

shall interfere with the recipient's retention, use, or control of the personal needs allowance.

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

CHILDREN AND FAMILIES

(a)

DIVISION OF YOUTH AND FAMILY SERVICES Manual of Requirements for Resource Family Parents

Readoption with Amendments: N.J.A.C. 10:122C Adopted Repeal: N.J.A.C. 10:122C-5.7

Proposed: March 7, 2011 at 43 N.J.R. 547(a).

Adopted: February 2, 2012 by Allison Blake, Ph.D, LSW,
Commissioner, Department of Children and Families.

Filed: February 13, 2012 as R.2012 d.057, **with substantial and technical changes** not requiring additional public notice and comment (see N.J.A.C. 1:30-6.3).

Authority: N.J.S.A. 30:4C-4(h), 30:4C-26a, and 30:4C-27.15.

Effective Dates: February 13, 2012, Readoption;
March 19, 2012, Amendments and Repeal.

Operative Date: September 19, 2012.

Expiration Date: February 13, 2019.

Summary of Public Comments and Agency Responses:

Comments were received from Carolyn Torre, RN, MA, APN, New Jersey State Nurses Association; Mary Cullen-Drill, DNP, APN-BC, DCC; Ena M. Cade, MD, FAAP; Deborah Drumm, APN-BC, Advanced Behavioral Counseling of NNJ, LLC; Brenda Marshall, EdD, APN-BC; Eileen T. Davis, RN, APN, C; Lisa Abrams, APN-BC; Susan Simmons-Alling, APN, C; Kathleen Prendergast, PMH-APN; Gail F. Canavan, R.N., A.P.N., C; Caroline Corvine, RN, MSN-APN, C; Maureen Ambinder, RN, APN, RYT; Debra Wentz, Ph.D., New Jersey Association of Mental Health and Addiction Agencies, Inc. (NJAMHAA); Suzanne Drake, PhD, APM, The Wellness Group of New Jersey, LLC; Margaret H. Pipchick, PhD, APN; Kathleen Kilcoyne, APN; Margaret King, APN, C; Meshell Mansor, APN-C; Rebecca Graboso, APN, Riverview Medical Center; Stephen M. Neff, M.Div., MSN, APN-BC, Center for Family Guidance; Susan E. Cohen, MSN, APN-C; Rachel Karbowski, MS, APN, Society of Psychiatric Advanced Practice Nurses of the New Jersey State Nurses Association; Tess Medina, BSN, MAS, RN-BC, Behavioral Health, St. Clare's Hospital; Sharon Mason-Bell, MD, Youth Consultation Service; and the Center for Family Guidance.

N.J.A.C. 10:122C-3.2(a)5 and (b)2, 7.1(b), and 7.4(b)

1. COMMENT: The use of electronic health records should also be reinforced and resources for this critical technology should be provided to ensure that such coordination occurs among providers.

RESPONSE: The Division believes that this comment is outside the scope of these rules, as these rules in this chapter pertaining to health records address health records kept by resource family parents, not health care providers. The Division supports the providers' use of electronic health care records.

N.J.A.C. 10:122C-5.6

2. COMMENT: NJAMHAA recommends that the Department provide training on psychopharmacology to resource family parents, if this is not currently required.

RESPONSE: The specific topics included in resource family parent training are not specified in the rules so that the training can be updated and individualized as needed. The Division will not change this rule on adoption to include information on psychopharmacology as a required part of pre-service or in-service training because the Division is approaching the medical needs of children placed in resource care on an individual basis. General information on administering medications is

contained in the Parent Resources for Information, Development and Education (PRIDE) training given to all applicants. A new in-service training module available from Foster and Adoptive Family Services' covers psychotropic medications. Child health unit nurses located in local offices also train resource family parents individually on the needed medical care for an individual child.

