NEW YORK STATE | Office of Mental Health

PART 586

OPERATION OF COMMUNITY RESIDENCE FOR EATING DISORDERED TREATMENT (CREDIT) PROGRAMS

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586.1 Background and intent.

(a) The purpose of this Part is to establish standards for the operation of Community Residence for Eating Disorder Integrated Treatment (CREDIT) programs, which provide short-term residential treatment and rehabilitation services to address the medical and psychiatric health needs of individuals diagnosed with an eating disorder condition, who experience impairment in functioning due to their eating disorder such that they require services in a 24-hour supervised setting. CREDIT programs use a person-centered, evidence-based, and trauma sensitive approach to support individuals, and as appropriate their families, to live in less restrictive, community-based settings.

(b) The purpose of this Part is to describe requirements for the establishment and operation of CREDIT programs; establish the requirements for admission and discharge; and specify the requirements for staffing, services, service planning, quality improvement, record keeping and certification.

(c) It is the intention of this Part to provide for a person-centered process, in which, to the maximum extent possible, an individual participates in the planning of their services and makes informed choices about the services and supports that they receive. CREDIT programs licensed under this part shall aim to: support services that are collaborative in nature, based on the individual's interests, preferences, strengths, and needs, and are designed to empower the individual by fostering skills to achieve desired personal relationships, community participation, dignity, and respect; and to promote individual satisfaction with activities, supports, and services.

(d) This Part provides for the active involvement of identified collaterals, including but not limited to the family of a recipient, in all aspects of the admission, treatment and discharge of that recipient.

586.2 Legal base.

(a) Sections 7.09 and 31.04 of the Mental Hygiene Law grant the Commissioner of the Office of Mental Health the power and responsibility to adopt regulations that are necessary and proper to implement matters under the Commissioner's jurisdiction and to set standards of quality and adequacy of facilities, equipment, personnel, services, records and programs for the rendition of services for persons with mental illness pursuant to an operating certificate.

(b) Sections 31.05, 31.07, 31.09, 31.13 and 31.19 of the Mental Hygiene Law authorize the Commissioner or the Commissioner's designee to examine and inspect programs to determine their suitability and proper operation. Sections 31.16 and 31.17 of the Mental Hygiene Law authorize the Commissioner to suspend, revoke or limit any operating certificate.

(c) Section 31.11 of the Mental Hygiene Law requires every holder of an operating certificate to assist the Office of Mental Health in carrying out its regulatory functions by cooperating with the Commissioner in any inspection or investigation, permitting the Commissioner to inspect its facility, books and records and making such reports, uniform or otherwise as are required by the Commissioner.

(d) Section 31.25 of the Mental Hygiene Law requires that the Commissioner establish, pursuant to regulation, licensed residential providers of treatment and/or supportive services to individuals with eating disorders.

586.3 Applicability

This Part applies to any provider of services that operates or proposes to operate a residential program for persons with an eating disorder as defined in section 30.02 of the Mental Hygiene Law and is licensed pursuant to article 31 of the Mental Hygiene Law to operate such CREDIT Program.

586.4 Definitions

For purposes of this Part:

(a) General definitions.

(1) *Admission criteria* are those factors that are identified for use in determining an individual's eligibility for admission to such program as determined by a CREDIT program and subject to approval of OMH.

(2) *Child, adolescent, or youth* means an individual who is between 5 years old and 20 years old.

(3) *Collateral* means an individual who is a member of the recipient's family or household, or other individual who interacts with the recipient and is directly affected by or has the capability of affecting their condition and is identified in the individual service plan as having a role in treatment and/or is necessary for participation in the evaluation and assessment of the recipient prior to admission.

(4) *Comprehensive assessment* means an evaluation that includes, at a minimum, medical, psychiatric, nutritional, psychosocial, and risk assessments that address patient history, mental status determination, evaluation of medical stability, diagnosis, and identification of individual treatment, as well as supervision needs and recommendations.

(5) *Community Residence for Eating Disorder Integrated Treatment Program* (CREDIT Program) is a subclass of community residences for individuals who have been diagnosed with an eating disorder as defined in Mental Hygiene Law section 30.02 and licensed pursuant to article 31 of Mental Hygiene Law, whose meet medical necessity criteria for CREDIT. CREDITs serving individuals aged 5 to 20 are called Children and Youth CREDIT programs.

(6) *Discharge criteria* mean those factors that are used to determine that a recipient is no longer in need of or eligible for treatment within a CREDIT program.

(7) *Eating disorder* means an eating disorder as such term is defined in section 30.02 of Mental Hygiene Law.

(8) *Family* means those members of the recipient's natural family, family of choice, or household who interact with the recipient and are directly affected by, or have the capability of affecting, the recipient's condition.

(9) *Impairment in functioning* means an individual's behaviors or ability to fulfill developmentally expected responsibilities is limited. Impairment may be in areas including ability to care for self, care for household and family life, establish and maintain social relationships, engage and/or participate in educational settings, or engage and/or participate in employment settings. These impairments are frequent, sustained, and present across situations and settings.

(10) *Individual service plan* means a written plan based on the comprehensive assessment of an individual's mental health status, strengths, treatment needs and resources. The service plan establishes the individual and family's goals and identifies the services and interventions needed to assist in accomplishing these goals. It also includes a means for determining when goals have been met, and the criteria for appropriate discharge and/or transition to other needed services.

(11) *Professional staff* means any staff member that qualifies as a:

(i) Creative arts therapist – an individual who is currently licensed or has a limited permit creative arts therapist by the New York State Education Department, or who has a master's degree in a mental health field from a program approved by the New York State Education Department and registration or certification by the American Art Therapy Association, American Dance Therapy Association, National Association of Music Therapy or American Association for Music Therapy;

(ii) Registered Dietician – an individual who is currently registered as a dietitian-nutritionist by the New York State Education Department;

(iii) Licensed Practical Nurse (LPN) – an individual who is currently licensed or permitted as an LPN by the New York State Education Department. LPNs must be supervised by a registered professional nurse, clinical nurse specialist, nurse practitioner, physician, or physician assistant.

(iv) Marriage and Family Therapist – an individual who is currently licensed or permitted as a marriage and family therapist by the New York State Education Department;

(v) Mental Health Counselor – an individual who is currently licensed or permitted or as a mental health counselor by the New York State Education Department;

(vi) Nurse Practitioner – an individual who is currently certified to practice as a nurse practitioner by the New York State Education Department;

(vii) Physician – an individual who is currently licensed or permitted to practice as a physician by the New York State Education Department;

(viii) Physician Assistant - an individual who is currently licensed or permitted to practice as a physician's assistant by the New York State Education Department;

(ix) Psychiatric Nurse Practitioner– an individual who is currently certified as a psychiatric nurse practitioner by the New York State Education Department;

(x) Psychiatrist – an individual who is currently licensed or permitted as a physician by the New York State Education Department and who is certified by the American Board of Psychiatry and Neurology;

(xi) Psychoanalyst – an individual who is currently licensed or permitted as a psychoanalyst by the New York State Education Department;

(xii) Psychologist – an individual who is currently licensed or permitted as a psychologist by the New York State Education Department;

(xiii) Registered Professional Nurse – an individual who is currently licensed or permitted and registered as a registered professional nurse by the New York State Education Department, including a Clinical Nurse Specialist; or

(xiv) Social Worker – an individual who is currently licensed or permitted as a master social worker (LMSW) or clinical social worker (LCSW) by the New York State Education Department.

(12) *Paraprofessional staff* are staff members who possess a combination of educational and professional experience in a mental health or human services setting or have lived or familial experience with an eating disorder condition. Paraprofessional staff are under the supervision of professional staff. Paraprofessional staff include:

(i) individuals possessing a master's or bachelor's degree in a human services-related field; an associate degree in a human services-related field or a high school degree or GED and three years' experience providing direct services;

(ii) individuals who have lived experience with a mental health condition, including an eating disorder condition and who are certified or provisionally certified in New York as peer specialists; credentialed or provisionally credentialed family peer advocates; and credentialed or provisionally credentialed Youth Peer Advocates; and

(iii) Certified Rehabilitation Counselors certified by the Commission on Rehabilitation Counselor Certification.

