensed practitioner specified in N.J.A.C. 10:37B-5.2(a) or (b);

2. Other appropriate team members, including those assigned to interventions, the primary service coordinator, and the staff supervisor; and

3. The consumer.

i. If the consumer declines to sign the individualized rehabilitation plan, the PA shall document this fact.

(e) Review of the individualized rehabilitation plan shall occur as follows:

1. A consumer may request a review and/or revision of the individualized rehabilitation plan at any time.

2. In addition to any request by the consumer, the PA shall review and, as necessary, revise the individualized rehabilitation plan within three months of its development and every three months thereafter.

3. In addition to the requirements of (c) above, documentation confirming reviews shall include the date of the review and signature of the consumer, the PA staff member who conducted the review and is assigned to coordinate services for the consumer, and that staff member's supervisor.

SUBCHAPTER 3. CONSUMER SERVICE AGREEMENT

10:37B-3.1 Standard consumer service agreement for all consumers

(a) The PA shall develop and submit for approval to the Division prior to use a consumer service agreement that meets the specifications of this subchapter. All consumers enrolled in a community support services program shall have a written consumer service agreement that is reviewed by the consumer prior to acceptance and signed by both the consumer and PA upon the consumer's admission and that clearly articulates the roles and responsibilities of the PA and the consumer.

(b) The consumer service agreement shall be written in a language sufficiently understood by the consumer to assure comprehension.

(c) The PA shall obtain the written approval of DMHAS before deleting, adding, or revising in any way the requirements of the consumer service agreement, as delineated in this subchapter.

10:37B-3.2 Provisions required in a consumer service agreement

(a) The consumer service agreement shall indicate the consumer's written acknowledgement that he or she understands the following terms of the agreement:

1. A list of available services for which there are no fees;

2. The fees for optional services to be provided (if any);

3. The consumer's rights (as specified in N.J.A.C. 10:37-4.5(h)1 through 6) and responsibilities, including expectations of the program and complaint process specified in N.J.A.C. 10:37-4.6(b);

4. A PA shall ensure that the consumer is afforded the opportunity to:

i. Be supported in an effort to achieve the wellness and recovery goals outlined in a fully developed WRAP® where one is available, and the consumer chooses to use that tool, and in the consumer's individualized rehabilitation plan;

ii. Be afforded suitable opportunities for interactions with others;

iii. Spend one's own money for expenses and purchases;

iv. See visitors each day; and

v. Practice the religious/spiritual program of one's own choice or to abstain from religious practices;

5. The consumer's roles and responsibilities and consequences for program violations;

6. Service termination procedures; and

7. The location and accessibility of policy and procedure manuals.

(b) The consumer service agreement shall contain provisions indicating the voluntary nature of community support services. These agreement provisions shall state that:

1. The consumer has the right to refuse community support services;

2. In the event that the consumer residing in a DMHAS-subsidized residence refuses community support services, the consumer shall admit the PA to the residence, on a monthly basis, to discuss the consumer's progress toward wellness and recovery goals;

3. Consequences of violations of any rules or policies of the community support services agency, or any refusal of services, shall not have any effect on eviction from a residence, even if the rent is supported by public funds or a rental unit is owned by the PA, and that eviction can only occur with full process of State landlord-tenant law; and

4. The Division may enter residences of community support services consumers only to the extent and for the purposes that the consumer has agreed to permit monitoring in writing as part of a consumer services agreement, or as part of an individualized rehabilitation plan.

(c) Termination procedures in the consumer service agreement shall comport with the requirements in N.J.A.C. 10:37B-7.3.

10:37B-3.3 Procedures for review and access to the consumer services agreement

- (a) The consumer services agreement shall be updated as necessary, shall be reviewed at least annually, and discussed with the consumer.**
- (b) If applicable, a copy of the consumer's DMHAS rental subsidy agreement shall be attached to the consumer service agreement.**
- (c) A copy of the signed consumer service agreement shall be provided to the consumer and maintained in the consumer's record.**

SUBCHAPTER 4. SERVICES

10:37B-4.1 Purpose and goals

(a) PA staff shall offer a range of services and supports necessary to assist the consumer in achieving mental health rehabilitative and recovery goals, including, but not limited to:

1. Achieving and maintaining valued life roles in the social, employment, physical health, educational, and/or housing domains; and

2. Restoring or maintaining a consumer's level of functioning to that which allows the consumer to achieve community integration and to remain in an independent living setting of the consumer's choice.

(b) Services, including skills development training, shall be provided or arranged for by PA staff when identified in the preliminary or individualized rehabilitation plan and agreed to by the consumer.

10:37B-4.2 Skills development training

(a) PA staff shall offer to consumers therapeutic skills development training with the aim of promoting community integration and restoring the individual to the maximum possible functional level by improving functional, social, interpersonal, problem-solving, coping, and communication skills.

(b) Therapeutic skills development shall involve teaching the consumer the physical, cognitive/intellectual, and behavioral skills related to identified goals in a focused manner that leads to increased competence and proficiency in identified skills.