N.J.A.C. 10:122C-7.4(a)1i

3. COMMENT: This comment addresses a proposed change to N.J.A.C. 10:122C-7.4(a)1i which would eliminate Psychiatric Advanced Practice Nurses (APN) from the list of providers authorized to assess and prescribe for children diagnosed with psychiatric disorders when they are in placement with resource family parents. Evaluating/diagnosing and providing psychotropic medication management for children/adolescents is within the scope of practice of Psychiatric APN's as authorized by statute (N.J.S.A. 45:11-49 et seq.). We urge you to reconsider this change as it will undermine the State's own efforts to advocate for comprehensive psychiatric mental health services.

RESPONSE: The Division is committed to ensuring that the children under its care and supervision receive quality health care when they need it. In children with mental health needs, the initial psychiatric assessment establishes the relative contributions of genetic, developmental, social, psychological, and medical factors to the psychiatric illness. The initial psychiatric assessment provides a formulation, diagnoses, and recommendations, establishing a foundation for treatment. Because of the importance of accurate psychiatric diagnosis, which is more complex with youth who have been displaced and traumatized, the initial psychiatric assessment requires the greatest depth of training and expertise in neurodevelopment and psychiatry. Therefore, the Division has decided that the initial psychiatric assessment must be completed by a physician with board certification or eligibility in one of the medical specialties with strong developmental psychiatric expertise: psychiatry, neurodevelopmental pediatrics, or pediatric neurology. This is what the Division proposed at N.J.A.C. 10:122C-7.4(a)1i. However the Division recognizes the need for clarification and is making changes to N.J.A.C. 10:122C-7.4 upon adoption to reorganize the language and to provide clarity regarding the Division's intentions relating to the initial assessment for psychotropic medications in general. As a result of these changes, recodification of subsection (a) is necessary. The Division has added the term "initial" to clarify that the assessment being referenced is in recodified paragraph (a)1. The Division has also removed the term "specialist" and replaced it with "physician" in this same paragraph, and "physician" is added to existing subparagraph (a)4ii, which will now be recodified as subparagraph (a)5ii, in order to clarify that the Division means a physician with a specific expertise.

The Division has separated the initial assessment to determine the need for psychotropic medications for Attention Deficit Hyperactivity Disorder from the general initial assessment for psychotropic medications and placed this type of assessment in new subparagraph (a)1i. The Division's intention is to allow resource family parents to use an advanced practice nurse certified in pediatric or family medicine or psychiatric/mental health to complete the initial assessment of a child in placement when the assessment is being conducted solely for the purpose of an initial assessment for Attention Deficit Hyperactivity Disorder. The Division is making this change based upon its review of proposed subparagraph (a)1ii, where it found that this provision could be made clearer. Therefore, the Division has made this change and deleted existing subparagraph (a)1ii.

As discussed above, the Division is making changes to existing subparagraph (a)4i and ii and also recodifying paragraph (a)4 as 5, as discussed below. Specifically the Division is adding that ongoing assessments and treatment, including reassessment, psychoeducation, medication management, and safety monitoring, are provided by physicians with expertise and experience in psychiatry, neurodevelopmental pediatrics, or pediatric neurology, or advanced practice nurses certified in psychiatric/mental health. The Division has made this change on adoption for clarity and because board-certified psychiatric/mental health advanced practice nurses are integral to providing services to these children and youth. As a member of the multidisciplinary team that includes the child, family, resource family

parents, physicians, and other service providers, his or her specialized training and expertise adds another lens to the understanding of a child in placement and extends the Division’s ability to provide quality medical treatment to these children. Therefore, the Division wants resource family parents to have the option of using advanced practice nurses certified in psychiatric/mental health to complete ongoing assessments, psychotropic medication monitoring, and resultant prescriptions for a child in placement.

The Division is making changes to recodified subparagraph (a)5iii. Specifically, the Division is adding that resource family parents may use an advanced practice nurse certified in pediatric or family medicine to complete ongoing assessments, psychotropic medication monitoring, and prescriptions for children in placement solely for the treatment of Attention Deficit Hyperactivity Disorder.

