



**COVID-19 Guidance for Congregate Care Residential Treatment Programs
Contracted by The New Jersey Department of Children and Families
April 3, 2020**

The guidance herein applies to congregate care residential treatment programs for youth and families funded through the Department of Children and Families' (DCF) cost reimbursement and fee-for-service contracts, including all of the program types listed in [Appendix A](#). This guidance shall be reassessed no fewer than 30 days from being issued and the timeframes specified herein shall be extended as required.

I. GENERAL EXPECTATIONS

Congregate care residential treatment providers shall ensure that they monitor the NJ COVID-19 Information Hub at: <https://www.nj.gov/health/> and the CDC COVID-19 resource site at: <https://www.cdc.gov/coronavirus/2019-nCoV/index.html> for the most up to date information for employers, health care workers, and the general public.

All providers are expected to develop policies and implement practices to prevent transmission of the virus. Relevant CDC guidance to support these policies and practices can be found at: <https://www.cdc.gov/coronavirus/2019-ncov/prepare/prevention.html>. Providers are minimally expected to ensure:

- Instruction to staff and residents on hand hygiene and limiting surfaces touched
- Instruction to staff regarding when personal protective equipment (PPE) is and is not required, and how to use personal protective equipment
- Limiting physical contact among persons in the facility, including practicing social distancing with no handshaking or hugging, and remaining six feet apart at all times including mealtimes, educational, therapeutic, and recreational activities, unless otherwise required for the health and safety of a resident

Programs are expected to screen all staff for COVID 19 symptoms prior to their scheduled shifts, by:

- Taking the staff's temperature
- Asking: "Have you felt like you've had a fever in the past day"?
- Asking: "Do you have a new or worsening cough today?"

- Asking: “Have you been in close contact with anyone who is diagnosed with COVID-19”?

If the staff has a fever, or answers “yes” to any of the above questions, they should be provided with a surgical mask, sent home, and directed to seek medical attention.

II. PROVISION OF CLINICAL SERVICES VIA TELEHEALTH

Clinical and treatment services, with the exception of medication administration and direct supervision, may be provided through telehealth where the standard of care can be maintained in accordance with the guidelines in [Appendix C](#) and [Appendix D](#). Staff providing services through telehealth **may not** be included in staff:resident ratios required by licensure.

III. TEMPORARY CHANGES TO PROGRAM OPERATIONS

A. Admission Criteria

Programs contracted to provide emergency services **shall continue to receive admissions.** Emergency programs are identified in [Appendix A](#).

New admissions for other programs identified in [Appendix A](#) are suspended effective as of the date of this guidance and for 14 days. Individual programs will be identified to re-instate Admissions within this timeframe as DCF completes reviews of each program’s capacity to manage quarantining on site, and procurement and distribution of personal protective equipment.

Emergency admissions exceptions for these programs shall be considered on a case by case basis and must be approved by the Department of Children and Families. Requests for emergency exceptions shall be directed to the CSOC Office of Residential Services and approved by the Assistant Commissioner or her designee in consultation with the Assistant Commissioner of the Division of Child Protection and Permanency or her designee.

In the event that an emergency admission is necessary, all programs are expected to adhere to the “no eject, no reject” policy as required by contract.

Providers shall develop, write and implement COVID-19 prescreening criteria for admissions. Providers shall maintain written copies of these criteria on site. These criteria shall include guidance in the **March 12, 2020 Guidance for NJ DCF-Linked Programs in Response to COVID-19 and any additional recommended screening criteria that may be issued by DCF.** Prior to any admission, the prospective resident and any dependent children shall be prescreened utilizing the criteria developed by the provider. Providers shall include practices in the pre-admissions process that do not rely on face to-face interactions, including traditional “meet and greet” visits.

It is understood that providers may experience difficulty in achieving regulatory compliance with admission requirements for physicals and dental/vision/hearing exams. DCF is waiving these requirements for their licensed programs unless otherwise required by Department of Health Regulations such that:

- A preadmission physical exam completed by a physician is not required
- The program shall ensure that a registered nurse conducts a preadmission health screening to include COVID screening

These requirements are detailed in the “Notice Of Rule Waiver/Modification/Suspension Pursuant To Executive Order No. 103 (Murphy)(March 9, 2020) Covid-19 State Of Emergency” attached here as [Appendix B](#).

