

**DEPARTMENT OF CHILDREN AND FAMILIES**  
**DIVISION OF CHILD BEHAVIORAL HEALTH SERVICES**

**Effective Date: May 1, 2008**

**DCBHS Policy #4**

**Date Issued: April 11, 2008**

**I. TITLE** Admissions to Out-of-Home Treatment Settings

**II. PURPOSE**

A. To establish guidelines and criteria for the approval and authorization of admissions to out-of-home treatment settings, located both in-state and out-of-state, for children, youth, and young adults receiving services through the Division of Child Behavioral Health Services (DCBHS).

**III. SCOPE**

A. Admissions to out-of-home treatment settings shall be made in accordance with the polices and procedures established herein and shall apply to DCBHS staff, the Contracted Systems Administrator (CSA), Care Management Organizations (CMO), Youth Case Management (YCM) agencies, Mobile Response and Stabilization Services (MRSS), Family Support Organizations (FSO), the Division of Youth and Family Services (DYFS), and other child-serving agencies that access out-of-home treatment settings.

B. Out-of-home treatment settings include, but are not limited to, Psychiatric Community Residences (PCR), Residential Treatment Centers (RTC), Group Homes (GH), Treatment Homes (TH), Emergency Treatment Homes (ETH), Specialty Services (SPEC), and Intensive Residential Treatment Services (IRTS).

C. Admissions to Children's Crisis Intervention Services (CCIS) and Intermediate Inpatient Units (IIU) are made in accordance with R.4:74 et seq., "Civil Commitment-Minors," and are therefore not included within the scope of this policy.

D. Admissions to Mobile Response and Stabilization Services stabilization beds are made in accordance with N.J.A.C. 10:77-6 et seq. "Mobile Response and Stabilization Services," and are therefore not included within the scope of this policy.

**IV. POLICIES**

A. DCBHS is responsible for the design, implementation, and management of a single comprehensive Children's System of Care focused on improved outcomes for children, youth, and young adults with emotional and/or behavioral healthcare challenges and their families.

Throughout the state, DCBHS supervises the provision of a broad array of community-based emotional and behavioral health services and supports. DCBHS contracts with, certifies, and/or regulates community agencies to provide emotional

and/or behavioral healthcare services including, but not limited to, assessment (screening, evaluation and diagnostic services), crisis-stabilization, care coordination, face-to-face case management, outpatient, partial-care, out-of-home treatment, in-community and family support services.

DCBHS has developed a continuum of services, supports and resources by establishing and maintaining working relationships with other public and private child serving entities, including but not limited to, the Juvenile Justice Commission, the Administrative Office of the Courts, Probation, the Office of the Child Advocate, the Department of Health and Senior Services, the Department of Education, and the Divisions of Medical Assistance and Health Services and Developmental Disabilities within the Department of Human Services.

B. In making determinations about services and supports, the interests of the child, youth, or young adult and his or her family are paramount. DCBHS shall seek meaningful participation of the child, youth, or young adult and their family and consider the circumstances of each individual. Out-of-home treatment decision-making is a critical point, appropriate for Family Support Organization (FSO) involvement where the family is in agreement.

C. Children, youth, and young adults shall receive equal and appropriate access to services without regard to race, religion, gender orientation, ethnic origin or income and without respect to the child, youth or young adult's eligibility or ineligibility for Federal entitlement programs or special education and related services as defined at N.J.A.C. 6A-14 et seq.

D. Services to children, youth, and young adults and their families shall be provided with respect for, and consideration of, their culture. No child, youth, or young adult shall be denied a needed service or admission to out-of-home treatment because of race, ethnicity, or special language needs.

E. The provision of DCBHS supports and services, including admissions to out-of-home treatment settings, shall be in accordance with all applicable Federal and State statutes, regulations, and rules and within the limits of the DCBHS legislative appropriation in a given fiscal year in accordance with the State Code of Criminal Justice provision at N.J.S.A. 2C:30-4 which prohibits the disbursement of public monies or the incurring of obligations in excess of legislative appropriation and limit of expenditure.

F. While it is the responsibility of DCBHS to integrate and maximize the use of Federal, State, local and private resources in providing essential services and supports, it is recognized that DCBHS appropriations need to be applied across the State and across the entire fiscal year in order to provide fairly for all children, youth, and young adults served and their families. Planning and reasonable professional judgment are necessary and appropriate on a case by case basis to ensure that appropriations are not dissipated in an effort to meet the extraordinary needs of one child, youth, young adult, or family to the detriment of others who require and could benefit from services needed to be funded by the same finite source.

G. DCBHS exercises clinical and professional judgment in matching the needs of each child, youth, or young adult to the array of services available and funded through DCBHS. Under no circumstances shall DCBHS provide services that it does not deem

clinically appropriate or that are not within its network of providers either by contract or other certification.

H. All admissions to out-of-home treatment settings shall be made in accordance with this policy and the procedures established herein. DCBHS is responsible to fund only those admissions to out-of-home treatment settings approved and authorized in accordance with this policy. Where admission to an out-of-home treatment setting or diagnostic center is arranged privately, DCBHS is not responsible for reimbursement to any person or entity for the provision of services or any payment due the facility.

I. Approval and authorization for admission to an out-of-home treatment setting may be granted only when the out-of-home treatment provider is under contract with the Department of Children and Families to provide treatment under the auspices of DCBHS and is licensed by the appropriate New Jersey state agency. This includes out-of-state treatment providers.