The Division also adds new subparagraph (a)5iv, which requires the resource family parent to ensure that the prescriber reviews the child’s status, behavior, well-being, progress, side effects, and reason for continuing the medication every 30 days or as the prescriber deems necessary and new subparagraph (a)5v, which requires the resource family parent in conjunction with the caseworker to ensure that a pediatric or family physician or advanced practice nurse certified in pediatric or family medicine or psychiatric/mental health treating a child in placement for Attention Deficit Hyperactivity Disorder coordinates care for each child in placement who is also being treated for another psychiatric disorder by another prescriber. New subparagraph (a)5iv was initially proposed as part of existing subparagraph (a)4ii, but is deleted upon adoption (as discussed above) as that subparagraph was changed and recodified as subparagraph (a)5ii. New subparagraph (a)5v, while expanded upon for clarity, regarding evaluation and treatment of children in placement for Attention Deficit Hyperactivity Disorder, was originally proposed as a part of existing subparagraph (a)4iii.

As a result of the above changes, the Division has recodified existing subparagraph (a)1iv as paragraph (a)2, without change, and existing paragraphs (a)2 and 3 have been recodified as paragraphs (a)3 and 4 without change.

N.J.A.C. 10:122C-7.4(a)1ii

4. COMMENT: In some cases, a child psychiatrist initially treats the child and then a pediatrician takes on the responsibility of ongoing maintenance, with the option to consult with the psychiatrist as needed. NJAMHAA’s concern is that the proposed language is very restricting and would limit possibilities for parents, rather than assuring safety.

RESPONSE: The children in resource family care are a particularly vulnerable population regarding mental and behavioral illness. With the exception of children diagnosed with Attention Deficit Hyperactivity Disorder, the Division believes that these children require ongoing monitoring by providers who specialize in mental and behavioral health. The Division will not make the suggested change.

N.J.A.C. 10:122C-7.4(a)1iii

5. COMMENT: NJAMHAA applauds the addition of N.J.A.C. 10:122C-7.4(a)1iii. Reinforcement of the need to coordinate care among all health care providers is essential, especially when there is a potential use of multiple medications among providers who are treating the same child for co-occurring illnesses.

RESPONSE: The Division thanks the NJAMHAA for its support.

Summary of Agency-Initiated Change:

In the notice of proposal, the Division proposed to amend N.J.A.C. 10:122C-5.4(a) to separate paragraph (a)1 into paragraphs (a)1 and 2. That amendment necessitates a technical change on adoption to N.J.A.C. 10:122C-2.4(c)3, which cross-references N.J.A.C. 10:122C-5.4(a)1, and will now cross-reference N.J.A.C. 10:122C-5.4(a)1 and 2.

Federal Standards Statement

This chapter of rules is subject to, but does not exceed, any Federal standards. The rules help the State of New Jersey to meet Federal standards at 42 U.S.C. §§ 671(a)(10), (11), (12), (18), (19), (20), (24), and (31) and 1996b and at 45 CFR 1355.38, 1356.21(m)(2) and 1356.30(a).

Full text of readopted rules can be found in the New Jersey Administrative Code at N.J.A.C. 10:122C.

Full text of the adopted amendments follows (additions to proposal indicated in boldface with asterisks ***thus***; deletions from proposal indicated in brackets with asterisks ***[thus]***):

SUBCHAPTER 1. GENERAL PROVISIONS

10:122C-1.1 Legal authority

- (a) (No change.)
- (b) A person shall not provide resource family care to a child in placement unless the person is licensed by the Office of Licensing.
- (c) (No change.)

10:122C-1.2 Scope

(a) A resource family parent who is subject to the provisions of this chapter shall include any person with whom a child in the care, custody or guardianship of the Department is placed for resource family care, and any person with whom a child is placed by the Division for the purpose of adoption until said adoption is finalized.