B. Home Passes for Youth

Home visitation passes for all residents shall be suspended. The providers shall establish alternative methods (i.e. phone, videoconferencing) for residents to stay connected with family during this COVID-19 pandemic. The provider shall advise all program residents and parents/guardians of the guidelines for home passes.

C. Program Visits

All face-to-face visits shall be suspended for families, attorneys and other members of the public. Providers shall establish alternative methods (i.e. phone, video conferencing) to maintain connections with family, attorneys, or others during the COVID-19 pandemic. Weather permitting and as clinically appropriate, visitors may meet with residents in an outdoor location of the program facility or in which social distancing may be practiced.

Suspension of visitation shall not exclude visits from DCF staff who are responsible for ensuring the safety and well-being of all youth in the program or from law enforcement. Programs will be expected to adhere to screening guidance issued in the [March 12, 2020 Guidance for NJ DCF-Linked Programs in Response to COVID-19](#) in the event that these personnel visit the program site.

D. Return from Elopement/AWOL

In the event that a resident leaves a facility without approval and returns, the program shall:

- Screen the resident to determine possible exposure to the COVID19 virus:
 - Take the resident’s temperature
 - Ask: “Have you felt like you’ve had a fever in the past day”?
 - Ask: “Do you have a new or worsening cough today?”
 - Ask: “Have you been in close contact with anyone who is diagnosed with COVID-19”?
 - Ask: “Have you been in a confined space with multiple people” (e.g., a party, long car/bus ride, etc.)

Seek medical attention for the resident if the resident has a fever or answers “yes” to any of the above questions as described in Section IV of this document.

- Regardless of the results of the screening process, all residents returning from AWOL must be directed to wear a surgical mask for 14 days.
- Reinforce social distancing and handwashing procedures with all staff and residents

E. Vendors

For vendors and transportation providers (e.g., when taking residents to offsite appointments, etc.), the facility shall actively screen and restrict those individuals from entering the facility if they meet one or more of the following criteria:

- Exhibit signs or symptoms of a respiratory infection, such as a fever (evidenced by a temperature check of the individual taken by the facility), cough, shortness of breath, or sore throat;
- In the last 14 days, has had contact with someone with a confirmed diagnosis of COVID-19, or under investigation for COVID-19, or are ill with respiratory illness;
- In the last 14 days, has traveled internationally to a country with sustained community transmission. For updated information on affected countries visit: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>

If, after undergoing screening, the vendor or transportation provider is permitted to enter the facility, the facility shall:

- Ask the vendor or transportation provider if he or she had any recent trips (within the last 14 days) on cruise ships or participated in other settings where crowds are confined to a common location. If the answer is yes, then it is recommended that the facility offer the individual a facemask to use while onsite.
- Provide instruction, before the individual enters the facility, on hand hygiene, the location of handwashing stations, limiting surfaces touched, and use of PPE according to current facility policy;
- Limit the individual's movement within the facility to those areas necessary to complete the vendor's or transportation provider's task;
- Advise the individual to limit physical contact with anyone in the facility, for example, practice social distancing with no handshaking or hugging and remaining six feet apart.
- It is recommended that supply vendors drop off supplies at a dedicated location, such as a loading dock, instead of entering the facility. Medication and/or other supplies that must be received by an employee should be delivered using customary drop off procedures.

IV. MANAGING COVID SYMPTOMATIC, AND COVID+ RESIDENTS AND STAFF

A. Symptomatic or COVID+ Residents

If a **resident** in a DCF-funded residential treatment program is **symptomatic for the COVID 19 virus or is under investigation for the COVID 19 virus** the agency shall:

- Consult a medical professional regarding testing, diagnosis and treatment
- Follow CDC COVID-19 guidance at: <https://covid19.nj.gov/faqs/nj-information/general-public/how-can-i-protect-myself-from-covid-19/novel-coronavirus> (hand hygiene, limiting physical contact among persons in the facility, including practicing social distancing with no handshaking or hugging, and remaining six feet apart at all times)
- Require the resident to wear a mask when interacting with others
- Remove the resident from any group activities such as meals and recreation.
- If caring for the person requires direct contact or if there is a risk of breaching the recommended 6-foot social distancing parameters due to the person's behavioral or medical needs, require staff to a mask, gloves, and protective goggles
- Monitor all program residents and staff twice daily for increased body temperature/fever