J. Where DCBHS determines a child, youth, or young adult to be in need of out-of-home treatment services, it is the responsibility of DCBHS to ensure that:

1. An accurate and comprehensive clinical assessment of the needs of the child, youth, or young adult and their family has been completed;

2. Available community supports have been tried to maintain the child, youth, or young adult in their home and community;

3. The child, youth, or young adult's family or guardian is in support of admission to an out-of-home treatment setting;

4. The clinical interventions provided by the out-of-home treatment setting adequately meet the needs of the child, youth, or young adult;

5. The out-of-home treatment setting is the least-restrictive, most family-like treatment setting available and is as close to the child, youth, or young adult's home and community as possible;

6. The Joint Care Review and Individual Service Plan or Youth Case Management Service Plan and the treatment plan for the child, youth, or young adult include a method for maintaining contact including visitation with family, unless contraindicated; and

7. The Joint Care Review and Individual Service Plan or Youth Case Management Service Plan and the treatment plan for the child, youth, or young adult contain a detailed plan for return to their family and/or community as soon as clinically appropriate.

K. Where a child, youth, or young adult is referred for admission to an out-of-home treatment setting, the out-of-home treatment provider shall determine acceptance for admission based on the behaviors of the child, youth, or young adult exhibited during the previous 12 months. The out-of-home treatment provider shall not decline admission of a child, youth, or young adult based on reports of behaviors that occurred more than 12

months prior to the date of referral. This information, however, may be used to modify the treatment plan to adequately address the child, youth, or young adult's needs.

L. Children, youth, and young adults in out-of-home treatment settings shall be protected from abuse and neglect. All allegations of abuse and/or neglect shall be reported in accordance with NJ Statutes and DCF and DCBHS policies.

M. No child, youth, or young adult shall be admitted to an out-of-state treatment setting unless one of the following criteria is met:

1. The out-of-state treatment setting to which the child, youth, or young adult is being admitted is the least-restrictive, clinically appropriate treatment setting and is closer to the child, youth, or young adult's family or guardian than any appropriate in-state placement; or

2. The child, youth, or young adult cannot reasonably be served by any appropriate in-state treatment setting, even with the addition of any available individualized services to the child, youth, or young adult, and the out-of-state treatment setting is the least restrictive, clinically appropriate treatment setting that meets the child, youth, or young adult's individualized service needs.

N. All admissions to out-of-state treatment settings shall be approved in writing by the Director, DCBHS prior to the admission.

O. Grievances and complaints, dispute resolutions and appeals shall be made in accordance with the Department of Children and Families' and the Department of Human Services' rules and policies.

## **V. GENERAL STANDARDS**

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

"Admission Packet" means, for the purpose of this policy, the documentation that DCBHS requires the case manager to compile and provide to the out-of-home treatment provider prior to or at the time of the child, youth, or young adult's admission. No out-of-home treatment provider shall require the case manager to provide clinical information dated more than 12 months prior to the date of the child, youth or young adult's referral. It is the responsibility of the out-of-home treatment provider to obtain any additional documentation required by the provider's licensing and/or accreditation standards. The Admission Packet provided by the case manager shall include all of the following:

1. Copy of Birth Certificate;
2. Copy of Social Security card;
3. Copy of Medicaid card and/or private insurance card;
4. Physical examination, including a vision and hearing screening, if completed within the past 30 days (if no physical examination has been

completed within the past 30 days, an examination must be completed within 72 hours of admission);

5. Immunization records;
6. Documentation of negative Mantoux test;
7. Dental information;
8. One month supply of current medications or prescription for one month supply;
9. Pre-treatment clinical form;
10. Where the natural parent is not the legal custodian or guardian, a copy of the court order identifying the appropriate legal authority;

**FOR DYFS ONLY:** Copy of court order showing legal authority to place and Family Assessment showing Permanency Plan;

11. School transfer card;
12. Funding commitment from the Board of Education; and
13. Certificate of Need, when required by the program.

“Biopsychosocial Assessment” means an assessment completed by a licensed behavioral health professional which describes the child, youth, or young adult’s social history and functioning, family and support network, developmental needs and functioning, current needs and functioning, and goals and objectives for treatment;

“Bulletin Board” means the electronic file created and maintained by the CSA for each program site based on its unique Medicaid provider number. The Bulletin Board identifies children, youth, and young adults referred for out-of-home treatment services that match the program site’s level of care or a higher level of care, the Provider Information Form, and program capacity.

“Care Management Organization (CMO)” means an independent, community-based organization that combines advocacy, service planning and delivery, and care coordination into a single, integrated, cross-system process in order to assess, design, implement, and manage child-centered and family-focused Individual Service Plans for children, youth, and young adults whose needs cross multiple service systems and require intensive case management. (See N.J.A.C. 10:73.)

“Children’s Crisis Intervention Service (CCIS)” means a community-based acute care inpatient psychiatric unit, located in a community hospital and licensed as a closed child/adolescent inpatient facility by the Department of Health and Senior Services, that is designated by DCBHS to provide assessment, crisis stabilization, evaluation and treatment to children, youth, and young adults in need of involuntary commitment or eligible for parental admission or voluntary admission in accordance with R. 4:74 et seq.

These are considered short-term units with a typical length of stay of less than two weeks.

“Child/Family Team (CFT)” means a team of family members, professionals, and community residents organized by the case management entity to design and oversee implementation of the Individual Service Plan.

“Contracted Systems Administrator (CSA)” means the agency contracted by the State to provide support to DCBHS in the areas of utilization management, information, communication and quality management. DCBHS contracts with the CSA to review and authorize requests for admission to group homes, treatment homes, emergency treatment homes residential treatment centers, and psychiatric community residences located in-state.