(b) The resource family parent shall secure approval from the Department, or from an agency under contract with the Department, to provide one or more of the following services:

- 1. (No change.)
- Recodify existing 3.-5. as 2.-4. (No change in text.)
- (c) (No change.)

10:122C-1.3 Definitions

(a) (No change.)

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

...
 “Chapter” means the rules contained in the Manual of Requirements for Resource Family Parents, N.J.A.C. 10:122C. These provisions constitute minimum baseline requirements below which no home that is subject to the authority of N.J.S.A. 30:4C-27.3 et seq. and 30:4C-4 is legally permitted to operate.

...
 “Civil union” means the legally recognized union of two eligible individuals of the same sex, established pursuant to P.L. 2006 c. 103, N.J.S.A. 37:1-28 et seq. Parties to a civil union shall receive the same benefits and protections and be subject to the same responsibilities as spouses in a marriage.

...
 “Division” means the Division of Youth and Family Services, New Jersey Department of Children and Families, except for the Office of Licensing.

...
 “Household member” means a person residing in the resource family home other than a resource family parent, resource family parent applicant or child in placement. Household members shall also include boarders and frequent overnight guests 18 years of age or older in the resource family home.

“Kinship care” means care provided by a resource family parent or applicant who is:

- 1.-2. (No change.)

...
 “Resource family home” or “home” means a private residence, located in New Jersey, other than a children’s group home, treatment home, teaching family home, alternative care home or shelter home, in which board, lodging, care and temporary out-of-home placement services are provided by a resource family parent on a 24-hour basis to a child under the auspices of the Division, including a child placed by the Division for the purpose of adoption until the adoption is finalized.

“Resource family parent” means a person who is licensed by the Office of Licensing to provide resource family care, including a person who is licensed to have a child or children placed with him or her for the purpose of adoption.

...

10:122C-1.4 Capacity

(a) (No change.)

(b) The Office of Licensing may license a resource family home for more than the capacity limits specified in (a)1 above if necessary to keep sibling groups intact or to serve the best interests of the children who are or may be placed in the home.

(c) The Office of Licensing may license a resource family home for less than the capacity limits specified in (a)1 above, may reduce a home's licensed capacity after the license has been issued and may restrict a home to serve only a specific child or children, if necessary to serve the best interests of the children who are or may be placed in the home.

10:122C-1.6 Nondiscrimination

Neither the Department nor a contract agency shall discriminate with regard to the application or licensure of a resource family parent on the basis of race; color; ethnicity; national origin; age; disability; gender; religion; affectional or sexual orientation, as defined at N.J.S.A. 10:5-5hh; gender identity or expression, as defined at N.J.S.A. 10:5-5rr; parental status; birth status; or marital, civil union or domestic partnership status.

SUBCHAPTER 2. LICENSING PROCEDURES

10:122C-2.1 Application for a license

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

(d) The applicant shall cooperate with the Department or contract agency in the completion of all components of the application and home study process within the time limits established by the Department. The components of the application and home study process for an initial license shall include:

1. Inspection of the resource family home and surrounding area by the Office of Licensing, Division or contract agency representative;

2.-4. (No change.)

5. Completion and submission by the applicant of the following:

i.-iii. (No change.)

iv. Information necessary for a State and Federal Criminal History Record Information background check pursuant to N.J.S.A. 30:4C-26.8 for each applicant and household member 18 years of age or older, each new adult household member and each household member who reaches 18 years of age, as specified in N.J.A.C. 10:122C-5.4;

v.-vi. (No change.)

vii. A Resource Family Parent Agreement, which includes the applicant's agreement to attend to the child's health and dental care and to provide services as reflected in the Agreement and as appropriate to each child placed in the home;

viii.-ix. (No change.)

(e) An applicant seeking to provide kinship care, as specified in N.J.A.C. 10:122C-1.2(b)3, may be approved by the Division to care for a child prior to the issuance of a license, provided that all of the following conditions are met:

1.-4. (No change.)