(c) At a minimum, skill teaching in every task or area shall be guided by the following principles, and PA staff shall have discussions with consumers about:

1. The skills to be learned, taking into account the consumers' past experiences in using the skills, what the skills entail, when to use the skills, and the benefits of using the skills;

2. Breaking down the skills into their component parts;

3. Showing examples of how the skills are correctly used or performed;

4. Arranging opportunities to practice skill use in a community setting where the skills are to be used; and

5. Providing evaluation and feedback on skill performance.

(d) Skills development may target one or more of the following areas:

1. Restoration of daily living skills (for example, health and mental health education, money management, maintenance of living environment, personal responsibility, nutrition, menu planning, cooking and grocery shopping, personal hygiene, grooming, etc.);

2. Social skills development to promote the restoration of appropriate social functioning in various community settings, communication and interpersonal relationships, the use of community services, including cultural and recreational events, and the development of appropriate personal and natural support networks;

3. Skills related to accessing and using appropriate mainstream medical, dental, and mental health services (for example, making and keeping appointments, preparing questions to ask the doctor, asking an employer for time off to attend a doctor's appointment, arranging transportation, etc.);

4. Skills related to accessing, renewing, and using appropriate public entitlements such as Social Security, rental assistance, welfare, Medicaid, and Medicare (for example, completing applications, preparing for interviews, navigating the social services agency, determining which benefits are needed, etc.);

5. Skills related to how to use recreation and leisure time and resources (for example, engaging in hobbies, inviting friends, learning about community resources, applying for club memberships, adhering to club member requirements, researching available resources, attending community cultural events, etc.);

6. Skill training in self-advocacy and assertiveness in dealing with citizenship, legal, and/or other social needs (for example, how to vote, appropriate participation in community meetings and civic activities, participating

in mental health advocacy activities, testifying at public hearings, expressing needs in appropriate manner, etc.);

7. Skills of negotiating landlord/neighbor relationships, educating residents on their rights and obligations as tenants/neighbors, as well as fair housing laws and landlord-tenant laws, and coaching consumer residents in terms of social skills needed to deal with and maintain good relationships with landlords and neighbors;

8. Cognitive and behavior skills including, but not limited to, the handling of emergencies and problem solving;

9. Wellness and a healthy lifestyle (for example, engaging in health promoting habits, practicing stress management activities, developing wellness plans, establishing and maintaining regular exercise, participating in spiritual or religious community, etc.); and

10. Employment, volunteer, and educational readiness activities, including: communication skills, personal hygiene and dress, time management, navigating linkages and referrals, finding available resources, making and keeping appointments, coaching for interviews, completing necessary paperwork, and other related skills preparing the recipient to be employable.

10:37B-4.3 Medication

(a) Each consumer taking prescribed or over-the-counter medication shall self-administer his or her own medication to the extent possible.

1. Self-administration of medication means the consumer removes the individual dose of medication from a container provided by a pharmacy, sample medication container provided by the prescriber, or a container of non-prescription medication, and consumes the medication, places it into another container for consumption at a later time, applies the medication externally, or injects him- or herself with the medication. Qualified PA staff (including those qualified by training to administer diabetes testing and medications) may assist the consumer in self-administering the medication or by coaching/monitoring the consumer while he or she is self-administering the medication as part of the individual rehabilitation plan.

(b) If the consumer is not capable of taking his or her own medication independently, the PA staff shall verbally assist and/or supervise the self-administration of the medication as prescribed. If psychotropic medication or other controlled substances are included in the individual rehabilitation plan, any arrangements appropriate to that consumer's ability to self-administer such medications shall be arranged by the community support service provider, including the procedure and location for storage and retrieval of the medications.

(c) Pursuant to the PA policy, an ongoing written record shall be maintained of all medication administration events and self-administration events in which PA staff verbally assisted the consumer.

(d) A list of all prescribed medications, including the name, purpose, dosage, self-administration frequency, and date prescribed for each medication shall be entered into the consumer's clinical record, as per PA policy.

10:37B-4.4 Other services

(a) Consumers shall have access to on-call staff 24 hours per day, seven days per week for times of stress and crisis. At a minimum, the PA shall offer and make available or arrange for the following services:

1. Housing search assistance, including assisting the consumer in: locating housing opportunities, taking into consideration the consumer's housing preferences, experiences, household management strengths and weaknesses, financial responsibilities and long-term housing goals; meeting housing eligibility requirements and requesting reasonable accommodations, lease negotiations, saving for or obtaining security deposits, furnishing the home, and/or accessing household supplies;

2. Assist the consumer in setting up utility accounts and identifying natural supports to develop and carry out a move-in plan;

3. Assist the consumer and natural supports to set up and decorate their new home, help the consumer to become familiar with the local community resources, accessing transportation services, and locating resources, such as the supermarket, bank, library, post office, and pharmacy;

