



NEW JERSEY DEPARTMENT  
OF CHILDREN AND FAMILIES

## New Jersey Department of Children and Families Policy Manual

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Volume:	IV	Out of Home Placement	
Chapter:	E	Residential Placement	5-9-2011
Subchapter:	1	Residential Placement	
Issuance:	200	<b>Residential Placement Referrals</b>	

### Processing Referrals

#### Planning 8-30-93

It is important that each child's age, experience, education and individual needs and personality, and the circumstances necessitating residential placement be considered. To develop a proper placement plan the Worker conducts a thorough assessment, including one or more interviews with the child and the parent(s), contacts with the referral source and any collateral resources that may have knowledge of the child and his family. See [CP&P-III-C-6-100](#).

The Worker is responsible for involving the child's school in placement planning and arrangements. In order for educational costs of placement to be met, the Child Study Team of the child's responsible school district is requested to evaluate and, if appropriate, to classify the child as educationally handicapped. See [CP&P-IV-E-2-100](#), Collection of Supportive Materials-Child Study Team Classification. In most cases, no child may be placed in a residential setting without the involvement and written agreement of the child's school district to pay for the educational costs of placement. If there is a question regarding the responsible school district due to numerous placements of the child or the whereabouts of the child's parents at the time of initial out-of-home placement by CP&P, the Worker completes the CP&P Form [25-65](#), Department of Education School District Determination, so that the school district which is responsible for educational planning and funding may be determined.

#### Determining Suitability for Residential Facilities 4-6-2009

A Residential Placement provides care and treatment, 24 hours per day, seven days per week, to youth whose needs are unable to be served appropriately in less restrictive settings. The only two acceptable authorizations for a youth's placement in a residential facility is a court order mandating residential placement, or a duly signed CP&P Form [25-59](#), Residential Placement Agreement and/or Acknowledgement Between the State of New Jersey Division of Child Protection and Permanency and Parent(s), Legal

Guardian or Legal Custodian. (When completing the placement agreement, CP&P Form [25-59](#), check a box to indicate whether the placement is authorized by a parent's voluntary consent, or a court order. If by court order, the form is signed by the parent, guardian or legal custodian to "acknowledge" his or her responsibilities for the child while the child is in residential placement. See CP&P Form [25-59](#) form instructions.)

**Residential facilities are appropriate** only for youth who cannot be maintained in their own home or a community-based alternative and who may have difficulties in school and in the community. Residential facilities are congregate care placements, are considered the most restrictive settings, and are not appropriate for youth under age ten. Therefore, placement in a residential setting is used only as a last alternative for youth age ten and older. Special consideration will be given to children under age ten, if deemed clinically appropriate due to a medical necessity. The determination is made in consultation with the Children's System of Care (CSOC), Placement Services Unit.

**Placing youth in residential treatment centers or group homes must be viewed as a short-term, time-limited service only.** The purpose is to stabilize the youth and to prepare him or her for a less restrictive setting. The goal is to facilitate family/caregiver integration or another plan consistent with the agency's policy of permanency planning.

### **Educational Placements 12-5-88**

Educational placements are placements made when the local school district's Child Study Team determines that:

- the child is educationally handicapped, and
- residential placement is necessary because the pupil's individualized education program cannot be provided by a public program or a private day school program.

CP&P has no financial responsibility for these placements. Therefore the full cost of placement is borne by the local school district. CP&P may provide information and referral/services to help the school district and family locate an appropriate residential facility or community-based treatment center when requested. The cost of the placement is free to the family.

### **CP&P Residential Placements 12-5-88**

CP&P, as a social service agency, may provide residential services to children whose physical, mental, social and emotional problems, or relationships with their own parents are such that they are likely to benefit by the experience of living in a group rather than in a family, under the following conditions:

- all other community-based service delivery settings which may be available and would be appropriate to the child's needs have been explored and reasons for not using the resource are documented; or
- no community-based resources can meet all the child's needs; and
- leaving the child in a less restrictive setting would be detrimental to the child's well-being; and
- a particular residential placement can provide services most appropriate to the child's needs.