“DCF 14 Day Plan” means an order by a Family Court judge that requires DCF to submit to the court, within 14 days of the order, a service plan that assesses the needs of the child, youth, or young adult and their family and details how these needs may be met. The 14 Day Plan must be sufficient for the court to understand what services the case management entity will coordinate for the child, youth, or young adult and how those services will address their behavioral and emotional disturbances. The 14 Day Plan must be specific and indicate what level of care is required for the child, youth or young adult, the quantity of services to be delivered and the goals for the child, youth or young adult to be accomplished by the services. The CSA conducts a utilization review of the service plan and authorizes it, as clinically necessary.

“Department of Children and Families (DCF)” means the Department within the New Jersey Executive Branch, created under P.L. 2006, c.47 that has the responsibility of ensuring safety, permanency, and well-being for all children and that has direct responsibility for child welfare and other children and family services. The new department includes the Division of Youth and Family Services, the Division of Child Behavioral Health Services, the Division of Prevention and Community Partnerships, the New Jersey Child Welfare Training Academy and the Office of Education.

“DCBHS” means the Division of Child Behavioral Health Services within the Department of Children and Families.

“DYFS” means the Division of Youth and Family Services within the Department of Children and Families.

“Electronic medical record” means the statewide management information system operated and maintained by the CSA.

“Emergency treatment home (ETH)” means an agency-operated, community-based residence, licensed by DCF in accordance with N.J.A.C. 10:128, that provides emergent mental and/or behavioral treatment services in a home-like setting to children and youth under 18 years of age until admission to the appropriate level of care can be effected. Admissions to emergency treatment homes are to be short-term and generally no more than 30 days.

“Family Support Organization” (FSO) means an independent, community-based organization, under contract with DCBHS, that is comprised of family members who are

involved or who have been involved with the system of care. FSOs provide advocacy and direct peer support for children, youth, and young adults and their families receiving CMO services in addition to providing advocacy and support for other children and families in the community who may need services under DCBHS. FSOs hold family support groups to assist families in understanding their child, youth, or young adult's challenges and maintaining relationships with them while they are in an out-of-home treatment setting.

“Group home (GH)” means any public or private residential establishment, other than a resource family home, licensed by DCF in accordance with N.J.A.C. 10:128 that provides board, lodging, care and mental and/or behavioral health rehabilitation services on a twenty-four hour basis to 12 or fewer children, youth, or young adults in a home-like, community-based setting.

“Individual Service Plan (ISP)” means the comprehensive, strength-based plan developed by the Child/Family Team that integrates clinical and social services and supports with family and community resources to address the needs of the child, youth, or young adult and their family across life domains in order to support the child, youth, or young adult to remain in or return to the community, in school and out of trouble.

“Intermediate Inpatient Unit” (IIU) means a sub-acute inpatient psychiatric unit located in a community hospital that is licensed as a closed child/adolescent inpatient facility by the Department of Health and Senior Services. IIUs serve youth who require additional inpatient treatment following stabilization in a CCIS with a typical length of stay of up to 60 days.

“Intensive Residential Treatment Services (IRTS)” means non-inpatient secure intensive treatment provided to youth who require twenty-four hour care in a safe, secure environment with constant line-of-sight supervision, medication management and a concentrated individualized treatment protocol. Services are provided to youth with a wide range of serious emotional and behavioral needs. IRTS admissions are to be short-term and not generally exceed 60 days.

“Joint Care Review (JCR)” means the electronic treatment plan for the child, youth, or young adult that is submitted to the CSA by the out-of-home treatment provider to demonstrate continued medical necessity, progress towards goals and areas of continued need. A JCR is completed every 90 days while the child, youth, or young adult resides in the out-of-home treatment setting as well as at the time of discharge.

“Mobile Response Services” means the time-limited, intensive, therapeutic and rehabilitative interventions delivered by or under the auspices of the Mobile Response agency, which includes an initial face-to-face response wherever the need presents and follow up coordination of services to address the presenting crisis or escalating situation. Mobile Response services are provided for the initial 72 hours following the request for service, spanning up to four days.

“Mobile Response Stabilization Management Services” means the services provided subsequent to Mobile Response services that focus on the monitoring and management of the Individual Crisis Plan, which includes formal and informal emotional and/or behavioral health services for a period up to eight weeks.

“Out-of-Home Treatment Referral Packet” means recent reports, assessments and other documentation pertaining to a child, youth, or young adult being referred for out-of-home treatment gathered by the case manager and sent to a potential provider within 72 hours of the provider assigning the child, youth or young adult to their agency. The referral packet includes all of the following:

1. Cover letter with identifying information including the name and agency of case manager and/or DYFS worker;
2. Referral Summary;
3. CSA referral number;
4. Medical reports for current or chronic health problems when indicated on the out-of-home treatment summary;
5. Most recent clinical evaluations, including:
  - (a) Biopsychosocial evaluation;
  - (b) Psychiatric report when the child, youth, or young adult is receiving psychotropic medication;
  - (c) Discharge summaries from all prior out-of-home treatment providers during the past 12 months;
  - (d) Documentation from a licensed behavioral health professional that describes risk and safety factors when caring for the child, youth, or young adult for a child, youth, or young adult who is described by a licensed behavioral health professional as engaging in either fire setting or sex offending behaviors; and
  - (e) Updated clinical information provided by the current treatment provider when a clinical evaluation listed above is more than six months old or when the child, youth or young adult is being transferred from one out-of-home treatment setting to another.
6. School reports: Child Study Team/Individual Education Plan;
7. Medicaid, NJ FamilyCare, 3560 number, or private health insurance identification number;
8. Copy of criminal complaints, probation reports and/or pre-disposition report; and
9. Strengths and Needs Assessment and Transition/Step-Down JCR completed by the out-of-home treatment provider when a child, youth, or young adult is in an out-of-home treatment setting and has been determined appropriate for transition to a more intensive or less intensive level of care or change in provider at the same level of care.