4. Establish relationships with landlords, provide contact information, assist consumers in developing skills to identify tenancy issues and resolve them where possible, and encourage landlords and consumers to bring unresolved problems to the attention of the PA for resolution before considering termination or eviction;

5. Develop a plan to help the consumer manage their mental health and healthcare, monitor their symptoms, track early warning signs, develop coping skills, and prepare a plan to prevent or minimize a relapse or worsening of health conditions;

6. Observe the consumer's symptoms, help the consumer manage symptoms not reduced with medication, and assist the consumer to adapt and cope with internal and external stresses;

7. Assist consumers in advocating for themselves regarding health care and medication concerns and act as a liaison to clinical service providers;

8. Provide training and support in all areas concerned with the consumer's finances, including weekly/monthly budgeting, establishing bank accounts, balancing checkbooks, looking for sales, using coupons and rebate offers, avoiding impulse buys, responding to telemarketing or mail "schemes," establishing a savings plan designed for emergencies, and enhancing self-sufficiency;

9. When a substance use problem is identified, help consumers identify triggers for relapse and focus on a lifestyle centered on recovery; refer to co-occurring mental health and substance abuse treatment and substance use disorder treatment services and recovery support resources, including medication assisted treatment as appropriate;

10. Educate the consumer on the interactive effects of substance use on psychiatric symptoms, psychiatric and other medications, and social behavior;

11. Share self-help recovery and local co-occurring recovery group meeting lists with consumers and accompany to local groups and/or meetings in order to encourage attendance;

12. Encourage an alcohol and substance free-living environment in shared living arrangements;

13. Provide coaching in the use of Medicaid taxi service, carpools, buses, trains, etc., and help consumers obtain access to low-cost transportation resources, if available;

14. Assist with reading maps, reading bus/train schedules, locating bus stops/train stations, etc.;

15. Assist consumers to save for bicycles or other low-cost methods of transportation;

16. Where all other transportation options have been exhausted, provide direct transportation in an agency vehicle for appointments, shopping, and education courses;

17. Assist consumers to develop a support network other than professionals, which may include neighbors, family, friends, co-workers, clergy or church members, spiritual advisors, shopkeepers, etc.;

18. Explore with the consumer opportunities for social networks (including exploring social organizations, recreational groups, or places of worship or spiritual practice) and coach the consumer to strengthen these connections;

19. Education and training on relapse identification, prevention, and the promotion of recovery;

20. Development of a comprehensive relapse prevention plan that offers skills training and individualized support focused on self-management of mental illness and other aspects of recovery;

21. Co-occurring disorder education, which provides basic information to consumers, family members, or other significant individuals on the nature and impact of substance usage and how it relates to the symptoms, experiences, and treatment of consumers with co-occurring disorders;

22. Medication assistance, in accordance with the following:

i. Consumers shall be provided with pertinent information regarding medication effectiveness, medication side-effects, and safety in order to make informed decisions regarding medication issues;

ii. PA staff shall assist and support consumers in adhering to their medication regimes, and where appropriate, shall implement interventions, such as those described in (a)9 through 12 above; and

iii. Consumer family members shall be invited to participate in consumer medication efforts where appropriate, and in accordance with State and Federal confidentiality laws;

23. Linkages to legal assistance;

24. Crisis intervention, consisting of face-to-face, short-term interventions with a consumer who is experiencing increased distress and/or an active state of crisis. Interventions and strategies include:

i. Contributing to the development and implementation of the consumer's crisis contingency plan and psychiatric advance directive;

- ii. Brief, situational assessment;
- iii. Verbal interventions to de-escalate the crisis;
- iv. Assistance in immediate crisis resolution;
- v. Mobilization of support systems; and
- vi. Referral to alternative services at the appropriate level; and

25. Emergency response services.

10:37B-4.5 Coordination and management of services

(a) The PA shall coordinate and manage the required services by:

1. Providing oversight for the integrated implementation of goals, objectives, and strategies identified in the consumer's individualized recovery plan; and assuring stated goals, measurable objectives, and strategies are met within established timeframes;

2. Assuring all service activities are provided, including collaborative consultation and guidance to other staff serving the recipient and family, as appropriate; and

3. Monitoring and follow up to determine if the services accessed have adequately met the individual's needs.

10:37B-4.6 Provision of services identified in an individualized rehabilitation plan

(a) Training and support services shall be provided as needs are identified in each consumer's individualized rehabilitation plan.