In such cases, the primary reason for the placement is considered to be for the child's social needs rather than his educational needs, although the child is always referred to the Child Study Team for evaluation to determine if he is educationally handicapped. If the child is already classified, placement plans need to be discussed with the school district.

CP&P may arrange and pay for placement of a child in a residential facility when he or she meets the above criteria and he or she:

- has a pattern of repeated Family Court appearances for either delinquency or juvenile-family crises, or
- cannot be adequately supervised at home or in a community home.

In all of these situations, CP&P places the child due to the social needs and pays for the residential cost of the placement. For those who are classified as educationally handicapped, the responsible school district is required to pay the educational cost of the placement (N.J.S.A. 18A:46-14). The responsible school district cannot charge parents for the educational portion of the placement cost. Pursuant to N.J.S.A. 30:4C-29, parents are required to contribute toward the cost of the non-educational placement. See [CP&P-IX-F-1-225](#) for information on support evaluations for LRPs.

A partnership is established with the local Boards of Education in which the case plan for the child is the result of a cooperative effort. The maintenance costs are the responsibility of CP&P and the educational costs are the responsibility of the child's school district.

## **Appeals 12-5-88**

Parents who are referred to CP&P for residential placement are informed by the Worker that CP&P makes residential placements only for social needs. Therefore, the parents have a financial responsibility to support the child if placed or funded by CP&P.

If a determination is made by the Worker and Supervisor that a placement is social and the parent believes that the reason for the placement is educational, he is advised by the Worker to discuss the educational classification and plan with the local school district. The Worker also advises the parent in writing that he may file for an administrative review, mediation conference, or hearing of the local school district's decision. See [CP&P-VII-A-1-200](#), Education of Students With Disabilities.

The parent is also advised that he may request an administrative review from CP&P if he is dissatisfied with CP&P' decision regarding residential placement. See [CP&P-IX-M-1-100](#).

### **Referral Process 12-5-88**

CP&P refers every child under its supervision who is being considered for residential placement to the applicable Child Study Team for evaluation and classification if not already classified or if an update is needed.

CP&P identifies the social, emotional and other non-educational reasons for considering a residential placement when making the referral. Similarly, local Child Study Teams, when referring cases to CP&P for possible placement, should be requested to identify the social, emotional and/or other non-educational reasons for such referral.

### **Determining Suitability for Adolescents 12-5-88**

It is difficult for some adolescents to relate to foster parents at the stage when they are beginning to free themselves from dependence on adults. They may be likely, therefore, to accept residential care and obtain satisfaction from relationships with their peers and from group experiences.

### **Inter-Personal Relationship Difficulties 12-5-88**

Children who have difficulties in relating may include those who have suffered rejection, severe deprivation, abuse or neglect in their own home or foster home. Such children may require residential care if:

- they make greater demands for constant affection and attention than a family can meet;
- they are distrustful of authority and regard any adult control as a rejection;
- they are extremely withdrawn and have difficulty in responding to offers of friendship.

### **Acting Out 12-5-88**

Children who are not able to control their impulses and exhibit behavior which cannot be tolerated in a family, in the community and school, may require the care and treatment provided by a residential program. Children who act out include those who have severe temper outbursts and act impulsively, whose reaction to foster home placement is so negative that it cannot be tolerated, whose behavior with adults is hostile and provocative, and whose social behavior is inappropriate.

### **Close Ties to Natural Family 12-5-88**

Such children may not be ready to accept new parents or may be more confused than helped because of divided loyalties. Their identification patterns may be confused by values and standards that differ from those of their parents.

### **Family Difficulties 12-1-79**

Many of the children who require residential care come from families who have problems that interfere with their ability to meet the child's needs or to obtain help to do so, and the child has varying degrees of social, emotional, mental or physical handicaps resulting from, or contributing to, the parent's inability to care for him. A single cause or circumstance is in and of itself rarely responsible for parental inability to provide adequate care for the child, or for his problems, but several circumstances taken together may cause a family to break down and affect the parent's ability to care for the child.