“Out-of-Home Treatment Referral Summary” means the DCBHS approved standardized electronic document that is completed by the case manager when referring a child, youth, or young adult to the CSA for admission to an out-of-home treatment setting.

“Provider Information Form (PIF)” means the DCBHS approved form that details the clinical and behavioral characteristics of the population that the out-of-home treatment provider is contracted to serve.

“Psychiatric Community Residence (PCR)” means a community-based residential facility, licensed by DCF in accordance with N.J.A.C. 10:37B, which provides food, shelter, personal guidance, and mental and/or behavioral health rehabilitation services to not more than 15 children, youth and young and young adults with behavioral and emotional challenges who require assistance on a twenty-four hour basis.

“Residential Treatment Center (RTC)” means a private or public community-based residential facility, licensed by DCF in accordance with N.J.A.C. 10:127, that provides room, board, care, and mental and/or behavioral health rehabilitation services for 13 or more children, youth, or young adults on a twenty-four hour basis.

“Specialized Residential Treatment Services Unit” means the organizational unit within DCBHS that serves as a conduit to all out-of-state, Specialty Services and IRTS referrals; provides case management entities with consultation for youth who are awaiting out of home treatment for 30 days or more; and, ensures that out-of-home treatment providers adhere to their contractual agreements with DCBHS to serve defined populations.

“Specialty Services (SPEC)” means DCBHS-contracted services provided to a defined population of children, youth, or young adults with special treatment needs who meet specific clinical criteria including, but not limited to, fire-setting, sexual offenses, and violence. Admission to Specialty Services is facilitated by the Specialized Residential Treatment Services Unit.

“Stabilization (Crisis) bed” means an available bed in a Psychiatric Community Residence, Residential Treatment Center, or Group Home, accessed through Mobile Response and Stabilization Services in accordance with N.J.A.C. 10:77-6 et seq., for the temporary placement of a child, youth, or young adult who is in crisis. The length of stay shall not exceed seven days.

“Transition/Step Down JCR (SDJCR)” means a JCR completed by the out-of-home treatment provider in the child, youth, or young adult’s electronic medical record when the provider, case manager, and family are in agreement that the he or she is in need of transfer to a more intense or less intense level of care or change in provider at the same level of care.

“Treatment home (TH)” means a family residence, licensed by DCF in accordance with N.J.A.C. 10:128, that provides intensive supervision and mental and/or behavioral health rehabilitation services to children, youth, or young adults in order to ameliorate emotional, social and/or behavioral challenges and support the child, youth, or young adult to remain in the community.

“Treatment Plan” means the written plan developed by the treatment team in collaboration with the family, in accordance with N.J.A.C. 127 and N.J.A.C. 128, that delineates how the services and supports delivered in the out-of-home treatment setting will meet the needs of the child, youth, or young adult, and remediate the mental and behavioral health challenges that resulted in admission into the out-of-home treatment setting.

“Young adult” means, for the purpose of eligibility for DCBHS out-of-home treatment services, unless otherwise required by law or entitlement, an individual between 18 and 21 years of age who was receiving services from DCF on or after the individual's 16th birthday; and on or after the individual's 18<sup>th</sup> birthday has not refused or requested that these services be terminated, as applicable; and the Commissioner of DCF determines a continuation of services would be in the individual's best interest. An individual between the age of 18 and 21 who is not eligible for services under this definition may seek admission to an out of home treatment setting if, at the discretion of the Director, DCBHS, admission to a DCBHS out-of-home treatment setting is in the best interests of the individual and services provided through the adult mental health system are not more appropriate given the nature and length of the services needed.

“Youth Case Management” (YCM) means services provided in accordance with N.J.A.C.10:37H and N.J.A.C. 10:73 to facilitate a level of case management that assists children, youth, and young adults in accessing and receiving the appropriate level of care, interventions, and supports to maintain the optimal functioning level in the community.

**B. Responsibilities of the Contracted Systems Administrator (CSA)**

1. Registering the child, youth, or young adult into the DCBHS system of care;
2. Conducting a complete and comprehensive level of care determination for the child, youth, or young adult including, but not limited to, admission to an out-of-home treatment setting;
3. Collaborating with the case management entity, DCBHS, DYFS and the family to facilitate meeting the treatment needs of the child, youth, or young adult;
4. Managing the Bulletin Board of all in-state program sites that meet the unique needs of the child, youth, or young adult at the level of care determined as the result of the telephonic review;
5. Providing authorization for admission to the out-of-home treatment setting subsequent to approval by DCBHS and communicating all authorizations to UNISYS; and
6. Tracking all children, youth, and young adults currently in DCBHS contracted out-of-home treatment settings and providing DCBHS with statistical reports including, but not limited to, the number of children, youth, and young adults waiting, assigned, admitted, and discharged by level of care or provider.

### C. Responsibilities of the Case Management Entity

1. Determining, in consultation with the family, guardian or caregiver whether the child, youth, or young adult's needs can be met appropriately in their current living arrangement with community-based services and supports. This determination should be made within the context of a CFT or treatment team meeting, where possible;

2. Discussing the recommendation for out-of-home treatment with the child, youth, or young adult and their family, guardian or caregiver when a determination is made that the child, youth, or young adult's needs cannot be appropriately met with community-based services and eliciting input and preferences regarding the out-of-home treatment setting;

3. Educating the family, guardian or caregiver on expectations and responsibilities with regard to their full cooperation and participation in the out-of-home treatment protocol, identifying barriers to family participation, and assisting the family in developing strategies to overcome these barriers. Expectations and responsibilities may include, but are not limited to, participation in treatment team meetings, therapy sessions, and parent training curriculums, collaboration on the provision of physical health care, provision of home visits, and preparation for the child, youth, or young adult's return home;