(b) Services provided shall include, but not be limited to, evidence-based practices. Some evidence-based practices that are appropriate for implementing community support services are:

1. Motivational strategies that connect information and skills with personal goals, promoting hope and positive expectations, exploring the pros and cons of change, and reframing experiences in a positive light;

2. Cognitive behavioral strategies that include reinforcement, modeling, setting up role plays, behavior shaping (providing positive reinforcement in taking small steps toward learning a skill or reaching a goal), teaching behavioral tailoring and other strategies for medication adherence, cognitive restructuring, coping skills enhancement, relaxation training, and social skills training;

3. Educational strategies that include interactive teaching, breaking down information into manageable units, checking for understanding by asking participants to explain things in their own words, encouraging completion of worksheets in order to apply information to oneself, and collaborative development of home practice assignments; and

4. Illness management and recovery.

SUBCHAPTER 5. STAFF QUALIFICATIONS, RESPONSIBILITIES, AND TRAINING

10:37B-5.1 General requirements

The PA shall employ a sufficient number of staff to offer and provide all required services to consumers, based upon the numbers of consumers served, the level of functioning and needs of the consumers, the consumers' employment and

living situations, and the geographic distribution of the locations where services will be provided. The PA's compliance with this staffing requirement must be approved by the Division and delineated in the applicable purchase of service contracts or affiliation agreements.

10:37B-5.2 Staffing credentials and responsibilities

(a) The PA may employ licensed physicians, psychiatrists, psychologists, advance practice nurses, or registered nurses who shall be licensed by the applicable State professional boards. Staff employed under this subsection shall be eligible to provide clinical and/or administration supervision and shall be eligible to deliver the following specified services, provided that staff is authorized to perform that service under their professional licensure, certification, or credentialing standards:

1. Perform a comprehensive rehabilitation needs assessment pursuant to N.J.A.C. 10:37B-2.3;
2. Contribute to the development, implementation, monitoring, and updating of the individualized rehabilitation plan pursuant to N.J.A.C. 10:37B-2.4;
3. Perform therapeutic rehabilitative skill development pursuant to N.J.A.C. 10:37B-4.2;
4. Offer services appropriate to meet the consumers' needs pursuant to N.J.A.C. 10:37B-4.6;
5. Perform crisis intervention pursuant to N.J.A.C. 10:37B-4.4(a)24; and
6. Coordinate and manage services.

(b) The PA may employ practitioners of the healing arts licensed in New Jersey, including, but not limited to, a licensed clinical social worker, licensed social worker, licensed rehabilitation counselor, licensed professional counselor, licensed associates counselor, or licensed marriage and family therapist, who shall possess a Master's degree from an accredited college or university in social work, rehabilitation counseling, or other related behavioral health or counseling program. In addition to a Master's degree, licensed marriage and family therapists must have one year experience in a community behavioral health setting or be certified as a psychiatric rehabilitation practitioner (in lieu of the one year of experience in community behavioral health setting). Staff employed under this subsection shall be eligible to provide clinical and/or administrative supervision and shall be eligible to deliver the services set forth at (a)1 through 6 above, provided that staff is authorized to perform that service under their professional licensure, certification, or credentialing standards.

(c) The PA may employ Master's level community support staff, who shall possess a Master's degree from an accredited college or university in social work, rehabilitation counseling, psychology, counseling, or other related behavioral healthcare or counseling program. Staff employed under this subsection shall be licensed, if a license is required to fulfill their employment responsibilities for the PA, shall be eligible to supervise the day-to-day service provision of other non-clinical staff, and shall be eligible to deliver the services set forth at (a)2 through 6 above, provided that staff is authorized to perform that

service under their professional licensure, certification, or credentialing standards.

(d) The PA may employ Bachelor's level community support staff who shall have graduated from an accredited college or university with a bachelor's degree in one of the helping professions, such as social work, human services, counseling, psychiatric rehabilitation, psychology, or criminal justice. Staff with a Bachelor's level degree in a field other than a helping profession shall have a minimum of two years of professional experience in a community behavioral healthcare setting. Certification as a psychiatric rehabilitation practitioner may be substituted for one year of experience. Staff employed under this subsection shall work under the supervision of a physician, psychiatrist, licensed psychologist, advanced practice nurse, registered nurse, or master's level community support staff and shall deliver the services set forth at (a)2 through 6 above, provided that staff is authorized to perform that service under their professional licensure, certification, or credentialing standards.

(e) The PA may employ licensed practical nurses (LPNs) who have graduated from an accredited nursing training program and are licensed in the State as an LPN. Staff employed under this subsection cannot supervise others, shall be under the supervision of a registered nurse, and shall deliver the services set forth at (a)2 through 6 above, provided that staff is authorized to perform that service under their professional licensure, certification, or credentialing standards.

(f) The PA may employ associate's degree level community support staff who have graduated from an accredited college or university with an associate's degree in one of the helping professions, such as social work, human services, counseling, psychiatric rehabilitation, psychology, or criminal justice. Staff employed under this subsection shall have a minimum of two years of experience in a community-based behavioral healthcare setting. Certification as a psychiatric rehabilitation practitioner may be substituted for one year of experience. Staff employed under this subsection cannot supervise others and shall work under the supervision of a licensed physician, psychiatrist, psychologist, advanced practice nurse, registered nurse, or master's level community support staff and shall deliver the services set forth at (a) 2 through 6 above, provided that staff is authorized to perform that service under their professional licensure, certification, or credentialing standards.