If a **resident** in a DCF-funded residential program **tests positive for the COVID 19 virus** the agency shall:

- Follow all steps outlined above, and
- Follow the notification process outlined in Section C below
- Work collaboratively and efficiently with the local Department of Health and guidance to develop program-specific protocols and staffing plans
- Share the local Department of Health directed plan in writing with the DCF Office of Licensure point of contact

B. Symptomatic or COVID+ Staff

If a **staff member** in a DCF-funded residential treatment program is **symptomatic for the COVID 19 virus or is under investigation for the COVID 19 virus or reports testing positive for the COVID 19 virus** the agency shall:

- Instruct the staff member stop working immediately and return home
- Recommend that the staff member consult a medical professional for diagnosis and treatment
- Permit the staff member to return to work **only** once permitted by a medical professional and cleared for discontinuation of isolation as per DOH guidelines at: https://www.nj.gov/health/cd/documents/topics/NCOV/COVID_Discontinuation_Transmission_Based_Precautions.pdf
- Reinforce hand hygiene and social distancing practices

- Require all youth/residents and remaining staff to utilize procedure masks when the recommended 6-ft social distancing parameters cannot be maintained
- Monitor all youth/residents and remaining staff twice daily for increased body temperature/fever
- Complete notifications as described in Section C, below.

C. Notifications

When someone in a DCF-funded congregate care program (youth, resident, or staff) **tests positive for COVID 19** the program shall implement the following steps for notification:

- Contact the local Health Department for notification and guidance
- If the diagnosed person is a resident, contact the resident’s primary care physician for treatment recommendations and follow-up
- Notify DCF through the Daily DCF Congregate Care Provider Survey

D. Cleaning

In the event that a resident or staff member is symptomatic or diagnosed with COVID+, programs should follow CDC guidelines for cleaning and disinfecting the facility: <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html>

V. STAFFING SHORTAGE RESPONSE

When an anticipated or immediate staffing shortage occurs in a DCF-funded residential program, provider agencies shall:

- Enact their organizational plan for emergency staffing. This may include:
 - Seeking staff already on duty to volunteer to work overtime
 - Contacting off-duty staff to seek those who would be willing to work alternative shift(s)
 - Mandating staff on duty to remain on duty until relief can be provided
 - Requiring clinical, administrative, and other non-direct care staff (but who are cleared to work with the children when applicable) to provide direct care activities
 - Contacting other provider agencies to potentially seek volunteers to work in the agency
 - Contacting staffing agencies to seek persons who may be able to work in the agency
- Agencies shall communicate to DCF **all** anticipated and immediate staffing shortages. This information shall be communicated by:
 - Responding to the Daily DCF Congregate Care Provider Survey regarding anticipated staff shortages

- During non-business hours in the event of an emergency the agency shall contact PerformCare at 1-877-652-7624.

DCF has waived certain requirements for credentialing of program staff Detailed In the “Notice Of Rule Waiver/Modification/Suspension Pursuant To Executive Order No. 103 (Murphy) (March 9, 2020) Covid-19 State Of Emergency“ attached here as **Appendix B** to expedite onboarding of new staff.

VI. ALTERNATIVE PLACEMENT/ MASS CARE

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

A. Preparation for Relocation

Providers are expected to maintain an electronic and paper copy of a resident census Demographic and Risk Profile in the format attached here as **Appendix E**, which must be reviewed and updated daily. The census must document:

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

An electronic version of the resident census Demographic and Risk Profile is available at: <https://nj.gov/dcf/news/YouthDemographicRiskProfile.pdf>.