10:122C-2.2 Issuance of a license

(a) (No change.)

(b) The Office of Licensing may grant a waiver of a level II requirement for a resource family parent or applicant providing kinship care, as specified in N.J.A.C. 10:122C-1.2(b)3.

1. Requests for waivers shall be made to the Office of Licensing in writing by the Division or contract agency representative, with supporting information justifying the request.

2.-5. (No change.)

(c)-(g) (No change.)

(h) If the resource family changes residence, the Office of Licensing representative shall inspect the new residence to determine whether it is in compliance with the applicable provisions of this chapter. The resource family parent shall provide notice of a change of residence at least 30 days in advance of the move.

(i)-(k) (No change.)

10:122C-2.3 Annual inspection

(a) The resource family parent shall permit and ensure participation in:

1. An annual inspection of the resource family home by the Division or Office of Licensing representative to determine whether the resource family home complies with the applicable provisions of this chapter; and

2. An annual interview with each resource family parent, child in placement and household member by the Division, Office of Licensing or contract agency representative.

10:122C-2.4 Renewal of a license

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

(c) For license renewal, the resource family parent shall:

1.-2. (No change.)

3. Submit information necessary for a State Criminal History Record Information background check pursuant to N.J.S.A. 30:4C-26.8 for each resource family parent and household member 18 years of age or older, each new adult household member*,* and each household member who reaches 18 years of age, as specified in N.J.A.C. 10:122C-5.4(a)1 *and 2*;

4. (No change.)

10:122C-2.5 Denying, suspending, revoking or refusing to renew a license

(a)-(g) (No change.)

(h) Each license issued by the Office of Licensing to a resource family parent remains the property of the State of New Jersey. If the Office of Licensing suspends or revokes a license, the resource family parent shall return the license to the Office of Licensing immediately.

10:122C-2.7 Complaints

(a) Whenever the Office of Licensing receives a report questioning the licensing status or compliance of a resource family parent or applicant or alleging a violation of the requirements specified in this chapter, the Office of Licensing shall ensure that the allegation is promptly investigated to determine whether the complaint is confirmed.

(b) Upon completion of the complaint investigation, the Department shall notify the resource family parent or applicant and the Division office or contract agency that has supervision of the resource family home in writing of the results of the investigation, with the exception of any information not permitted to be disclosed pursuant to N.J.S.A. 9:6-8.10a, or any other State or Federal law.

(c)-(f) (No change.)

SUBCHAPTER 3. ADMINISTRATION

10:122C-3.2 Records kept by a resource family parent

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

(d) The Department may, without prior notice, inspect and examine a resource family home and inspect all documents, records, files or other data required to be maintained by a resource family parent pursuant to the Resource Family Parent Licensing Act, N.J.S.A. 30:4C-27.3 et seq.

10:122C-3.3 Confidentiality of records

(a) Each resource family parent file maintained by the Department of Children and Families shall be confidential to protect the safety and welfare of the children and resource family parents and shall not be part of the public record, in keeping with the Open Public Records Act, P.L. 2001, c. 404, and other applicable statutes and rules. The Department may issue statistical reports depicting resource family home licensing activity that are part of the public record, but such reports shall not contain any identifying information on any individual child or resource family home.

(b) (No change.)

10:122C-3.4 Reporting requirements

(a) The resource family parent shall immediately verbally notify the State Central Registry whenever there is reasonable cause to believe that a child has been or is being abused or neglected, as required by N.J.S.A. 9:6-8.9, 8.10, 8.13 and 8.14. Copies of the law and information about it are available upon request from the Department's Office of Communications and Public Affairs, PO Box 729, Trenton, NJ 08625-0729.

(b)-(f) (No change.)