(13) *Licensed Practitioner of the Healing Arts (LPHA)* means:

(i) a physician who is currently licensed or permitted to practice as a physician by the New York State Education Department; or

(ii) a physician assistant who is currently licensed and registered as a physician assistant by the New York State Education Department; or

(iii) a psychiatrist who is currently licensed and registered as a physician by the New York State Education Department and is a diplomat of the American Board of

Psychiatry and Neurology or is eligible to be certified by that board; or is certified by the American Osteopathic Board of Neurology and Psychiatry or is eligible to be certified by that board; or

(iv) a psychologist who is currently licensed and registered as a psychologist by the New York State Education Department and who possesses a doctoral degree in psychology; or

(v) a social worker who is either currently licensed and registered as a licensed master social worker and is supervised as a licensed clinical social worker by the New York State Education Department, or psychiatrist employed by the licensed agency, or is currently licensed and registered as a clinical social worker by the New York State Education Department; or

(vi) a registered professional nurse who is currently licensed and registered as a professional nurse by the New York State Education Department and is supervised by a licensed physician, physician's assistant, certified nurse practitioner, or licensed psychiatrist employed by the licensed agency; or

(vii) a licensed creative arts therapist who is currently licensed and registered as a creative arts therapist by the New York State Education Department; or

(viii) a licensed marriage and family therapist who is licensed and currently registered as a marriage and family therapist by the New York State Education Department and is supervised by a licensed clinical social worker, licensed psychologist, or licensed psychiatrist employed by the licensed agency; or

(ix) a licensed mental health counselor who is licensed and currently registered as a mental health counselor by the New York State Education Department and is supervised by a licensed clinical social worker, licensed psychologist, or licensed psychiatrist employed by the licensed agency; or

(x) a licensed psychoanalyst who is currently licensed and registered as a psychoanalyst by the New York State Education Department and is supervised by a licensed clinical social worker, licensed psychologist, or licensed psychiatrist employed by the licensed agency.

(14) *Recipient* means a person who is receiving services at a CREDIT program.

(15) *Self-preservation* means that an individual has sufficient:

(i) capacity to recognize the physical danger of fire;

(ii) judgment to recognize when such danger requires immediate egress from the physical location or premises;

(iii) capacity to follow a prescribed route of egress; and

(iv) physical mobility to accomplish such egress.

(16) *Utilization Review* shall mean the review to determine whether services that have been provided, are being provided or are proposed to be provided to an individual, whether undertaken prior to, concurrent with or subsequent to the delivery of such services, are medically necessary.

(b) Service definitions.

(1) *Clinical counseling and therapy* means therapeutic services, including but not limited to goal-oriented individual, group, and family counseling or therapy, including verbal therapy, to alleviate symptoms or dysfunction associated with an individual's mental health condition or emotional disturbance, reverse or change maladaptive patterns of behavior, encourage personal growth and development, and support the individual's capacity to develop or restore age-appropriate developmental milestones. Family clinical counseling and psychoeducation is a component of clinical counseling and therapy that provides clinical and skill development services that assist families or caregivers of recipients in understanding mental health and disordered eating signs and symptoms, developing or maintaining symptom and relapse prevention skills, and helping resolve functional and relational problems within the family unit..

(2) *Discharge \planning* means a continuous process that engages each recipient, and as appropriate their family, as an active partner in developing, reviewing, and modifying a plan for transition of treatment, support, and behavior management post-discharge.

(4) *Medical Assessment* is an assessment service that includes the gathering of data concerning an individual's medical history and any current signs and symptoms, and assessment of such data to determine the individual's medical health status, and identification of the need for medical health services.

(5) *Medication Management* services include the prescription and administration of medications to treat the primary symptoms of an individual's psychiatric and medical condition. This service is intended to include prescribing medication trials which are adequate in dose and duration. This service includes conducting assessments of the appropriateness of the individual's existing medication regimen through record reviews, and ongoing monitoring. Medication management services include medication storage, medication reconciliation, and up-to-date medication administration logs. Medication management services also include monitoring the side effects of prescribed medications including, but not limited to, extrapyramidal, cardiac, and metabolic side effects, and may include providing individuals with information concerning the effects, benefits, risks, and possible side effects of a proposed course of medication.

(6) *Medication monitoring and support services* are psychoeducation and skills training services, including interventions to ensure appropriate management of medications through understanding the role and effects of medication in treatment, identification of side effects and potential interactions of medications. Services also include age-appropriate skills training in self-administration of medication in accordance with medication administration logs, monitoring and supervision associated with the use of medication, including appropriate dosage and frequency, and the review of the appropriateness of an existing regimen by staff with the physician, psychiatrist or nurse practitioner.

(7) *Nutritional Assessment* is an assessment service to determine the overall nutritional status of individuals, diagnose malnutrition, identify underlying pathologies that lead to malnutrition, and plan necessary interventions.

(8) *Nutritional Counseling* means counseling, psychoeducation, and psychosocial rehabilitative services to determine an individual's dietary intake and identify if it is appropriate or requires modification, provide education and information regarding adequate nutrition and strategies to maintain adequate nutrition, and psychosocial rehabilitation to help the individual adopt and maintain needed dietary changes.

(9) *Peer Recovery Support Services* for adults and children and youth include age-appropriate psychoeducation, counseling, person-centered goal planning, modeling of skills, and facilitating community connections to reduce symptomology and restore functionality. Peer Recovery Support Services also include engagement, bridging support, parent skill development, and support for families caring for a child who is experiencing eating disorder conditions at home, school, or other community locations. Services are provided in individual or group settings to promote recovery, self-advocacy, and the development of natural supports and community living skills. Individuals or family members actively participate in decision-making and the delivery of services.

(10) Psychiatric Assessment is an assessment service that includes the gathering of data concerning an individual's psychiatric history and current mental health symptoms, assessment of such data for determination of the individual's current mental health status, diagnostic formulation, and identification of the need for mental health services.

(11) *Psychosocial Assessment* is a comprehensive evaluation of an individual's mental, medical, social, and emotional health used to determine the impact of psychiatric and medical illnesses on the individual and their family.

(12) *Service Planning* means the continuous process that engages each individual, and as appropriate their family, as an active partner in developing, reviewing, and modifying a course of care, to be included in an Individual Service Plan that supports the individual's progress toward eating disorder recovery and accomplishing the individual's rehabilitation goals.

(13) *Symptom and behavior management services* are psychosocial rehabilitation and skills training services that monitor and assist with reducing psychiatric symptoms, restoring functionality, and increasing developmentally appropriate self-management. Services include the ongoing supervision of food intake, exercise, and bathroom habits to monitor symptoms and enact interventions to support individuals in managing their symptoms. Symptom and behavior management includes developing individual coping strategies to deal with internal and external stressors and address acute emotional distress through behavior intervention techniques, positive reinforcement, modeling, and practice of skills to increase the capacity to manage one's behavior in everyday life situations.

586.5 Certification

(a) The Office of Mental Health may issue an operating certificate valid for the period specified, which shall not exceed three years, to CREDIT programs that comply with the requirements stated in this Part.

(b) Each CREDIT program shall only be authorized to provide services consistent with the type of CREDIT program specified on its operating certificate:

(1) CREDIT program

A CREDIT program may only admit individuals who are at least 18 years of age and meet the criteria for admission specified in 586.8 of this Part.

(2) Children and youth CREDIT program

A children and youth CREDIT program may only admit individuals who are at least 5 years of age and no more than 20 years of age and meet the criteria for admission specified in 586.8 of this Part.

(c) Each CREDIT program must enroll as a Medicaid provider.

(d) No CREDIT program shall have more than 16 congregate beds at a single premises.

(e) No CREDIT program shall permit more than two individuals to occupy a bedroom.

(f) A provider of services must submit applications for new operating certificates to the Office of Mental Health Pursuant to Part 551 and Part 573 of this Title, on required forms in accordance with the instructions therein. The application must state the physical setting of the CREDIT program and must include a functional program which describes in detail the required information as prescribed pursuant to section 586.7 of this Part. A single application for each program shall be submitted.

(g) Renewal applications shall be submitted to the Office of Mental Health on required forms in accordance with the instruction therein.

