

DEPARTMENT OF HUMAN SERVICES
DIVISION OF MENTAL HEALTH & ADDICTION SERVICES

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TITLE 10. HUMAN SERVICES
CHAPTER 37B. COMMUNITY SUPPORT SERVICES FOR ADULTS WITH SERIOUS MENTAL ILLNESSES

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 "psychiatric advance directive" means a writing executed in accordance with the requirements of the New Jersey Advance Directives for Mental Health Care Act, N.J.S.A. 26:2H-107 et seq.

"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.

"Consumer service agreement" means a written agreement between the PA and consumer that includes responsibilities of both the PA and the consumer and that meets the requirements of N.J.A.C. 10:37B-3.1.

"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.

"Individualized rehabilitation plan" means a document that is developed in partnership with the consumer that sets forth goals and objectives that will lead to recovery and independence; identifies internal and external resources to support recovery and independence; 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;
2. Schizophreniform Disorder;
3. Schizoaffective Disorder;
4. Delusional Disorder;
5. Psychotic Disorder NOS;
6. Major Depressive Disorder Recurrent;
7. Bipolar I disorder;
8. Bipolar II Disorder;
9. Bipolar Disorder NOS;
10. Schizotypal Personality Disorder; or
11. Borderline Personality Disorder.

"Severe mental health needs" means an individual:

1. Has a current diagnosis of a serious mental illness;
2. Requires 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 treatment setting in the absence of community-based services and supports; or
- iii. Does not have adequate resources and supports to live safely in the community.

"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(R) or WRAP(R)" (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.

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 (CSS), enroll eligible consumers, and refer them to appropriate licensed providers of 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. 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;
8. 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;
9. 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;
10. Social and leisure functioning, including, but not limited to, ability to make friendships, communication skills, and hobbies;
11. Social supports, including, but not limited to, family, friends, social, and religious organizations;
12. Trauma and abuse history or lack thereof;
13. The consumer's understanding of his or her mental health and health condition(s) and coping mechanisms;
14. 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;
15. 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;
16. Previous, current, and desired living arrangements;
17. 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;
18. 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;

19. Other important characteristics of the individual, such as special skills, talents and abilities;
20. Characteristics and behaviors resulting in barriers to successful community integration;
21. Recommendations regarding rehabilitation services to be provided; and
22. 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 60 calendar days after admission.
- (b) No later than 60 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(R) and advance directive for mental health care.
- (d) 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 controlled substances are included in the individualized 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.
- (e) Each individualized rehabilitation plan and subsequent revisions shall be signed and dated by:
 1. A physician or licensed practitioner authorized by State law to recommend a course of treatment;

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.

(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.
3. The provider agency shall partner with the consumer during any requested or scheduled review of the individualized rehabilitation plan.
4. In addition to the requirements of (e) 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.

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. In addition, the PA shall obtain written approval from the Department before deleting, adding, or revising in any way the requirements of the consumer service agreement. The initial consumer service agreement and any subsequent revisions shall be submitted for approval to:

New Jersey Department of Human Services
Office of Licensing
PO Box 707
Trenton, NJ 08625-0707

(b) 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.

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

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: be supported in an effort to achieve the well-ness and recovery goals outlined in a fully developed WRAP(R) where one is available, and the consumer chooses to use that tool, and in the consumer's individualized rehabilitation plan;
 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 well-ness 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.

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 individualized 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 controlled substances are included in the individualized 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) When a consumer's individualized rehabilitation plan includes medication management services, 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. (b) At a minimum, the PA shall offer and make available or arrange for the following services when they are included in the consumer's individualized rehabilitation plan:

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 identify and access low-cost methods of transportation, for example, saving for a bicycle;

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 of professionals, which may include neighbors, family, friends, co-workers, clergy or members of religious institutions, 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. Provide guidance regarding accessing 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.

10:37B-5.1 General requirements

- (a) 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 principles and methods;

- 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 August 15, 2016, whichever comes later, all employees must have completed all required training elements.

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.

10:37B-7.1 Reasons for termination of community support services

- (a) The community support services identified in the consumer's individualized rehabilitation plan 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.

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 more integrated setting 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.

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.

10:37B-10.1 Recordkeeping

- (a) 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.

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 policies and procedures 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 all applicable Federal and State law, including, but not limited to, the Privacy Rule implementing the Federal Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 CFR Parts 160 and 164, N.J.S.A. 30:4-24.3 and N.J.A.C. 10:37-6.79.
1. The confidentiality standards and procedures shall encourage family participation in developing the assessments, rehabilitation plan, and revisions to the extent disclosures to family members are permitted under the applicable Federal and State confidentiality laws.
- (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.