SUBCHAPTER 4. PHYSICAL FACILITY REQUIREMENTS

10:122C-4.1 Physical facility and maintenance requirements

- (a) (No change.)
 (b) Level I maintenance requirements are as follows:
 1.-10. (No change.)
 11. Each egress door shall be readily opened from the side from which egress is to be made without a key, special knowledge or effort.
 (c) The home, land and outdoor area shall be free from hazards to the health, safety or welfare of children. Each requirement in this subsection is a level I requirement.
 1.-3. (No change.)
 4. Kitchen and bathroom requirements are as follows:
 i.-ii. (No change.)
 iii. A sufficient supply of hot water that is maintained at a safe temperature in the professional judgment of the Office of Licensing staff and cold running water shall be in the home.
 5. (No change.)
 (d) Paint on the interior and exterior surfaces accessible to children shall be free of flaking, peeling and chipping. This is a level II requirement.
 (e) (No change in text.)

10:122C-4.2 Bedroom requirements

- (a) Level I bedroom requirements are as follows:
 1. (No change.)
 2. Each child in placement shall be provided with his or her own bed, bassinet or crib, as age-appropriate, which is located in a bedroom and kept in a sanitary and safe condition.
 3.-5. (No change.)

SUBCHAPTER 5. PERSONAL REQUIREMENTS

10:122C-5.1 General personal requirements

- (a) Level I general personal requirements are as follows:
 1.-2. (No change.)
 3. The resource family parent shall demonstrate reasonable and mature attitudes towards professional figures and institutions, as determined by a review of references and an assessment of the resource family parent's interactions during training and home visits by the Department or contract agency representative.
 i. The resource family parent shall cooperate with all activities in the case plan for the child in placement, such as counseling, therapy, court sessions, visits with the child's family or life skills programs to develop the basic skills needed to succeed in daily living, career planning, housing and money management, when appropriate.
 ii. (No change.)
 4.-6. (No change.)

10:122C-5.2 References

- (a)-(b) (No change.)
 (c) Each personal reference shall meet the following requirements:
 1.-4. (No change.)
 5. The personal references shall provide information needed to assist the Department or contract agency in evaluating:
 i.-vi. (No change.)
 vii. The reliability of observations of the home made by the Department and the contract agency representative and reports given by the resource family.
 (d)-(g) (No change.)

10:122C-5.4 Criminal History Record Information background checks

- (a) Level I Criminal History Record Information requirements are as follows:
 1. As a condition of securing a license, the resource family parent or applicant shall ensure that a State and Federal Criminal History Record Information (CHRI) background check, in keeping with the New Jersey Adoption and Safe Families Act, P.L. 1999, c. 53, N.J.S.A. 30:4C-26.8, and current within one year, is completed for each resource family parent or applicant and each household member at least 18 years of age.

2. Each new household member at least 18 years of age, and each household member who reaches 18 years of age shall complete a State and Federal CHRI background check.

3. Each resource family parent or adult household member who is not registered in the flagged State criminal history record information background check pursuant to N.J.S.A. 30:4C-27.8b shall complete a State CHRI background check prior to license renewal.

4. A criminal history record name-based check can replace the CHRI background check in individual cases where fingerprints cannot be taken because of a physical disability which prevents fingerprinting or because the person has either no fingerprints or no fingers.

Recodify existing 2.-8. as 5.-11. (No change in text.)

(b) (No change.)

SUBCHAPTER 6. RESOURCE FAMILY HOME PROGRAM REQUIREMENTS

10:122C-6.1 Supervision of children in placement

- (a) Level I supervision requirements are as follows:
 1.-3. (No change.)
 4. When a child in placement attends a child care center or family child care home, the program shall be either licensed, as specified in N.J.A.C. 10:122, or registered, as specified in N.J.A.C. 10:126 and 126A, as applicable.

10:122C-6.2 Visitation and communication

- (a)-(c) (No change.)
 (d) If a visitor appears to be under the influence of drugs or alcohol, the resource family parent:
 1. (No change.)
 2. Shall immediately contact the Division or the State Central Registry when the Division's local office is closed, and the contract agency representative.
 (e)-(f) (No change.)