(h) The current operating certificate shall be maintained on site and available to anyone requesting to see it.

(i) A CREDIT program must not exceed the certified capacity at any time.

(j) An operating certificate shall remain the property of the Office of Mental Health. A certificate holder must return an expired, invalidated, revoked, or terminated certificate to the Office of Mental Health.

(k) The Office of Mental Health may limit, suspend or revoke an operating certificate pursuant to Part 573 of this Title.

(l) The Commissioner may reduce a program's capacity when it is determined that such program is not providing services at a reasonable level or is not providing reasonable access to services in accordance with section 586.15 of this Part.

(m) Upon a determination that a provider of service is in violation of this Part or upon a determination that a provider of service has failed to otherwise comply with the terms of its operating certificate or with the provisions of any applicable statute, rule or regulation, the Commissioner may revoke, suspend or limit the provider's operating certificate and designation or impose fines in accordance with Mental Hygiene Law section 31.16 and Parts 573 and 503 of this Title.

(n) Nothing in this section shall limit or preclude the Commissioner from taking whatever immediate measures may be necessary, including the exercise of her authority under Mental Hygiene Law, sections 31.16(b) and 31.28, in the event that a child's health or safety is in imminent danger or there exists any condition or practice which poses imminent danger to the health or safety of any recipient or the public.

(o) Catastrophic termination of operation.

(1) If through catastrophe including, but not limited to, fire, flood or earthquake, a CREDIT program is unable to operate as certified, the governing body shall be responsible for providing emergency accommodations and continuing support to all recipients until such time as the CREDIT program can be made habitable or alternate stable living accommodations can be found, or a new provider is licensed to operate the program.

(2) The certificate holder shall notify the Office of Mental Health immediately but no longer than 24 hours after such events.

(p) No operating certificate is transferable.

586.6 Organization and administration.

(a) The provider of service shall identify a governing body which shall have overall responsibility for the operation of the program. The governing body may delegate responsibility for the day-to-day management of the program to appropriate staff pursuant to an organizational plan approved by the Office of Mental Health. No individual shall serve as both member of the governing body and of the paid staff of the program without prior approval of the Office of Mental Health.

(b) The Governing Body must have an Advisory Board that represents individuals with lived experience and their families.

(1) The Governing Body must establish written protocols for incorporating input from individuals with lived experiences, family members, and the Advisory Board.

(2) The Advisory Board members must receive copies of any board minutes or records.

(3) Advisory Board members must be invited to board meetings and have the opportunity to regularly address the board directly, share recommendations and have their comments and recommendations reflected in the board minutes.

(4) The staff must coordinate with the Advisory Board to ensure that a summary of Advisory Board recommendations is posted on the agency website annually.

(c) The governing body shall establish mechanisms for the participation and input of current or former recipients of eating disorder treatment services and family members of recipients of eating disorder treatment services on the governing body and the operation of the program. The agency shall make reasonable efforts to resolve barriers to participation.

(d) The governing body must ensure that its membership reflects the community in which the program is located.

(e) The governing body shall be responsible for the following duties:

(1) to review, approve and maintain minutes of all official meetings;

(2) to develop an organizational plan which indicates lines of accountability and the qualifications required for staff positions. Such plan may include the delegation of the responsibility for the day-to-day management of the program to an individual and/or management team who is qualified by training and experience to supervise;

(3) to review the program's compliance with the terms and conditions of its operating certificate, applicable laws and regulations;

(4) to ensure efforts to reduce disparities in access, quality of care, and treatment outcomes for underserved/unserved marginalized populations, including but not limited to: people of color, members of the LBGTQIA+ community, older adults, veterans, individuals on Medicaid or who are uninsured or underinsured, individuals who are Deaf and Hard of

Hearing, individuals who are Limited English Proficient, immigrants, and individuals re-entering communities from jails and prisons.

(5) to ensure the development, approval, and annual review and revision, as appropriate, of all programmatic and administrative policies and procedures. Such policies and procedures shall include, but are not limited to, the following:

(i) written personnel policies that shall prohibit discrimination in accordance with State and Federal Law;

(ii) criminal history information reviews required pursuant to 31.35 of the Mental Hygiene Law, Section 495 of the Social Services Law, and 14 NYCRR 550, shall be conducted in accordance with such laws and regulations and any guidance issued by the Office with such laws. The process shall require all prospective employees, contractors and volunteers who have the potential for, or may be permitted, regular and substantial unsupervised or unrestricted contact with recipients shall submit to a criminal history information review. The process shall further require that all staff with the potential for regular and substantial contact with Recipients in performance of their duties shall submit to clearance by the New York Statewide Central Register of Child Abuse and Maltreatment. Staff, contractors, and volunteers who have not been screened by the New York Statewide Central Register of Child Abuse and Maltreatment shall not perform duties requiring contact with recipients unless there is another staff member present;

(iii) written volunteer policies that provide for screening of volunteers through the New York Statewide Central Register of Child Abuse and Maltreatment, verification of employment history, personal references, work history and supervision of volunteers, as well as requesting the office to perform criminal history record checks in accordance with Part 550 of this Title;

(iv) written policies regarding the employment, supervision, and qualification of all program staff including initial verification and ongoing maintenance of required licensure, certification and training. Policies must include the supervision and privileging of nurse practitioners and physician assistants

(v) written policies that are consistent with the obligations imposed by titles VI and VII of the Civil Rights Act, Federal Executive Order 11246, article 15 of the Executive Law (Human Rights Law), article 15-a of the Executive Law (Minority and Women Business Enterprises Program), section 504 of the Rehabilitation Act of 1973, the Vietnam Era Veteran's Readjustment Act, the Federal Age Discrimination in Employment Act of 1967, the Federal Equal Pay Act of 1963, and the Federal Americans with Disabilities Act;

(vi) written policies and procedures concerning the administration and storage of medication that are consistent with applicable Federal and State laws and

regulations and include procedures for ensuring that recipients are receiving prescribed medications and using the medications appropriately, and correct storage of medications.;

(vii) written policies and procedures regarding the reconciliation of medication both at time of admission and throughout the course of admission;

(viii) written policies and procedures governing recipient records that ensure confidentiality consistent with the Mental Hygiene Law, including sections 33.13 and 33.16, 45 CFR parts 160 and 164 (HIPAA), and other applicable State and Federal laws and regulations, which provide for appropriate retention and recipient access of such records; [HIPAA/ HITEC);

(ix) written policies and procedures addressing recipient/family/caregiver engagement, family-centered care, supporting home time, and family retention in treatment, including policies and procedures that allow family members or guardians to visit the recipient in the program and/or participate in planned recreation activities and outings;

(x) written policies that establish that contracts with third party contractors that are not subject to the criminal history background check requirements established in section 31.35 of the Mental Hygiene Law include reasonable due diligence requirements to ensure that any persons performing services under such contract that will have regular and substantial unsupervised or unrestricted contact with of the program do not have a criminal history that could represent a threat to the health, safety, or welfare of a child in the program, including, but not limited to, the provision of a signed, sworn statement whether, to the best of their knowledge, such person has ever been convicted of a crime in this State or any other jurisdiction;

(xi) written policies and procedures regarding the mandatory reporting of child abuse or neglect, reporting procedures and obligations of persons required to report, mandatory reporting of deaths, immunity from liability, penalties for failure to report, and obligations for the provision of services and procedures necessary to safeguard the life or health of the child. Such policies and procedures shall address the requirements for the identification and reporting of abuse or neglect regarding individuals who are children, or who are the parents or guardians of children;

(xii) written policies and procedures ensuring that a reasonable effort shall be made to communicate with family members, current service providers, and other collaterals, as appropriate;

(xiii) all necessary releases of information are obtained and included in the case record as a part of the development of the initial service plan. The person's health record documents any advance directives related to service and crisis planning. If the

person receiving services does not wish to share their preferences, that decision is documented.

