



State of New Jersey

DEPARTMENT OF HUMAN SERVICES
DIVISION OF MENTAL HEALTH SERVICES

CAPITAL CENTER, 50 E. STATE STREET
PO Box 727
TRENTON, NJ 08625

JAMES E. MCGREEVEY
Governor

GWENDOLYN L. HARRIS
Commissioner

ALAN G. KAUFMAN
Director

609-777-0702

DIVISION OF MENTAL HEALTH SERVICES

ADMINISTRATIVE BULLETIN TRANSMITTAL MEMORANDUM

April 25, 2003

**SUBJECT: Administrative Bulletin 5:09
State Psychiatric Hospital Clients Eligible for DDD Services**

The attached Administrative Bulletin is being forwarded for your review, action if necessary, and distribution to staff as appropriate. Please be advised that each recipient of this bulletin is responsible for being familiar with the content and ensuring that all affected personnel adhere to it. Also attached is a revised Administrative Bulletin Index for your Manual.

A handwritten signature in black ink, appearing to read "Alan G. Kaufman".

Alan G. Kaufman
Director

AGK:pjt
Attachment

**DIVISION OF MENTAL HEALTH SERVICES
ADMINISTRATIVE BULLETIN 5:09**

(Issued jointly with the Division of Developmental Disabilities' Circular #49)

Effective Date: April 25, 2003

Subject: State Psychiatric Hospital Clients Eligible for DDD Services

I. OVERVIEW

This Administrative Bulletin shall outline the steps to be taken by the Division of Mental Health Services (DMHS) when an individual who may be eligible for services from the Division of Developmental Disabilities (DDD) is placed in a psychiatric hospital operated by the DMHS from the community.

II. SCOPE

This Administrative Bulletin applies to those individuals admitted from the community to Trenton Psychiatric Hospital, Greystone Park Psychiatric Hospital, Hagedorn Psychiatric Hospital and Ancora Psychiatric Hospital who appear to be eligible or in need of services from the DDD. It does not apply to transfers from developmental centers operated by the DDD to psychiatric hospitals; such transfers are governed by the Joint Policy on DDD Institutional Client Access to State Psychiatric Hospitals dated 8/13/91, and as might be subsequently amended.

III. DEFINITIONS

"Developmental disability" means a severe, chronic disability of an individual which:

1. Is attributable to a mental or physical impairment or combination of mental or physical impairments. Mental impairment in this context means a limitation in cognitive, neurological, sensory or cerebral functioning resulting from other than mental illness;
2. Is manifest before age 22;
3. Is likely to continue indefinitely;
4. Results in substantial functional limitations, before the age of 22, in three or more of the following areas of major life activity, that is, self-care, receptive and expressive language, learning, mobility, self-direction and capacity for independent living or economic self-sufficiency; and

5. Reflects the need for a combination and sequence of special interdisciplinary or generic care, treatment or other services which are of lifelong or extended duration and are individually planned and coordinated.

Developmental disability includes, but is not limited to, severe disabilities attributable to mental retardation, autism, cerebral palsy, epilepsy, spina bifida and other neurological impairments where the above criteria are met.

"Comprehensive Treatment Plan" means the plan completed by the DMHS Treatment Team within 14 days after admission of the individual to the psychiatric hospital.

"DDD liaison" means the DDD staff member assigned to the psychiatric hospital, unless the text clearly indicates the DDD Central Office Liaison.

"DMHS hospital liaison" means the staff member from the psychiatric hospital assigned to work with persons eligible for services from the DDD, unless the text clearly indicates the DMHS Central Office Liaison.

"Eligible" in this agreement means the individual has met the criteria for receiving services from the DDD.

"In need of involuntary commitment" in this agreement means the person is dangerous to self, others or property because of a mental illness, is unwilling to be admitted to a psychiatric facility voluntarily for care, and needs care at a psychiatric facility because other services are not appropriate or available to meet the person's mental health care needs.