B. Alternative Placement/Mass Care Setting in DCF-funded Congregate Care Programs

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

- Immediately notify PerformCare at 1-877-652-7624
- Work collaboratively and efficiently with DCF staff to develop an emergency plan to maintain the health and life safety of the residents in care
- At the direction of DCF, alert all agency staff and residents to the plan that will be implemented
- Agencies shall be prepared to supply DCF with any and all resources that remain at the site that may be necessary to maintain the health and life safety of each resident. These resources should include:

- The resident census described above
- All pertinent medical records including MARs
- All pertinent legal documents pertaining to each individual resident

- Any staff able to safely work
- Any and all medications for residents
- Any food surpluses
- Any medical equipment including Personal Protective Equipment
- Transportation
- Any other supplies

Appendices:

Appendix A: Congregate Care Residential Treatment Programs For Youth And Families Funded Through The Department Of Children And Families' (DCF) Cost Reimbursement And Fee-For-Service Contracts

Appendix B: Notice Of Rule Waiver/Modification/Suspension Pursuant To Executive Order No. 103 (Murphy) (March 9, 2020) Covid-19 State Of Emergency

Appendix C: Standards of Care for Remote Service Delivery

Appendix D: DMAHS March 21, 2020 Newsletter

Appendix E: Resident census Demographic Risk Profile

APPENDIX A Congregate Care Residential Treatment Programs For Youth And Families Funded Through The Department Of Children And Families' (DCF) Cost Reimbursement And Fee-For-Service Contracts

Emergency Programs

Behavioral Health

STAS – Stabilization and Treatment Services – Child Welfare
EDRU – Emergency Diagnostic Reception Unit (transitioning to STAS programs)
CSAP HT – Crisis Stabilization and Assessment Program – Human Trafficking
DAP - Detention Alternative Program

Intellectual/Developmental Disabilities

CSAP IDD – Crisis Stabilization and Assessment Program for Intellectual Developmental

Substance Use Treatment

Medically Assisted Withdrawal for Youth

Other Programs

Behavioral Health

IRTS – Intensive Residential Treatment Service
PCH – Psychiatric Community Home
SPEC – Specialty Program
RTC – Residential Treatment Center
GH – Group Home
TH – Treatment Home
OOS – Out of State Program

Intellectual/Developmental Disabilities

INT IDD – Intensive Services for Intellectual Developmental Disabilities
IPCH IDD – Intensive Psychiatric Community Home for Intellectual Developmental Disabilities
PCH IDD – Psychiatric Community Home for Intellectual Developmental Disabilities
SPEC IDD – Specialty Program for Intellectual Developmental Disabilities
RTC BH/DD – Residential Treatment Center for Behavioral Health and Intellectual Developmental Disabilities
GH 2 IDD – Group Home 2 for Intellectual Developmental Disabilities
GH 1 IDD - Group Home 1 for Intellectual Developmental Disabilities
SSH IDD - Special Skills Home for Intellectual Developmental Disabilities
RESP IDD – Respite for Intellectual Developmental Disabilities
OOS IDD – Out of State Program for Intellectual Developmental Disabilities

Substance Use Treatment

RTC BHSU – Residential Treatment Center Behavioral Health Substance Use

RTC STSU – Residential Treatment Short Term Substance Use

RTC LTSU – Residential Treatment Long Term Substance Use

Mommy and Me Long-Term Residential Treatment

Mommy and Me Halfway House Residential Treatment

Appendix B:

STATE OF NEW JERSEY

Department of Children and Family Services

NOTICE OF RULE WAIVER/MODIFICATION/SUSPENSION

PURSUANT TO EXECUTIVE ORDER NO. 103 (MURPHY) (MARCH 9, 2020)

COVID-19 STATE OF EMERGENCY

Temporary Rule Suspension/Modification adopted by Christine Norbut Beyer, Commissioner
Department of Children and Families

Date:

Authority: N.J.S.A. App.A.9-45 & App. A:9-47; Executive Order No. 103 (Murphy)(“EO 103”)

Effective Date: April 3, 2020

Expiration Date: Concurrent with expiration of EO 103

This is an emergency adoption of a temporary rule suspension/modification of the Department’s Office of Licensing rules as outlined below. Section 6 of EO 103, issued in response to the COVID-19 pandemic, authorizes agency heads to waive/suspend/modify any existing rule, where the enforcement of the rule would be detrimental to the public welfare during the emergency, notwithstanding the provisions of the Administrative Procedure Act or any law to the contrary. Pursuant to that authority, and with the approval of the Governor and in consultation with the State Director of Emergency Management and the Commissioner of the Department of Health, the Department of Children and Families is suspending certain rules as follows:

In order to (1) facilitate social distancing and other virus mitigation strategies in licensed facilities (2) create flexibility to add or realign staff to address virus related personnel shortages, and (3) enable the rapid establishment, relocation or realignment of programs to meet new or shifting demands for care, the Department is taking the following action:

The provisions of N.J.A.C. 3A:55-7.2 (b) and (e) and N.J.A.C. 3A:56-7.2(b) and (e), which require multiple medical and dental examinations of children entering residential care facilities and group homes, are hereby modified to require only that all youth being admitted to group homes or youth residential facilities be subjected to a pre-admission screening by a registered nurse, which includes a screening for COVID-19.

For the sake of limiting outside visitation in programs, the Department is suspending the following provisions: N.J.A.C. 3A:55-3.6(a), N.J.A.C. 3A:55-10.13, N.J.A.C. 3A:55-9.20, N.J.A.C. 3A:55-6.6(a) and (b), N.J.A.C. 3A:56-3.6(a), N.J.A.C. 3A:56-6.6(a) and (b), N.J.A.C. 3A:56-10.13.

To ensure the rapid backfill of staff into congregate care programs that may be impacted by COVID-19 related absenteeism, the training requirements at N.J.A.C. 3A:55-5.4 and N.J.A.C. 3A:56-5.4 are suspended.

I find that waiver/suspension/modification of the rules above is necessary because enforcement of the existing rules would be detrimental to the public welfare during this emergency.

April 3, 2020

Date

Christine Beyer

Christine Norbut Beyer, M.S.W.

Commissioner

APPENDIX C Standards of Care for Remote Service Delivery

I. Licensed clinicians are expected to adhere to applicable laws and regulations in provision of tele-health services

The New Jersey Telemedicine Act lays out standards for provision of telemedicine services, issuance of prescriptions via telemedicine services, and payment for services. Additionally, state boards have issued proposed regulations for various licensed professionals including psychologists, psychoanalysts, social workers, and nurses.

On March 19, 2020, Governor Murphy signed legislation expanding access to telehealth services. For the duration of the public health emergency, any healthcare practitioner is authorized to provide and bill for services using telehealth to the extent appropriate under the standard of care. Providers should ensure that the services patients receive using telehealth are appropriate, medically necessary, and meet current quality of care standards.

II. Standards of care for provision of remote services

Combined audio/visual technology is the preferred method of remote service delivery. When that is not available, use of audio only is acceptable.

Providers who intend to use remote service delivery methods must submit to DCF, an attestation of your organization's adherence to these Standards. DCF's business offices will be sending Attestation Forms and detailed instructions regarding submitting attestations during the week of March 30, 2020 and providers will be expected to submit their attestation by April 13.

III. Telehealth methods are acceptable methods of delivering certain components of residential treatment services within the Children's System of Care.

The NJ Department of Human Services has issued telehealth guidance that applies to the delivery of physical and behavioral health care. As a result of these changes to the usual operation of the state's Medicaid-funded services, the following applies to Children's System of Care services: Clinical treatment service components of residential treatment services may be delivered using tele-health approaches provided that such approaches comply with applicable law, applicable regulation, and guidance provided by the NJ Department of Human Services, Division of Medical Assistance and Health **Services including the March 21, 2020 Newsletter, which is enclosed here as Appendix D.** Staff providing services through telehealth **may not** be included in staff:resident ratios required by licensure.

IV. Telehealth methods are acceptable methods of delivering certain components of residential treatment services within contracted substance use treatment programs.

Staff providing services through telehealth **may not** be included in staff:resident ratios required by licensure.

Questions regarding the Standards of Care or attestation process should be submitted to askdcf@dcf.nj.gov.