(xiv) written policies and procedures that ensure the establishment, implementation, and ongoing training program for current and new employees and volunteers that addresses the policies and procedures regarding child abuse and neglect;

(xv) written policies and procedures describing a recipient grievance process that ensures the timely review and resolution of recipients' or family members' complaints and which provides a process enabling recipients or family members to request review by the Office of Mental Health when resolution is not satisfactory. Agencies shall maintain a system for tracking complaints and compare rates of grievance across their programs;

(xvi) written policies and procedures describing a staff supervision plan that identifies the minimum skills and competencies necessary for staff to supervise recipients in the program independent of direct supervision;

(xvii) written policies and procedures describing recipient supervision practices and individual precautions designed to ensure a safe environment for all recipients;

(xviii) written policies and procedures describing staff training and development. Such policies and procedures shall address orientation, ongoing training and staff development to ensure that the design and operation of the program is consistent with and appropriate to the ethnic and cultural background of the recipient population; and that staff are trained in how to provide appropriate language access for recipients and family members or guardians with limited English proficiency;

(xix) written policies and procedures to ascertain whether individuals are currently receiving or are eligible to receive Medicaid or other form of reimbursement for services provided. If it is determined that an individual is eligible for any such program but not currently enrolled, the policies and procedures shall include means of facilitating the enrollment of such individual in such program;

(xx) written policies and procedures describing the availability, amount, advertisement, application process, and provision of a scholarship and/or financial assistance program for residents of New York State, and process for reporting data regarding availability, amounts, and utilization of these funds to the Office annually and as requested. The availability and application process of scholarship and/or financial assistance programs must be prominently featured both digitally and in physical marketing materials;

(xxi) written policies and procedures that ensure at least fifty percent of those admitted to the program are New York State residents;

(xxii) a written plan for establishing affiliation agreements with Comprehensive Care Center for Eating Disorders (CCCED) providers;

(xxiii) a written plan for assuring continuity and integration of care within the mental health system, other systems of care, and collaterals, whenever appropriate. Such plan shall be supported by written agreements, as appropriate, with other providers of service. The plan shall be subject to approval by the Office of Mental Health and, at a minimum, shall address the following areas:

(*a*) emergency medical and psychiatric services;

(*b*) inpatient programs;

(*c*) outpatient programs;

(*d*) alcohol and substance use treatment and education programs;

(*e*) general health care providers;

(*f*) transportation; and

(*g*) for children and youth CREDIT programs, written plan to ensure compliance with educational responsibilities for school age children.

(xxiv) written admission, continued stay, and discharge criteria which are consistent with the program's goals and objectives, and which are subject to the approval of the Office of Mental Health. The criteria should include relevant functional, clinical, and behavioral characteristics of an individual requiring residential treatment for eating disorder behavior. Written criteria for admission, continued stay, and discharge must state no applicant or recipient who meets the criteria for treatment may be denied access to services based solely on one or more of the following:

(a) prior treatment history;

(b) referral source;

(c) pregnancy;

(d) history of contact with the criminal justice system;

(e) HIV and AIDS status;

(f) physical disability;

(g) use of medications for substance use disorder prescribed and monitored by a physician, physician's assistant or nurse practitioner;

(h) national origin;

(i) race/color;

(j) actual or perceived sexual orientation;

(k) marital status;

(l) military status;

(m) familial status;

(n) religion;

(o) A history of fire setting, problematic sexual behavior, and/or violent behavior that occurred greater than two years prior to referral and has not reoccurred; or

(p) Geographic location of the recipient and/or family.

However, nothing in this subparagraph shall be interpreted to prevent a program from making admission, continued stay, or discharge decisions based upon their OMH approved admission, continued stay, and discharge criteria;

(xv) written policies which guide efforts to reduce disparities in access, quality of care and treatment outcomes;

(xxvi) written policies and procedures to ensure the development, approval, periodic review, and revision of a written quality assurance plan for the CREDIT program as described in 586.15.

(xxvii) written policies and procedures for incident reporting, incident management; and incident data trending, as discussed in Part 524;

(xxviii) written policies and procedures for the provision of on-boarding and an on-going staff training curriculum to help support recipients' current needs and emergent needs as indicated.

(xxix) written policies and procedures for ensuring existence of written utilization review procedure to monitor the extent to which a recipient is receiving appropriate services and is being served at an appropriate level of care; including but not limited to compliance with the service plan; and

(xxx) written policies and procedures for different emergency situations including protocols for infection control.

(f) Each program must create emergency procedures, including but not limited to an emergency evacuation plan, and ensure staff are knowledgeable about such procedures.

(g) The provider of service shall participate as required with the local governmental unit in local planning processes pursuant to sections 41.05 and 41.16 of the Mental Hygiene Law.

(h) The program must ensure an annual audit is performed, pursuant to a format prescribed by the Office of Mental Health, of the financial condition and accounts of the program performed by a certified public accountant who is not a member of the governing body or an employee of the program. Government-operated programs shall comply with applicable laws concerning financial accounts and auditing requirements.

(i) The provider of service shall review demographic data to determine the cultural and linguistic needs of the population and establish mechanisms to ensure that the program provides reasonable accommodations and culturally competent services that are relevant to the cultural and linguistic needs of the population. Such mechanisms, whenever possible and appropriate, shall include:

(1) diverse representation on the staff and governing body;

(2) inclusion of culturally appropriate content in service programs;

(3) training to ensure staff respond appropriately to the cultural and linguistic needs of recipients.

586.7 Functional program

(a) The provider of service must develop and submit a functional program with the provider's application for initial certification. The functional program shall, at a minimum, include:

(1) a description of the program’s mission, and the population to be served;

(2) a description of the program's treatment philosophy including values and objectives specifically addressing the issues of resiliency and recovery in a strength-based, diverse, inclusive, trauma-sensitive, evidence-based, and as applicable, family-centered environment.

(3) admission, continued stay, and discharge policies;

(i) The admission policy must require that the following information to be made available to potential recipients upon application for admission: a clear and concise written description of the program, the services provided, and the application process. The description shall include the criteria for admission as well as any criteria for exclusion, information about insurance coverage, and

information about the availability of scholarships or financial assistance for New York State residents and the process for applying for such aid.

(ii) The admission policy will ensure that applications for admission are reviewed, a face-to-face interview is conducted, and an admission decision communicated within 5 business days of receipt. The provider shall supply a written explanation to the applicant, the referring agency, and the local Comprehensive Care Center for Eating Disorders (CCCED) for New York State residents where there is reason(s) for rejection or delay in an admission decision.

(iii) The discharge policy shall indicate that discharge planning begins upon admission and continues until a recipient is discharged.

(iv) The discharge policy shall address both planned and unplanned discharge scenarios.

(v) The discharge policy shall ensure that each recipient, and legal guardian, when applicable, is linked with the services needed to successfully transition into the community or other clinically appropriate setting.

(vi) The discharge policy should include notification to and coordination with a CCCED care manager as part of discharge planning for NYS residents.

(4) a description of the specific service needs of the defined target population;

(5) a description of the existing statewide service system for eating disorder treatment included within the CCCED, including but not limited to, mental health, health, social and other support services;

(6) a description of the gaps in service to the population to be served and the plan to provide or ensure the provision of such services;

(7) a description of the goals and anticipated outcomes of the program, including the anticipated average length of stay for recipients;

(8) a description of the proposed staff pattern, including job descriptions and qualifications, number of Full Time Equivalent (FTE) for each position, the supervisory structure and a staffing schedule;

(9) a description of the services to be provided directly by the program to the recipients, including how these services will further the goals and anticipated outcomes of the program;

(10) a description of how the CREDIT program will connect to services in the community to adequately meet the recipients' needs;

(11) a description of the expectations, if any, which may be placed upon the recipient regarding program participation;

(12) a description of the process for providing of information about and explaining the rights of recipients to both staff and recipients; and

(13) for children and youth CREDIT programs, a description of the treatment interventions and modalities that will include families to promote reintegration into the family including the utilization of family input and involvement in the service planning process; and a description of the steps to be taken to ensure New York State education responsibilities for school age children.

586.8 Admission criteria

(a) Each program governed pursuant to this Part shall maintain written admission criteria which are consistent with its goals and objectives, and subject to the approval of the Office of Mental Health.

(b) The admission criteria must, at a minimum, provide that individuals eligible for admission to a CREDIT program are persons with a diagnosis of an eating disorder who meet the following criteria:

(1) Experience impairment in functioning due to their eating disorder, such that they require 24-hour supervision, medical and clinical treatment, and rehabilitative support in a residential setting; and

(2) Are referred by a CCCED, or by a LPHA.