4. Providing the child, youth, or young adult and their family with comprehensive information regarding the referral and admissions processes for out-of-home treatment including, but not limited to, types of out-of-home treatment settings, geographic locations, time frames, policies regarding in-state and out-of-state searches, and responsibilities of the case manager and out-of-home treatment provider;

5. Ensuring that a NJ FamilyCare/Presumptive Eligibility (PE) or Medicaid application has been completed in accordance with N.J.A.C. 10:73. Where no application has been completed, the case manager shall immediately complete the NJ FamilyCare/PE or Medicaid application with the family and assist the family in obtaining the documentation required;

6. Obtaining supervisory approval for admission of the child, youth, or young adult to the out-of-home treatment setting;

7. Collaborating with the CSA, DCBHS, DYFS and the out-of-home treatment provider, and the child, youth, or young adult's family to facilitate the referral and admission process;

8. Ensuring that the Out-of-Home Treatment Referral Summary and the Out-of-Home Treatment Referral Packet are available at the time of the telephonic review with the CSA;

9. Ensuring that the Out-of-Home Treatment Referral Packet is sent via overnight mail to a potential out-of-home treatment provider within **72 hours** of the provider assigning the child, youth or young adult to their agency;

10. Arranging for the child, youth, or young adult and their family, and an out-of-home provider to meet and exchange information within **eight business days** of the provider assigning the child, youth or young adult to their agency;

11. Ensuring that the admission packet is complete and available prior to or at the time of admission to the out-of-home treatment provider;

12. Completing and submitting the Interstate Compact to the DCF Interstate Office when the child, youth or young adult is accepted for admission to an out-of-state treatment setting;

13. Facilitating admission of the child, youth, or young adult into the out-of-home treatment setting within **two weeks** of acceptance by the out-of-home provider, unless family circumstances preclude admission within this timeframe;

14. Verifying, on a monthly basis, continued eligibility for Federal entitlement programs; and

15. Assisting the family in making re-application for benefits when a Federal entitlement has been terminated.

#### D. Responsibilities of the Out-of-Home Treatment Provider

1. Reviewing the Bulletin Board of each program site within the agency on a daily basis;

2. Assigning the child, youth or young adult from the Bulletin Board to the program for further review;

3. Contacting the case manager to discuss the potential referral within **three** business days of assigning the child, youth or young adult to the program;

4. Reviewing the referral packet and collaborating with the case manager to meet with the child, youth, or young adult and their family to exchange information;

5. Determining, within **eight business days** of assigning the child, youth or young adult to the program, whether the emotional and behavioral health care needs of the child, youth or young adult can be adequately addressed by the array of services the agency is contracted to deliver;

6. Documenting all required information pertaining to the referral and admission process in the electronic medical record;

7. Ensuring that within 30 days of admission to the out-of-home treatment setting a treatment plan is completed. The treatment plan shall include a discharge plan that estimates the duration of the treatment and includes a method for maintaining contact, including visitation, with family, unless contraindicated; and

8. Providing all required documentation to the CSA to assess the continued need for a particular level of care including, but not limited to, Joint Care Reviews and Individual Service Plans where appropriate.

9. To ensure timely and proper payment for services, out-of-home treatment providers are strongly encouraged to verify, on a monthly basis, continued eligibility for Federal entitlement programs. The provider can verify eligibility by calling the UNISYS Recipient Eligibility Verification System (REVS) at 1 (800) 676-6562. In the instance where an out-of-home treatment provider becomes aware that a Federal entitlement has been terminated, the provider should immediately inform the case management entity of the lapse in benefits.

## **VI. PROCEDURES FOR REFERRALS AND ADMISSIONS TO GROUP HOMES, TREATMENT HOMES, RESIDENTIAL TREATMENT CENTERS, PSYCHIATRIC COMMUNITY RESIDENCES AND SPECIALTY SERVICES LOCATED IN-STATE**

### **A. Telephonic Review with the CSA\***

1. The case manager shall call the CSA to complete a telephonic review and a level of care determination for out-of-home treatment. If the child, youth, or young adult has not been previously registered with the CSA, registration shall occur at this time. The telephonic review must be held within 24 hours of the case manager's call to the CSA.

2. The CSA Care Coordinator shall obtain verbal confirmation from the case manager that the Out-of-Home Treatment Referral Packet is complete and that the family and the case manager's supervisor are in agreement with the decision to seek a level of care determination for admission to an out-of-home treatment setting.

3. The case manager and the CSA shall complete the Needs Assessment, review the family preferences regarding admission to an out-of-home treatment setting and discuss the child, youth, or young adult's treatment needs. Where the CSA or the case manager determines that a request for admission to an out-of-home treatment setting necessitates a consultation with the CSA Medical Director, he or she will be consulted during the telephone call, when possible.

4. Using DCBHS-defined level of care criteria, the CSA and the case manager determine the out-of-home level of care that appropriately meets the needs of the child, youth, or young adult. The level of care determination will be Emergency Treatment Home (ETH), Group Home (GH), Treatment Home (TH), Residential Treatment Center (RTC), Psychiatric Community Residence (PCR), or Specialty Services (SPEC).

**\*NOTE: As DCBHS continues to streamline the review process for a level of care determination certain agencies may be required to utilize an electronic review process rather than a telephonic review process.**

### **B. Referral and Admission to Specialty Services**

1. When the CSA and the case manager determine that admission to Specialty Services is appropriate, the case manager shall send a completed referral packet (see *Referral Packet Checklist* Attachment A) to the Specialized Residential Treatment Services Unit at DCBHS. The Specialized Residential Treatment Services Unit will collaborate with the case manager and initiate a search of in-state Specialty Services.