### **Type of Child Best Served in an Intensive Residential Treatment Center 12-1-79**

- One who is so destructive he cannot remain in the community, in his own home, or foster home.
- Those with severe disorders who need medical attention along with psychotherapy.
- Disturbed adolescents such as those with severe disruptive behavior resembling a psychotic episode; those who are dangerous to themselves or others; those with suicidal tendencies.

All need residential programs able to provide them with adequate protection and treatment.

### **Type of Child Best Served in a Moderate Residential Treatment Center 12-1-79**

These children have less severe emotional handicaps. Their behavioral and emotional difficulties are not as severe or as pathological as to require specialized and highly intensive psychotherapy. Some of the common problems presented by these children

are apparent in such behavioral acts as stealing, lying, truancy, running away, breaking and entering, vandalism, and generally defiant, aggressive behavior coupled with an inability to come to terms with authority.

**Youth Who Are Inappropriate for Residential Facilities 7-8-2005**

Residential facilities are congregate care placements, considered the most restrictive settings and are not to be used for children under age ten, unless clinically appropriate due to medical necessity. Residential care is not appropriate for youth who can benefit from the experience of family life and who can be maintained and educated in the community. No youth should be placed in residential care who:

- Could be cared for at home, if the family receives supportive help through CP&P, and/or other community resources;
- Is not considered to be a danger to himself or others; or
- Can benefit by placement in a day treatment program or less restrictive out-of-home setting.

A physical or mental disability alone is never justification for placing a youth in a residential program. Youth who are emotionally disturbed, display behavior problems, are physically or developmentally disabled, should, to the extent feasible, be maintained in their own home, or in a less restrictive out-of-home setting. Youth should be able to live with as few restrictions as possible within the limits of their particular disability.

<p>Supervisor in Consultation with Casework Supervisor and Office Manager</p>	<p>An exception to placing a child under age ten in a residential facility may be clinically appropriate due to medical necessity -- You, in consultation with the Worker, should contact the Children's System of Care (CSOC), Placement Services Unit for a decision and approval for an exception to place a child under age ten in a residential facility setting. Medical necessity must be documented by CP&amp;P and will be determined by CSOC.</p>
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**Children Under Age Ten 7-8-2005**

Use of residential care for children under ten years of age is not an acceptable practice. Usually young children should not be deprived of a consistent and affectionate relationship with a parental person. Young children need close, warm, and continuous

physical care and emotional contact with parental persons that cannot be met adequately in a residential setting, regardless of the quality of care given.

Resource families should be used for children under ten years of age needing out of home placement, except for those requiring some other highly specialized service. Residential care for children under age 10 should be considered only when clinically appropriate due to a medical necessity.

### **Establishing a Priority List      12-1-79**

Using statewide criteria, each child determined suitable for residential placement is ranked within 3 priority categories. The priorities are applied by each Local Office in accordance with its budgetary allocation. The priorities are listed in descending order of importance. The Local Office designates the rank of each child within a given priority. Consideration in assigning a priority is to be given to the placement of children who can benefit most from a course of treatment.

Factors that are assessed at intake which play an essential role in determining the appropriateness of developing a residential plan are:

- diagnosis;
- prognosis;
- child's attitude toward placement;
- parent's or child's unsuccessful utilization of available agency services and/or community resources;
- child's inability to successfully utilize surrogate family care;
- other residential placements, and
- situational factors related to the present placement of the child.

The above factors also apply to a child who is currently in a public institution, i.e. psychiatric hospital, group home, correctional facility, who is ready for discharge to a residential facility.

Once the need for placement is determined, a decision is made using the following guidelines as to what priority the case is given for placement.

Children who are appropriate for and are placed in the "A Better Chance" program are excluded from priority ranking.

### **Residential Placement Priority Guidelines      12-1-79**

**Priority I 12-1-79**

1. Emotionally disturbed child who is suicidal, aggressively acting out, severely withdrawn, or who is exhibiting self-destructive behavior such as chronic use of drugs or alcohol and is not actively psychotic;
2. Severely physically handicapped child requiring a short term (1 year or less) residential treatment program in a non-medical program;
3. Socially maladjusted or emotionally disturbed child whose pattern of behavior is characterized by conflicts within the family and community which the child cannot resolve adequately without assistance or when his/her behavior pattern interferes seriously with the well-being or the property of others.