State of New Jersey
Department of Human Services
Division of Medical Assistance & Health Services

NEWSLETTER

March 21, 2020

TO: All providers – **For Action**
Health Maintenance Organizations – **For Information Only**

SUBJECT: Temporary Telehealth Guidelines

EFFECTIVE: 03/21/2020

PURPOSE: To Address NJ FamilyCare Requirements for the Provision of Telehealth Services Under New Legislation and Corresponding Waivers

BACKGROUND: As a result of the ongoing public health emergency related to the outbreak of coronavirus (COVID-19), health care providers are encouraged to provide medical and mental health services via telehealth.¹ The use of telehealth will reduce unnecessary contact and exposure to individuals who may be infected with COVID-19. The Division of Medical Assistance and Health Services (DMAHS) strongly encourages providers to use telehealth to the greatest extent possible and issues this guidance to assist you in doing so.

On March 19, 2020, Governor Murphy signed legislation expanding access to telehealth services. For the duration of the public health emergency, any healthcare practitioner is authorized to provide and bill for services using telehealth to the extent appropriate under the standard of care. Providers should ensure that the services patients receive using telehealth are appropriate, medically necessary, and meet current quality of care standards.

The legislation also authorizes certain State agencies to waive requirements in State law or regulation to facilitate the use of telehealth during the COVID-19 emergency. The legislation and corresponding waivers have further enabled the use of telehealth in several ways. The following is a list of these areas as well as other important information concerning telehealth.

¹ For the purpose of this guidance, the use of the term telehealth is intended to include both telemedicine and telehealth services as those terms are defined in the Telehealth Law.

Provider-Patient Location

The State has waived any site of service requirements to allow licensed clinicians to provide telehealth from any location and individuals to receive services via telehealth at any location. In a September 2018 Newsletter (Vol.28 No. 17), DMAHS issued guidance concerning instances where telehealth services are provided through an entity which is licensed at a specific address, such as an independent clinic. DMAHS advised that the patient must be physically present at the licensed address for those services to be billable by the clinic. This previous guidance is suspended. An entity that is licensed at a specific address may bill for telehealth services when the patient and/or provider is engaging in these services from a remote location. To be clear, under no circumstances will a patient or provider need to go to a specific location to engage in telehealth.

Technological Devices

State laws imposed limitations on the types of communication devices that could be used for the delivery of telehealth. The new legislation and waivers remove these restrictions for the duration of the public health emergency. Providers are permitted to use alternative technologies for telehealth such as an audio only telephone or video technology commonly available on smart phones and other devices. Providers now have the flexibility to use all available and appropriate technological devices to offer telehealth as long as these services meet standard of care.

HIPAA

Along these same lines, the federal government has relaxed HIPAA restrictions on the use of technological devices in telehealth. The USDHHS Office of Civil Rights (OCR), which enforces HIPAA, has advised that it will exercise its enforcement discretion and not impose penalties for noncompliance with HIPAA rules against providers in connection with the good faith provision of telehealth during the COVID-19 emergency. This action affords providers more flexibility in the technology they use to engage in telehealth. Providers are responsible for complying with HIPAA and implementing OCR's notification, which is available at <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>.

Establishing a Provider/Patient Relationship

The State's telehealth laws require a provider to establish a proper provider-patient relationship to engage in telehealth. While a provider and patient must exchange certain identifying information to establish such a relationship, a provider is no longer required to review a patient's medical history and medical records prior to an initial

telehealth encounter. Providers should use clinical judgment to obtain relevant medical history and review medical records available to meet applicable standards of care, but the unavailability of records is not a barrier to the establishment of provider/patient relationship during the declared state of emergency.

Federally Qualified Health Centers

Face-to-face and related requirements for FQHCs are waived. DMAHS will allow FQHCs to be reimbursed at their ordinary Medicaid rate for the provision of telehealth services.

Licensure and Out-of-State Providers

The new legislation and waivers allow professional and occupational licensing boards to expedite licensure of out-of-state professionals during the public health emergency. An individual applying for a specific license, certificate of registration or certification in New Jersey must have a corresponding license, certificate of registration or certification in another state to be eligible for expedited licensure. The legislation gives the Director of Consumer Affairs and the applicable licensing board the ability to temporarily waive licensing fees and certain licensing requirements.

Telehealth service provisions are limited to those services within a provider's current scope of practice and, when applicable, current licensure unless a separate a waiver is issued.