2. When a vacancy is identified, within **72 hours** the case manager shall:

(a) Call the family/caregiver/guardian to confirm that they are in support of admission to the identified Specialty Services treatment setting. The family's response is documented in a progress note in the electronic medical record;

(b) Forward the referral packet to the identified Specialty Services provider via overnight mail; and

(c) Inquire whether the provider has accepted the child, youth, or young adult for admission, and that the family/caregiver/guardian remains in agreement with this admission. The provider must enter an admission decision in the electronic medical record. If the child, youth, or young adult is accepted for admission, the provider enters a scheduled admission date into the electronic medical record.

3. The Specialized Residential Treatment Services Unit facilitates the admission to the Specialty Services treatment setting.

4. The CSA will authorize admission to the Specialty Services treatment setting upon notification of approval by the Specialized Residential Treatment Services Unit.

5. When no appropriate vacancy exists, the Specialized Residential Treatment Services Unit shall assign the child, youth, or young adult to one or more appropriate Specialty Services providers for consideration of admission when a vacancy occurs.

6. When the case manager, family, and Specialized Residential Treatment Services Unit determine that the child, youth, or young adult's needs can no longer be adequately met in their present living arrangement with community-based services and supports and there has been an exhaustive search of in-state Specialty Services programs a determination may be made to pursue admission to an out-of-state treatment setting in accordance with section VII of this policy.

C. Referral and Admission to Emergency Treatment Homes, Treatment Homes, Group Homes, Residential Treatment Centers and Psychiatric Community Residences

1. When the CSA and the case manager determine that admission to an ETH, TH, GH, RTC or PCR is appropriate and the family is in agreement, the CSA shall, within the next 24 hours, place the child, youth or young adult on the Bulletin Board of all in-state program sites that meet the unique needs of the child, youth, or young adult at the level of care determined as the result of the telephonic review.

2. Out-of-home treatment providers should review the Bulletin Board of each program site within their agency on a daily basis.

3. Where the out-of-home treatment provider determines they would like to view additional information on the child, youth or young adult, the provider shall assign the child, youth or young adult to the specific program site. Assigning allows the

potential out-of-home treatment provider to view other data in the electronic medical record.

4. The out-of-home treatment provider shall contact the case management entity within **three business days** to discuss the potential referral. The case management entity is then responsible to forward the provider a referral packet within **72** hours.

5. The out-of-home treatment provider shall review the referral packet and determine whether the child, youth or young adult's needs can be addressed appropriately by the provider's array of services. This determination should be made within **eight business days** of the child, youth, or young adult being assigned to the out-of-home treatment provider.

6. Within **three business days** of assignment, the case manager shall call the family to discuss the referral of the child, youth or young adult to one or more out of home treatment settings. The family's preferences shall be documented in a progress note in the electronic medical record.

7. Within **three business days** of assignment, the case manager shall arrange for the out-of-home treatment provider, the child, youth, or young adult and his or her family to meet and exchange information. The case manager shall ensure that within **eight business days** of the assignment this meeting will have taken place.

8. The case manager shall follow-up with the out-of-home treatment provider regarding acceptance of the child, youth, or young adult for admission, and whether the family remains in agreement with the admission. The provider must enter a decision in the electronic medical record. If the child, youth, or young adult is accepted for admission, the provider must enter a scheduled admission date into the electronic medical record.

D. Admissions Facilitated by the Specialized Residential Treatment Services Unit at DCBHS

1. Where out-of-home treatment options have been sought for the child, youth or young adult through the Bulletin Board for 30 days or more, he/she may be referred by the case manager to the Specialized Residential Treatment Services Unit for *consultation*.

(a) Prior to a referral to the Specialized Residential Treatment Services Unit, the case manager shall review for any changes in the child, youth or young adult's status and call the CSA for a review of the level of care determination.

2. The Case Manager must mail a complete residential referral packet to:

**DCBHS Specialized Residential Treatment Services Unit**  
**50 East State Street, 4<sup>th</sup> Floor**  
**PO Box 717**  
**Trenton, NJ 08625-0717**

The packet must include all information listed on the Referral Packet Checklist (Attachment A).

3. Within **3 business days** of receipt of the referral packet, a Specialized Residential Treatment Services consultant will be assigned to the child, youth or young adult, review the information and contact the case manager discuss possible treatment options.

4. Once residential treatment options are presented, the case manager shall follow through in contacting the recommended out-of-home treatment providers and send the requisite referral packets.

5. The case manager shall maintain communication with the out-of-home treatment provider(s) and the Specialized Residential Treatment Services consultant.

6. The case manager shall maintain updated progress notes regarding the potential admission in the electronic medical record.

7. For out-of-home treatment programs located in-state, the case manager is responsible to complete all requisite referral tasks.

8. Where no appropriate in-state vacancy exists and the Specialized Residential Treatment Services consultant, case manager and family determine that the child, youth, or young adult's needs can no longer be adequately met in their present living arrangement with community-based services and supports, a determination may be made in accordance with section VII of this policy to pursue out-of-state treatment.

## **VII. CRITERIA AND PROCEDURE FOR REFERRAL AND ADMISSION TO AN OUT-OF-STATE TREATMENT SETTING**

### A. Criteria for Referral to an Out-of-State Treatment Setting

1. No child, youth, or young adult shall be admitted to an out-of-state treatment setting unless one of the following criteria is met:

(a) The out-of-state treatment setting to which the child, youth, or young adult is being admitted is the least-restrictive, clinically appropriate treatment setting and is closer to the child, youth, young adult's family or guardian than any appropriate in-state placement; or

(b) The child, youth, or young adult cannot reasonably be served by any appropriate in-state treatment setting, including a resource family home or group facility, even with the addition of any available individualized services to the child, youth or young adult and the out-of-state treatment setting is the least restrictive, clinically appropriate treatment setting that meets the child, youth, or young adult's individualized service needs.

