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June 13, 2025

Genevieve Raganelli, Regulatory Officer  
Office of Legal and Regulatory Compliance  
Office of the Commissioner  
New Jersey Department of Health  
PO Box 360  
Trenton, NJ 08625-0360

Re: Comments on the Proposed New Rule of New Jersey  
Administrative Code (N.J.A.C.) 8:43K – Manual of Standards for  
Licensure of Outpatient and Integrated Care Facilities

On behalf of the New Jersey Association of Mental Health and  
Addiction Agencies, Inc. (NJAMHAA), its members and those they  
serve, I thank you for the opportunity to comment in response to 57  
N.J.R. 4(2) wherein the New Jersey Department of Health proposes the  
new chapter N.J.A.C 8:43K, Manual of Standards for Licensure of  
Outpatient and Integrated Care Facilities, along with amendments,  
repeals and proposed new rules in 8:43A, 8:43E, 8:121 and 10:161B .

NJAMHAA has long supported the concept of an integrated license to  
support the movement to and value of integrated care. Behavioral  
health providers have a long history of providing whole person care and  
look forward to advancing comprehensive care under the new licensure  
regulations. Below are concerns, inquiries and recommendations we  
wish to share regarding the proposed new rules.

## **SUBCHAPTER 1. GENERAL PROVISIONS**

### **8:43K-1.3 Definitions**

“Alternate care location” is defined as “a location at which a facility  
provides licensed services on a regular basis subject to N.J.A.C. 8:43K-  
12”. This definition ignores the opportunities provided in 8:43K-12 to  
also utilize alternate locations on an intermittent basis or with a mobile  
outpatient vehicle and should be amended to reference them.

In this section, a definition is included for “Severe mental illness,”  
“severe emotional disorder,” and “severe drug or alcohol use disorder”,  
however, those terms are not found elsewhere in 8:43K and the  
definition is not necessary.

“Wound care” is defined as “services to clean and treat breaks in the skin, such as an abscess, cellulitis, and necrosis, and includes basic first-aid skin treatment...” . We recommend deleting this reference to basic first-aid as that is something outpatient clinic staff are trained for and provide, and its inclusion here blurs the line with wound care that may only be provided by a nurse or other medical professional.

## **SUBCHAPTER 2. LICENSURE PROCEDURES**

### 8:43K-2.1 Application process for initial and renewal of license

In subsection 2.1 (d)2, it states that facilities must self-identify in accordance with N.J.S.A. 26:2H-5.1g(b)(3) and provides a long list of options, some of which seem duplicative (e.g., “addiction treatment facility” and “substance use disorder or other addiction treatment facility”). Yet, N.J.S.A. 26:2H-5.1g(b)(3) simply states:

(3) permit a facility to hold a designation as an ambulatory care facility, community mental health program, substance use disorder treatment facility, or other type of facility recognized under State or federal law under the integrated health care facility license without requiring a separate license;

It does not appear that such designation is required, but, perhaps more importantly, it does not appear that the application form at N.J.A.C. 8:43E-5 Appendix provides a field to do so. If a designation is desired, NJAMHAA recommends providing such a field and providing a narrower suggested list of options, while still allowing “another type of outpatient care facility recognized pursuant to State or Federal law”. Any designation that is included in the list should then have a definition in 8:43K-1.3.

We also recommend that page 7 of the CN-7 application include an option under “Alternate Care Locations” for “Regular provision of licensed services”. Currently only the Mobile and Intermittent services are listed there. It might also be considered to use “Alternative Care Locations” as the subheading here in order to match the language of the regulations.

### 8:43K-2.11 Transitional licensure

Provision 8:43:k-2.11 (b) states that a transitional license will have the same expiration as the facility’s existing license. We recommend that a provision be added allowing extensions on existing licenses to the latest expiration date of currently held licenses. Having a single license but with varying expiration dates for each category of services would leave providers with multiple license renewal dates and processes, including multiple inspections, missing the opportunity to relieve significant administrative burden via the integrated license and contrary to the Social Impact statement that “Outpatient services providers would benefit by the proposed rulemaking’s effect of reducing the administrative, regulatory, and compliance burdens”. Establishing a policy to allow there to be one renewal date and inspection makes sense for both providers and the Department of Health.

8:43K-2.8 Fees

While Subchapter 6 – Behavioral Health Services Section 6.11 Intensive outpatient mental health substance use disorder, and/or other addiction treatment services includes intensive outpatient (IOP) mental health in the section heading, and throughout that section, it is omitted from the list of services in 2.8 (d).

**SUBCHAPTER 4. OPERATIONAL STANDARDS APPLICABLE TO ALL LICENSED OUTPATIENT FACILITIES**

8:43K-4.3 Administration

In 8:43K-4.3 (b), the requirements for an administrator are: “1. An associate degree and two years of full-time, or full-time equivalent, administrative experience in a clinical setting; or 2. Four years of full-time, or full-time equivalent, administrative experience in a clinical setting.” While we recognize that program regulations from the Division of Mental Health and Addiction Services (DMHAS) and the Division of Medical Assistance and Health Services, as well as requirements of licensing Boards, will all provide further limitations, we do find these requirements for any administrator to be severely inadequate.