10:122C-6.3 Education

- (a)-(c) (No change.)
 (d) The resource family parent shall ensure that each child in placement who is three or four years old, or five years old and not enrolled in kindergarten, attends an early childhood education program. The early childhood education program shall be:
 1. Provided by a licensed child care center, a registered family child care provider in accordance with N.J.A.C. 10:126 and 10:126A, or a public or private school, or provided or approved by the Department of Children and Families, the Department of Education or the Department of Health and Senior Services; and
 2. (No change.)
 (e) (No change.)

SUBCHAPTER 7. HEALTH REQUIREMENTS

10:122C-7.4 Psychotropic medication

- (a) Level I psychotropic medication requirements are as follows:
 1. Before any psychotropic medication is administered to a child in placement*,**[:
 i. The]* **the*** resource family parent, in conjunction with the Division or contract agency caseworker, shall ensure that the *[child is assessed by]* **child's initial assessment to determine the need for and the possible risks or side effects of psychotropic medication is completed by*** a *[board certified or board eligible specialist]* **board-certified or board-eligible physician*** in one of the following areas of expertise: psychiatry, neurodevelopmental pediatrics*,* or pediatric neurology*[: or a pediatric or family physician for Attention Deficit Hyperactivity Disorder to determine the need for and the possible risks or side effects of the psychotropic medication;]**.*
 *[:ii. The resource family parent, in conjunction with the Division or contract agency caseworker, shall ensure that psychotropic medication is prescribed for a child in placement only by a board certified or board eligible specialist in one of the following areas of expertise: psychiatry, neurodevelopmental pediatrics or pediatric neurology; or by an advanced practice nurse certified in psychiatric/mental health;

iii. The resource family parent, in conjunction with the Division or contract agency caseworker, shall ensure that a pediatric or family physician prescribes psychotropic medication for a child in placement only for Attention Deficit Hyperactivity Disorder; and]*

i. The resource family parent, in conjunction with the Division or contract agency caseworker, may utilize the services of the physicians identified in (a)1 above, a pediatric or family physician, or an advanced practice nurse certified in pediatric or family medicine or psychiatric/mental health, to complete an initial assessment, being conducted solely for the purpose of assessing Attention Deficit Hyperactivity Disorder and to determine the need for and the possible risks or side effects of the psychotropic medication.

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

Recodify existing 2. and 3. as *3. and 4.* (No change in text.)

[4.] *5.* The resource family parent shall ensure that the child in placement receiving psychotropic medication is monitored in the following manner:

i. The resource family parent shall immediately report any observed side effects, which are identified in the assessment specified in (a)1 ***and (a)1i*** above, to the Division or contract agency caseworker and the prescriber.

ii. The resource family parent, in conjunction with the Division or contract agency caseworker, shall ensure that ***[the prescriber reviews the child's status, behavior, well-being, progress, side effects and reason for continuing the medication every 30 days or as the prescriber deems necessary]* ***ongoing assessments, psychotropic medication monitoring, and resultant prescriptions for a child in placement only be conducted by a board-certified or board-eligible physician in one of the following areas of expertise: psychiatry, neurodevelopmental pediatrics, or pediatric neurology, or by an advanced practice nurse certified in psychiatric/mental health*.****

iii. The resource family parent, in conjunction with the Division or contract agency caseworker, ***[shall ensure that]* ***may utilize the services of the physicians or advanced practice nurses certified in psychiatric/mental health identified in (a)5ii above, or he or she may utilize the services of* a pediatric or family physician *[treating a child in placement for]**, or an advanced practice nurse certified in pediatric or family medicine to complete the ongoing assessments, medication monitoring, and prescriptions, where ongoing assessments, medication monitoring, and prescriptions are solely for the treatment of* Attention Deficit Hyperactivity Disorder *[coordinates care for the child in placement who is also being treated for another psychiatric disorder by another prescriber]*.****