2. All admissions to out-of-state treatment settings shall be approved in writing by the Director, DCBHS.

### B. Procedure for Referral and Admission to an Out-of-State Treatment Setting



1. Where after 30 days no matches to in-state treatment programs are available through the Bulletin Board, the case manager shall forward the referral packet to the Specialized Residential Treatment Services unit via overnight mail for action.

2. When the Specialized Residential Treatment Services consultant, case manager and family determine that the child, youth, or young adult's needs can no longer be adequately met in their present living arrangement with community-based services and supports or at an in-state treatment program, and the Specialized Residential Treatment Services unit manager is in agreement, a determination may be made to pursue out-of-state placement. This determination should be made within the context of a CFT or treatment team meeting, where possible, and with a primary focus on the best interests of the child, youth, or young adult and their family, the appropriateness of their present living arrangement, the length of time they have been waiting for admission to an out-of-home treatment setting and the anticipated continued wait for a vacancy in-state.

3. The Specialized Residential Treatment Services consultant shall initiate a search for an appropriate out-of-state treatment setting. Where one or more out-of-state treatment settings that match the needs of the child, youth, or young adult are identified, the Specialized Residential Treatment Services consultant shall advise the case manager to forward a referral packet to each of the providers.

4. When an out-of-state treatment provider notifies the Specialized Residential Treatment Services consultant and the case manager that the child, youth, or young adult has been accepted for admission, the case manager shall call the family to confirm that they are in support of the admission and document their response in a progress note in the electronic medical record. When the child, youth or adult is accepted for admission by more than one out-of-state treatment provider, the family shall be asked for their preference.

5. The Specialized Residential Treatment Services consultant shall facilitate the process for approval and authorization for the admission. The Specialized Residential Treatment Services consultant shall ensure that no child, youth, or young adult is admitted to an out-of-state treatment setting unless the criteria herein are satisfied and written approval from the Director, DCBHS has been obtained.

6. The Specialized Residential Treatment Services consultant shall notify the case manager, out-of-home treatment provider and the DCF Interstate Liaison of approval for exceptional funding for the admission via e-mail. The case manager shall complete the Interstate Compact and submit it to the DCF Interstate Office.

7. The Specialized Residential Treatment Services consultant shall notify the CSA that admission to the out-of-home treatment setting has been approved.

8. On the day of the child, youth or young adult's admission authorization will be provided by the CSA.

9. All travel arrangements to the out-of-state program shall be made by the case management entity.

**VIII. REFERRAL FOR OUT-OF-HOME TREATMENT BY FAMILY COURT IN CONNECTION WITH A JUVENILE DELINQUENCY COMPLAINT**

A. In the instance where a judge of the Family Court orders a child, youth, or young adult into the care and responsibility of the Department of Children and Families for the determination of appropriate services, to be provided in or out-of-home, pursuant to N.J.S.A. 2A:4A-43b.(5) The following procedure shall be followed:

1. Within fourteen days of the order, the appropriate case management entity assigned to determine the clinical need of the child, youth, or young adult shall provide to the court a 14 day plan for services indicated by the appropriate assessment of the child, youth, or young adult's needs and strengths. Upon acceptance by the court, the 14 Day Plan shall immediately be implemented by the case management entity.

2. Where the court orders out-of-home treatment but the case management entity suggests another viable option exists to meet the child, youth or young adult and family's needs, the court may consider either modifying its order or allowing concurrent planning of the court order and suggested alternative. While the court maintains the final authority to determine the proper disposition, the court may give fair consideration to proposed plans that provide for community based services (rather than out-of-home treatment options), so long as community safety is addressed.

3. Where the court determines that community-based services are not appropriate, the case management entity shall follow the procedures otherwise set forth in this policy for admission to an out-of- home treatment setting. If a child or youth is held in a juvenile detention center, the case management entity shall make every effort to ensure the child or youth has access to the appropriate service within 30 days of the court ordered disposition.

B. Court Orders for Treatment

1. Subsequent to the completion of VIII.A. above, when the court orders treatment, the order shall be implemented.

C. For a child, youth or young adult known to Family Court, decision-making regarding out-of-home treatment may not require a 14 Day Plan, though does require elements therein. Where the court is in agreement, the case management entity may complete an assessment and provide a service plan within the timelines prescribed by the court.

**IX. TRANSITION/STEP-DOWN REFERRAL AND ADMISSION PROCESS BETWEEN OUT-OF-HOME TREATMENT SETTINGS**

A. The following procedure is designed to abbreviate the process for transitioning/stepping-down a child, youth, or young adult between out-of-home treatment settings.

1. The case manager shall enter a progress note in the electronic medical record that indicates the current out-of-home treatment provider, case manager and child, youth, or young adult and his or her family are in agreement with the transition/step-down decision and document their preferences regarding the out-of-

home treatment setting. Where a treatment team has identified a specific out-of-home treatment setting for transition/step-down, the name of the out-of-home treatment setting must be included in the Transition/Step-Down JCR.

2. The current out-of-home treatment provider shall complete a Strengths and Needs Assessment and Transition/Step-Down JCR in the child, youth or young adult's electronic medical record. The Transition/Step-Down JCR must include documentation of progress on all treatment goals, treatment recommendations, behavioral management issues and recommendations. All of the following must be addressed:

- (a) Course and progress in treatment;
- (b) Achieved goals and objectives;
- (c) Improved goals and objectives;
- (d) Reasons for lack of progress in achieving goals and objectives, (where applicable);
- (e) Challenges during the treatment process; and,
- (f) Strategies for challenges and successes.