(c) A referral for admission must include the following documents to assist providers of service to determine whether admission criteria are met:

(1) reports of all physical diagnostic examinations and assessments, including findings and conclusions;

(2) a medication reconciliation;

(3) reports of all special studies performed, including, but not limited to, X-rays, clinical laboratory tests, psychological tests, or electroencephalograms where clinically applicable;

(4) a psychosocial assessment;

(5) a psychiatric evaluation; and

(6) where available, nutritional screening for eating disorder behaviors and nutritional status.

586.9 Service Requirements

(a) All CREDIT programs must offer and make available the following services.

(1) Clinical counseling and therapy;

(2) Discharge planning;

(3) Medical assessment;

(4) Medication management;

(5) Medication monitoring and support services;

(6) Nutritional assessment;

(7) Nutritional counseling;

(8) Peer recovery support services;

(9) Psychiatric assessment;

(10) Psychosocial assessment;

(11) Service planning; and

(12) Symptom and behavior management services.

(b) The following services must be offered and made available to CREDIT recipients at the identified frequency minimums listed below:

(1) Services offered within twenty-four hours of admission:

(i) Psychiatric assessment;

(ii) Nutritional assessment;

(iii) Medical assessment;

(iv) Psychosocial assessment;

(v) Discharge planning; and

(vi) Initial service planning.

(2) Individual clinical counseling and therapy will be offered and made available at least twice every seven calendar days.

(3) For children and adolescents, family therapy will be offered and made available at least once every seven calendar days.

Family clinical counseling and psychoeducation will be offered and made available at least once every other week. These services may be individually provided or provided via multifamily groups.

(4) Group clinical counseling and therapy will be offered and made available at least five times every seven calendar days.

(5) Services to be offered daily:

(i) Medical assessment;

(ii) Medication monitoring and support services;

(iii) Nutritional counseling;

(iv) Medication Management and

(v) Symptom and behavior management services.

(6) Services to be offered as indicated but no less than once every seven days:

(i) Discharge Planning;

(ii) Service planning; and

(iii) Nutritional assessment.

(c) As long as service delivery minimums listed in (b) of this section are met, the specific services and frequency of service delivery a CREDIT program provides to an individual recipient will be determined by the recipient's multidisciplinary team, the recipient, and for minors, a legal guardian, based on the recipient's comprehensive assessment and individual service plan.

(d) The services identified in 586.4 must be provided by professional staff as follows:

(1) The below services and assessments shall be provided by professional staff and individuals possessing a master's degree required for licensure as a psychologist, social worker, mental health counselor, marriage and family therapist, or psychoanalyst, under the supervision of a licensed professional, consistent with NYS scope of practice laws.

(i) Clinical counseling and therapy
(ii) Discharge planning
(iii) Psychosocial assessment
(iv) Service planning

(2) A psychiatric assessment may be provided by a psychiatrist, psychologist, psychiatric nurse practitioner, mental health counselor, marriage and family therapist, social worker, psychoanalyst, and individuals possessing a master's degree required for licensure as a psychologist, social worker, mental health counselor, marriage and family therapist, or psychoanalyst, under the supervision of a licensed professional, consistent with NYS scope of practice laws.

(3) A medical assessment shall be completed by a nurse practitioner, psychiatric nurse practitioner, physician, physician's assistant, psychiatrist, or registered professional nurse.

(4) Medication management shall be provided by physician, physician's assistant, psychiatrist, nurse practitioner, or psychiatric nurse practitioner. A registered professional nurse can perform medication management services, apart from prescribing medication.

(5) The services below are provided by professional staff or paraprofessional staff under supervision.
(i) Medication monitoring and support services
(ii) Symptom and behavior management services

(6) The services and assessments below shall be completed by a Certified Dietitian, Certified Nutritionist, or Certified Dietitian-Nutritionist.
(i) A nutritional assessment
(ii) Nutritional Counseling

(7) Peer Recovery Support Services shall be provided by:
(i) Certified Peer Specialists for adults who are certified or provisionally certified in New York as peer specialists;
(ii) Credentialed Family Peer Advocates for families of children and youth who are credentialed or provisionally credentialed family peer advocates; and
(iii) Credentialed Youth Peer Advocates for children and youth who are credentialed or provisionally credentialed Youth Peer Advocates.

(a) Services provided within a CREDIT program must be provided in accordance with an individual service plan developed within twenty-four hours of admission.

(b) Such individual service plan must be developed by members of the multidisciplinary team, the recipient, any collaterals identified for participation, including legal guardians for minors.

(c) One member of the multidisciplinary team must be designated as responsible for service planning for the recipient.

(d) At minimum, the service plan must be reviewed at least once every seven days of admission and signed by the following:

(1) the recipient;

(2) any collaterals identified for participation, including legal guardians for minors;

(3) Primary staff providing clinical counseling and therapy services who possess a master's degree required for licensure as a psychologist, social worker, mental health counselor, marriage and family therapist, or psychoanalyst, under the supervision of a licensed professional, consistent with NYS scope of practice laws; and

(4) Primary staff prescribing and providing medication management and support services. This includes a physician, psychiatrist, nurse practitioner in psychiatry, or physician assistant with specialized training approved by the Office, consistent with NYS scope of practice laws.

(e) The individual service plan shall be a mutually agreed upon plan which, at a minimum, identifies the following:

(1) statement of the recipient's needs and strengths;

(2) statement of the recipient's discharge readiness;

(3) statement of service goals and objectives;

(4) identification of the services and supports to be provided to the recipient and, for children and youth CREDIT programs, family;

(5) frequency of service delivery and the staff responsible;

(6) identification of staff supervision level (including supervision levels for meals, bathroom and exercise time);

(7) proposed duration of treatment; and

(8) strategies to coordinate services with other providers, if applicable.

(f) Progress notes, which relate to the goals and objectives of the individual service plan, must be recorded and signed by program staff who provided the service.

(1) Such notes shall be completed daily.

(2) Notes shall indicate the services that have been provided, any significant events which have occurred, recipient response to the service, progress towards achieving goals of the individual service plan and, if appropriate, any recommendations for changes to the goals and objectives of the individual service plan.

(3) an assessment of the progress of the recipient in meeting agreed upon goals and objectives;

(4) an assessment of the planned and unplanned interventions and documentation regarding the degree of success of such interventions;

(5) adjustment of goals and objectives, time periods for achievement, intervention strategies, and progress of discharge planning; and

(6) review of the individual service plan with signed approval from:

(i) the recipient, or if a minor, their legal guardian; and

(ii) a staff possessing a master's degree required for licensure as a psychologist, social worker, mental health counselor, marriage and family therapist, or psychoanalyst, under the supervision of a licensed professional, consistent with NYS scope of practice laws.

(g) As a part of the service planning process for each recipient, the provider must ensure that:

(1) a recipient and, if a minor, their legal guardian, shall have access to a copy of their individual service plan at all times;

(2) a recipient shall be encouraged to assist with identifying the participants to be involved in the planning process.

586.11 Discharge planning and procedures

(a) Discharge planning must occur according to the recipient's individual service plan, the program's discharge criteria, and discharge policy.

(b) One member of the multidisciplinary team must be designated as responsible for discharge planning for the recipient.

(c) Discharge planning includes, at a minimum:

(1) Inclusion of appropriate collaterals, and in children and youth CREDIT programs, inclusion of the recipient's legal guardian;

(2) Specific recommendations for continuity of care such as a behavior management plan upon discharge;

(3) Linkage to treatment and supports upon discharge based on current assessment of needs;

(4) Medical linkage;

(5) Psychoeducation, as needed; and

(6) The regional CCCED care manager's contact information.

(d) A discharge summary must be completed within 5 business days of discharge and must include: a summary of the clinical treatment, reasons for discharge or transfer, identification of and contact information for the treatment and support services to which the recipient has been linked, contact information for additional resources the recipient may require, a relapse prevention plan, and a current medication list.

(e) The discharge summary should minimally be sent to the recipient and any collaterals identified for participation, including legal guardians for minors.