"Treatment Team" means the organized group of clinical staff who are responsible for the treatment of specific psychiatric hospital patients. Members of the team meet to share their expertise with one another; to develop and implement treatment plans; to monitor patient progress; to reassess and make adjustments in treatment plans, as needed; and to plan discharge or aftercare. Patients are also members of their specific treatment teams and participate in the development of their treatment plan to the extent that their clinical condition permits. In psychiatric hospitals, a Treatment Team will normally include a psychiatrist and a nurse and other staff as necessary to the recovery and responsible discharge of the patient.

IV. ADMINISTRATIVE STRUCTURE

- A. The DDD will assign one staff member (the DDD liaison) as liaison to each psychiatric hospital. In the event the DDD liaison cannot be reached, the DDD Regional Administrative Practice Officer should be contacted.
- B. The DMHS will assign a staff member (the DMHS hospital liaison) at each psychiatric hospital to act as a liaison to the DDD. In the event that the DMHS hospital liaison cannot be reached, the Medical or Clinical Director of the psychiatric

hospital should be contacted.

- C. The Director of the DDD and the Director of the DMHS shall advise each other of any changes made in the list of staff assigned under this agreement.

V. ADMISSIONS TO PSYCHIATRIC HOSPITALS

Following the admission of an eligible individual to one of the psychiatric hospitals, or the identification of an already admitted individual as someone who would meet eligibility requirements to receive services from the DDD, the Treatment Team at the psychiatric hospital shall reach out to the DMHS hospital liaison, who will contact the DDD liaison to determine whether the individual is receiving services, or is known to the DDD or in the application process.

- A. Where the person is receiving DDD services in the community at the time of admission to the psychiatric hospital, the DDD liaison shall be present at the initial Comprehensive Treatment Plan meeting, and both Divisions shall proceed according to the PLACEMENT PLANNING section of this Administrative Bulletin, and Section VI B of DDD Circular #49.
- B. If the person is not known to the DDD, the DDD liaison will, within two working days, advise the DMHS hospital liaison of the name, address and phone number of the appropriate intake worker to take an application for eligibility.
1. The Treatment Team shall assist the individual in making initial contact to apply for DDD services.
 2. The Treatment Team should determine if there is a guardian.
 3. An application may be filed by the individual or his/her legal guardian.
 4. When the application is made by the individual, the Treatment Team shall notify the DMHS hospital liaison, who shall notify the DDD intake worker.
 5. The DMHS hospital liaison shall provide the following information to the intake worker, as it is available:
 - a. Medical documentation of a disability prior to age 22;
 - b. All available psychological evaluation(s);
 - c. Child Study Team or school report(s)/learning evaluation(s);
 - d. Psychiatric evaluations(s);
 - e. Neurological evaluation(s);
 - f. Division of Vocational Rehabilitation record(s) or evaluation(s);
 - g. Physical/Occupational therapy evaluation(s);
 - h. Speech/hearing evaluation(s);
 - i. Photocopy of birth certificate;

- j. Photocopy of Social Security card;
 - k. Photocopy of Letter(s) of Guardianship;
 - l. Permanent Resident Alien (green card) or Certificate of US Citizenship.
6. The DMHS hospital liaison shall assist, where possible, in identifying or providing the needed records. Where the DMHS hospital liaison, after a good faith effort, cannot obtain all documents, the DDD shall be responsible to obtain the missing required documents.
 7. The DMHS hospital liaison shall enter the application into the DMHS Oracle database and progress will be tracked by the DMHS hospital liaison and DMHS Regional Coordinator/Manager every month.
 8. Upon receipt of the application, the designated DDD intake worker shall advise the DMHS hospital liaison as soon as possible as to what additional information will be required to make a determination of eligibility.
 9. Generally, applications are made to the DDD on a voluntary basis.
 10. The DDD shall make every effort to provide a decision within 30 days of receipt of a completed application package. The DDD intake worker shall advise the DMHS hospital liaison in writing every 30 days as to the status of the application. At any point after the initial 30 days, if the DMHS hospital liaison is not satisfied that the client's application is proceeding satisfactorily, the DMHS hospital liaison may notify the DDD liaison that the application is considered disputed.
 11. If a person is found ineligible for DDD services, only the individual or his/her legal guardian may appeal.
- C. For individuals in the application process, steps 7 through 10 in B above shall be followed.