(g) The PA may employ high school graduate level community support staff who possess a high school diploma or its equivalent and have three years of experience in a community-based behavioral healthcare setting. Certification as a psychiatric rehabilitation practitioner may be substituted for one year of experience. Staff employed under this subsection cannot supervise others and shall work under the supervision of a licensed physician, psychiatrist, psychologist, advanced practice nurse, registered nurse, or master's level community support staff and shall deliver the services set forth at (a) 2, 3, or 4 above, provided that staff is authorized to perform that service under their professional licensure, certification, or credentialing standards.

(h) The PA may employ, as peer level community support staff, an individual with lived experience of having a diagnosis of a mental illness.

1. A peer level community support staff shall be certified as a:

i. Psychiatric rehabilitation practitioner and have one year of experience in a community-based self-help service;

ii. Wellness coach; or

iii. Recovery support practitioner (which was previously known as a community mental health associate) and have two years of experience in a community-based self-help service or behavioral healthcare setting.

2. Staff employed as peer level community support staff cannot supervise others, shall work under the supervision of a licensed physician, psychiatrist, psychologist, advanced practice nurse, registered nurse, or master's level community support staff, and shall deliver the services set forth at (a)2, 3, or 4 above, provided that staff is authorized to perform that service under their professional licensure, certification, or credentialing standard.

10:37B-5.3 Staff training

(a) The PA shall develop, update, administer, and document a comprehensive training program and community support services training manual for all staff. The training program shall be consistent with the requirements set forth at N.J.A.C. 10:37D-2.14 and 10:77A-2.4. The evaluation of staff competencies after completion of any training module shall include demonstrated, documented evidence of the knowledge and skills acquired by each participating employee.

(b) Training manual. The training manual shall delineate the curriculum for the topics and subtopics set forth in (c) below and shall state the qualifications of individuals or sources that will provide training to the staff. The manual shall include a detailed description of the information to be covered; the training format to be used; any hand-outs, presentation outline, or other training materials to be used; and a description of how skill attainment will be measured, including a description or sample of any measurement test or instrument.

(c) The training curriculum shall include, at a minimum, the following topics:

1. An overview of adult mental health rehabilitation services delivery, including:

- i. Psychiatric rehabilitation;**
- ii. Illness management and recovery;**
- iii. Wellness and recovery action planning;**
- iv. Advance directives for mental health care;**
- v. Professional ethics and boundaries; and**
- vi. Confidentiality;**

2. Emergency preparedness including:

- i. CPR training/first aid;**
- ii. Obstructed airway training;**
- iii. Infection control; and**
- iv. Fire safety;**

3. Suicide prevention, including, but not limited to, risk factors and warning signs;

- 4. Substance use disorders in conjunction with mental illness;**
- 5. Crisis intervention and prevention issues, including:**
 - i. Development of a crisis plan;**
 - ii. Crisis assessment;**
 - iii. Crisis prevention techniques;**
 - iv. Verbal intervention;**
 - v. Crisis resolution; and**
 - vi. Mobilization of supports and how and when to access additional resources;**
- 6. Documentation and recordkeeping procedures, including:**
 - i. Assessment;**
 - ii. Individualized rehabilitation plan;**
 - iii. Progress notes;**
 - iv. Termination summary; and**
 - v. Objective versus subjective recording of information;**
- 7. Policies and procedures for verbally assisting the consumer in self-administering prescription and non-prescription medication;**
- 8. Other medication/clinical issues, including:**
 - i. Classes of medication, therapeutic objectives, side effects, and interactions, including documentation and reporting of side effects to appropriate medical professional; and**
 - ii. Clinical communication, including how to report symptoms when encountering problematic medical/clinical situations and pertinent information to**

share with medical providers during emergencies;

9. Activities of daily living and personal care management, including:

i. Personal hygiene;

ii. Food preparation and nutrition;

iii. Household maintenance, laundry, and budgeting; and

iv. Monitoring of prescribed individual eating modifications; and

10. Self-care health management and chronic health conditions.

(d) A training completion summary sheet shall be documented for each employee, listing each topic and subtopic required by (c) above and indicating the date that each training was provided, the source of the training, and the competency (as indicated by a completed test, if applicable) or certification achieved. On-line training may serve as the delivery method for each topic or subtopic. In addition, a certificate of completion of cardiopulmonary resuscitation (CPR) and first aid training issued by a trainer certified by the American Heart Association or the American Red Cross is required and must be renewed upon expiration.

(e) Individuals who have not completed the required training elements delineated at (c)1 through 7 above may only deliver services with a co-signature by a person who has been so trained. The co-signer shall be on site and available at all times to provide in-person guidance. Within six months of beginning employment or (the effective date of this provision), whichever comes later, all employees must have completed all required training elements.

SUBCHAPTER 6 LICENSING COMMUNITY SUPPORT SERVICES PROGRAMS

10:37B-6.1 Licensure process

- (a) The licensure processes and fees specified in N.J.A.C. 10:190 shall apply to community support services.
- (b) A program currently licensed as a supportive housing program may be licensed as a community support services provider if it has submitted detailed information about its staffing and program elements sufficient to satisfy the Department that it is capable of delivering appropriate services to eligible consumers and it has signed a contract or contract modification with the Division to deliver community support services.