586.12 Rights of recipients

(a) Recipients shall have the rights enumerated in Section 527.5 of this Chapter, and the provider of service must ensure recipients receive notice of such rights in compliance with such section.

(b) Recipients and their legal guardian where applicable, shall have the right to receive notice of expectations for participation in treatment and services at the time of admission and upon request anytime thereafter.

(1) Such notice must outline staff supervision levels including supervision of meal, bathroom, and exercise time which may be implemented based on individualized risk assessments and the recipient's individual service plan.

(2) If at any time a recipient, or their legal guardian where applicable, disagrees with the expectations for participation in treatment and supervision, members of the multidisciplinary treatment team must convene within 1 business day to respond to concerns and discuss adjustments to the individual service plan.

(c) Recipients shall have the right to be informed of a daily program schedule.

(d) The program must inform each recipient, and their legal guardian where applicable, of the program's grievance process which ensures the timely review and resolution of complaints.

586.13 Program requirements

(a) A CREDIT program shall continuously employ an adequate number of staff and an appropriate staff composition to carry out its obligations as well as to ensure the continuous provision of sufficient ongoing and emergency supervision. As a component of the written plan for services and staff composition, the CREDIT program shall submit a staffing plan that includes the qualifications and duties of each staff position, by title. Such plan shall include a written staffing rationale that justifies the staff to be used, the composition of staff and the plan for appropriate supervision and training. This staffing plan shall be based on the population to be served and the services to be provided and shall include, at a minimum:

(1) For adult serving CREDIT programs, at least one professional or paraprofessional staff assigned to direct care on site for every 8 individuals, on the premises, at all times.

(2) For children and youth CREDIT programs:

(i) At least one professional or paraprofessional staff assigned to direct care on site for every 4 recipients admitted at all times.

(ii) A minimum of two professional or paraprofessional staff must be assigned to direct care on site at all times.

(iii) During overnight hours, there must be at least one professional or paraprofessional staff assigned to direct care for each floor with recipient occupied bedrooms.

(3) A multidisciplinary treatment team must minimally consist of the following staff positions:

(i) a licensed clinician (LMSW, LCSW, LMHC, LCAT, LMFT, licensed psychoanalyst, or licensed psychologist) with experience and/or training in treating eating disorders;

(ii) a doctor of medicine or osteopathy, nurse practitioner, or physician's assistant with experience and/or training in treating eating disorders;

(iii) psychiatrist with experience and/or training in treating eating disorders. For children and youth CREDIT programs, the organization has access to consultation from a child and adolescent psychiatrist;

(iv) a registered nurse or advanced practice nurse;

(v) a registered dietitian;

(vi) direct care staff representative;

(vii) recipient; and

(viii) for children and youth, legal guardian.

(4) A registered nurse or advanced practice nurse shall be on site 24 hours a day, 7 days a week:

(5) The following staff shall be employed directly or via written agreement and must deliver services in-person at the program or be available to meet in person at a site in the community:

(i) a registered dietitian;

(ii) a doctor of medicine or osteopathy, nurse practitioner, or physician's assistant with experience and/or training in treating eating disorders available to meet in person;

(iii) a psychiatrist with experience and/or training in treating eating disorders available to meet in person. For children and youth CREDIT programs, the organization must have access to consultation from a child or adolescent psychiatrist.

(iv) a licensed clinician with experience and/or training in treating eating disorder who delivers services on site.

(6) The following staff shall be on call for consultation 24 hours a day, 7 days a week:

(i) a licensed clinician with experience and/or training in treating eating disorder; and

(ii) a doctor of medicine or osteopathy, nurse practitioner, or physician's assistant with experience and/or training in treating eating disorders; or

(iii) psychiatrist with experience and/or training in treating eating disorders. For children and youth CREDIT programs, the organization has access to consultation from a child or adolescent psychiatrist.

(b) If a program does not have adequate staff to consistently deliver required services, provide supervision, or provide support as outlined in this Part, the program must notify OMH. Any proposed staffing pattern or ratio that does not satisfy requirements as outlined in this Part requires a Waiver as outlined in Part 501 of this Title.

586.14 Training.

(a) Each CREDIT program shall develop an orientation and annual training program for all staff. The training program should be reviewed at least annually for updates from the field concerning latest research and best practices. The training program may need to be reviewed

more frequently to ensure staff are able to appropriately support and respond to current or emergent recipient needs, as indicated. An evaluation of needs based on the knowledge, skills, and competencies of staff shall also inform the training program and any updates made.

(b) The training program shall ensure staff delivering services in accordance with 586.9 and 586.4(b) are trained in how to deliver the services as described in this Part and Agency policies and procedures. Training on services should be informed by up-to-date industry standards, best practices, and evaluation of needs based on the knowledge, skills, and competencies of staff. Training on services shall also address documentation expectations.

(c) The training program must also address at a minimum the following areas:

(1) Trauma-sensitive care;

(2) Integrated treatment for eating disorders and co-morbid issues and diagnoses including suicidal behaviors, mental health and substance abuse;

(3) Basics of nutrition;

(4) Vulnerable populations;

(5) Milieu management and foundations of therapeutic direct care;

(6) Safety and security procedures;

(7) Recipient rights and recipient engagement

(8) Medication management and administration; and

(9) Incident reporting, response, and debriefing.

(d) In addition to those above, for child and youth CREDIT programs, the training plan must at minimum address the following:

(1) Child and adolescent development;

(2) Strategies for engaging youth in education and navigating school refusal;

(3) Family engagement and integrating family voice and participation into care;

(4) Signs and symptoms of runaway behavior;

(5) Prevention and response to runaway behavior; and

(6) child abuse and neglect and signs of commercial sexual exploitation.

586.15 Case records

(a) There shall be a complete case record maintained at one location or electronically for each recipient.

(b) Information in case records that is subject to the confidentiality protections of Mental Hygiene Law section 33.13 may be shared between facilities, agencies and programs responsible for the provision of services pursuant to an approved local or unified services plan (including programs that receive funding from the Office of Mental Health disbursed via a State aid letter); such Office and any of the psychiatric centers and programs that it operates; and facilities, agencies, and programs that are not licensed by such Office and are not participants in an approved local or unified services plan, but are responsible for the provision of services to any recipient pursuant to a written agreement with the Office as a party, provided, however, if a case record contains HIV or AIDS information that is protected by Public Health Law article 27-F, or information provided by a federally-funded alcoholism/substance abuse provider that is protected under 42 CFR part 2, such information shall only be redisclosed as permitted by such law or regulation.

(c) Each case record must include:

(i) identifying information about the recipient and the recipient's collaterals;

(ii) admission information including source of referral, date of admission, rationale for admission, the date service commenced, presenting problem and initial service and supervision needs of the recipient;

(iii) psychiatric, medical, psychosocial, nutritional, and risk assessments. Special consideration shall be given to the role of the recipient's collaterals in each area of assessment;

(iv) summary of behavioral and supervision needs based on the comprehensive assessment;

(v) behavior management plan;

(vi) summary of reports of all mental health and medical diagnostic examinations and assessments, including findings and conclusions;

(vii) summary of reports of all special studies performed, including but not limited to X-rays, clinical laboratory tests, psychological tests, and electroencephalograms;

(viii) the individual service plan(s);

(ix) daily progress notes, related to the goals and objectives of the service plan, including the signature of the staff member who provided the service;

(x) significant incidents involving the recipient;

(xi) a discharge summary;

(xii) referrals for other programs and services; and

(xiii) documentation that, upon admission, all recipients verified receipt of their recipient rights, consents for release of information, informed consents to treatment, and were educated in self-preservation procedures, regarding emergency evacuation and fire safety procedures.

(d) Records must be retained for a minimum period of six years from the date of the last service provided to a recipient or, in the case of a minor, for at least six years after the last date of service or three years after they reach majority, whichever time period is longer.