3. The CSA shall complete a level of care determination based on the Strengths and Needs Assessment and Transition/Step-Down JCR.

4. CSA shall, within the next 24 hours, place the child, youth or young adult on the Bulletin Board of all in-state program sites that meet the unique needs of the child, youth, or young adult at the appropriate level of care, unless a specific program has been identified by the treatment team in the Transition/Step-Down JCR.

5. When an out-of-home treatment provider assigns a child, youth or young adult to their program from the Bulletin Board, the provider should be able to obtain all information necessary to make an acceptance decision and design a treatment plan from the electronic medical record. This includes the Transition/Step-Down JCR, other JCRs and Strengths and Needs Assessments in the electronic medical record and progress notes.

6. The out-of-home treatment provider shall review the Transition/Step-Down JCR and call the case manager and the referring out-of-home provider within **2 business days of assignment** to discuss the potential admission and obtain any additional information, if needed. It is the responsibility of the case manager to facilitate this exchange of information and, if necessary, schedule a meeting between the child, youth or young adult and his or her family and the out-of-home treatment provider, and to make any transportation arrangements. Information to be obtained may include but is not limited to

- (a) Consultation with the psychiatrist or therapist at the referring out-of-home provider;

(b) A review of the course of treatment with the referring out-of-home treatment provider; and

(c) Child Study Team/Individual Education Plan information.

7. Within **6 business days of assignment**, it is expected that the case manager and the step down out-of-home treatment provider will have exchanged sufficient information for the provider to make a decision regarding admission. The provider must enter an admission decision in the electronic medical record. If the child, youth, or young adult is accepted for admission, the provider must enter a scheduled admission date into the electronic medical record.

8. When the CSA approves a transition/step-down recommendation within the same provider agency, the CSA shall confirm that the provider has a vacancy. When no current vacancy exists, the CSA will request that the provider submit a projected vacancy for the facility.

9. It is the responsibility of the case manager to facilitate the step down provider's receipt of the admission packet defined within this policy and to facilitate the transfer of the referral packet from the current out-of-home treatment provider.

10. At the time of admission, the parent or legal guardian must be present to sign all required consent forms. The legal guardian must provide legal documentation of guardianship. Where needed, it is the responsibility of the case manager to facilitate transportation of the parent(s) or legal guardian to the facility.

**X. PROCEDURES FOR REFERRALS AND ADMISSIONS TO CHILDRENS CRISIS INTERVENTION SERVICES (CCIS), INTERMEDIATE INPATIENT UNITS (IIUs) INTENSIVE RESIDENTIAL TREATMENT SERVICES (IRTS) AND STABILIZATION BEDS**

A. Admissions to CCIS units shall be made in accordance with R.4:74 et seq., "Civil Commitment-Minors."

B. Children, youth, or young adults residing in facilities operated by the Juvenile Justice Commission and children, youth, or young adults whose legal charges preclude admission into a local CCIS unit will be served in a Secure CCIS unit. Admissions into the Secure CCIS unit shall be made in accordance with R.4:74 et seq. and DCBHS Policy # 11, "Screening, Commitment and Admission Procedure to a Secure CCIS Unit"

C. Youth who require additional treatment following stabilization in a CCIS unit shall receive appropriate individualized treatment in a setting most suitable to meet their needs.

D. Referrals from CCIS units to Intermediate Inpatient Units (IIU) for continued inpatient treatment shall be made directly to the IIU using the existing processes for hospital-to-hospital transfer or discharge and admission, and in accordance with DCBHS Policy #11, "Referral and Admission Procedure to Intensive Residential Treatment Services and Intermediate Inpatient Units."

E. Referrals from CCIS units to Intensive Residential Treatment Services (IRTS) shall be made directly to the DCBHS Out-of-Home Treatment Services Unit in accordance with DCBHS Policy #11, "Referral and Admission Procedure to Intensive Residential Treatment Services and Intermediate Inpatient Units."

F. Private Inpatient hospitals may make referrals to IRTS using the referral process outlined in their Memoranda of Understanding with DCBHS for registering children, youth, and young adults and uploading the required documentation into the electronic records.

G. Admissions to Stabilization Beds are made in accordance with the requirements set forth at N.J.A.C. 10:77-3.10 et seq, "Collaboration with Mobile Response Agencies."



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Nadezhda Robinson, Ph.D., Director  
Division of Child Behavioral Health Services

Attachment

**OUT-OF-HOME REFERRAL PACKET CHECKLIST**

Cover letter with identifying information including the name and agency of case manager and/or DYFS worker;

Referral Summary;

CSA referral number;

Medical reports for current or chronic health problems when indicated on the out-of-home treatment summary;

Most recent clinical evaluations, including:

- a. Biopsychosocial evaluation;
- b. Psychiatric report when the child, youth, or young adult is receiving psychotropic medication;
- c. Discharge summaries from all prior out-of-home treatment providers during the past 12 months;
- d. Documentation from a licensed behavioral health professional that describes risk and safety factors when caring for the child, youth, or young adult for a child, youth, or young adult who is described by a licensed behavioral health professional as engaging in either fire setting or sex offending behaviors; and
- e. Updated clinical information provided by the current treatment provider when a clinical evaluation listed above is more than six months old or when the child, youth or young adult is being transferred from one out-of-home treatment setting to another.

School reports: Child Study Team/Individual Education Plan; and

Medicaid, NJ FamilyCare, 3560 number, or private health insurance identification number;

Copy of the current adjudicated complaint, probation reports and/or pre-disposition report; and,

Strengths and Needs Assessment and Transition/Step-Down JCR completed by the out-of-home treatment provider when a child, youth, or young adult is in an out-of-home treatment setting and has been determined appropriate for transition to a more intensive or less intensive level of care or change in provider at the same level of care.