SUBCHAPTER 7 TERMINATION OF SERVICES

10:37B-7.1 Reasons for termination of community support services

- (a) The community support services negotiated with a consumer may be terminated only if a consumer:
1. Has achieved the individualized rehabilitation plan goals and is no longer eligible for further services;
 2. Refuses services after being notified by the PA that a refusal will result in termination of that service or all services;
 3. Chooses another provider;
 4. Leaves the geographic area served by the PA and services are no longer accessible;
 5. Is out of contact with the community support service provider for a

continuous period of 90 days, and the PA has attempted to engage the consumer through repeated telephone calls, correspondence, and home visits, which shall be documented in the clinical record; or

6. Repeatedly violates a written rule governing consumer conduct, which is reasonable both on its face and in its application, after the PA delivers to the consumer a written notice to cease violating such rule.

(b) Termination of community support services shall not directly affect the consumer's rights to enjoy any owned or leased premises as contained in real estate or lease agreements. Continued occupancy, and eviction proceedings if appropriate, shall be in conformance with New Jersey landlord-tenant law.

10:37B-7.2 Consumer-initiated termination

(a) If the consumer is terminated pursuant to N.J.A.C. 10:37B-7.1(a)1 through 4, the PA shall notify the Division that the consumer is no longer receiving services from the PA.

(b) If the program staff has reason to believe that the consumer is relocating to another community within the State not served by the PA, the PA shall provide the consumer with the names and contact information for any community support services programs that serve that geographic location, and shall advise the Division to notify those programs that an eligible consumer has moved to the area.

(c) Transfer of records and any verbal communication between PAs shall be accomplished in compliance with Federal and State confidentiality laws, rule, and

regulations if and when the consumer agrees to receive services from another community support services provider. PAs can share information pursuant to Federal law, so long as the disclosure is with another PA under contract with the Division in compliance with N.J.S.A. 30:4-24.3, or if the consumer has given written authorization for the disclosure.

10:37B-7.3 Termination by the community support services program

(a) If the consumer is terminated pursuant to N.J.A.C. 10:37B-7.1(a)5 or 6, the PA shall notify the Division of the reasons for the termination and shall notify the consumer of his or her right to file a complaint pursuant to N.J.A.C. 10:37-4.5. The PA shall submit to the Division, upon its request, any records relating to the services provided to the consumer, and copies of any rule, policy, notifications, attempts to contact or engage the consumer, or any other writing that documents the circumstances that led to the termination of services.

(b) The Division shall notify the Department of the rule violated in any termination pursuant to N.J.A.C. 10:37B-9.1(a)5, and at the time of the next licensure review, the Department shall assure that the rule was agreed to by all consumers who have signed a consumer service agreement and is reasonable, both on its face and as applied.

SUBCHAPTER 8 CONTINUOUS QUALITY IMPROVEMENT

10:37B-8.1 Continuous quality improvement

(a) The PA shall develop and implement written policies and procedures for a

continuous quality improvement program that meet the quality assurance requirements for community agencies in N.J.A.C. 10:37-9. In addition, the PA shall ensure, through its continuous quality improvement program that community support services conform to the program requirements for licensure specified in this chapter.

(b) Areas to be monitored and evaluated include the following:

1. Adequacy of planning for more independence in housing, education, activities of daily living, employment, and social environments, and reduction of service intensity.

i. Barriers to reducing reliance on community support services shall be reviewed annually.

ii. Barriers to transfer to a less restrictive living environment shall be reviewed annually for any consumer receiving community support services.

iii. Review findings shall be forwarded to the agency quality improvement oversight or utilization review committee for review and follow-up and shall be available at the time of a licensing review; and

2. Underutilized staff or services and the reasons for underutilization, and any inability to attract consumers to the program, and the adequacy of communication with referral sources and the consumer community, as well as the intake and admission review process to ensure services are appropriately staffed and used.

SUBCHAPTER 9. HEARINGS, APPEALS, COMPLAINTS

10:37B-9.1 Development and communication of complaint procedures

(a) All PAs shall establish internal complaint procedures, which will be subject to the Department's review and approval at the time of initial licensing and licensing renewal. Complaint procedures shall allow for a consumer, or his or her designee, to report a grievance to an identified administrator of the PA regarding services provided or which failed to be provided, to seek appropriate redress related thereto, and to have corrective action taken as might be warranted.

(b) The policy and procedure for consumer complaints shall be posted in a public place at the PA office site and a copy shall be given to each consumer upon admission to the program.

(c) Any invocation of the complaint procedure shall be documented in the consumer's clinical record.

(d) No consumer shall be subject to retaliation of any form by the PA because of the filing of a complaint or cooperation with an internal or external investigation of a complaint.