586.16 Quality Improvement

(a) Each provider of service must have an organized quality improvement program designed to enhance individual recipient care through the ongoing objective assessment important aspects of recipient care and providing for the correction of identified problems. This quality improvement plan shall be subject to approval by the Office of Mental Health. The quality improvement program must include:

(1) identification of problems or concerns related to the care of recipients including, but not limited to, compliance with the service plan;
(2) objective assessment of the cause and scope of the problems or concerns, including the determination of priorities for both investigating and resolving problems and concerns. Priorities shall be related to the degree of adverse impact on the care provided to recipients that can be expected if the problems or concerns remain unresolved;
(3) recommendations related to implementation of decisions or actions that are designed to eliminate, insofar as possible, identified problems; and
(4) monitoring to assess whether or not the desired result has been achieved and sustained.

(b) Each provider of service must prepare a written quality assurance plan designed to ensure that there is an ongoing quality assurance program that includes effective mechanisms for reviewing and evaluating individual care and provides for appropriate response to findings. The written quality assurance plan must address at a minimum:

(1) the individual or group with the overall responsibility to administer or coordinate the quality assurance program;

(2) the individuals or organizational entities to whom responsibility will be delegated for specific activities or mechanisms;

(3) the activities or mechanisms for reviewing and evaluating care;

(4) the activities or mechanisms for assuring the accountability of the staff for the care they provide;

(5) the individuals or organizational entities to whom responsibility will be delegated for responding to findings or implementing corrective actions designed to eliminate, insofar as possible, identified problems; and

(6) the activities or mechanisms for monitoring whether or not the corrective actions have been implemented, and whether or not the desired result has been achieved and sustained.

(c) Incident management and reporting. Providers of service must have an internal incident reporting, investigation and management process. Providers of service must comply with Mental Hygiene Law and Part 524 of this Title which governs incident reporting by licensed mental health programs. The quality improvement plan shall contain written procedures for carrying out incident management and reporting.

(d) Providers of service shall have written policies and procedures for internal monitoring of program performance, which must be approved by the Office of Mental Health. These policies and procedures shall include frequency of monitoring. Providers of service shall monitor performance against the standards established in the program's functional program description. The results of this internal monitoring shall be used to identify problems in client care and opportunities to improve care.

(e) Each licensed program shall have an Office of Mental Health approved consumer evaluation process, in which recipients, and their families as applicable, shall have an opportunity to give feedback about the program in a confidential manner. The information from this consumer process shall be summarized annually and submitted to the Office of Mental Health, recipients, families when applicable, and all staff in the program. The confidentiality of recipients, families and other impacted parties shall be protected.

(f) The Office of Mental Health shall have oversight responsibility for monitoring CREDIT programs.

(1) The Office of Mental Health shall be authorized to review program operations, quality improvement activities and the individual records of recipients during periodic certification visits. Upon a determination that a provider of service is in violation of this Part or upon a determination that a provider of service has failed to otherwise comply with the terms of its operating certificate or with the provisions of any applicable statute, standard, rule or regulation, the Commissioner may revoke, suspend or limit the provider's operating certificate or impose fines in accordance with Mental Hygiene Law, section 31.16 and Part 503 of this Title.

(2) Incident reporting. The Office of Mental Health shall be authorized to conduct an external review of residential CREDIT programs as necessary based on patterns or trends in reported incidents or on the occurrence of an individual incident of extreme gravity.

(g) If, based on a review of the program and practice of a provider of service, the Office of Mental Health determines that a provider of service is not exercising due diligence in complying with the requirements of this Part, the Office of Mental Health shall give notice of the deficiency to the provider of service and may also initiate the following:

(1) request that the provider of service prepare a corrective action plan; and

(2) provide such technical assistance as the Office of Mental Health and CCCEDs deems necessary to assist the provider of service in developing and implementing an appropriate plan of correction and as required by the Office.

(h) If the provider of service fails to prepare an acceptable plan of correction within a reasonable time, refuses to permit the Office of Mental Health to provide technical assistance, or fails to promptly or effectively implement a plan of correction, it shall be determined that the provider of service is in violation of this Part

(i) Upon a determination that a provider of service is in violation of this Part or upon a determination that a provider of service has failed to otherwise comply with the terms of its operating certificate or with the provisions of any applicable statute, rule or regulation, the Commissioner may revoke, suspend or limit the provider's operating certificate or impose fine in accordance with the Mental Hygiene Law, section 31.16 and Parts 573 and 503 of this Title.

Nothing in this section shall limit or preclude the Commissioner from taking whatever immediate measures they determine to be necessary, including the exercise of the Commissioner's authority under Mental Hygiene Law, sections 31.16(b) and 31.28, in the event that a recipient's health or safety is in imminent danger or there exists any condition or practice that poses imminent danger to the health or safety of any recipient or the public.

(j) Statistical information must be prepared and maintained as may be necessary for the effective operation of the program, and as may be required by the Office of Mental Health.

586.17 Utilization review

(a) The provider of service must have an organized utilization review process designed to monitor the appropriateness of admission and continued stay and to identify the over-utilization or under-utilization of services.

(a) The provider of service must prepare a written utilization review plan designed to ensure that there will be an ongoing utilization review program. The utilization review plan may be program-specific or part of an overall facility utilization review plan. This utilization review plan shall be subject to approval by the Office of Mental Health.

586.18 Statistical records and reports

(a) Statistical information must be prepared and maintained as may be necessary for the effective operation of the CREDIT program and as may be required by the Office of Mental Health.

(b) Statistical information must be prepared, maintained, and reported to the Office of Mental Health and the CCCEDs in a manner and within time limits specified by the Office of Mental Health.

(c) Statistical reporting shall be the responsibility of an individual whose name and title shall be made known to the Office of Mental Health.

(d) Summaries of statistical information shall be reviewed at least annually as part of the annual evaluation process.

(e) Programs that are not operated by State or local government must ensure an annual audit, pursuant to a format prescribed by the Office of Mental Health, of the financial condition and accounts of the program performed by a certified public accountant who is not a member of the governing body or an employee of the program. Government-operated programs shall comply with applicable laws concerning financial accounts and auditing requirements.

586.19 Premises

(a) The CREDIT program residence shall be safe and suitable for the comfort and care of the recipients therein. The residence shall provide a home-like environment and be maintained in a good state of repair and sanitation.

(b) Safety requirements.

The CREDIT program residence must meet the following requirements:

(1) A sufficient number of fire extinguishers, approved by the Underwriters Laboratories, or other nationally recognized testing laboratory in the United States, must be installed in accessible places on each floor and in high-hazard areas. Fire extinguishers must be tested and recharged in accordance with manufacturers' recommendations.

(2) Employees must be trained in the use of firefighting equipment, and in the means of rapidly evacuating the building. Fire exit drills must be held at least once per month and at varied times during the 24 hours. A written record of each drill shall be kept on file for a period of one year.

(3) The following fire hazards are prohibited:

(i) the use of kerosene for cooking or lighting;

(ii) rubber tubing used as connections for gas burners;

(iii) the accumulation of combustible material in attics, basements or other parts of the residence; and

(iv) unsafe storage of paints, varnishes, oils, and other combustible liquids.

(4) Each CREDIT residence shall have a smoke-detection system that meets the requirements of the most recent recognized edition of the National Fire Protection Association (NFPA) 101 Life Safety Code, applicable to noncoded systems, and the following:

(i) A smoke-detection unit shall be located in each stairway at each floor, in each bedroom, in each 1,000 square feet of unoccupied attic and basement space, in each high hazard area, and in each 40 feet or part thereof of corridor length.

(ii) Location of smoke-detection units shall be subject to Office of Mental Health approval.

(iii) The smoke-detection system or each independently operating unit shall be tested at least once each three-month period, and batteries in battery-operated units shall be replaced as necessary.

(iv) A complete system or individual units may be required depending on the construction, layout, occupancy and/or other factors associated with the building. Prior to the opening of a CREDIT residence, and the issuance of an operating certificate, a fire safety plan must be submitted to and approved by the Office of Mental Health.

(5) Each CREDIT residence shall provide carbon monoxide detectors, in accordance with the most recent edition of the Residential Code of New York State and the Fire Code of New York State, as applicable.

(i) Carbon monoxide detectors shall be installed in locations as required by applicable law and according to manufacturer's directions and specifications.

(ii) Carbon monoxide detectors shall be battery operated, plug-in type or hardwired, in accordance with applicable law.