***iv. The resource family parent, in conjunction with the Division or contract agency caseworker, shall ensure that the prescriber reviews the child's status, behavior, well-being, progress, side effects, and reason for continuing the medication every 30 days or as the prescriber deems necessary.**

v. The resource family parent, in conjunction with the Division or contract agency caseworker, shall ensure that a pediatric or family physician or advanced practice nurse certified in pediatric or family medicine or psychiatric/mental health treating a child in placement for Attention Deficit Hyperactivity Disorder coordinates care for each child in placement who is also being treated for another psychiatric disorder by another prescriber.*

(b) (No change.)

(a)

DIVISION OF YOUTH AND FAMILY SERVICES Division Utilization of Family Child Care Providers Readoption with Amendments: N.J.A.C. 10:126A

Proposed: February 22, 2011 at 43 N.J.R. 364(a).

Adopted: January 24, 2012 by Allison Blake, Ph.D, LSW,
Commissioner, Department of Children and Families.

Filed: February 13, 2012 as R.2012 d.058, **without change.**

Authority: N.J.S.A. 30:4C-4(h).

Effective Dates: February 13, 2012, Readoption;
March 19, 2012, Amendments.

Expiration Date: February 13, 2019.

Summary of Public Comment and the Agency Response:

No comments were received.

Federal Standards Statement

The rules readopted with amendments are not subject to Federal standards or requirements, and a Federal exceedance analysis is not required for this rulemaking.

Full text of the readopted rules can be found in the New Jersey Administrative Code at N.J.A.C. 10:126A.

Full text of the adoption follows:

CHAPTER 126A

DIVISION UTILIZATION OF FAMILY CHILD CARE PROVIDERS

SUBCHAPTER 1. GENERAL PROVISIONS

10:126A-1.1 Purpose and scope

The purpose of this chapter is to outline the standards under which the Division of Youth and Family Services will authorize family child care services for a child receiving child welfare services, either directly or under a contract with a family child care provider. This chapter requires that any Division-authorized family child care services purchased by the Department of Human Services or its agents be provided by a family child care provider who meets the standards of and is registered in accordance with N.J.A.C. 10:126, Manual of Requirements for Family Child Care Registration. The standards set by this chapter are more stringent than those set by N.J.A.C. 10:126 for registered family child care providers in general because family child care is often utilized by the Division to relieve the effects of and prevent abuse or neglect or to provide supervision or relief needed by a child's family.

SUBCHAPTER 2. DYFS-AUTHORIZED FAMILY CHILD CARE SERVICES PROGRAM REQUIREMENTS

10:126A-2.1 Eligible providers of DYFS-authorized family child care services funded by the Department of Human Services or its agents

The Division shall utilize the services of only those family child care providers who meet the requirements of and are registered in accordance with the provisions of N.J.A.C. 10:126, Manual of Requirements for Family Child Care Registration.

10:126A-2.2 Maximum number of children

For any family child care provider who receives payment from the Department of Human Services or its agents, either directly or through contract, for family child care services for one or more children, as authorized by the Division, the maximum number of children cared for by the family child care provider shall not exceed five children at a time, regardless of fee-paying or non-fee-paying status. The total of five children shall include the provider's foster children and own children, only if the foster children or own children are age five or younger. No more than two of the total number of children cared for by the family child care provider shall be age 23 months or younger.

10:126A-2.3 Exception to maximum number of children

(a) The Director or designee may approve, in writing, the care of additional children over the maximum, by a family child care provider who receives payment from the Department of Human Services or its agents, as authorized by the Division, provided all of the following conditions are met:

1.-2. (No change.)

3. The approval, in writing, of the Director or designee has been obtained prior to the expansion beyond the limits set by this chapter, of the number of children receiving family child care who are authorized by the Division and funded by the Department of Human Services or its agents.