VI. PLACEMENT PLANNING

Placement Planning is a joint responsibility of both the DDD and the DMHS when a person is appropriately committed to a DMHS facility and is also eligible for DDD services. Such a person will be considered a DDD client for placement purposes. However, even when the person is eligible for DDD services, the individual should continue to receive services from the DMHS insofar as they are needed to treat or prevent psychiatric symptoms.

- A. Once it is established that an individual is eligible for DDD services, a DDD case manager shall attend Treatment Team meetings at the psychiatric hospital at least quarterly and will be available to meet with the eligible person at least monthly.

- B. The Treatment Team shall assist the DDD in developing a placement plan, which may include, but is not limited to, placement in a developmental center or placement in the community. Planning will begin upon admission or determination of eligibility, whichever occurs later. Assistance by the DMHS hospital liaison and Treatment Team shall include referrals to appropriate community mental health services or consultation with developmental center staff and DMHS or DDD contract services as required to manage the individual's mental health needs after discharge.
- C. An Integrated Case Management Services (ICMS) referral shall be made by the Treatment Team, and appropriate community liaison and support staff shall meet with the Treatment Team to deal with mental health issues, explore needed cross training, and assure a smooth transition to the community placement where appropriate. The involvement by ICMS shall be indicated in the Treatment Team notes or discharge plan.
- D. A person who was admitted from a DDD placement shall be returned to his/her previous DDD placement.
- E. A person who was previously living independently or with family shall be returned if he/she desires to return. The DDD and the DMHS shall work cooperatively to provide those supports which will allow such a return.
- F. Where there was no previous DDD community placement, or the person cannot return to the previous DDD or other placement, and the person would otherwise be homeless or could not safely live independently or with his/her family even with DDD or DMHS supports, or if such placements although clinically sound have been determined as not otherwise feasible within a reasonable period, the person shall be offered a DDD-funded placement within a reasonable time once he/she is no longer in need of involuntary commitment.
- G. Court hearing coordination shall be accomplished as follows:
1. The psychiatric hospital court coordinator will send the court schedule to the DMHS hospital liaison.
 2. The DMHS hospital liaison will review the list of patients and identify those who are DDD eligible, or who have applied for eligibility, and will provide, by facsimile, to the DDD liaison and Regional Administrative Practice Officer a list of those persons who have court hearings on the schedule.
 3. The DMHS and DDD liaisons shall confer in person, by telephone or by email at least 3 working days prior to the next court hearing to review the progress and position of each Division. These conversations shall be documented as deliberative discussions in the record of both agencies. If there are issues that may involve the court requesting the testimony of DDD staff, the liaisons will

contact the Office of Legal and Regulatory Liaison to assure that legal advice is solicited jointly where necessary.

VII. CONDITIONAL EXTENSION PENDING PLACEMENT (CEPP)

- A.** If the physician plans to recommend at a commitment hearing that the court discharge the patient or place the patient on CEPP status, the DDD liaison shall be notified of that recommendation as soon as it is documented in the chart, and in no case less than 3 working days before the hearing. No recommendation for CEPP for a client covered by this Administrative Bulletin shall be made without this notice or a documented waiver of the notice by the DDD.
1. If the DDD liaison has concerns about the CEPP recommendation, those concerns shall be brought to the immediate attention of the DMHS hospital liaison, who shall confer before the hearing with the DDD liaison and try to resolve the concerns.
 2. If the liaisons are unable to resolve the matter, it shall be referred to the Assistant Directors for resolution.
 3. The Division Directors shall be provided a summary report of the resolution by the Assistant Directors.
- B.** If a committing court orders CEPP status or discharge which was not recommended by the physician, the DMHS hospital and DDD liaisons shall meet with the Treatment Team as soon as possible. The liaisons will together approve a plan for placement, including a tentative timetable, and notify the Office of Legal and Regulatory Liaison if an appeal or reconsideration should be sought.