10:37B-9.2 Hearings, appeals process, ombudsperson

(a) The PA shall comply with N.J.A.C. 10:37-4.6(c) through (f).

(b) Administrative hearings regarding final Department decisions will be conducted in accordance with the Administrative Procedure Act, N.J.S.A. 52:14B-1 et seq. and 52:14F-1 et seq., and the Uniform Administrative Procedure Rules, N.J.A.C. 1:1.

SUBCHAPTER 10. RECORDKEEPING

10:37B-10.1 Recordkeeping

The PA shall create a record for each consumer who receives CSS that shall document all assessments, individualized rehabilitation plans, and other services required to be provided by this chapter or any other applicable rules, and shall also include in that record, as needed, progress notes, financial records, and a termination summary at the time of separation of the consumer from the services provided under this chapter.

10:37B-10.2 Progress notes

(a) The PA shall document and maintain progress notes for each consumer for each encounter and in times of crisis and transition.

(b) Progress notes shall indicate the level of goal attainment for goals set forth in the individualized rehabilitation plan, services provided, significant events, and contacts with other service providers. PA staff shall use the information contained in progress notes to recommend frequency of contact.

(c) PA staff shall sign, date, and indicate the time of entry for every progress note they write and shall include their staff titles and credentials.

10:37B-10.3 Termination summary

(a) PA staff shall complete a termination summary for all consumers within 30 days of the termination of community support services.

(b) The termination summary required under (a) above shall include the following information:

- 1. The primary presenting problem(s);**
- 2. The services provided and the consumer's response;**
- 3. The consumer's clinical condition at the time of separation from the program;**
- 4. Any recommendations and referrals, including medications;**
- 5. The reason for program termination; and**
- 6. The consumer's housing address/housing status at termination if applicable.**

10:37B-10.4 Other records

(a) In addition to the recordkeeping requirements in N.J.A.C. 10:37-6.73, 6.74, 6.76, 6.77, and 6.79, PAs who charge consumers fees shall keep appropriate financial records.

(b) Financial records shall include specific charges for all service-related items applicable to each consumer.

(c) The PA shall make available, to the consumer, any and all financial records related to fees charged to that consumer.

SUBCHAPTER 11. POLICIES AND PROCEDURES MANUAL

10:37B-11.1 Written policies and procedures manual

(a) Each provider agency shall develop, implement, maintain, and revise, as necessary, a written policies and procedures manual to ensure that the PA's service delivery system, organizational structure, and management structure comply with applicable statutory and regulatory provisions.

(b) The PA shall document the extent to which consumers and their families were meaningfully and integrally involved in the development and revision of the manual. The manual shall be available for review by consumers and their families upon request.

(c) The PA's manual shall:

1. Be reviewed annually by PA staff, as evidenced by dated signatures of the reviewer(s);

2. Be readily available for consultation by direct care staff at all times; and

3. Guide the staff on conformance with the principles and requirements in this chapter and any other applicable rules.

10:37B-11.2 Content of the manual

(a) The PA's policies and procedures shall set forth the required parameters and processes in sufficient detail to guide staff in the performance of their duties and to give clear notice to consumers, families, and other interested parties as to the services provided, consumers' rights, and consumers' responsibilities expected in the program.

(b) Participation criteria. The manual shall have a section dedicated to inclusionary and exclusionary criteria to be used by the PA in determining

whether a particular consumer could benefit from community support services.

The participation criteria shall:

1. Comply with the standards set forth in N.J.A.C. 10:37B-2.1 and requirements in affiliation agreements or contracts with the Division; and

2. Specify intake procedures that are consistent with N.J.A.C. 10:37B-2.

(c) Medication. The manual shall have a section that delineates medication procedures consistent with N.J.A.C. 10:37B-4.3 and that:

1. Requires medication education to consumers and staff annually;

2. Contains procedures for facilitating proper medication administration and self-administration techniques, and responding to medication errors;

3. Requires that unless a consumer self-administers his or her own medication without staff assistance, staff shall document the type, dose, date, and time a specific medication is administered or self-administered; the name and title of the person administering or assisting in self-administering the medication; any medication that was refused by the consumer; and any medication errors; and

4. Provides procedures to avoid interruptions in a consumer's medication regimen and to note any deviation from regular medication in the consumer's record.

(d) Confidentiality. The manual shall have a section setting forth confidentiality standards and procedures that are to be followed in all aspects of the PA's provision of community support services and that are consistent with Federal and State law, including, but not limited to, N.J.A.C. 10:37-6.79.