**Priority II 12-1-79**

1. Moderately physically handicapped child needing a specialized placement but the schools have special classes and community resources which can be made available on a temporary basis if pursued;
2. Emotionally disturbed child for whom community based care is available and can be utilized until residential placement can be made.

**Priority III 12-5-88**

1. Borderline retarded child who is not eligible for DDD services;
2. Child over 17 years of age, unless other problems exist which place the child in a higher priority;
3. Other children in need of placement due to special circumstances not covered by the above priorities. These cases require authorization of the Area Director.

**Determination that Child Is Not Appropriate for Residential Services 12-5-88**

After conducting a thorough investigation of the case situation and discussing the findings with the Supervisor, the Worker may determine that the referral for residential services is not appropriate. For example, the child does not meet the criteria for placement and referral to another CP&P program or to another agency is more suitable. The child's best interests may be met by termination of CP&P involvement. In any case, the child and family are notified of the determination and, if appropriate, the referral source is notified in writing with the reasons for the determination indicated. The parents are advised of their right to an administrative review.

The Worker documents in the case record all information that led to the determination that the referral was not appropriate for residential services.

**Budgetary Allocations for Residential Placements 12-8-88**

Residential placements are made in accordance with each region's residential placement allocation. The CP&P Director determines the region's allocation. Regions are not permitted to increase their residential placement allocation by shifting funds from other state aid service accounts.

Any shifts in residential allocations among Local Offices must be approved by the Deputy Director of Program Operations.

**Residential Rate Tables 2-6-2006**

The costs associated with residential facilities vary and change frequently. It is important to reflect the most up to date cost when entering lines of service for payments or completing a Special Approval Request (SAR), CP&P Form [16-76](#). All rates of approved residential facilities are available on the CP&P Intranet website. The link is under the DCF Office of Accounting Information. There are three listings for the facilities and their rates. The listings are posted in Alphabetical Order by Facility Name, in Numerical Order by Provider ID, and a separate listing that identifies Medicaid Paid Programs (MPP) for Division of Child Behavioral Health.

**Procedures Related to Processing Referrals - New Cases 5-9-2011**

RESPONSIBILITY	ACTION REQUIRED
Supervisor	1. Review referral and all screening/intake information and assign case to the Worker.
Worker	2. Review and evaluate all documentation.
	3. Interview child, parent, referral source, and appropriate collateral resources.
	4. Obtain signed Authorization for Release of Information, CP&P Form <a href="#">26-15</a> , from parent.
Worker/Supervisor	5. Review case plan and decide appropriateness of referral for placement.

	6. Review priority list and rank case according to priority guidelines.
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**Procedures Related to Processing Referrals - Case not Appropriate for Residential Services and not Requiring Other Services 9-22-81**

RESPONSIBILITY	ACTION REQUIRED
Worker/Supervisor	1. Determine that case is not appropriate for residential services and no other services are required or requested.
Worker	2. Terminate case as outlined in <a href="#">CP&amp;P-III-C-8-100</a> .
	3. Dictate case information and document activities; route to clerical for typing and filing.
	4. Write letter to referral source if appropriate, indicating reasons for termination; route to clerical for typing.
	5. If appropriate write letter advising client of his right to an administrative review; route to clerical for typing.
Supervisor	6. Review and sign letter to referral source; route to clerical for mailing.
	7. Review and sign letter advising client of his right to an administrative review; route to clerical for mailing.

**Procedures Related to Processing Referrals - Case not Appropriate for Residential Services but Requiring Other Services 9-22-81**

RESPONSIBILITY	ACTION REQUIRED
Worker/Supervisor	1. Determine that case is not

	appropriate for residential services, but other services are required or requested.
Supervisor	2. Determine appropriate case assignment, depending on office structure and take necessary action.
Worker	3. Write letter to referral source, if appropriate, indicating decision; route to clerical for typing.
	4. If appropriate complete letter advising client of his right to an administrative review; route to clerical for typing.
Supervisor	5. Review and sign letter to referral source; route to clerical for mailing.