VIII. DISPUTE RESOLUTION

Where there are disagreements between DDD and DMHS about eligibility, CEPP status or placement planning, the following dispute resolution process shall be invoked. In addition, if at any point the Treatment Team feels the time lapse between referral and placement or eligibility is causing decompensation or deterioration of progress in the patient's condition, the delay shall be deemed to be an inability to place or a probable denial of eligibility, and the Treatment Team shall refer the case for dispute resolution.

A. Eligibility Disputes

It is the intention of both Divisions that if the individual appears ineligible, the DDD shall so inform the DMHS and any dispute shall be resolved before eligibility is formally denied.

1. The DDD liaison will advise the DMHS hospital liaison of the probable finding of ineligibility and the reasons the person is not eligible for services as soon as the

decision to deny eligibility is made.

2. The DMHS hospital liaison shall advise the Treatment Team of the probable ineligibility finding. If the Treatment Team disputes the finding, a request for dispute resolution may be sent by the DMHS hospital liaison, through the hospital Chief Executive Officer and the DMHS Regional Coordinator or Manager, to the DDD Regional Administrator within 10 working days from the date probable denial is communicated to the Treatment Team.
3. The DDD Regional Administrator shall review the request and initiate a discussion of the matter with the DMHS Regional Coordinator/Manager within 10 working days from the date received. If the matter is resolved at this level, the DDD Regional Administrator will communicate the resolution to the individual, the Treatment Team and liaisons.
4. If the matter is unresolved on the 11th working day, the DMHS Regional Manager/Coordinator and the DDD Regional Administrator will refer the matter to the appropriate Assistant Directors in the DMHS and the DDD, who will attempt to resolve the eligibility question. If their decision is that the individual is eligible for DDD services, they will communicate the resolution to the individual, the Treatment Team and the liaisons and placement planning will proceed. If their decision is that the person is ineligible for DDD services or if no resolution can be made at this level, the DDD will formally deny eligibility and the denial will be communicated to the individual, the Treatment Team and the liaisons. The Division Directors will be provided by the Assistant Directors with a summary report of the process and outcome. The DMHS hospital liaison will discuss with the individual his/her right to appeal the finding. The DMHS will proceed to seek mental health services in the community to effect the most appropriate placement.

B. Placement Dispute Resolution

1. The DMHS hospital liaison shall consult with the DDD liaison about any issues that are impeding placement and the likely timeframe for resolving these issues. The DMHS hospital liaison shall advise the Treatment Team of the response. If the Treatment Team disputes either the issues or the timeframe, a request for dispute resolution shall be filed by the DMHS hospital liaison, through the hospital Chief Executive Officer, with the DDD Regional Administrator and the DMHS Regional Coordinator or Manager within 10 working days from the date the reason for the delay is communicated to the Treatment Team.
2. The DDD Regional Administrator will review the request and discuss the matter with the DMHS Regional Coordinator or Manager within 10 working days. If the matter is resolved at this level, the resolution will be communicated to the individual, the Treatment Team and liaisons, and, if appropriate, reported to the commitment court.

3. If the matter is still unresolved, it will be referred to the appropriate Assistant Directors in the DMHS and the DDD. The Assistant Directors will discuss the matter and make a decision on placement planning that reflects the Department's interest in best serving the needs and legal rights of the client, and will advise the DMHS hospital liaison of the decision. The DMHS hospital liaison will provide the Division Director with a summary report of the process and outcome.
4. Emergency Placement pending placement dispute resolution:
Whenever a placement dispute is referred to the Assistant Director, if the DDD does not arrange for the client's temporary admission to a developmental center, the Assistant Director shall instruct the hospital to place the person in the least restrictive setting available in the psychiatric hospital or in a temporary community residential placement. DMHS staff will continue to confer with DDD staff on the case and continue efforts to place the consumer in the most appropriate community setting.

IX. OTHER DISPUTES

Other disputes which involve the joint provision of services to the individual shall be brought to the DMHS Regional Coordinator for resolution with the DDD Regional Administrator.

- X. This Administrative Bulletin shall take effect immediately.


Alan G. Kaufman, Director
Division of Mental Health Services