1. To assure family participation in developing the assessments, rehabilitation plan, and revisions, the PA shall seek the input of family members or friends any time treatment is discussed with the consumer; any information they give may be received by the PA and shall be made a part of the consumer's record; however, the PA may not disclose protected health information to family members or friends, except as follows:

i. Protected health information may be disclosed to the extent permitted by a valid written authorization executed in conformity with N.J.A.C. 10:37-6.79(i);

ii. If the consumer is present at a service planning milestone, or any other meeting at which protected health information is discussed or made available to the participants, protected health information may be disclosed to family members or friends participating in that meeting, if it is directly relevant to the person's involvement with the consumer's care and one of the following situations is documented in the record of the meeting:

(1) The consumer agrees to disclosure of the information at the time of the meeting;

(2) The consumer is provided with an opportunity to object to the disclosure at the meeting and does not express an objection; or

(3) Based on the exercise of professional judgment, the PA employee chairing the meeting has reasonably inferred from the circumstances at the meeting that the consumer does not object to the disclosure.

2. Absent countervailing circumstances, the consumer's agreement to participate in the meeting with the family member or friend present is sufficient evidence that the consumer does not object to disclosure of protected health information that is directly relevant to the family member's or friend's involvement with his or her care; or

3. If the opportunity to agree or object to the use or disclosure cannot practicably be provided because of the individual's incapacity or an emergency circumstance, the manual must identify staff by title who may, in the exercise of their professional judgment, determine whether the disclosure is in the best interests of the consumer and, with that approval, PA staff may disclose protected health information that is directly relevant to the recipient's involvement with the consumer's health care.

(e) Consumer rights. The manual shall have a section delineating consumer rights consistent with N.J.A.C. 10:37-4.5; that requires that consumers be given notice of their right to appeal any decision of the PA in accordance with N.J.A.C. 10:37-4.6, Client complaint/agency ombuds procedure; and that creates procedures to implement additional consumer rights regarding termination of service agreement requirements of N.J.A.C. 10:37B-3.2(c).

(f) Staff training and responsibilities. The manual shall have a section delineating staff training requirements and responsibilities, consistent with N.J.A.C. 10:37B-5.3, 10:37D, and 10:77A-2.4.

(g) Safety. The manual shall set forth rules and procedures that will promote and assure the safety of consumers, staff, visitors, and the general public, including, but not limited to:

1. Measures that will respond appropriately to violence and expressions of suicidal thoughts or threats of any kind;

2. Providing, as needed, emergency response services in accordance with N.J.A.C. 10:37B-4.4(a)25; and

3. Appropriate responses to the presence or possession of contraband as determined by the policy of the PA or weapons.

(h) Health care. The manual shall set forth procedures for monitoring a consumer's health care and for accessing needed healthcare services.

(i) Principles. The manual shall state that staff shall provide services consistent with the principles of wellness and recovery and of community support services.

(j) Advance directives. The manual shall include a section on advance directives for mental health care.

(k) End-of-life concerns. The manual shall specify procedures to respond to a consumer's end-of-life concerns.

(l) The PA shall maintain policies and procedures for providing ongoing on-call clinical support to direct care staff and conducting routine case conferences.

CHAPTER 190

LICENSURE STANDARDS FOR MENTAL HEALTH PROGRAMS

SUBCHAPTER 1. LICENSURE OF MENTAL HEALTH PROGRAMS

10:190-1.1 Scope and purpose

(a) (No change.)

(b) No mental health program shall operate unless it is licensed by the Commissioner of the Department of Human Services as a mental health program and has a purchase of service contract or an affiliation agreement with the Division of Mental Health and Addiction Services, or is licensed by the Commissioner of the Department of Health as a health care facility.

1. - 3. (No change.)

4. Provisions of this chapter shall not apply to:

i. Licensure provisions regarding [community residences for mentally ill adults and psychiatric community residences for youth] **supervised residences for adults with mental illness** which can be found at N.J.A.C. 10:37A [and 10:128, respectively];

ii.- vi. (No change.)

(c)-(d) (No change.)

10:190-1.3 Level I standards

(a) The following rules shall be Level I standards for mental health programs:

1 - 14. (No change.)

15. Staffing responsibilities for children's partial care programs at N.J.A.C.

10:191-1.12(b), (d), (f), and (h); [and]

16. Staffing requirements for youth case management services at N.J.A.C. 10:37H-2.10(b), (c), and (e)[.];

17. Staffing requirements for community support services at N.J.A.C. 10:37B-5.1 and 5.2; and

18. Program elements required to comply with N.J.A.C. 10:37B-2.3(b) and 4.1(a).

10:190-1.6 Applicable standards

(a) (No change.)

(b) Mental health programs shall comply with the applicable standards for the following mental health services that they provide:

1.-4. (No change.)

5. Intensive family support services (IFSS) at N.J.A.C. 10:37I; [and]

6. Programs of assertive community treatment (PACT) at N.J.A.C. 10:37J[.]; **and**

7. Community support services for adults with mental illness (CSS) at N.J.A.C. 10:37B.

(c) (No change.)

(d) Mental health programs under contract **and CSS programs with a contract** with the Division shall comply with all of the following standards:

1. -2. (No change.)

(e) (No change.)

10:190-1.7 Site reviews

(a) Site reviews shall be conducted for each separate site location, **including the location where medications and/or service records are maintained**, for every mental health program.

1.-3. (No change.)

(b) - (k) (No change.)