8:43K-4.19 Environmental patient care service

At 8:43K-4.19 (a) 10., facilities are required to “ensure that the temperature in the facility is, at a minimum, 72 degrees Fahrenheit (22 degrees Celsius) when patients are in the facility”. Current regulations (10:161B) stipulate “temperature within client areas of the facility shall be maintained within a minimum of 68 to 72 degrees Fahrenheit”. Providing a range, as is currently done, is more feasible and that language should be maintained.

**SUBCHAPTER 5. GENERAL PATIENT CARE POLICIES AND SERVICES**

8:43K-5.1 Establishment and implementation of policies and procedures

The requirement in 8:43K-5.1 (b) 7. that “all patients receiving MOUD receive a take-home supply, prescription, and/or information on how to obtain an opioid antidote” is good practice and we fully support this new rule.

**SUBCHAPTER 6. BEHAVIORAL HEALTH SERVICES**

8:43K-6.10 Outpatient mental health, substance use disorder, and/or other addiction treatment services

There is a list at 8:43K-6.10 (b) for outpatient programs to prioritize admissions. There is a similar list at 8:43K-6.11 (c) for intensive outpatient programs (IOPs). We question whether the lists should

be further distinguished between mental health (MH) and substance use outpatient, i.e., whether individuals who inject drugs or have had recent or multiple overdoses are appropriate for such a list for a MH clinic. We also question whether the outpatient list should include “persons for elevated risk of suicide” and perhaps even “persons who were recently released from State or county correctional or detention facilities”, both of which are included for IOPs. In 8:43K-6.11 (c) 8., we believe the language was intended to read “persons referred directly from ~~affiliated programs~~ screening or affiliated emergency services or crisis services”. Also of note, the similar item in 6.10 (b) does not include crisis services. Language regarding those at risk of admission, readmission or decompensation also differs between the two lists.

We recommend that identical language be used in these two lists, as appropriate; that consideration be given to distinguishing priority populations for MH and SU; and that other corrections be made in accordance with the above notes.

8:43K-6.11 Intensive outpatient mental health substance use disorder, and/or other addiction treatment services

Mental health intensive outpatient (IOP) is included in the title of this section; 843:K-6.11 (a) 2. notes that mental health services at the IOP level must be clinically appropriate; and provision (c) in this section, which addresses prioritizing admissions, also specifically identifies IOP mental health services. However, (a) 4. only makes reference to substance use disorder IOP regarding a patient’s willingness to participate. It was also noted previously that 8:43K-2.8 (d) omits identifying mental health IOP as a service. The inconsistencies should be addressed and clarification provided regarding the provision of mental health IOP services.

NJAMHAA and its members greatly appreciate the flexibility provided in 8:43K-6.11 (b) that allows a facility, on a weekly basis, to transition a patient who does not attend the minimum number of treatment hours established by the DMHAS program standards for intensive outpatient services to the outpatient behavioral health level of care and retain the patient for treatment.

**SUBCHAPTER 8. OPIOID TREATMENT PROGRAM**

8:43K-8.1 Opioid treatment program

In this section, at 8:43K-8.1 (a) 5., minimum requirements for policies that address client methadone withdrawal are stated. We believe these would have more clarity if, instead of all stated under 8:43K-8.1 (a) 5. i., they were listed as i. and ii. with i. specifying for individuals starting at 100 mg or less and ii. for individuals starting at a dosage greater than 100 mg per day. We also would recommend greater clarity and elaboration on the maximum reduction allowed for those who started over 100 mg per day once they are reduced to 100 mg per day.

## **SUBCHAPTER 9. ADJUNCTIVE SERVICES**

### 8:43K-9.7 Harm reduction

Items (a) and (b) in this section read as follows:

(a) A facility is authorized to provide hypodermic needles and/or syringes for use in preventing, reducing, or mitigating the adverse effects of substance use, and is exempt from any obligation to obtain Department registration as a harm reduction center.

(b) A facility that seeks to distribute supplies designed for ingesting, inhaling, or otherwise introducing a controlled substance other than marijuana or hashish, as defined at N.J.S.A. 2C:36-1, shall register with the Department as a harm reduction center, in accordance with N.J.S.A. 26:5C-25 through 31 and N.J.A.C. 8:63.

For clarity, 8:43K-9.7 (b) should include language noting an exception for the needles and syringes mentioned in 8:43K-9.7 (a).

## **SUBCHAPTER 12. ALTERNATIVE CARE LOCATIONS**

The opportunity to provide regular, intermittent and mobile services at alternative locations is greatly appreciated and a significant step toward “meeting individuals where they are”. We do believe that the rules for intermittent services need to be more flexible, as noted below, in order for providers to be able to take advantage of, and clients to be able to benefit from, such opportunity.

### 8:43K-12.2 Intermittent provision of licensed services at an alternative service location

By their nature, intermittent services are not regularly scheduled. Having to provide a 30 day notice for such services precludes providers from responding to new admissions, e.g. at shelters, and to emerging crises and increased risks, e.g. for students. It would also preclude being able to follow up in less than 30 days after initial engagement. The opportunity to provide services at alternative locations should accommodate all of these situations by allowing same day notice and giving consideration to retrospective notice.

Thank you in advance for your consideration of these comments and recommendations for the proposed new rule 8:43K Manual of Standards for Licensure of Outpatient and Integrated Care Facilities.

Sincerely,



Debra L. Wentz, Ph.D.  
President and CEO