(iii) Inspections and tests of carbon monoxide detectors shall be made in accordance with manufacturer's directions and specifications. Written documentation of such testing will be maintained for review.

(6) Providers of service must possess a valid certificate of occupancy or other documentation, that, has been determined by the Office of Mental Health to be the equivalent of a certificate of occupancy.

(7) Electric space heaters are allowed only with the explicit approval of the Office of Mental Health and with a description of the device in detail, including its safety features, potential hazards and proposed procedures for maintenance and operation.

(c) Design and space requirements.

(1) Single bedrooms shall be at least 90 square feet (exclusive of closets), and a multiple bedroom shall provide at least 75 square feet per recipient .

(i) No more than two individuals shall share a bedroom;

(ii) No bedroom shall be located below grade;

(iii) Up to 15 percent of minimum square footage may be waived for cause in bedrooms housing one recipient. Consideration will also be given to the amount of square footage per recipient in living, dining and recreational areas. Requests for such waivers must be outlined in the fire safety plan submitted to the Office of Mental Health;

(iv) All bedrooms must receive natural light from an aggregate window area equal to at least 10 percent of the floor area of the bedroom and natural ventilation from ventilating openings having free openable area of at least five percent of the bedroom floor area. This requirement may be waived for cause.

(2) There shall be a minimum of one lavatory and one tub or shower for each five recipients or part thereof.

(3) In addition to bedroom space, at least 55 square feet of space per recipient shall be provided for living, dining and recreational activities, apportioned within at least two distinct areas in each CREDIT residence unit.

(i) Dining rooms shall be equipped to provide for small group seating during meals.

(ii) Living rooms and/or recreation areas shall provide for small group socialization and recreation.

(d) Equipment shall include:

(1) suitable, comfortable, single beds and an adequate supply of clean linens. Cots must not be used. High hospital-type beds shall not be used except for physically handicapped persons requiring them; and

(2) a chair, lamp, dresser, closet or wardrobe and, if possible, a desk or table for each recipient, as well as curtains, shades, or blinds for each window.

(e) CREDIT residences serving only persons capable of self-preservation operated in buildings without other occupancy shall follow requirements of National Fire Protection Association 101. Such document is published by the National Fire Protection Association, One Battery march Park, Quincy, MA 02269 and are available for review at the Department of State, Division of Administrative Rules, One Commerce Plaza, 99 Washington Avenue, Albany, NY 12231 and the Office of Mental Health, Bureau of Inspection and Certification, 44 Holland Avenue, Albany, NY 12229.

586.20 Determination of Self-Preservation

(a) Each program must determine if a recipient or applicant has the capacity to satisfactorily evacuate based on their abilities of the recipients and the assistance provided by staff. This determination must be made prior to admission to a CREDIT program. This determination may be made based on a review of the applicant's history and a face-to-face interview that demonstrates a capacity to evacuate equivalent to that of the general public. When uncertainty exists, a time drill may be used for a more objective measurement.

(b) Subsequent to admission, timed drills should be used to regularly evaluate the evacuation capacity of program recipients. Translation of drill times to evacuation capacity may be determined as:

(1) three minutes or less, prompt;

(2) over three minutes but not in excess of 13 minutes, slow; and

(3) Evacuation capacity is based on the time of day or night when evacuation of the facility would be the most difficult (i.e., sleeping recipients or fewer staff present). Recipients needing assistance in evacuating should be assisted by staff to the extent that assistance would be available at the time of day or night in an actual emergency.

(c) Fire exit drills shall be conducted in a CREDIT residence at least monthly at varying times of the day and night. Some drills may be announced in advance to the recipients. The drills shall involve the actual evacuation of all recipients to an assembly point as specified in the emergency plan and shall provide recipients with experience in exiting through all exits. Actual exiting from windows shall not be necessary to meet the requirements of this section. Opening the window and signaling for help shall be an acceptable alternative. Records should indicate the time to evacuate, date and times of day, location of simulated fire origin, the escape paths used and comments relating to recipients who did not evacuate within the required time.

(d) Recipients and applicants shall only reside in or be admitted to a type of CREDIT program appropriate to the person's evacuation capability.

(1) If a recipient or applicant is clearly capable of prompt evacuation, that individual may be admitted to or remain in any residential program of a type appropriate to their functional level.

(2) If a recipient or applicant fails to demonstrate a capability for prompt evacuation during a fire drill, the matter should be completely documented in the fire drill log and in the recipient's record. Immediate steps should be taken to relocate the recipient to a location within the residence that will allow for easier egress for such time as is necessary until another fire drill can be conducted (no more than 14 days later) and the recipient's behavior observed again.

(3) If any recipient or applicant would be excluded from a CREDIT program because of inability to evacuate within the time limits above, an evaluation shall be conducted as described in the most current recognized edition of the National Fire Protection Association 101A, Alternative Approaches to Life Safety. Said codes are published by the National Fire Protection Association, One Batterymarch Park, Quincy, MA 02269 and are available for review at the Department of State, Division of Administrative Rules, One Commerce Plaza, 99 Washington Avenue, Albany, NY 12231 and the Office of Mental Health, Bureau of Inspection and Certification, 44 Holland Avenue, Albany, NY 12229. If the resultant E-score yields an evacuation difficulty level of prompt, the applicant or recipient shall not be excluded for failure to evacuate within the required time limit. If the resultant E-score yields an evacuation difficulty level of slow, the applicant or recipient shall not be excluded solely for failure to evacuate within the required time frame from a facility that is constructed to meet the slow evacuator standards of the current recognized edition of the Life Safety Code.

586.21 Standards Pertaining to payment for Community Residence for Eating Disorder Integrated Treatment programs

(a) Eligibility Requirements

(1) A CREDIT provider is eligible for payment under the Medical Assistance Program under the following conditions:

(2) The CREDIT has a valid operating certificate issued by the Office of Mental Health, in accordance with this Part.

(3) The CREDIT complies with applicable requirements of title XIX of the Social Security Act and regulations promulgated thereunder.

(4) The CREDIT is eligible for payment for services provided to recipients who have been determined to be eligible for the Medical Assistance Program.

(5) The CREDIT is eligible for payment for services provided to recipients who admitted in accordance with section 8 of this Part.

(6) The CREDIT is eligible for payment for each patient day that services are provided in accordance with section 9 and 10 of this Part.

(7) The CREDIT is eligible for payment for each patient day at the per diem rate established pursuant to the provisions of section 21 of this Part.

586.22 Medical Assistance Rates of Payment for Community Residence for Eating Disorder Integrated Treatment programs

(a) In order to receive reimbursement for the provision of Community Residence for Eating Disorder Integrated Treatment services, each recipient must have a service plan that documents the delivery of appropriate services as recommended by a LPHA

(b) Reimbursement will be based upon daily rates. Such rates shall be paid based upon services provided to an eligible recipient of a program and by a staff person of an approved provider, subject to the following provisions:

(1) The minimum daily services as outlined in this Part must be provided to be eligible for reimbursement.

(2) A reimbursable service may occur at or away from the program site, except that a reimbursable contact may not occur at the site of a licensed mental health outpatient programs, nor when the otherwise eligible recipient is an inpatient of any hospital for any reason or temporarily residing in any other licensed residential facility.

(3) Reimbursement for contacts provided under this program shall not be limited in any way by reimbursement for visits under any outpatient program licensed by the Office of Mental Health on the same day or reimbursement for visits provided by any comprehensive Medicaid case management program approved by the Office of Mental Health or the Department of Health.

(c) The rates for each approved Community Residential Eating Disorder Integrated Treatment adult or child and youth programs shall be established by the Office of Mental Health, subject to the approval of the Director of the Budget, pursuant to the following criteria:

(1) Providers of community residence for eating disorder integrated treatment services shall be reimbursed a daily rate, specific for adult or child and youth programs, based upon reference costs in the Consolidated Fiscal Reporting system, divided by the specific utilization factor established by the Office of Mental Health. All rates subsequently receive budget approved cost of living, transitional inflationary increases, or similar rate increases. All rates are subject to the approval of the Division of Budget.

(2) All rates will be effective through March 31st of each year. The Commissioner may authorize changes to rates to correct errors in the original calculation of the rate or to reflect changes in approved costs.