Billing Procedures

Health care providers may bill for any Medicaid billable service using the same billing codes and rates that are provided for face-to-face services. There is no need to use any additional procedure codes or additional modifiers. The use of GT suggested in the original pilot has been discontinued by the Centers for Medicare and Medicaid Services (CMS) and is not necessary for billing.

If there are any questions regarding the information listed in this Newsletter, please contact The Office of Customer Service at 609-631-4642.

RETAIN THIS NEWSLETTER FOR FUTURE REFERENCE



DEMOGRAPHIC & RISK PROFILE

YOUTH & ADULT

Agency/Program Name

Date of Profile

Youth Cyber ID

Intensity of Service Choose an item.

Care Management Organization Choose an item.

DCPP Involvement

Is the youth involved with DCPP? Yes No

If yes, please specify one of the following: Choose an item.

Court Involvement

Is the youth involved with court? Yes No

If yes, please indicate vicinage:

Select one or more of the following: Court Ordered Probation Parole

Functional Needs

Please indicate a "yes" or "no" response for each and if "yes", comment in text box. Additional comments may be included at the end of the document.

Select Yes or No	Item	Comments
<input type="radio"/> Yes <input type="radio"/> No	Required wheelchair or other mobility device	
<input type="radio"/> Yes <input type="radio"/> No	Other ADA needs	
<input type="radio"/> Yes <input type="radio"/> No	Durable medical equipment	
<input type="radio"/> Yes <input type="radio"/> No	Special transportation needs	
<input type="radio"/> Yes <input type="radio"/> No	Communication device (e.g. PECS)	
<input type="radio"/> Yes <input type="radio"/> No	Deaf or hard of hearing	
<input type="radio"/> Yes <input type="radio"/> No	Blind or visual impaired	
<input type="radio"/> Yes <input type="radio"/> No	Allergies <i>Does the youth have an epi-pen?</i> <input type="radio"/> Yes <input type="radio"/> No	
<input type="radio"/> Yes <input type="radio"/> No	Other, indicate needs	

Clinical Information

DSM5 Diagnosis

Medications

Please list all current medications,
dosage, administration schedule
and any associated risks

Risk Profile

Please indicate a "yes" or "no" response for each and if "yes", comment in text box. Additional comments may be included at the end of the document.

Select Yes or No	Item	Comments
<input type="radio"/> Yes <input type="radio"/> No	Medical comorbidities	
<input type="radio"/> Yes <input type="radio"/> No	Non-adherent to medications	
<input type="radio"/> Yes <input type="radio"/> No	Asthma Does the youth have an inhaler? <input type="radio"/> Yes <input type="radio"/> No	
<input type="radio"/> Yes <input type="radio"/> No	Pica	
<input type="radio"/> Yes <input type="radio"/> No	Pregnant (if yes, how many weeks)	
<input type="radio"/> Yes <input type="radio"/> No	Meghan's Law registry – if "Yes", indicate Tier	
<input type="radio"/> Yes <input type="radio"/> No	Risk for sexual offending (High, Medium, Low)	
<input type="radio"/> Yes <input type="radio"/> No	Fire setting (Level 1, 2, 3)	
<input type="radio"/> Yes <input type="radio"/> No	Sexually reactive	
<input type="radio"/> Yes <input type="radio"/> No	Suicidal	
<input type="radio"/> Yes <input type="radio"/> No	Homicidal	
<input type="radio"/> Yes <input type="radio"/> No	Gang Involvement	
<input type="radio"/> Yes <input type="radio"/> No	Aggressive	
<input type="radio"/> Yes <input type="radio"/> No	Actively psychotic	
<input type="radio"/> Yes <input type="radio"/> No	Self-injuring behavior	
<input type="radio"/> Yes <input type="radio"/> No	Self-stimulatory behavior	
<input type="radio"/> Yes <input type="radio"/> No	At risk for substance use	
<input type="radio"/> Yes <input type="radio"/> No	Withdrawing from substances	
<input type="radio"/> Yes <input type="radio"/> No	Elopement risk	
<input type="radio"/> Yes <input type="radio"/> No	Does the resident have children residing in the program with them	
<input type="radio"/> Yes <input type="radio"/> No	Other risk factors – if "Yes", indicate in text field	

Additional Comments